The 6th Asia Cancer Forum: What Should We Do to Place Cancer on the Global Health Agenda? Sharing Information Leads to Human Security

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This forum discussed issues relating to the inclusion of cancer on the global health agenda, with the ultimate aim of achieving human security for all people. The forum discussed what methods are available to the cancer community in attempts to create a common data system for the rapidly growing Asian region. Discussions also focused on the preparations that can be made to consider and respond to the obstacles to the creation of an Asia-wide data and information network. It was also noted that in order to create a cancer information network, support would need to be provided to low- and middle-income countries and efforts made to ensure that data are comparable.

Key words: cancer information network – MDGs – human security – data comparability

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.

The Sixth Asia Cancer Forum was held in conjunction with the World Cancer Congress UICC 2010, on 21 August 2010, in Shenzhen, People’s Republic of China. The meeting consisted of two sessions consisting of six special presentations, followed by detailed discussions. Approximately 60 people were present and active discussions took place. The forum was organized by H.A. and N.K. (RCAST, the University of Tokyo). Invited speakers included H.S. (Hamamatsu University School of Medicine), A.N. (Chiba Cancer Center), T.M. (National Institute of Biomedical Innovation) and J.M. (Osaka University). Also in attendance were Joe Harford [National Cancer Institute (NCI)], Julia Schneider (NCI), X.H. (Chinese Anti-Cancer Association, President of World Cancer Congress UICC 2010), Andreas Ullrich (World Health Organization), David Hill (UICC) and I.A.W. (Asian and Pacific Federation of Organization for Cancer Research and Control).

INTRODUCTION TO THE ASIA CANCER FORUM

N.K. (RCAST) gave an introduction to the ongoing activities and initiatives of the Asia Cancer Forum. She noted that the incidence of infectious diseases in developing countries and the delay in formulating measures to respond to these diseases are recognized as issues requiring the attention of industrialized nations. Accordingly, infectious diseases are generally viewed as a disease specific to individuals in the world of global health. This is due to the fact that it is generally viewed as a disease specific to individuals in industrialized nations, which occurs as a result of the individual’s approach to personal health management. However, cancer has still to gain the recognition it rightly deserves in the world of global health. This is due to the fact that it is generally viewed as a disease specific to individuals in industrialized nations, which occurs as a result of the individual’s approach to personal health management.

Last year, the Fifth Asia Cancer Forum discussed issues relating to cancer and concluded that the highest priority should be for expert groups to share a common recognition of the necessity for cancer to be raised on the global health agenda. In the international community, there has also been increasing recognition of the necessity to ‘begin discussion on placing cancer on the global health agenda’, as evidenced by the Resolution of the United Nations on 13 May 2010 to hold a United Nations General Assembly Summit on Non-Communicable Diseases (NCDs).

However, the results of a survey implemented by the Asia Cancer Forum in April 2010, on the occasion of the 101st Annual Meeting of the American Association for Cancer Research (AACR), entitled ‘Survey on Inclusion of Cancer in the Global Health Agenda’, showed that interest in this issue is not particularly high among a great majority of specialists. Discussion on the inclusion of cancer on the global health agenda does not stop merely at the advocacy of humanitarian principles. In fact, what is needed now is a move away from the linear debate such as that which has dominated discussions of aid to developing nations in the past, and a move toward more complex projections. Therefore, it is necessary to gain the broad participation of cancer researchers in working to decipher the current challenges faced by industrialized nations, which could then be utilized in assistance to developing nations. In other words, it is necessary to establish a framework for resolving issues that face industrialized nations.

The world is now in an era in which developments in health innovation have a significant impact on the direction for global health.

In the initial stages of the genome-wide association study, it was thought that genetic differences by race increased the predisposition to the occurrence of a particular disease. However, as research has advanced, it has shown that although there are some statistics differences among races according to the genetic background, the genetic factors predisposing a person to the occurrence of disease are clearly shared by all humankind. In other words, any careful observations made in one specific region of the world are relevant to other regions.

Owing to the tremendous improvements in genome analysis capabilities, it is now possible to analyze genetic information to an incredibly detailed level. Furthermore, information technology (IT) has enabled quantitative tracking of the vast amounts of medical-related data that are created in the modern world. By continuously and automatically collecting and gathering information from various sources, including clinical data and medical records, and using this information to realize the creation of a system that would produce the required evidence for the purpose of providing each patient with the most appropriate and latest medical treatment, research could be used in a synergetic partnership with treatment. Through such technological breakthroughs, it would be possible to search out information relating to the culturally diverse acquired lifestyle customs that exist in Asia, even in persons of similar race, and work to reduce risk factors and even help to prevent further epidemics. It is for this reason that rather than basing research on persons of ethnicities removed from Asia, careful study of the fine differences that exist among the races and nationalities of the Asian region would result in a closer understanding of the nature of diseases in humanity as a whole.

Infectious diseases are characterized by their tendency to infect many people, while the variation in the disease itself is not so great. However, non-communicable diseases, and cancer in particular, have the characteristic of presenting differently from person to person. In other words, it can be seen that ‘to understand cancer it is important to look at the
differences among individuals’. In a region with genetic similarities, in which a diversity of acquired lifestyle customs co-exist, would it not be possible therefore to gather significant data through cohort research in the region?

Progress in science bestows upon people the promise of limitless possibilities and the means to live longer. Humankind has devoted much time and effort in the fight against disease.

In the near future, the international community is likely to face an unjust situation in which some people with the same disease will be cured while others will suffer and die.

It is this grave reality that must be addressed.

The Asia Cancer Forum bases its activities on the Universal Declaration of Human Rights, which states that everyone has the right to share in scientific advancement and its benefits equally. In aiming to utilize scientific advancement to address the issue of what we can do to ensure that the challenges that have been faced by industrialized nations are not faced by developing nations, the Asia Cancer Forum is engaging in discussion on the challenge common to both industrialized and developing nations, namely the inclusion of cancer in the global health agenda.

SESSION 1: INFORMATION FROM THE HUMAN BODY

H.A. (RCAST) opened the meeting by requesting comments from Andreas Ullrich (WHO) and David Hill (UICC). Andreas Ullrich noted that the WHO is working very hard to include cancer in the context of NCDs on the global health agenda. What needs to be done on a global scale is exactly what is happening in the Asia-Pacific region in fora like the Asia Cancer Forum, and these activities are very much in line with WHO strategies and policies. David Hill noted that the Asia Cancer Forum is a series of important discussions on the issue of cancer. He stated that the UICC is a global organization, but has a particular concern about cancer control in low- and middle-income countries, many of which are in Asia. There is enormous potential for cancer control, which is currently not being fully implemented. As a species, human beings are very wasteful of the benefits of discoveries. We are not very good at implementing the benefits of discoveries as rapidly, effectively and equitably as we should. Forums such as the Asia Cancer Forum, which focus not only on research and discovery, but more importantly focus on delivering the benefits of research and discovery to populations, are extremely important and are to be commended. The solutions to cancer control lie in people connecting with each other and with their communities to implement the benefits of knowledge that we already have, and that is exactly what the Asia Cancer Forum is doing here.

H.A. presented the concept for this Asia Cancer Forum. The previous APCC was held in Japan and resulted in the issuance of the Asian-Pacific Consensus Statement by working groups, which aims to improve cancer health science in the Asia-Pacific region. At this discussion last year, it was concluded that cancer must be on the global health agenda and the Asia-Pacific region is ready to work toward this goal. The issues being currently faced are a rapid increase in population in Asian countries, an aging society and increased longevity, together with increased speed in diagnosis. For example, the population of China has a different demographic to that of Japan, but it will gradually come to look like the demographic pyramid of Japan in the future. Expenditure is also rapidly increasing in Asia. Comparisons between the E7 and G7 countries show that medical expenditure is rapidly increasing in E7 countries. Japan has a track record of good healthcare and low spending in terms of GDP. The low spending in Japan has created a number of issues, particularly with regard to the quality of life for medical staff. In other words, Japan has faced a number of cancer issues ahead of other Asian countries and Japan could provide a source of reference for other countries that will face these issues in the future. The aim of the Asia Cancer Forum is to come up with good proposals.

N.K. noted that ‘Genetic Solidarity and Altruism’ is a powerful phrase that features in the ‘Inside Information’ documents of the Human Genetics Commission (HGC) of the UK. The progress of innovation means that the significance of holding information and data is changing greatly. What is most important, however, is to ensure that each and every person transforms their awareness about the importance of information in an innovative world.

The Asia Cancer Forum is a body that is committed to strategic analysis in the area of cancer research. The current objective of the Forum is to achieve the inclusion of cancer in the Millennium Development Goals (MDGs) of the United Nations. A long-term perspective must be taken that looks ahead to the issues that will face future generations. It is important to start to consider the design of a social system for collecting and storing the information and data we ourselves possess.

PATHOLOGY NETWORKING IN ASIA

H.S. (Hamamatsu University School of Medicine) noted that cancer diagnosis is based on histopathological pictures and human pathology and cancer diagnosis is a mature scientific field. Histopathological language is common to all oncologists and other cancer specialists and it is now possible technologically to present histopathological pictures. Data can be stored and uploaded on a virtual slide website for joint use. Using this website, scientists worldwide could input their own opinions. Archives stored in digital format can last for almost forever. The virtual slide website is easy to use and browsable. There are many folders on the website featuring histopathological archives, for educational and research purposes, as well as for quality control. Each hospital can send images to a central hospital for diagnosis and compare images among multiple hospitals. The quality of the pictures
is much higher than conventional cameras. With high-speed Internet, it is possible to scan images to high resolutions. For virtual slides, no microscope is necessary, only a high-resolution CCD camera. The problem at the moment we face concerns Internet speed. Eventually, with the dissemination of broadband, this system will be able to be further improved around the region. Scanners are installed in 300 institutions at the moment. Histopathological diagnosis can therefore be performed 24 h around the clock using the worldwide network. In order to expand the network further, it will be necessary to develop infrastructure, including high-speed broadband Internet.

**URGENT DEMAND TO ESTABLISH ASIAN NETWORK OF PEDIATRIC BIO-RESOURCE AND TUMOR BANKS FOR BETTER CURE OF THE SICK CHILDREN**

A.N. (Chiba Cancer Center) talked about the urgent demand to establish bio-resource and tumor banks in order to better cure sick children. The cure rate of pediatric cancer is very low in many countries in Asia. Epidemiology of childhood cancer in developing countries is largely unknown. It is not known what genetic and environmental factors affect pediatric cancers, in contrast to the knowledge available on adult cancer. It is important to establish a standardized therapeutic and diagnostic system, which would be helpful for the development of epidemiology of pediatric cancers. In 2008, at the meeting of the Advances in Neuroblastoma Research (ANR2008) held in Chiba, Japan, the Steering Committee and the Advisory Board Committee of the ANR Association decided to take an action to establish the international neuroblastoma tumor bank (INTB). The INTB task force includes the establishment of a standardized diagnostic and database system. Neuroblastoma is a very enigmatic tumor, with most being very aggressive. Prognosis is very poor, even now. In order to solve this problem, a staging system was proposed. In order to promote new translational research in the field of cancer, it is necessary to establish a tumor bank system. More than 90% of neuroblastoma tumors in Japan are being sent to Chiba University for analysis. Chiba Cancer Center engages in genomic analysis of these tumors. Efforts are being made to propagate our standardized system to other countries in Asia. All countries agreed to establish a tumor bank; however, the central tumor bank and molecular diagnostic systems are still immature in Asian countries.

**WHY DO WE NEED GLOBAL COLLABORATION IN CANCER RESEARCH? ESTABLISHING CROSS-BORDER TRANSFER OF RESEARCH MATERIALS AND INFORMATION**

T.M. (National Institute of Biomedical Innovation) introduced one example of networking and commented on why a network is required, particularly in the Asian context. NCI is working to develop a bio-bank system in the USA. This is a very important attempt to share information and materials among cancer researchers, although it is currently limited to within the USA. Best practices are also issued by the NCI, the first version being issued in 2007. Diagnosis and treatment is not the end of a process, it should be the start for the next generation of research. It is therefore important to achieve integrity between clinical practices and research activities. The NCI also focuses on biomarkers, with the aim of providing transcripts for future use. The common practice for conventional medical research requires a large number of medical researchers and specialists. Researchers tend not to see the bigger picture behind research and it is therefore important to provide transparency in large projects so that researchers can understand their place in the research context. The creation of an international network would therefore be very important. A greater degree of cross-border fluidity is required, working on the already good level of interaction between cancer specialists across borders.

**SESSION 2: INFORMATION AS IT SIGNALS**

**GLOBAL STRATEGIES FOR GENOME AND CELL-BASED INFORMATICS: HIGH-PERFORMANCE DNA SEQUENCING AND EXPRESSION ANALYSIS OPEN A NEW AREA**

J.M. (Osaka University) explained the need for an Asian network from the viewpoint of engineering. Fighting against cancer is not simple. Everyone in the pharmaceutical industry is now seeking how to control the pathways and molecular systems of cancer cells. We require huge knowledge in order to achieve this aim, as cancer molecules have an enormous number of variations. Four-dimensional data are required to identify cancer pathways. In our laboratory, we have 200TB of data processing capacity, in order to engage in DNA processing, which provides us with a great deal of data. In Okinawa, we have 10 GB sequencers. We know that medical research is already at a very high level, but R&D remains at a low level, as a part of total expenditure. We therefore have to have more information-based medical systems. We need a system that all stakeholders would be able and ready to use. We have been working on the creation of a network and would like to ask you to join us in our efforts.

**TACKLING THE ‘LIFESTYLE-RELATED CANCER’ WITH CUTTING-EDGE IT**

M.A. (University of Tokyo) talked about how to build consensus and share information using IT. Aging society is a serious issue as people are susceptible to other diseases in addition to cancer. In general, the collection of information data is generally done from the bedside. The next-generation system would have to be an interactive system. Cutting-edge systems including bar-code systems and wireless devices would help to create and disseminate data. Another issue is how to gather verbal information using IT. Next-generation data entry systems will need to incorporate measures for gathering verbal information in data format. Cloud
computing could solve issues of data storage in the future, as the storage capacity using cloud computing is virtually limitless and would enable further collaboration, including data entries from patients’ homes, etc. If cloud computing is to be used, it is essential that the systems are secure and trusted.

**DISCUSSION**

H.A. (RCAST) noted that it is essential that all Asian countries share information, technology and knowledge. He invited comments from other participants.

X.H. (Chinese Anti-Cancer Association) noted that Asia needs a forum to focus on the problems facing Asia. Fifty percent of new cancer cases annually occur in Asia, and from the presentations made at the 21st UICC World Cancer Congress, it is known that 80% of new cases of cancer are from low- and middle-income countries, like China, India and Pakistan and other countries in Asia. The issues raised by the presenters are very important and require action. Although there is a lot of knowledge and consensus on most cancers, we still need further information and consultation on some forms of cancer, including pediatric cancers, leukemia and central nervous system cancers, for example. The possibilities for medical consultation through the Internet would be of benefit not only for Asia but for the world, and would facilitate diagnosis for patients and help to diagnose and identify the correct therapies for patients and save their lives. The issue of a tissue bank is also very important. Six years ago, with the support of the National Foundation for Cancer Research (NFCR) from the United States, a Joint Tissue Banking Facility was opened at the Tianjin Medical University Cancer Institute and Hospital in China. Right now there are about 40 000 specimens. An Asian network is essential and Japan is leading the way on this project.

H.S. (Hamamatsu University School of Medicine) noted that Chinese pathologists have many more cases than ordinary Japanese pathological institutions, maybe due to the numbers of people who have variations of tissues. The Internet is a very comfortable way of developing relationships and colleagues in China and Asia should be encouraged to continue to develop such consultation systems.

Joe Harford (NCI, USA) pointed out that through the practice of tele-pathology, it is possible to have samples read in the USA that were collected in Japan during the night and thereby operate around the clock. In contrast, it is instructive to look at the situation that was encountered with pathology services in Ghana. When the Breast Health Global Initiative visited Ghana, the breast pathology reports were taking 6 months to complete, from the time the samples were collected, until the pathology report was submitted. The idea of getting a report in 18–24 h is very different from waiting for 6 months. Tele-pathology does have a great deal of potential for assisting low- and middle-income countries, where there are few pathologists. It is therefore incumbent on the USA and the Asian region to be thinking about how these technologies can be used to assist the low- and middle-income countries where there are no or few pathologists. This could be in the form of training, or it could be in the form of reading the samples. In the case of Ghana, there was a pathologist in Norway who agreed to train the Ghanaian pathologists so that it became possible to get a much quicker pathology report as a result of training. However, in this case, it required North–South cooperation. Efforts should be made to share resources with the low- and middle-income countries.

A second issue raised by Joe Harford was that of tumor banking. The exchange of samples across borders presents significant problems. Each country has its own restrictions on how samples flow across borders. Hypothetically, there is no need to ever ship a sample across a border. All that is required is to have comparable sample collection everywhere, and the equipment to analyze those samples everywhere, and then the information could be shipped across borders. It ought not to be necessary to ship samples across borders, theoretically. This would require a certain amount of standardization. One of the things that the NCI has been engaged in with the bio-banking effort is best practices and standardization, which is an ongoing effort. In order to ensure that there is comparability across borders requires a small number of samples collected in Japan, for example, to be tested in China or the USA, so that you can assure yourselves that comparability has been achieved. Once comparability has been assured then you ought not to need to ship samples. All of the countries that are involved in a network of collaborative bio-banking should be encouraged to work with governments, and perhaps with the WHO, to make these provisions that would at least allow for these small studies in comparability to be implemented.

The term ‘comparability’ is an interesting word, but it does not necessarily mean uniformity. This particularly applies to informatics platforms and cancer registries and the software that is used for cancer registries. These are not uniform, but they can still be comparable. Databases in particular do not have to be uniform, but it is important to create ‘adaptors’ that would enable data gained in one country to be usefully compared in another country. It is not expected that the world will uniformly follow US or other standards, but in the interests of collaboration, the opportunity to adapt between systems and be able to compare is essential.

Julia Schneider (NCI, USA) congratulated the Asia Cancer Forum for specifically talking about developing platforms for enhancing collaboration within and outside of Asia. There is tremendous potential in the age of genomics and proteomics to do meta-analysis of large collections of specimens. It is important to ensure that specimens are comparable. After the initial quality control is implemented, it makes sense for specimens to be analyzed in the country in which they were gathered. It is very exciting that these sorts of issues about creating and developing platforms and infrastructure are being discussed in this forum.
With regard to the NCI best practices, the new version is now published and is available on the website for comment. NCI is very actively interested in receiving comments on this new version. The process that was used for developing the NCI best practices was very focused on the USA. It would be good to continue the dialogue about developing standards that can be implemented effectively in both Asia and the USA and other parts of the world. In the USA alone, many challenges were encountered in terms of the way that different institutions were engaging in analysis, both from the technical side and also the ethical and legal issues (informed consent, privacy protection etc.). These issues become even more complex in the context of cross-border collaboration, but it is extremely important to develop and facilitate such international collaboration.

M.A. (University of Tokyo) noted that with cutting-edge IT, it is possible to create information not only for cancer but also for diabetes and other diseases. Lifestyle-related cancer is a chronic disease. The cost for hemodialysis and treatment of cancer is very expensive. It would be possible to use cutting-edge IT to create systems that would be applicable to a variety of lifestyle-related diseases.

I.A.W. (Asian and Pacific Federation of Organization for Cancer Research and Control) reported that in the Southeast Asian context, it is necessary to look at more fundamental issues, because there are discrepancies in the region with standards of health care. There are some parts of the region where there are no people who diagnose or even treat patients. In order to look at the cancer agenda, we need to look at the issue in global terms. For example, take a country like Malaysia, in Kuala Lumpur, there are 15–20 cancer centers within a radius of 25 km, but in other regions, there are no physicians who are qualified to provide cancer care. These are issues that need to be examined. Hospitals treating cancer in the Southeast Asian region have to endure a tremendous burden, where, in some cases, patients have to share beds in a cancer hospital and 200–300 patients are having chemotherapy in a single day. It is therefore important to examine the manpower problem. Part of the issue here is improving the standards of diagnostic care, sharing of pathology and maybe radiology reports through the Internet, but we must also consider how we address the issue of manpower shortage. There are parts of the region where there are no cancer specialists. It is important to think about these important issues of manpower and consider how we can improve this from an Asian perspective.

Andreas Ullrich (WHO) noted that it is important that the Asia Cancer Forum is an open platform for all countries, including low-, middle- and high-income countries. Linking all these countries toward a common goal is extremely important. One of the major drivers in decision-making in the political circles is the availability of data. It is important not only to know how many cases of cancer are occurring, but also to know about the number of staff who are available in each country. Also, we must consider the availability of technology, including diagnostic devices, essential medicines etc. The Asia Cancer Forum could be one that goes beyond the diagnosis of cancer and could be a forum for collecting data about infrastructure. It could provide information through the Internet and other tools could be developed (or are already developed by the WHO) about capacity in countries. This information could then be combined not only for academic purposes but also for a policy forum, where intelligence is translated into policy proposals to politicians. The politicians could then be shown data about incidence of cancer, mortality and survival rates etc. Survival data are very strong drivers in political decisions, as we have seen in Europe. They are not available universally across the Asian region. There is great potential for this forum to set an agenda for what needs to be achieved in terms of political decision-making and will be required to achieve that target.

Massoud Samiei [International Atomic Energy Agency (IAEA)] noted that in order for donors to invest in cancer, it is important to have convincing projects to show that something can be done about cancer. Cancer is perceived as a very expensive disease. The IAEA works with the WHO in many developing countries, including in Asia, to establish cancer centers, and often donors ask about investing in cancer as it is a very expensive disease. In order to get cancer on the MDGs, it is essential to show that there are strategies and solutions that are cost-effective. With a little investment, progress can be made in terms of prevention, screening programs and focusing on specific types of cancer. For this, we have already created examples through the IAEA programs across the globe. The IAEA could collaborate with the Asia Cancer Forum to provide information for the creation of a proposal to submit to the UN. Donors are only interested in cost-effective solutions. The IAEA has pilot projects in eight countries currently and could share these results with the Asia Cancer Forum.

CLOSING

H.A. and N.K. thanked the speakers and participants for their insightful comments and active participation. In closing, it was noted that the ultimate goal is to utilize advances in innovation to create a large database of knowledge and a global network for analyzing data and sharing information. To this end, it is essential to make efforts to collect all kinds of medical information. The opinions raised at the forum concerning means of sharing data and raising awareness among specialists and patients alike about the importance of medical information in the fight against cancer demonstrated that there is a general awareness of the issue. It was recognized that further efforts must be made to create awareness among specialist organizations of the value and necessity of setting the global health agenda for the sake of scientific development. Approaches must also be developed that enable countries and regions at different levels of development to share data in a comparable manner.
ROAD TO 7TH ASIA CANCER FORUM

The discussions at the 6th Asia Forum identified a number of key issues that need to be tackled if a comprehensive cancer network is to be achieved. Knowledge gaps exist between the current status of cancer research and treatment in front-runner countries, such as Japan, and the perception of issues in developing and emerging countries. It was recognized that the issue of obstacles to sharing common challenges is one that requires further discussion and analysis. The Asia Cancer Forum will continue to examine means for sharing information in a meaningful and comparable manner. In particular, the role of IT in opening up cancer issues for global health consideration will be focused on in future meetings, with input being sought from policy-makers in government and from the private sector, including pharmaceutical companies. The 7th Asia Cancer Forum is scheduled to be held on 3 November 2010, with invited speakers from the Asian region and major pharmaceuticals coming together to discuss the way forward for a comprehensive cancer network in Asia. With the participation of representatives of academia, government and industry at the 7th Asia Cancer Forum, it is anticipated that the technical issues, specifically relating to knowledge and know-how gaps between front-runner and developing countries, will be further discussed, with a view to crystallizing a future path for a comprehensive cancer information network in the Asian region.

Conflict of interest statement

None declared.