The Eighth Asia Cancer Forum: Seeking to Advance the Outcomes of the UN Summit: ‘Global Health as the Key to a New Paradigm in Cancer Research’

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To date, the Asia Cancer Forum has focused its efforts on creating a common concept for collaborative efforts in international cancer research with a focus on Asia, where cancer incidence is rising dramatically, and also sharing information and knowledge among cancer specialists about the importance of cancer as a global health agenda issue. The Eighth Asia Cancer Forum was held following the historic outcome of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases held in New York in September 2011, at which cancer was duly recognized as a global health agenda issue. Despite this significant development, however, the issue of cancer, one of the most intractable of all non-communicable diseases, still faces a variety of challenges if it is to be addressed on the global level. The Eighth Asia Cancer Forum sought to address these various issues, seeking ways to capitalize on the outcomes of the UN Meeting and take global collaborative studies and alliances in the field of cancer further. It was recognized that one of the main challenges for the Asia Cancer Forum is to formulate a proposal that demonstrates how middle-income countries can provide a good level of care using only their own limited medical resources. Given that the Asia Cancer Forum is one of the organizations that can provide assistance in working to further boost awareness about cancer research and the situation relating to cancer in Asian countries, discussion also focused on how to concretize activities in the future.

Key words: technology gaps – information sharing – MDGs – maximizing resources

OVERVIEW

The Asia Cancer Forum is a grouping that aims to discuss cancer science and policy issues among Asian countries. The basic concept of the forum is that discussion will enhance sharing and awareness of the issues and each of the participants will gain their own take-home message to apply to their own activities as the outcomes of the forum. The forum is operated through the research funds of the
participating members and receives support in the form of Health and Labour Sciences Research Grants from the Ministry of Health, Labour and Welfare of Japan, as part of the Third Term Comprehensive Control Research for Cancer or its ongoing work to create an Asian network. The organizer of the forum is N.K. and it is chaired by H.A., both from 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 group engaged in discussions on the formation of an Asia Cancer Information Network. From 2008, the name of the research platform was changed to the Asia Cancer Forum and the first two meetings were held thereafter. The third meeting was held in February 2009, on the theme of ‘Health Information and Development’. The third meeting was held jointly with SciDev.Net and saw discussion focus closely on issues relating to the setting of the global health agenda. The fourth meeting was held in April 2009 under the theme of ‘Asian Challenges in Shifting the Disease Burdens’. In November 2009, the fifth meeting was held in collaboration with the 20th Asia Pacific Cancer Conference (APCC) under the theme of ‘What Should We Do to Raise Awareness on the Issue of Cancer in the Global Health Agenda?’ The meetings to date have concentrated on ways to share information among Asian research colleagues, thus raising awareness of the importance of including cancer on the global health agenda.

In the Sixth Asia Cancer Forum, discussion focused on the difficulties in achieving a comprehensive cancer information network in Asia, due to technology and know-how gaps between frontrunner countries and developing countries. These discussions led to the theme of the Seventh Asia Cancer Forum being set as ‘From the perspective of human security, how can we collaborate as Asians in order to place cancer on the global health agenda? How can we fill in the gaps that exist among us?’

With global momentum gathering in terms of recognition of cancer as a global health agenda issue, as preparations were implemented for the Eighth Asia Cancer Forum, the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases was held in New York in September 2011. The outcomes of the UN Meeting emboldened the organizers of the Asia Cancer Forum to further develop discussion on cross-boundary, collaborative studies on cancer.

The Eighth Asia Cancer Forum was held at Nagoya Congress Center, Japan, on 29 October 2011. The meeting consisted of nine special presentations, followed by detailed discussions. Approximately 25 people were present and the meeting provided a forum for active discussions. H.A. (RCAST) presided, with organization being facilitated by N.K. (RCAST). At the end of the meeting, the Declaration of the Eighth Asian Cancer Forum was adopted by members.

ENDEAVORS OF THE ASIA CANCER FORUM WITHIN THE CONTEXT OF JAPAN-ASIAN STUDIES AT THE UNIVERSITY OF TOKYO

‘SURVIVING CANCER IN ASIA’: EFFORTS OF THE JAPAN–ASIAN STUDIES PROGRAM OF UT

N.K. (RCAST), The University of Tokyo, noted that the Asia Cancer Forum had launched dialogue on cancer at a time when non-communicable diseases did not attract widespread attention. The activities of the forum have been published in various printed and online journals. The recent outcome of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases held in New York in September has brought us to a point where it is necessary to consider what concrete actions the cancer research community can take. Getting cancer recognized as a global health agenda item is still a challenge. The discussions that have taken place in the Asia Cancer Forum among various experts can therefore be put to good use as dialogue on cancer moves forward.

Through a series of lectures at the University of Tokyo titled ‘Surviving Cancer in Asia,’ experts have been invited to provide insight and opinions into cancer-related issues and the importance of placing cancer on the global health agenda. They also aim to examine what can be done to ensure that developing nations can avoid making the same mistakes as more advanced countries.

One of the challenges that the cancer community faces is that cancer research is intensive and segmentalized, making it easy to lose sight of the bigger picture. Keeping an overall picture in mind provides a blueprint for the future direction of cancer research. In this context, it is important for the Asia Cancer Forum to consider the actual situation of cancer in Asia, but this is not an easy task. This is because it is difficult to grasp an accurate picture of a region that is so rich in medical care standards. However, the global health agenda can function as a framework concept to gain a broad understanding. By framing cancer in Asia in the setting of the global health agenda, it will be possible to tap the wisdom and knowledge of the international community.

The situation surrounding global health is now far more complex than when the focus was simply on infectious diseases. It is therefore essential for an academic basis to be laid out for global health that provides definitions and common language that will promote discussion among stakeholders. The concept of global health is founded on the concepts of equality and human rights. It is important as a means of sharing information and gaining an accurate global picture of cancer, that we create an academic platform, or Global Collaborative Cancer Studies, as a means of further
sharing and expanding the concept of global health in the cancer research community. Universities are ideal locations for multi-disciplinary collaboration with the social sciences. By considering cancer in terms of global health, it will be possible to identify new approaches for policymaking and research, including ways to tackle the existing challenges of increasing costs and aging populations in developed societies. Now it is time to look beyond narrow national interests and use the multi-disciplinary nature of universities to further expand and share knowledge, including with the social sciences.

Given cultural differences, the situation surrounding cancer will vary significantly from country to country. By linking universities in global collaborative efforts, a bottom-up approach to global health that respects and brings together diverse communities in different regions could be achieved.

Even following the outcome of the UN Summit in September, given the downturn in the global economy, it cannot be taken for granted that NCDs will be provided with the large financial resources that infectious diseases have enjoyed in the past. Therefore, we can no longer resort to aid, but must instead create a framework for assistance to developing countries that is based on our own experiences of overcoming challenges and creating successful outcomes. A major challenge is to implement clinical trials in emerging economies. For this, we will need the provision of technical assistance and also to build links between pharmaceutical companies and cancer researchers in emerging economies.

Until now, there has been little interaction between the field of cancer research and other areas in the global health agenda. The Asia Cancer Forum will seek to boost exchange and interaction among the people engaged in different areas of the global health agenda. It is essential for the cancer researchers to interact and share information and human resources with other global health networks, such as those for infectious diseases. The Asia Cancer Forum will aim to gather the knowledge of many experts, including the people making presentations today, and strive to achieve a firm academic foundation in the field of Global Collaborative Cancer Studies.

**DISCUSSION**

Jun Miyake (Osaka University) congratulated the Asia Cancer Forum on its efforts, noting that from the modest beginnings, a regularized forum for dialogue is being developed. He noted that cancer is not just a fight against disease but includes diverse layers, incorporating physicians, researchers, patients and the wider community. He asked how the Asia Cancer Forum sets the targets for dealing with these various stakeholders in the field of cancer.

N.K. responded that although it is difficult to respond to the various layers, each individual discipline in universities is able to make a response in differing ways. Therefore, universities are well placed to connect different areas in academia and use a disciplinary approach to further widen the horizons of cancer research and global efforts to tackle cancer as a whole.

**CHALLENGES FOR THE ASIA CANCER FORUM: ‘WHERE IS THE NECESSITY FOR CANCER TO BE ONE OF THE ISSUES ON THE GLOBAL HEALTH AGENDA?’**

**STRATEGIES FOR CANCER COLLABORATION IN ASIA**

H.A. (RCAST) noted that the original target of the Asia Cancer Forum was to have cancer included as part of the global health agenda. However, following the UN meeting on NCDs in September, it was agreed to establish cancer on the global health agenda. One of the main challenges for the Asia Cancer Forum is to formulate a proposal that demonstrates how middle-income countries can provide a good level of care using only their own medical resources, which amount to approximately several hundred dollars annually per patient. The Asia Cancer Forum approach is predominantly an academic one. The UN has decided to place cancer on the global health agenda, reflecting a situation in which for all levels of income in all countries around the world cancer is now a major source of mortality. Although the politicians have announced that cancer will be placed on the global health agenda, no specifics have been forthcoming, concerning how much funding will be provided and what measures will be advanced. The Asia Cancer Forum is one of the organizations that can provide assistance in working to further boost awareness about cancer research and the situation relating to cancer in Asian countries.

In lower income countries, once people are diagnosed with cancer, 40–60% of people die from cancer, whereas the mortality rate is considerably lower in high-income countries. It is calculated that 2.8m new cancers each year are linked to diet, exercise and obesity. As countries become more urbanized, they become more prone to the Western diseases, including not just cancers, but coronary heart disease, obesity and lung disease.

In terms of strategies for cancer collaboration in Asia, using the example of prostate cancer, we can see that the incidence rate is very low in Asia compared with the West. However, the mortality rate of prostate cancer is rising in Japan as diets become more westernized. This can be seen clearly in Japanese immigrants to Hawaii, among whom the incidence of prostate cancer has increased (following Western trends), but the incidence of stomach cancer has decreased (in Japan, stomach cancer has a high prevalence rate). Research has suggested that soy consumption could have an impact on incidence and mortality rates for prostate cancer. Soy contains isoflavones are hypothesized to help prevent cancer, as it encourages the production of equol in men. In order to advance measures against prostate cancer, greater cooperation is required, and efforts are being made to refine existing guidelines.

The First APPS (Asia Pacific Prostate Society) Consultation on New Developments in Prostate Cancer and
Prostate Diseases was recently held on 1 October in Manila. In addition, the Fifth Joint Meeting of J-CaP/CaPSURE Joint initiative was held in July this year. Asian countries are extremely diverse, but all countries share the same increasing health burden. In contrast to other diseases, there is no uniform remedy for cancer treatment, and therefore it is of critical importance that the countries of Asia work to create a common platform for sharing information on the current status of cancer in the various countries, and formulating liaison and response structures in collaborative efforts. It is based on this necessity that the Asia Cancer Forum would like to issue a Declaration through the Eighth Asia Cancer Forum.

**CANCER AS A MAJOR HEALTH AGENDA IN ASIA: HOW TO OVERCOME CANCER**

J.K.R. (Yonsei Cancer Center, Yonsei University College of Medicine) noted that Korea has achieved great advances in cancer treatment in recent years. Asia has huge populations with diverse ethnicity, different cultural backgrounds and diverse economic conditions. Cancer prevalence is diverse among Asian countries, but cancer has become the major health agenda even in economically emerging countries. Guidance for cancer control is therefore required.

The most prevalent cancers vary from region to region in Asia, but are gradually changing as living and eating habits are changing. Asian cancer has ethnic pharmacogenomic differences, treatment responses and toxicities. There are also differences in clinical practice for cancer prevention, detection and treatment. There are also diverse patterns of treatment tolerability, mentally and physically. When treatments are developed in Western countries, it is therefore sometimes not appropriate to use them in Asian countries.

Fifty years ago, Korea was very poor, but over the last 50 years, incomes have increased almost 250-fold. There is a mandatory national health insurance covering nearly 100% of costs, which in modern times has tended to drain resources for health. A National Cancer Screening Program was established ~10 years ago, including both voluntary and mandatory checks. There is aggressive competition between five mega hospitals in the country. Korean lifestyles are also changing dramatically, with increasing urbanization, improved hygiene and Westernization of diet. Since 1983, cancer has been the most common cause of death in Korea. Cancer incidence is increasing rapidly and the prevalence rate is also changing. The cancer survival rate has improved over the last 20 years. In 1999, there were 57,594 men and 43,438 women with cancer. By 2008, these figures had increased to 93,017 and 83,500, respectively. One in three men is expected to experience cancer and 3 in 10 women, making Korea a high tumor burden country. Thyroid cancer is now the most prevalent form of cancer in women in Korea.

During the last 20 years, the 5-year survival rate has increased to 59.5%, marking a radical improvement. Gastric, lung and hepatoma cancers are on a downward trend, but colorectal cancer has increased in both sexes. In women, breast cancer incidence has risen dramatically. The number of cancer patients is increasing by ~6% annually. Patterns of cancer prevalence have been changing rapidly during the last two decades. With regard to smoking, in 1980, 79.3% of men smoked, but by 2010, this figure stood at 39.6%.

Cancer survival has improved thanks to primary prevention efforts, including improved hygiene and anti-smoking campaigns. The National Cancer Screening Program for Early Detection has also had a positive effect, coupled with vaccinations for hepatitis B virus.

Overcoming cancer in Asia is difficult but can be improved by primary prevention efforts, vaccination for hepatitis B, early detection and standard guidelines for clinical practice for prevention, early diagnosis and treatment. It will be essential to engage in multi-national ethnic difference studies, something which is being implemented. The Asia Cancer Forum is now required to promote field and clinical research with multi-disciplinary team approaches and multi-national and multi-institutional trials. The establishment of a federation comprising Asian cancer organizations will also be an important step.

**DISCUSSION**

Hoo-Geun Chun [Korean Association for Clinical Oncology (KACO)] noted also that Korea’s experiences could form a source of reference for other countries’ efforts to tackle cancer. However, there are various obstacles to create a common platform for tackling cancer in Asia, as discussed by the presenters.

Tadao Kakizoe (Japan Cancer Society) noted that prostate cancer is sharply increasing in both Japan and Korea and asked whether it would be possible to implement a collaborative study on the effect of isoflavones on prostate cancer. He noted that one of the issues would be to raise funds. J.K.R. acknowledged that the issue of funding is severe, given increasing demands on health systems. H.A. noted that it would be important to secure sources of funding for such studies to be implemented.

Hideo Tanaka (Aichi Cancer Center Research Institute) asked what the cause for liver cancer prevalence decrease was and whether the vaccination for hepatitis B had had such a significant impact. He noted that the time lag between the implementation of hepatitis B vaccinations and the reduction in liver cancers was very short in Korea and asked whether there were any other factors that had influenced the decrease in prevalence. J.K.R. responded that hepatitis B vaccination was one contributing factor, but enhanced treatment for liver cirrhosis was another factor that had impacted the decrease in the prevalence rate.

Keunchil Park (KACO) added that improved hygiene from the 1980s to early 1990s may have contributed to the low incidence of hepatoma. In the 1960–70s, screening before blood transfusion was not effectively implemented, but from...
the 1980s, improvements in hygiene, coupled with thorough blood screening measures, had helped to reduce the incidence of hepatoma.

**Measures to Tackle Challenges (1)**

**Cancer control: lessons from global health initiatives**

K.S. (Graduate School of Medicine and Faculty of Medicine, The University of Tokyo) noted that there are three key questions that now need to be addressed: (1) Should NCDs be on the global health agenda? (2) Should cancer be an independent global health initiative? and (3) How should cancer be tackled in the context of global health, particularly in middle- and low-income countries?

There are myths about NCDs in developing regions that echo the myths that grew up around HIV/AIDS in the 1990s. There are deep-seated perceptions that NCDs are not everybody’s problem but diseases of affluence and of the elderly. Other received wisdom states that the provision of NCDs treatment and prevention is not feasible and too expensive in low-resource countries. Taking a look at the number of global deaths shows that NCDs in general should be on the global health agenda, given the fact that NCDs account for two-thirds of deaths around the world, two-thirds of which are in developing countries.

NCDs are largely preventable through intervention, including anti-smoking campaigns, etc. The five biggest cancers are breast, cervix, lung, stomach and liver cancers. The Global Burden of Disease (GBD) Study was commissioned by the World Bank in 1991. The World Health Report of 2002 promoted ‘reducing risks, promoting health life’ through reducing burden due to major risks, cost-effectiveness of relevant intervention and policy implications. Deaths from non-communicable disease attributed to risk factors in Japan in 2009 show that smoking, alcohol and helicobacter pylori bacteria are the major risk factors.

There are three policy levels to address the NCD epidemic that need to be impressed upon policymakers: (1) elevating NCDs on the health agenda of key global health policy-makers, (2) providing them with better evidence about risk factor control; and (3) persuading them of the need for health system change. These policies will require funding.

The global cancer community needs to consider at least three things to make a success of cancer control in developing countries. First, there has to be a demonstration of results through the development and implementation of a cost-effective delivery strategy, which requires a paradigm shift away from an emphasis on scientific discovery to the implementation and evaluation of preventive and curative interventions. Second, a multiple-stakeholder approach is needed, including policymakers and pharmaceutical companies for global and regional drug pricing and procurement mechanisms. Finally, a development mechanism for both external and domestic financing in developing countries is also required. All of these innovations are a central theme in the current global movement toward universal coverage.

Japan is very advanced in the cancer field and has the capacity to offer support and assistance to others. According to Richard Horton in *The Lancet* (2010), Japan is ‘a mirror of our future.’


**Discussion**

Doug Pyle [American Society of Clinical Oncology (ASCO)] noted that from the experience of the ASCO at the UN meeting on NCDs in September, it seems as if a psychological breakthrough has finally been achieved at the global level. At the UN meeting, it was possible for the first time to talk about cancer as a global health emergency. Dr Pyle noted that K.S. had posed the question that in response to this global health emergency would it be advisable to focus on cancer individually, or to address cancer issues within the context of NCDs as a whole. It was noted that addressing health emergencies using a purely vertical approach may not be possible in today’s world, as by doing so may cause valuable opportunities to be lost. The efforts of the Asia Cancer Forum to endeavor to reach across borders and also reach across health disciplines are to be encouraged as an effective method of further promoting cooperation on cancer in the context of NCDs.

**How to Support Middle-Income Countries**

H.I. (Department of Health and Welfare, Chiba Prefecture) noted that one of the biggest risk factors in the world is the aging of society. Over the next few decades, the entire world will start to age, following the lead of Japan, which is already experiencing the effects of an aging society. In September, the UN Meeting on NCDs was held, which came a decade after the establishment of the Millennium Development Goals (MDGs). In terms of the global distribution of disease burden, the highest disease burden for NCDs is in high- and middle-income countries. In the Asian context, these include Brunei, Japan, Korea and Singapore (high income) and China, India, Indonesia, Lao PDR, Malaysia, the Philippines, Thailand and Vietnam (middle income). The disease burden in low-income countries remains greater for infectious diseases and maternal, newborn and child health (MNCH)-related diseases.

While the global health community continues to focus its efforts on communicable diseases and MNCH in least developed countries, ongoing demographic and epidemiological transitions around the globe require us to cope with emerging disease burden of non-communicable diseases—especially cancer—among middle-income countries. The relative magnitude of the disease burden caused by cancer among middle-income countries are expected to grow rapidly in the next few decades. To support middle-income countries on cancer in comprehensive manner, including prevention, early
In terms of the role that Japan can play, for many years, it was the only developed nation in Asia. Middle-income Asia will be the epicenter of cancer and other NCDs in the next few decades. The approach to cancer will be different from that of our previous global health agenda. The role of the Asia Cancer Forum will be pivotal, as it is bodies such as the Asia Cancer Forum that are capable of decoupling NCDs from the ‘aid concept’.

**DISCUSSION**

Sumitra Thongprasert (Chiangmai University, Thailand) agreed that depending on the region, the disease burden may vary. It is important to examine the specific problems in each country and the human papilloma virus (HPV) vaccine would be useful. One of the challenges is to work to ensure that the costs of vaccinations can be decreased.

Rainy Umbas (Indonesia University, Indonesia) agreed that many countries in Asia belong to middle-income strata and have an accordingly increased cancer burden, as lifestyle changes. The incidence of infectious disease is decreasing in countries such as Indonesia and it would be preferable for governments to continue to efforts to tackle infectious diseases, but to boost secondary and tertiary treatment. It is essential to examine the risk factors in each individual population, but it will take time to implement such measures.

**MEASURES TO TACKLE CHALLENGES (2)**

**JAPAN’S HEALTH DIPLOMACY RESPONDING TO CHANGES IN DISEASE STRUCTURE**

K.T. (Japan Center for International Exchange) noted that although his particular focus is more political than specifically targeted on cancer, the health system is a very important topic for international negotiations and is attracting attention around the world. Infectious diseases have been the focus of attention for a long time, particularly HIV/AIDS, which has been the subject of major international initiatives. The question is how to expand health-related issues into national policies. There are many overlaps in terms of the challenges that are faced.

In terms of the role that Japan can play, for many years, it was the only developed nation in Asia. However, in the 21st century, many Asian countries are growing as economic powers and Japan is part of the overall dynamism in Asia. Asian countries are now facing new problems as the flip-side of their economic dynamism. There are growing gaps between low- and high-income strata in each country, which has the potential to cause turmoil and confusion. Social inequality and growing gaps between the haves and have-nots are serious international challenges. In order to prevent gaps from emerging, it is important to provide a social safety net. Health security plays an essential role in reducing social disparity. Many policymakers are becoming aware of the concept of the importance of health security. Japan has had experience in tackling chronic diseases and has achieved some success. For example, stroke was one of the biggest causes of death in Japan in the past, but thanks to universal coverage of the health system, which marks its 50th anniversary this year, mortality from strokes has decreased in recent years.

Cancer researchers need to have excellent collaboration with specialists from other sectors, including political and economic specialists. Researchers must send a message to policymakers, and the Declaration the Asia Cancer Forum is issuing today will be useful for this purpose.

In order to achieve a more equal society, it is important to know the impact of cancer on low- and middle-income communities. Good fiscal analysis needs to be implemented to assess the impact of cancer on economic growth. Under this overall framework, it will be possible to make a contribution to cancer prevention control.

In terms of requirements for bringing cancer to a global agenda from the human security perspective, it is essential to drive momentum for collaboration among cancer researchers and other sectors. A multi-sectoral approach is required, in terms of politics, economics and social sciences. It is also important that policymakers be made aware of the importance of cancer.

Japan’s population aging is among the most advanced in Asia, but it has also succeeded in creating the healthiest society in the world. Japan’s experience, cultivated as domestic policy, could be very helpful for Asian countries that will soon see their population age, regardless of whether that is positive or negative. It is time for Japan to provide its knowledge and expertise globally and to make greater efforts to improve domestic systems that lead to effective contributions to strengthening health and medical systems in Asian countries.

**DISCUSSION**

Rolf A. Stahel [European Society for Medical Oncology (ESMO)] stated that if there is a global strategy for NCDs, then cancer should be part of it. However, in terms of national strategy, it is important to have a specific cancer plan. The case of regions, as opposed to global or individual country’s efforts, is therefore slightly different and he noted that it would be important for the Asia Cancer Forum to consider whether its focus would be on prevention or on medical intervention.
Doug Pyle (ASCO) stated that when addressing the cancer disease burden, it is important to think creatively and implement cancer planning. At the clinical level, there are many issues that are specific to cancer, but there are opportunities to expand into other medical disciplines and other sectors entirely, as noted by K.T. There are vertical and horizontal and even diagonal elements and the overall message is that cancer is an increasingly complex problem and a response will require an open-minded outlook.

Mitsuru Sasako (President, JSCO 2011 Annual Meeting) noted that the JSCO is engaged in efforts to (1) cooperate and support each nation’s public health strategy, (2) educate the general public, (3) educate general practitioners and (4) educate specialists. He shared his experience from his time working in the National Cancer Hospital, when he implemented workshops in Vietnam and Mongolia with the aim of detecting early-stage cancers and preventing them. In the case of gastric cancers, these two methods (detection and prevention) are very effective and do not require expensive machinery or drugs. It is important to think about the four different efforts noted above when considering what can be done for each country.

Tomoyuki Kitagawa (Japanese Foundation for Cancer Research) noted that the UN meeting on NCDs created a solid platform for action and based on the outcomes of the UN meeting, positive progress could be made. NCDs are a big issue, partly because this is an issue that is related not only to health but also to the economy. NCDs have an enormous economic impact. Cancer prevalence is increasing and infectious diseases are declining in many countries, but it is important to assess the status of premature cancer death in each country. After the UN meeting, it is now important to start processes at the political level and promote action. Researchers should not just be engaged in research, but need to connect with social issues. JSCO is positively involved in social activities and UICC Japan also needs to engage in such activities. The outcomes of the UN meeting will be translated into Japanese and used as a tool for raising awareness.

K.T. (Japan Center for International Exchange) noted that the Asia Cancer Forum was being participated in by cancer specialists, but the discussions in this forum need to be fed through into policymaking. A strategy needs to be developed to call upon politicians to take action. It is important to think about cancer in a much wider context than has previously been the case.

**Health Workforce Crisis in the World**

S.N. [The Global Health Workforce Alliance (GHWA)] expressed thanks to the JSCO and Asia Cancer Forum for extending an invitation to attend the Eighth Asia Cancer Forum, and also thanked the Asia Cancer Forum for its registration on the GHWA website. The current chair of GHWA is Dr Masato Mugitani and Prof. K.T. is one of the leading lights in the organization. GHWA is seeking to achieve new changes in various areas. The Government of Japan is contributing almost one-third of the budget for GHWA activities, making it the largest single donor, and it is important for Japan to be engaged in efforts to cultivate human resources for health (HRH).

There has been growing awareness of the consequences of global workforce shortages, with various factors hindering the delivery of health services in low- and middle-income countries. GHWA was launched in 2006 to address the health workforce crisis. One substantial achievement is to make history with the formulation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, which was adopted by the 63rd World Health Assembly on 21 May 2010. This groundbreaking instrument marks the first time that WHO Member States have used the constitutional authority of the Organization to develop a code in 30 years. The GHWA is also playing an instrumental role in the Health Worker Migration Policy Initiative (HWMI), which is dedicated to monitoring health worker flows and issuing recommendations to WHO for an International Code of Practice. GHWA has worked consistently to bring stakeholders together to engage in dialogue on HRH. The first Global Forum on Human Resources for Health was held in Kampala, Uganda, in 2008. It called for immediate and sustained action to resolve the critical shortage of health workers around the world and resulted in the endorsement of the Kampala Declaration and the Agenda for Global Action. At the second Global Forum in Thailand in 2011, countries and stakeholders convened to renew their commitment. GHWA’s mission is to add greater value to healthcare.

On the occasion of the NCD Summit in New York, GHWA held a side-event: ‘Addressing Noncommunicable Diseases—It Takes a Workforce’ organized together with the Governments of India and Japan, Touch Foundation and the Health Workforce Advocacy Initiative. Panelists and keynote speakers concurred that effectively addressing the challenges posed by NCDs is dependent on the availability of a prepared, motivated, supported and well-functioning health workforce at all levels of care. NCDs have become one of the major health issues in the international community. GHWA is targeting 57 countries to respond to the global workforce crisis in low- and middle-income countries. To tackle the problem, more skilled and experience workforces are required. Therefore, GHWA is shifting its interest to NCDs, which it believes is closely related to HRH.

**Discussion**

Jin Li [Chinese Society of Clinical Oncology (CSCO)] noted that various speakers had spoken about collaboration among countries. In the case of China, he noted that while economic growth has been rapid in recent years, the average income in China is still very low and there are significant gaps between low- and high-income levels of society. The Chinese government has launched a plan to provide health
Pharmaceutical development and cancer treatment in Asia

K.K. (Graduate School of Medicine and Public Health, Kyoto University) explained that he would be talking about health technology assessment (HTA). Under the HTA are evidence-based medicine (EBM) and comparative effectiveness research. When measuring the effectiveness of medicines, it is important to have a scale, one of which, developed in the UK, is the Quality-adjusted Life Year.

In the case of cancer, sales of anti-cancer drugs are increasing rapidly. Molecular targeting drugs tend to be beneficial for some patients but not others. It was for this reason that the UK recommended against the use of molecular targeted drugs from a cost–effect perspective. In the case of the USA, EBM has generally tended to be the focus for activities, but under the Obama Administration, the American Recovery and Reinvestment Act was passed, under which the Agency for Healthcare Research and Quality was established. Anti-cancer drugs are very expensive at the moment and there are many hurdles still to be overcome before they can be used effectively. Questions about the safety of patent-expired drugs are also being raised.

Corporations and cancer treatment in Asia

M.I. (GlaxoSmithKline K.K.) noted that it is important for Asian countries to engage in cancer management and to implement clinical trials. Research is also required for the individual differences in drug response. He presented some intrinsic and extrinsic factors on ethnicity. One example is PFS in EGFR mutation-positive and -negative patients for which the effects of Gefitinib were investigated. The results were achieved through significant investment in studies. In addition, in terms of the Avagast Study by Roche on regional differences in efficacy, there were huge differences between the active agent and placebo trials.

In terms of opportunities for Asia collaboration, the similar ethnic, dietary and social habits of people in Asia are good for joint collaborative efforts. The global pharmaceutical market is continuing to grow, although the percentage of the market accounted for by the USA has decreased slightly. The pharmaceutical markets in emerging economies are growing rapidly and the forecast is that the Asian countries will continue to grow. Several anti-cancer agents have already developed through collaboration in Asia, and Asian contribution to new drug launches is now very clear. Moving forward, it will be important to deliver science-based evidence from Asia, and make decisions on effective development of a second line.

General Discussion

Kazuo Tajima [President of 70th Annual Meeting of the Japanese Cancer Association (JCA)] commented on the presentation by H.A. on prostate cancer, noting that several decades ago, the incidence rate in Japan was very low compared with the West, but in recent years, the prevalence is rapidly rising. Progression of cancer is variable depending on cultural and ethnic background. Cancer is positioned in a very broad context and contains many variable factors and therefore a broad-minded approach will be required in order to control cancer. The Asia Cancer Forum is an excellent opportunity to collaborate on efforts to control cancer.

Masahiko Nishiyama (JSCO) asked the GHWA about aid for developing countries and budgets for human resources for health, noting that such aid may not be exclusively for efforts relating to cancer. He asked whether there were any areas where JSCO could work together with GHWA on cancer-related efforts. He also commented on heterogeneity in Asia and the importance of engaging in joint work with multiple sectors.

H.A. (RCAST) noted that due to time constraints, the comments on heterogeneity and commonalities could not be covered, but asked S.N. and K.T. to respond to the questions concerning GHWA and a multi-sector approach.

S.N. (GHWA) responded that GHWA is under the WHO and the WHO is seeking to explore the opinions of academia, the private sector and government and is seeking to expand partnerships on cancer-related issues.

K.T. (Japan Center for International Exchange) concurred with Dr Nishiyama on the importance of health-related efforts by government. He noted that there is a great deal of cooperation between academia and the private sector in the USA and that this is something that is lacking in Japan. It is therefore important to educate and nurture specialists in health- and science-related institutions. It is essential to come together to establish a discussion platform in Japan to promote interaction between academia, the private sector and government, which is lagging behind the USA in terms of cooperation.

H.A. (RCAST) agreed that as a future step that it would be crucial to engage in greater collaboration among various organizations, and advance multi-disciplinary studies and multi-sector efforts, especially in Asia.

At the end of the meeting, the Declaration of the Eighth Asian Cancer Forum was adopted by members. It reads as follows:

Following the historic outcome of the High-level Meeting of the United Nations General Assembly on the Prevention
and Control of Non-communicable Diseases held in New York on September 19 and 20, 2011, and recognizing the need to maintain momentum in efforts to address the global burden and threat of non-communicable diseases, we, the members of the Asia Cancer Forum,

(1) Affirm the critical importance of placing cancer on the global health agenda as a means of further promoting concerted global action.
(2) Will continue to conduct research among experts on their perceptions of the current situation concerning the positioning of cancer on the global health agenda, seeking to share a common philosophy on global health and enhance cooperation in the field of global health.
(3) Will create a new approach by proposing lifestyle changes aimed at preventing cancer that take into consideration historical and cultural diversity.
(4) Will actively provide scientific and technological assistance that enable clinical trials to be conducted in both industrialized and developing countries and aim to act as a bridge between the industrialized and developing world in the field of cancer research.
(5) Will seek to launch Global Collaborative Cancer Studies, including multi-disciplinary educational programs that combine humanities and sciences, for the purpose of overcoming health disparities among different countries and regions and building mutually complementary long-term partnerships.
(6) Encourage cooperation and collaboration among Asian federations that are engaged in efforts to promote the treatment of cancer.

Yoshihiko Maehara (JSCO) noted that as an academic society, the JSCO seeks to engage in collaboration with similar bodies in other countries and regions and will be watching the activities of the Asia Cancer Forum with interest in the future.

J.K.R. (Yonsei University College of Medicine) thanked the presenters and participants for their efforts in the Eighth Asia Cancer Forum. He noted the continued importance of discussions on how to distribute knowledge and experience and called on the Asia Cancer Forum to continue its efforts in this regard. The meeting was then brought to a close.

In addition to the presenters, participants in the general discussion were as follows:

- Hoo-Geun Chun [Korean Association for Clinical Oncology (KACO)]
- Tadao Kakizoe (Japan Cancer Society)
- Tomoyuki Kitagawa (Japanese Foundation for Cancer Research)
- Jin Li [Chinese Society of Clinical Oncology (CSCO)]
- Yoshihiko Maehara [Japan Society of Clinical Oncology (JSCO)]
- Tohru Masui (National Institute of Biomedical Innovation)
- Jun Miyake (Osaka University)
- Masahiko Nishiyama (President, JSCO 2011 Annual Meeting)
- Keunchil Park (KACO)
- Doug Pyle [American Society of Clinical Oncology (ASCO)]
- Mitsuru Sasako (President, JSCO 2011 Annual Meeting)
- Rolf A. Stahel (University of Zurich)
- Kazuo Tajima (President, Annual Meeting of the Japanese Cancer Association)
- Hideo Tanaka (Aichi Cancer Center Research Institute)
- Sumitra Thongprasert (Chiangmai University)
- Rainy Umbas (Indonesia University)

CONCLUSION

The discussions at the Eighth Asia Cancer Forum demonstrated that while ‘global health’ is becoming a mainstream concept and a multiplicity of activities aiming to couple development challenges with disease control are being witnessed, cancer is still perceived by many as being distinct from other non-communicable diseases. There are still those who question whether it is appropriate or advisable to discuss cancer based on the same logic as other globally prevalent diseases. However, regardless of the questions that still remain, what is evident for those of us in Asia is that we need to identify ways of working together in cancer research and policy, given the fact that Asia is a region where cancer is increasing dramatically and one where the prevailing Western-oriented concepts may not be entirely applicable. A strategy is necessary that is capable of working at different levels and functioning in various diverse systems, in view of the fact that medical disparities in the international community are widening, and the status of cancer prevention, diagnosis, treatment and palliative care differ from country to country. The Eighth Asia Cancer Forum issued its first ever declaration with the intention of creating a blueprint for further action, and one that could be transmitted around the international community. The Asia Cancer Forum recognizes that the formation of a conceptual basis for achieving the targets set out in the declaration is an urgent and pressing challenge.

In particular, the Forum seeks to press ahead with actions to construct and launch Global Collaborative Cancer Studies, including multi-disciplinary educational programs that combine humanities and sciences. In addition, the current situation in Asia is that there is no organization that can widely promote cancer treatment and information like ASCO or ESMO. It is, therefore, high time that an organization with comprehensive and wide-ranging contacts and expertise was created in Asia, as a counterpart to ASCO and ESMO. It is the ongoing mission of the Asia Cancer Forum to contribute in some way to the realization of such a concept.

LOOKING TO THE NINTH ASIA CANCER FORUM IN 2012

The UN Summit on NCDs resulted in wider recognition of cancer as a global health issue, but it is nonetheless
recognized that cancer is the most formidable of all NCDs. There is also a common recognition that cancer needs to be perceived in relation to social challenges such as poverty. In the UICC International Session at the 71st Annual Meeting of the Japanese Cancer Association, scheduled to be held in September 2012, in Sapporo, Japan, co-chairs H.A. and J.K.R. will lead discussion on the theme of cancer and healthcare economics. The speakers will include a member of faculty from the Japan-Asian Studies program of the University of Tokyo, which has been providing conceptual resources for the Asia Cancer Forum.

Following the UICC International Session, the Ninth Asia Cancer Forum will also be held in Sapporo. It is planned that at the ninth forum, there will be a progress update on the status of progress relating to the declaration issued at the eighth forum. Participants are also scheduled to discuss the significance of gathering multi-disciplinary research gathered at universities on cancer and utilizing the results of such research to make social and policy proposals.