

RECENT ADVANCES IN CANCER CONTROL

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International Congress Series 622

RECENT ADVANCES IN CANCER CONTROL

Proceedings of the 6th Asia Pacific Cancer
Conference, Sendai, Japan,
September 27–30, 1983

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1983

Excerpta Medica, Amsterdam-Oxford-Princeton

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International Congress Series No. 622

ISBN 0 444 90372 0

Publisher:

Excerpta Medica
305 Keizersgracht
P.O. Box 1126
1000 BC Amsterdam

Sole Distributors for the USA and Canada:

Elsevier Science Publishing Co. Inc.
52 Vanderbilt Avenue
New York, NY 10017

Printed in Japan

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*This Conference is partly supported by the grants from the
Commemorative Association for the Japan World Exposition (1970)*

6th Asia Pacific Cancer Conference

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The Science Council of Japan
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Tohoku University School of Medicine
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Miyagi Prefecture
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PREFACE

I am most happy and honored that the 6th Asia Pacific Cancer Conference was held in Sendai, from 27 to 30 September 1983. The 6th Asia Pacific Cancer Conference was organized by the Japan Cancer Society and the Miyagi Cancer Society, under the auspices of the International Union Against Cancer (UICC) and the World Health Organization (WHO), commemorating the 10th anniversary of the Asia-Pacific Federation of Organization for Cancer Research and Control (APFOCC), which was inaugurated in Japan in September, 1973.

In the last decade, APFOCC has played an important role in cancer research and cancer control program in the Asian-Pacific Region. Today cancer incidence has been increasing in the developing countries in the Asian-Pacific Region as well as in developed countries in the world. Therefore, exchanging information and mutual cooperation become more and more important in spite of the regional differences in morbidity of cancers. Under these conditions, it is very significant for us to have an international organization such as APFOCC and to hold a conference every two years, where we can exchange scientific knowledge and discuss our problems in a constructive way. I sincerely hope that the 6th Asia Pacific Cancer Conference will help promote cancer research and cancer control program in the Asian-Pacific Region.

The topics of the 6th Asia Pacific Cancer Conference were 'Early Detection and Prevention of Cancer, Cancer Campaign and Cancer Rehabilitation.' This volume contains only invited papers and most of the papers were presented at the Conference as special lectures. The latest researches on the above topics are collected in this volume, and therefore, I believe that this book will be a valuable reference not only for research workers but also for practitioners in the field of cancer control. I heartily thank the authors of this book for their valuable cooperation.

Finally, I would like to thank the members of the organizing committee as well as those of governmental and nongovernmental organizations, enterprises and many individuals for the financial, technical and spiritual support which have made possible the realization of a successful conference.

Shoichi Yamagata
President of Conference
Professor Emeritus,
Tohoku University

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CANCER RESEARCH AND CONTROL IN ASIA: A DECADE PROGRESS

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INTRODUCTION

Cancer is a serious medical and public health problem in Asia just as in other parts of the world. Annual number of victims is far over a million. Many of them are dying unnecessarily. If current knowledge of prevention, detection and treatment is properly applied, at least two-thirds of them are believed to be saved. Therefore, there is an urgent need to plan a comprehensive cancer control programme which meets the needs of each country in Asia. For that purpose a well organized cancer survey and research must actively be conducted. An effective and practical cancer control projects must be planned and be implemented. This is the reason why AFOCC (Asian Federation of Organizations for Cancer Research and Control) was formulated in 1973 and Asian Cancer Conference has been held every two years since then.

Asian Cancer Conference, 1973-83*

	place	year
1st	Tokyo - Shima, Japan	1973
2nd	Singapore	1975
3rd	Manila, Philippines	1977
4th	Bombay, India	1979
5th	Colombo, Sri Lanka	1981
6th	Sendai, Japan	1983

*(from 1979, Asian Pacific Cancer Conference)

Local impact of **each** conference was quite impressive. Programmes of cancer **research** and control in each country where the conference was held were greatly activated and promoted by the leadership of the organizers and by the active reporting and **emphasis** of cancer problems by various mass media. In most conferences the opening speech was made by the President of the country (e.g. Singapore, Philippines, and India) or the Minister of Health (Sri Lanka). The conference was always attended

by the representatives of key international organizations such as WHO, both Headquarters and Regional Offices, IARC and UICC. Actually the APFOCC has been serving almost as a local branch of UICC. Many UICC workshops and conferences were either integrated into the programme of Asian-Pacific Cancer Conference organized by the APFOCC or held in parallel as a satellite meeting.

Number of countries from where participants come is steadily on the increase and by now practically most of the major countries in Asia and Pacific Region has come to actively attend the meeting.

Those who are interested in the contents of each of these meetings are advised to read Proceedings or Monographs such as 'Cancer in Asia' (edited by T. Hirayama, University of Tokyo Press, 1976), 'Liver Cancer, Cancer Problems in Asian Countries' (edited by K. Shanmugaratnam, R. Nambiar, K.K. Tan and L.K.C. Chan, Singapore Cancer Society, 1976), Proceedings of the AFOCC 3rd Asian Cancer Conference (edited by C.P. Manahan, R. Paterno and E.S. Rivera, Philippine Cancer Society). Abstract books were published in addition.

Each of these publications contains valuable papers and reports of basic and applied research of cancer problems right in Asia and Pacific Region. Some of them are quite unique in pinpointing the existence of special problems of academic and practical interest which are not easily found in ordinary medical literatures.

It is strongly believed if we positively utilize these informations and actively apply in the daily fight against cancer, the gain must be enormous. It is our wish that further endeavour of holding Cancer Conference in every two years in different countries in Asia will contribute to the sound development of comprehensive and effective cancer control programmes in the region just as a strong heart beat each time pouring fresh blood into the blood vessels.

CANCER PATTERNS IN ASIA

In most countries in Asia, population-based cancer registries are actively conducted. This must be a highlight of the decade progress. These data reveal characteristics of cancer patterns in each country stressing needs cancer control programmes.

Following graphs show the relative frequency of cancer of selected sites, attached numerical figures being the percentage to cancer of all sites.

Materials for Osaka (total cancer cases, m 33838 f 28654), Hong Kong (m 20563 f 17192), Singapore (Chinese) (m 7471 f 5444), and Bombay (f 7672 f 5743) are taken from 'Cancer Incidence in Five Continents, Vol. 4', (IARC) and those for Thailand (m 3568 f 4628) and Philippines (m 4858 f 6387) are taken from Cancer Registries in each country. (1) (2) (3)

Cancer of the Mouth and Pharynx (Fig. 1a, Fig. 1b)
 Both males and females the relative frequency is highest in Bombay followed by Thailand and Philippines. The frequency is exceedingly low in Japan and Chinese in Hong Kong and Singapore.

Fig. 1a

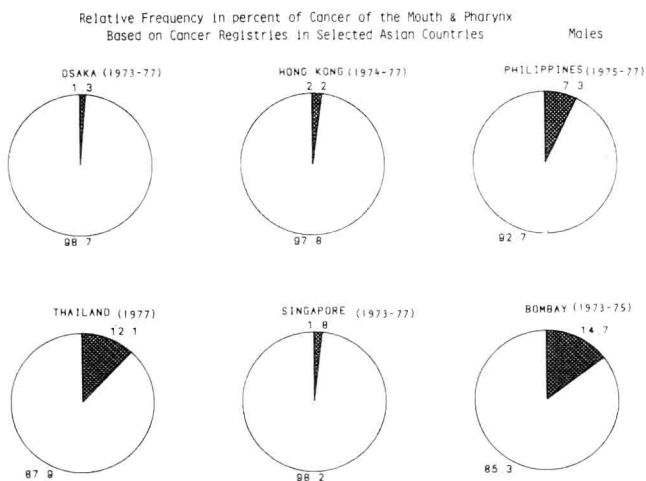
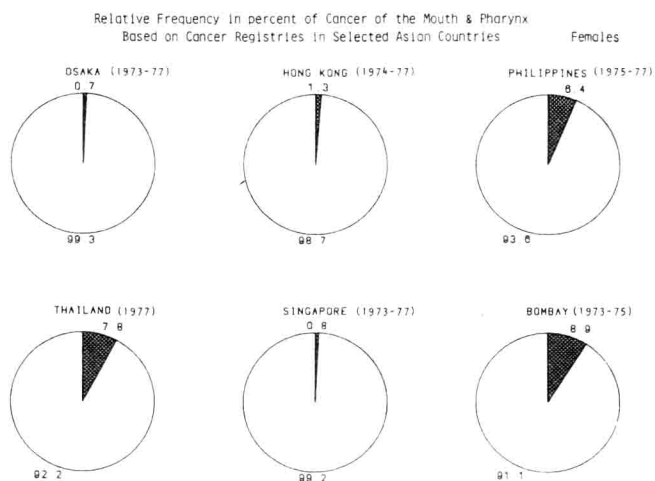


Fig. 1b



Cancer of the Esophagus (Fig. 2a, Fig. 2b)

Both in males and females, the highest relative frequency is noted in Bombay. In case of females the frequency in Hong Kong is similarly high. In males, the disease is moderately frequent in Hong Kong, Singapore, Thailand and Osaka.

Fig. 2a

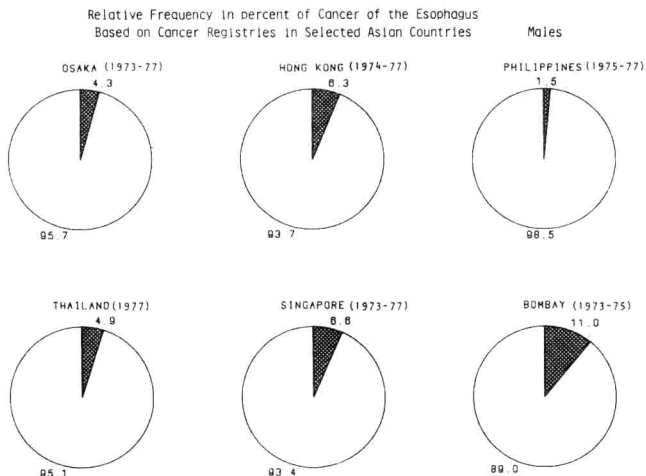
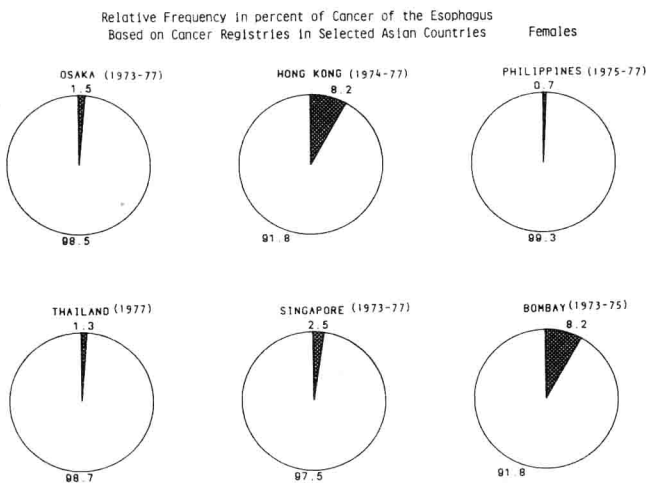


Fig. 2b



Cancer of the Stomach (Fig. 3a, Fig. 3b)

Osaka, Japan show outstandingly high endemicity in both males and females. Chinese in Singapore also show moderately higher frequency both in males and females.

Fig. 3a

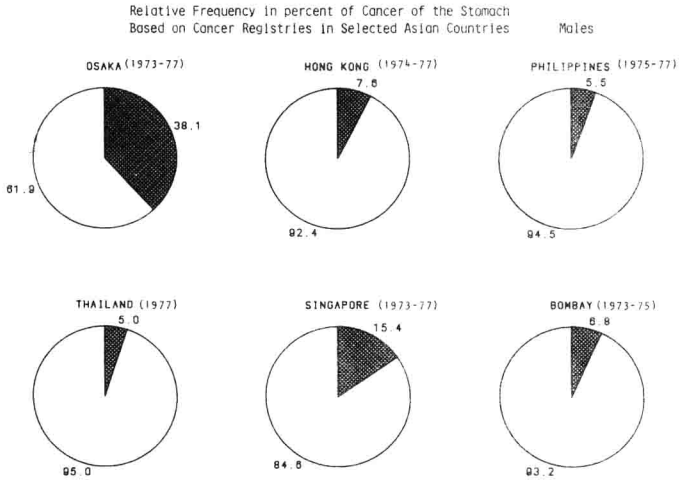
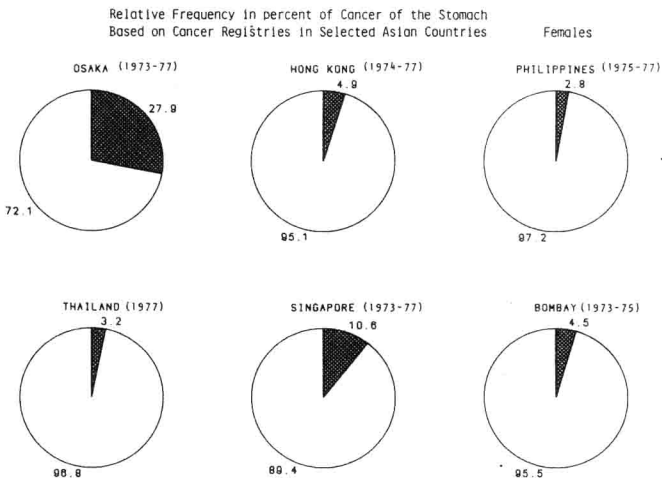


Fig. 3b



Cancer of the Colon-Rectum (Fig. 4a, Fig. 4b)

Although not much variation exists compared to other sites, the highest frequency is seen in Singapore Chinese both in males and females.

Fig. 4a

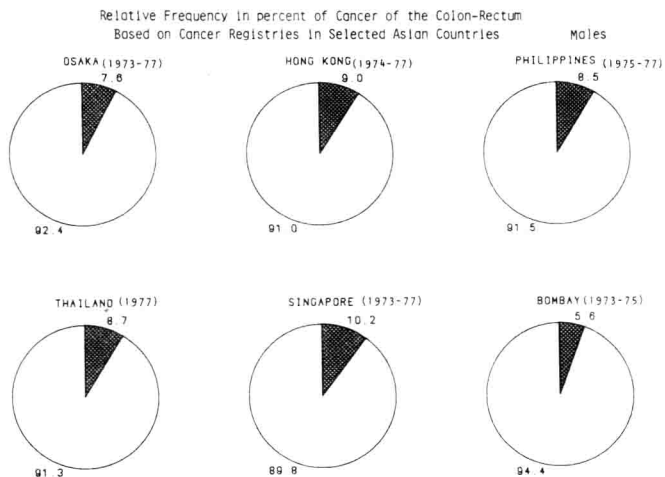
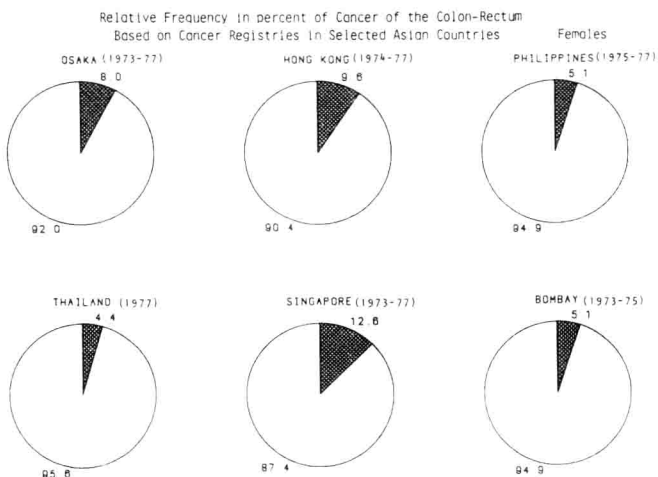


Fig. 4b



Cancer of the Liver (Fig. 5a, Fig. 5b)
 The relative frequency is much higher in Thailand, Hong Kong and Singapore in males. Similar tendency exists in females although the frequency itself is much lower.

Fig. 5a

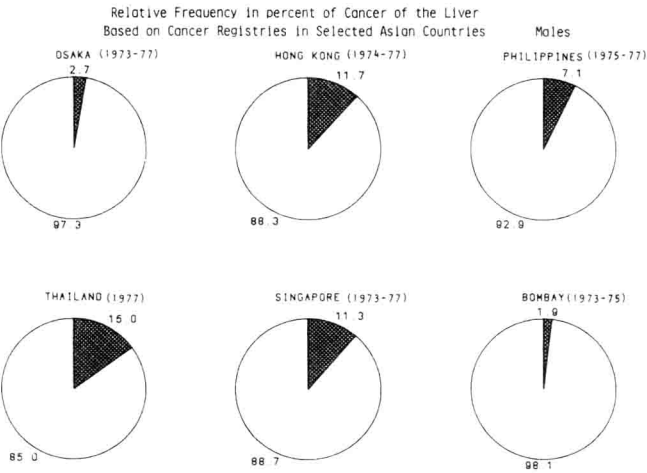
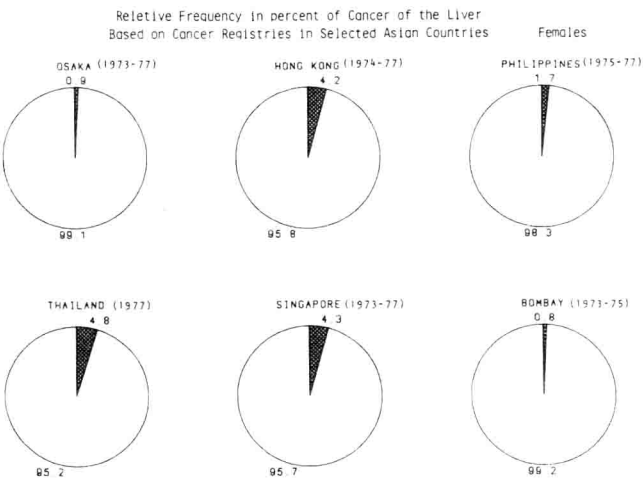


Fig. 5b



Cancer of the Nasopharynx (Fig. 6a, Fig. 6b)
 The frequency is highest in Chinese in Hong Kong followed by Singapore and Philippines. The disease is quite infrequent in Japan and in India.

Fig. 6a

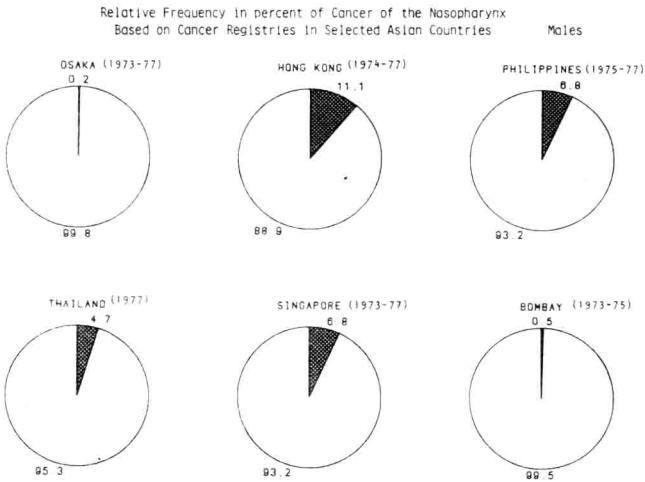


Fig. 6b

