



## Special Article

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## Symposium: “Oncology Leadership in Asia”

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The symposium on “Oncology Leadership in Asia” was held as part of the official program of the 42nd Annual Meeting of the Korean Cancer Association with International Cancer Conference. Given the increasing incidence of cancer in all countries and regions of Asia, regardless of developmental stage, and also in light of the recognized need for Asian countries to enhance collaboration in cancer prevention, research, treatment and follow-up, the symposium was held with the aim of bringing together oncology specialists from eight countries and regions in Asia to present the status in their own national context and discuss the key challenges and requirements in order to establish a greater Asian presence in the area of cancer control and research. The task of bringing together diverse countries and regions is made all the more urgent in that while Asia now accounts for more than half of all new cancer cases globally, clinical guidelines are based predominantly on practices adopted in Western countries, which may not be optimized for unique ethnic, pharmacogenomic and cultural characteristics in Asia. Recognizing the need for Asia to better gather information and data for the compilation of Asia-specific clinical guidelines, the participants discussed the current status in Asia in the national and regional contexts and identified future steps towards integrated and collaborative initiatives in Asia. A key outcome of the symposium was a proposal to combine and integrate the activities of existing pan-Asian societies, including the Asian Pacific Federation of Organizations for Cancer Research and Control (APFOCC) and Asian Clinical Oncology Society (ACOS). Further proposals included the expansion of pan-Asian society membership to include individuals and the essential need to encourage the participation of young researchers in order to ensure self-sustainability of cancer control efforts in the future.

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## Introduction

The Symposium on "Oncology Leadership in Asia" was held as part of the official program of the 42nd Annual Meeting of the Korean Cancer Association (KCA) with International Cancer Conference in Seoul on June 17, 2016. Over the years the KCA has collaborated with pan-Asian organizations involved in cancer research and control, including Asian Pacific Federation of Organizations for Cancer Research and Control (APFOCC) and Asian Clinical Oncology Society (ACOS) and as part of the international program of the annual meeting the symposium was held as a means of sharing information and identifying future steps to Asian integration and collaboration in the field of cancer. In addition to presentations that introduced the ongoing efforts of pan-Asian bodies such as APFOCC, ACOS, and the Federation of Asian Clinical Oncology (FACO), participants from eight countries and regions introduced the latest efforts and developments in their own national context. Participants were united in their recognition of the urgent need to establish a greater presence for Asia in the area of cancer research and control. In the general discussion session following the presentations, participants discussed ideas for advancing cooperation and integration in Asia, including a proposal to combine and integrate the activities of the existing pan-Asian oncology related societies. The session was co-chaired by Hideyuki Akaza, University of Tokyo, Japan, and Dong-Young Noh, Seoul National University College of Medicine, Korea.

## Opening

Co-chairs Dong-Young Noh (Seoul National University College of Medicine, Korea) and Hideyuki Akaza (University of Tokyo, Japan) welcomed participants to the symposium, noting that the symposium was benefiting from the participation of leaders from various countries, who would be presenting from various perspectives on oncology leadership in Asia.

## How Can We Cooperate to Improve Cancer Control and Research in Asia?

Jay Kyung Roh (Yonsei University College of Medicine, Korea) noted that he is currently serving in the role of Secre-

tary General of the APFOCC and he would like to discuss the issue of improving cancer control and research in Asia.

Asia has huge populations with diverse ethnicity, different cultural backgrounds and diverse economic conditions. Cancer prevalence is diverse among Asian countries, but cancer became the major health agenda even in economically emerging countries. Clinical practice guidelines for cancer prevention, detection and treatment have not yet been fully established and appropriate guidelines for cancer control suitable to Asian people are urgently required.

In terms of the characteristics of Asian cancer, there are ethnic pharmacogenomic differences in terms of treatment responses and toxicities. Every country has its own clinical practices for cancer prevention, detection, and treatment. There are also diverse patterns of treatment tolerability, both in mental and physical terms. Furthermore, Asia is also characterized by diverse socioeconomic conditions.

In order to overcome cancer in Asia, it will be essential for all countries and regions to work together in various activities, including primary prevention, vaccination, and early detection. It will be important for countries to work together with Asian cancer organizations like APFOCC, ACOS, Union for International Cancer Control Asia Regional Office (UICC-ARO), and others. There is an urgent need for support from government, industry, and the public. Work should be concentrated on developing suitable guidelines for Asian people to improve cancer control in Asia.

The APFOCC was founded in 1972 under supervision of Dr. Kunio Ohta, Professor, Department of Pathology, Tokyo University, Japan. Dr. Takeshi Hirayama was the first Secretary General of the APFOCC to give assistance to the newly created Asia Pacific Cancer Conference (APCC) in 1973 until 1979, followed by Dr. Kunio Aoki. APCC conferences have been held biannually on 23 occasions from 1973 to 2015.

In spite of the extreme limitations for APFOCC activities, mutual friendship in Asian Pacific countries has been fortified to fight against cancer during the last four decades. APFOCC seeks to promote activities for cancer control programs in Asian Pacific countries and it encourages members to participate actively as well as seeking collaboration from international organizations such as Union for International Cancer Control (UICC) and the American Association for Cancer Research (AACR).

## The Role of ACOS and FACO in the Collaboration of Asian Oncology Leadership: Academic Activity and Research Activity

Kazuhiro Yoshida (Gifu University, Graduate School of Medicine, Japan) explained that the ACOS is an academic society in Asian countries and the FACO is an organization which promotes translational and clinical research among Asian countries and that he would be introducing the activities of these two organizations.

ACOS was established in 1991 by representative doctors from several Asian countries and regions, including Japan (Prof. Tetsuo Taguchi), China (Prof. Yan Sun), Korea (Prof. Jin-Pok Kim), Taiwan (Prof. Jacqueline Whang-Peng), and the Philippines (Prof. Antonio H. Villalon), with the inaugural meeting held in Osaka, Japan in 1991. Since the first meeting, the ACOS meeting has been held every 2 years.

The vision of ACOS is as follows: "Our patients will be able to become free from cancer by multidisciplinary treatments." The mission is defined thus: "ACOS aims to ensure the current best practice for Asian cancer patients by implementing multidisciplinary treatments." To achieve the mission, ACOS holds the following core values: (1) to make a difference in Asian oncology through translational research and expert doctors techniques; (2) to rethink about cancer therapy from palliative to curative; (3) to have a highly motivate both of doctors and patients; (4) to identify the best practices and do it at good timing; (5) to develop less invasive and/or less expensive therapies; and (6) to bolster cancer prevention through education and early diagnosis.

There are now 20 countries participating out of a total of 51 countries and regions in Asia. An organizing committee and council members have been established and there is a total of 79 active council members from 19 countries and regions, although there is a need to recruit more young doctors. Prof. Shigetoyo Saji has served as president of ACOS from 2010 to 2016, with Kazuhiro Yoshida (the presenter) serving as secretary general.

Over the past six years the constitution of ACOS has been revised and clarified. Work has been ongoing to build up council members (organization committee) and a website has also been established and is updated regularly (<http://www.acosasia.org>). Links have been established with cancer-related societies around the world. In terms of budget, financial support has been received from cancer-related companies. The Kobayashi Foundation Award has also been established under the auspices of ACOS.

With regard to FACO, in Nagoya in 2011 a declaration to fight against cancer among Asian countries was issued, at the 48th meeting of the Japanese Society of Clinical Oncology (JSCO) (<http://www2.convention.co.jp/faco2015/>), in which

it was noted:

*We affirm cancer as the global health agenda and encourage cooperation and collaboration among Asian federations that are engaged in efforts to promote the treatment of cancer.*

Following this FACO was established on February 11, 2012. It is neither an academic organization nor a conference-oriented society, but it is anticipated that it will work in a similar manner to the European Organization for Research and Treatment of Cancer (EORTC) to develop, conduct, coordinate, and stimulate translational and clinical research in Asia.

Although the ultimate goal is to establish standard therapy in Asian countries in collaboration with clinical trials, there are various problems that have been faced, including about the need for a data center, training and recruitment, the need for donations to carry out trials, the need for clinical bio-statisticians, and the need to decide whether to establish a new trial group or base studies on established groups.

After concerted efforts the first clinical trial of FACO has been initiated, titled "International Retrospective Cohort Study of Conversion Therapy (Adjuvant surgery) for stage IV Gastric Cancer 1" (CONVO-GC). The study is headed by FACO with the involvement of the JSCO, the Korean Association for Clinical Oncology (KACO) and the Chinese Society of Clinical Oncology (CSCO) and the collaboration of the Japanese Gastric Cancer Association (JGCA), Korean Gastric Cancer Association (KGCA), and the Gastric Cancer Association of the Chinese Anti-cancer Association (GACA). Although this is a small-scale cohort study, it represents a major step as a collaborative initiative among Asian countries. The first FACO meeting on this study took place in 2015 and a presentation was also made to the ASCO Global Oncology Symposium 2015.

In terms of future perspectives in Asia, the region will be the key region in the world for facing the challenge of cancer and oncologists and researchers should cooperate to fulfil the tasks ahead. It is hoped that in the future ACOS will expand its activities in this regard.

## Introduction of the Activities of the JSCO

Hideo Baba (Graduate School of Medical Sciences Kumamoto University, Japan) noted that there are three cancer-related organizations in Japan, the JSCO, Japanese Society of Medical Oncology (JSMO), and the Japanese Cancer Association (JCA). JSCO is the largest society of clinical oncology in Japan. JSCO was established in 1963 and the cur-

rent chairman is Yuko Kitagawa of Keio University School of Medicine. Fields of JSCO members include surgery, internal medicine, urology, gynecology, radiology, and pharmacology. In total, there are presently 17,638 members.

The aim of JSCO is to help cancer prevention, better diagnosis, promotion of research on the treatment, and to contribute to the advancement of cancer care, welfare, and academic culture. JSCO has two official journals, the *International Journal of Clinical Oncology* and the *International Cancer Conference Journal*. The annual meeting is one of the major events on the JSCO calendar and continues to increase each year.

The Cancer Guideline Evaluation Committee of JSCO evaluates the methodological quality of clinical practice guidelines for cancers and other related guidelines made by other oncology societies. In addition, a cancer e-learning system was launched in 2011, based on a program devised by JSCO. This enables people to learn the latest information about cancer treatment and diagnosis.

JSCO participates with FACO and also has a fellowship program in place with ASCO. In addition, JSCO dispatches delegates to the European Society for Medical Oncology (ESMO) Asian Congress.

JSCO launched a Certified Data Manager System in 2008, targeting medical staff members who manage the data of clinical trials. In addition, the first Cancer Care Network Navigator will be certified this year. This qualification is for a medical staff member or patient who does not carry out medical practice, but who provides medical information to patients. JSCO has also recently introduced cancer prevention education for children.

Although JSCO individually engages in many activities, moving forward it will be absolutely essential to engage in further collaboration with Asian countries and regions to overcome cancer.

## Oncology Leadership in Asia: The Philippine Perspective

Marie Cherry Lynn Samson-Fernando (Manila Doctors Hospital, Philippines) noted that the Philippines Society of Medical Oncology (PSMO) was established in 1969 and current has 242 members. Its vision is stated as follows: "to be an internationally recognized organization of competent and compassionate medical oncologists inspired and committed to integrate a multidisciplinary approach to cancer care."

To achieve this vision, the mission of PSMO consists of the following points: (1) pursue standards of excellence in practice of oncology, (2) undertake research, (3) engage in con-

tinuing medical education for members, (4) public education, (5) nurture fellowship and cooperation among members, and (6) promote interest and welfare of members.

Although PSMO currently does not have official agreements in place with other Asian oncological societies, additional training is being sought by individual PSMO members. Countries where such training opportunities are being sought include Singapore, Australia, the United States, and Canada. Many members have their own cancer research projects.

PSMO members are participating in pharmaceutical-sponsored international trials and training institutions in the Philippines participate in Asian conferences relating to cancer control and treatment.

In terms of collaboration the Philippines can offer, the Philippines is an English-speaking country and is ready and willing to cooperate in cancer control efforts. PSMO possesses the latest information on current trends in oncology and is experienced in clinical trials and practice guidelines. Despite these advantages, however, the Philippines still needs access to the latest technologies, as well as educational exchanges and opportunities. Practitioners in the Philippines also need exposure to first-class oncology practice and experience with new oncology medication.

In order to have a truly Asian oncology organization, it is important to find leaders who have the wisdom, patience, and perseverance to lead Asia in its fight against cancer. It is important for Asia to unite and engage in mutual support activities to further advance cancer control measures that are effective and relevant for Asia.

## Oncology Leadership in Asia: India

Sanjeev Misra (All India Institute of Medical Sciences, India) noted that Asia contributes to 60% of the world's population and it is therefore necessary to make further efforts to collaborate more effectively. Asia is a mixture of developed and developing countries and cancer challenges differ from Western cases and also from region to region within Asia itself. In order to reflect these differences in terms of patient physique and tolerance to treatment, it will be critical for epidemiological studies on cancer patterns to be implemented in Asia. It is also important for efforts to be advanced to share data and construct platforms for joint studies.

India has a heterogeneous population and comprises people from many different backgrounds. The National Cancer Control Program of India was established in 1975. The number of regional cancer centers has increased from five in 1975 to 27 in 2016. There is now a total of seven All India Institutes

of Medical Science (AIIMS).

In terms of management of patients in India, doctors are either trained in oncology or in general surgery or medicine. In comparison to the population of India, there are relatively few oncology experts, with the Medical Council of India accrediting seats in oncology each year, including in surgical, medical, and radiation oncology. The National Board of Education also provides specialty and fellowship training.

There is a total of four oncology societies in India: Indian Association of Surgical Oncology (1,200 members), Association of Radiation Oncologists of India (2,400 members), Indian Society of Medical and Pediatric Oncology (1,000 members), and Indian Society of Oncology (2,000 members). These societies are keen to engage in collaboration with other Asian and international societies and seek the opening of international societies to Indian members. In 2013, these four major societies combined their efforts to organize and hold the 1st Indian Cancer Congress in 2013 in Delhi. Over 5,000 delegates attended the congress. The second meeting is scheduled to be held in November 2017, in Bengaluru. The International Academic Bonanza of All Major Oncology Societies in India and the ACOS was held in April 2016 as part of the 12th International Conference of ACOS.

In terms of future steps for cancer control in India, it will be important for researchers and doctors in India to engage in more communication and interaction with international colleagues. Efforts are also being made to encourage international delegates and experts to attend meetings organized in India. The cancer-related societies of India are also working to promote direct and affiliate membership of pan-Asian societies for Indian professionals. India also seeks to vitalize exchanges between countries for faculty and students and promote joint projects in evolving education and tackling challenges in oncology.

## Oncology Leadership in Asia: Pakistan

Zeba Aziz (Hameed Latif Hospital, Pakistan) noted that Pakistan has a population of approximately 180 million, and the number of new cancer cases is approximately 148,000 annually, with 101,000 deaths from cancer annually. In terms of the distribution of health workers by level of health expenditure, the level is low in comparison to the burden of disease.

In Pakistan, per capita GDP is estimated at US \$1,275.30 of which expenditure on health per capita of GDP is 2.6%. Approximately two-thirds of the population live on around US \$2 a day and therefore have access only to the public health sector. Only 2.6% of GDP (\$63 per capita) is accounted

for by healthcare and of the total per capita. Out-of-pocket payments made by patients are 80%, public health accounts for 15% and only 10% patients are insured. This fee-based, out-of-pocket expense model places a significant burden on the poor.

Pakistan has a total of 54 facilities for cancer treatment, comprising 18 atomic energy institutes, 16 government institutes, and 20 private institutes. There is a total of 211 trained oncologists in the country. The five most frequent cancers in Pakistan are head and neck, lung, non-Hodgkin's lymphoma, colorectal, and prostate for men, and breast, head and neck, cervical, ovarian, and esophageal for women. The mortality rates are more than 50% for both men and women.

With regard to the training of cancer specialists in Pakistan, the College of Physicians and Surgeons of Pakistan (CPSP) is the examination body and all students engage in a three-year degree in internal medicine/surgery, followed by a further 3 years' specialization of training in medical oncology and radiation oncology. An oncology society is in its infancy in Pakistan and two annual national meetings are organized. Several smaller meetings are held by individual hospitals and departments. Students are currently sent abroad for rotations of 1 to 3 months, but the destinations for these rotations are predominantly Western countries and it would be ideal to be able to send students to other countries in Asia.

In terms of research, institutional trials and industry-sponsored trials are being implemented, but the problems that Pakistan faces include a lack of infrastructure in research, poor training and financial insufficiency. There are also problems with a lack of recognition for the publication of research papers and the use of English as a second language. Furthermore, gender issues are a major problem as there are few women in higher academic and research positions, although efforts are being made to encourage women to aspire to work in academia.

It is imperative for Asia to stand together and collaborate to improve patient care. Strong leadership with commitment, vision and leadership are crucial for improving patient care and research in Asia.

## Oncology Leadership in Asia: Indonesian Perspective

Rainy Umbas (Faculty of Medicine, University of Indonesia, Indonesia) noted that cancer incidence is increasing in Indonesia and is now the seventh largest cause of death [1]. These rising trends could be due to several risk factors, including exposure to chronic infection, exposure to carcino-

gens, unhealthy diets, and longer life expectancy. Other issues that are being experienced are lack of information provided to patients, lack of manpower, and limitations relating to infrastructure and funding [2].

The UICC has noted the importance of collaboration for the advancement of cancer control and collaborative efforts need to be engaged in among government, healthcare providers, academia, non-governmental organizations, and global organizations. One important Non-Governmental Organization (NGO) is the National Cancer Foundation, which is implementing various activities, including funding for patients, training for healthcare providers and public education and information.

University and teaching hospitals throughout Indonesia are engaged in collaboration with authorities to provide data on cancer patients. In some centers, clinical and epidemiological research and basic research is also being implemented. Professional societies, such as the Indonesian Oncology Society and other specialist societies are also offering support for training and organizing mass campaigns through symposia or media coverage.

Guidelines for specific cancer management have been developed by professional and medical societies, but one of the problems faced in the use of such guidelines is that they tend to be based on Western guidelines. It is therefore important for Asian academicians to work with their counterparts in the region through various platforms to discuss the needs for Asia-specific guidelines. Organizations that are already engaged in pan-Asian efforts include ACOS, APCC, Asian specialist societies, and national cancer societies. It will be important in the future to engage in epidemiological and treatment studies that can inform treatment guidelines for Asian patients. Moves also need to be advanced to develop an Asian oncology database and to develop Asia-specific oncology guidelines.

In terms of guidelines, progress has already been made with the formulation of National Comprehensive Cancer Network (NCCN) Asian Consensus Statements for kidney, prostate and bladder cancer. Work on these statements was first initiated in 2009 and worked on by urologists in five countries. As of 2016, there are urologists, radiation and medical oncologists participating in the formulation of these guidelines from 11 countries in the region.

Collaboration is a critical step in cancer control programs and it should be done between professionals and academicians and encompass all aspects of cancer control, including training, clinical studies, work to develop databases and also to compile Asian-centric cancer guidelines.

## Oncology Leadership in Nepal: Present and Future

Yogendra P. Singh (Tribhuvan University Teaching Hospital, Nepal) explained that Tribhuvan University Teaching Hospital is engaged in oncology teaching and research in Nepal, with plans to develop and establish a comprehensive cancer center in the future. Oncology does not have a long history in Nepal, with oncology services being first started in 1991. There is currently no population-based cancer registry in the country, but there is a hospital-based national cancer registry, which was launched from seven hospitals in 2003 and now extends to 12 hospitals. This data will pave the way for better understanding about cancer in Nepal and patient care.

There is increasing cancer detection in Nepal, with a total of 8,729 cases being identified in 2013 [3]. Lung cancer is the most prevalent in Nepal, followed by cervical, breast, stomach, and laryngeal cancers. Oncological societies in Nepal are engaged in public education about cancer with the aim of improving preventive measures. Cancer prevention is a key challenge given that infectious and nutritional diseases are increasingly being brought under control. The risk factors for cancer and noncommunicable diseases are common and modifiable. In Nepal, efforts are being made to promote tobacco use cessation, avoid unhealthy diets, increase intake of fruit and vegetables, increase physical activity and implement routine health checks.

However, despite these efforts cancer is a relatively neglected disease in Nepal. Its management requires extensive human and financial resources and in Nepal it is currently the case that there are insufficient resources to deal with even the most basic public health issues. Thanks to ongoing education and advocacy efforts a few centers are now available in both the public and private sectors. Prof. Anjani K. Sharma, FRCS (1937-2015) was one of the leading lights in promoting cancer control in Nepal, who was instrumental in establishing the Nepal Cancer Relief Society (NCRS) in 1972 and one of the founding members of ACOS. Prof. Sharma was also involved in the founding of the Nepal Oncological Society (NEONS), the SAARC Federation of Oncologists, Nepal (SFON), and the Nepal Cancer Education Foundation (NCEF).

For a stronger oncological society in Asia, it is essential for all countries and regions to work together for the betterment and benefit of patients and society across Asia.

## Cancer Research in China

Tony Shu Kam Mok (The Chinese University of Hong Kong, Hong Kong) noted that he would be focusing on China's contribution to lung cancer research in the past decade. China has contributed significantly to lung cancer research in the past. For example, the Iressa Pan-Asia Study (IPASS) [4] was started in 2005, which established an important landmark for lung cancer around the world that changed the paradigm for lung cancer treatment in Asia. The IPASS Study was the first pan-Asian collaborative study, including 1,217 patients at 87 centers over a period of 18 months. It was also a purely Asian study, which demonstrates the potential for similar studies in the future. As a result of the IPASS Study, Asia is now leading a global study on a similar theme.

The Chinese Thoracic Oncology Group (CTONG) has been instrumental in promoting studies in Asia. It was established in 2007 and currently has 30 members in China. It engages in registration studies for international pharmaceutical companies, registration studies for domestic companies and also academic studies. There is a total of 43 trials that have been implemented since 2007 by CTONG.

Examples of studies that have been implemented by CTONG include the INFORM Study, FASTACT 2, and others in the pipeline, including CTONG 1103 on stage III epidermal growth factor receptor (*EGFR*) mutation positive adenocarcinoma, and CTONG 1104 on adjuvant *EGFR* tyrosine kinase inhibitor (TKI) in resectable lung cancer with *EGFR* mutation.

Although CTONG is actively involved in the implementation of trials and studies it is essential to engage in Asia-wide collaboration. For this purpose, the Asia Thoracic Oncology Research Group (ATORG) was founded in 2015, through collaboration between Hong Kong, Singapore, and Korea. The group is based in Singapore and is working to create a centralized data center. ATORG members already include eight countries and regions. The first study that ATORG will engage in is for stage IV adenocarcinoma *EGFR* mutation positive resistance to *EGFR* TKI plasma cell-free DNA positive for T790M.

China will continue to contribute to global development of first line *EGFR* TKI and anaplastic lymphoma kinase inhibitors in patients with driver oncogenes. CTONG is already well-established and is in a good position to promote collaborative studies, supported by ATORG, which is in its infancy, but already engaging in promising work. The critical keyword for future efforts in cancer control will be "unity."

## Oncology Leadership in Asia: Asian Clinical Oncology

Han-Kwang Yang (Seoul National University College of Medicine, Korea) noted that cancer research and initiatives still tend to be focused in Europe and North America. He stressed the importance of building up a greater body of knowledge and increased focus on Asian clinical oncology.

Asian clinical oncology needs further efforts to share knowledge and experience among Asian countries and regions and also provide education for developing countries, either in the form of site visit programs or workshops. Furthermore, information needs to be more effectively shared on treatment improvements for Asian cancers, including the outcomes of clinical trials. One example of an initiative to share information and provide education is the Korea International Gastric Cancer (KINGCA) Week 2016 and 6th Asia Pacific Gastro-esophageal Cancer Congress (APGCC), held in April 2016 (<http://kingca.org/html/>).

KINGCA Week 2016 was held under the slogan "Asia, Let's go together!" and included scientific sessions, major center visits and clinical trial group meetings. Major center visit program provides participants opportunity to visit high volume gastric cancer centers in Korea (high volume in Korea means at least 500 gastrectomies per year) for a week or two and hands-on animal lab at the end of the visit. This kind of visit program would be a good example of sharing advanced experience among Asian countries. Clinical trial group meetings also discussed the best directions for patient care in Asia and also provided information on the key points of implementing clinical trials and the challenges that are generally faced. Clinical trial group meetings were open to any congress participants to increase the awareness of practice of clinical trials. One example that was discussed was the Reductive Gastrectomy for Advanced Tumor in Two Asian countries (REGATTA) Trial, conducted by Japan and Korea. Although the trial faced various challenges and took 10 years to reach the conclusion, it was ultimately successfully, with a paper being published in *The Lancet Oncology* [5].

During KINGCA Week, there were also online conferences held, which could provide an effective means for promoting further information exchange in the future.

In the coming years, the APCC is scheduled to take place in 2017 and the ACOS meeting is scheduled for 2018. These meetings will provide excellent opportunities to move ahead with initiatives to strengthen clinical oncology in Asia and make faster progress in the treatment of Asian cancer patients. It would be beneficial to consider amalgamating the activities of the APCC and ACOS in 2019 to create an "Asian-Pacific Clinical Oncology Society (APCOS)," which together with FACO could engage in comprehensive measures and support for cancer control in Asia.

## General Discussion

Hideyuki Akaza thanked speakers for their presentations, noting that it is now the case that all countries and regions of Asia have cancer-related societies or organizations in place. He also noted that pan-Asian organizations like ACOS and FACO are now seeking to achieve greater collaboration and integration. He asked how efforts could be advanced to further promote pan-Asian collaboration.

Jae Kyung Roh responded that in 1973 the first APCC was held and has been held biannually ever since. APCC covers all fields from basic research through to treatment and follow up, whereas ACOS focuses on clinical aspects of cancer control. It is important to continue to work to bring the work of these organizations together to improve cancer prevention, care, treatment, and survival. Sophisticated clinical trials need to be implemented across Asia and the studies that are being implemented by FACO provide a good template for such initiatives. It is essential to unite in common activities.

Hideyuki Akaza asked for opinions on the potential for combining the activities of the various cancer-related bodies in Asia, such as ACOS and APCC.

Kazuhiro Yoshida responded that he basically agreed with initiatives to combine activities of ACOS and APCC, given the imperative to develop treatment guidelines that are specific to Asian countries. Energy should therefore be concentrated to one society, if it is the case that the aims of societies are the same. Now is the time to consider ways in which Asia can unite.

Hideyuki Akaza noted that all participants had stressed the importance of collaboration. He asked for specific suggestions on how to promote collaboration.

Marie Cherry Lynn Samson-Fernando noted that the best way to connect is to share information about the existence of pan-Asian bodies and facilitate the accession of individuals and organizations to these Asian bodies. With regard to Asian clinical guidelines, she noted that it would be preferable to base such guidelines on existing Western guidelines, with a view to editing and modifying sections to make them relevant and effective for Asia.

Hideo Baba stated his opinion that it would be very beneficial to combine the efforts of ACOS and APCC, particularly in view of the rapidly increasing incidence of cancer in Asia, which has a different ethnic and pharmacogenomic background to Western countries. It would be preferable, therefore, to work together to amalgamate some of the pan-Asian bodies that are currently operating, as a means of responding comprehensively to the challenge of cancer and developing Asian treatment guidelines.

Sanjeev Misra agreed that it would be preferable to have a single Asian society that collaborates on the international

level. In this case, however, it would be important to ensure that membership is open to all countries and organizations in Asia. One of the current issues is that many people are still not aware of the existence of ACOS and European and North American societies are expanding their initiatives in Asia. Unless action is taken now, Asia may “miss the bus” in the creation of an influential pan-Asian organization.

Jae Kyung Roh noted that APCC consists of 20 institutional members from 15 countries, including the UICC. At the time of the creation of the APCC, there was no effective means of communication such as e-mail or internet, etc., but the situation has now changed and it could therefore be possible to open up membership to individuals in an increasingly interconnected world.

Sanjeev Misra agreed that the situation has significantly changed in the 40 years since the establishment of the APCC and now there are many individual cancer centers or institutes that may not be a member of UICC or similar international body, but may wish to participate in APCC or ACOS meetings. It will be important to consider ways of opening up membership to a wider section of the cancer community.

Hideyuki Akaza asked about how the initiatives of domestic oncology societies could be improved.

Yogendra P. Singh responded that it is important in developing nations for oncology societies to encourage their members to participate fully in activities and work to expand initiatives. He agreed that combining the work of ACOS and APCC, etc., would be beneficial for cancer control in Asia as a whole.

Zeba Aziz noted that it is critical to have a strong Asian oncology society, which includes the possibility for individual and also student membership. She suggested that larger countries in Asia should work to support the efforts of smaller countries. Before the compilation of Asian guidelines, however, another challenge is to create an Asian database that could inform the compilation of guidelines.

Hideyuki Akaza noted that there is a paucity of evidence coming from Asia in terms of clinical outcomes and treatment. He asked what further efforts could be implemented in this regard.

Rainy Umbas noted that multi-national studies need to be further implemented in order to generate a body of data that would be persuasive in highlighting the need for Asia-specific clinical guidelines. Although not all countries in Asia have their own cancer registries, it is to be hoped that in the future efforts can be successful in creating national registries that could be coordinated and used as a basis for compiling guidelines for Asia. An integrated Asian society would be very helpful in promoting such initiatives.

Hideyuki Akaza noted that the activities of FACO had also been introduced. He asked for opinions on how FACO could best help in pan-Asian initiatives relating to cancer.



Tony Shu Kam Mok noted that it may be advisable to separate the organization for research from the organization for education in order to function better. In addition, another critical consideration is to focus on nurturing young researchers and practitioners.

## Closing Remarks

Yeul-Hong Kim, President of ACOS, noted that panelists were in agreement on the need for a strong, unified Asian oncology society, in order to continue to share ideas and improve Asia-specific data and research. He asked speakers to work actively to represent their organization and country/region and suggested that efforts should be advanced towards the combination of existing bodies into one unified body.

As Secretary General of APFOCC, Jae Kyung Roh agreed with the proposal to combine organizations as a means of further promoting multi-center trials and accumulating data.

Han-Kwang Yang also noted that efforts need to be rein-

vigorated to bring in young researchers and practitioners in order for efforts in Asia to become self-sustaining in the future. He agreed that this symposium should become the starting point for integrating existing Asian societies into one body.

Kazuhiro Yoshida noted that FACO is a research-based organization that pursues clinical trials and that ACOS is a purely academic society and it would therefore be advisable for all academic societies to join together to create a pan-Asian body.

Han-Kwang Yang suggested, however, that in the future it would be advisable to hold annually the meeting of the integrated pan-Asian society to be created from now on.

Hideyuki Akaza thanked participants for their active participation and insightful proposals and closed the symposium.

## Conflicts of Interest

Conflict of interest relevant to this article was not reported.

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