

## EDITORIAL MESSAGE

# Establishment of the UICC Asia Regional Office and Directions for Collaborative Efforts in the Future

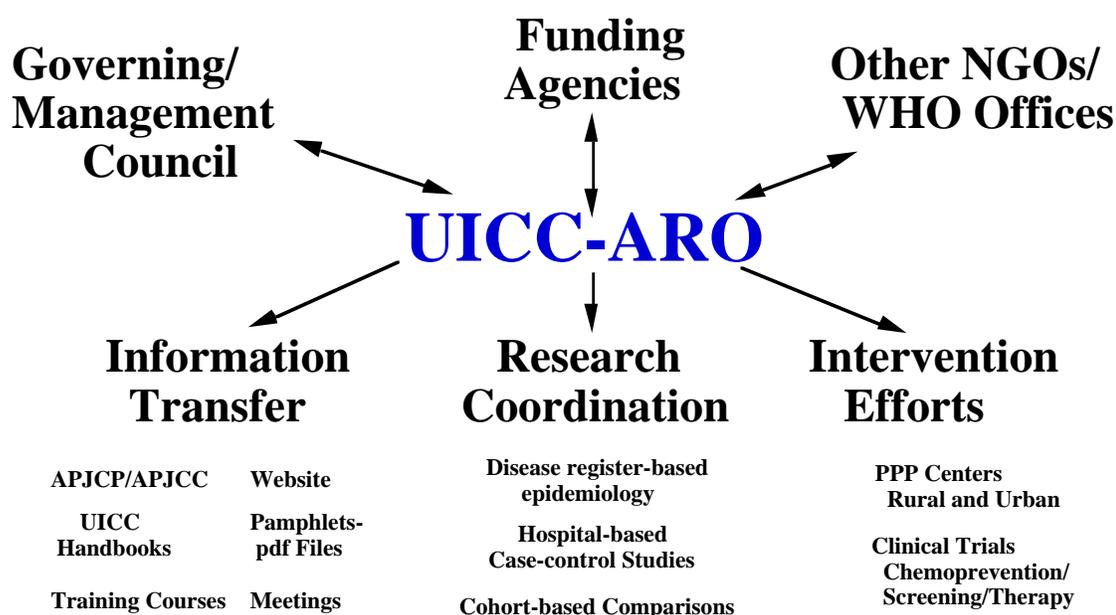
The cover of the APJCP once again bears the UICC logo, this time with the subscript ‘asian cancer control’ and hopefully inaugurating a new phase in Asian collaboration in the twin areas of cancer prevention and cancer treatment. At the APOCP General Assembly conference in Bangkok in November, time has been allotted for an official announcement of establishment of the UICC-Asia Region Office (UICC-ARO) and a description of the intended activities. The present report was drafted to bring the general readership of the APJCP up to date and allow any interested organizations or individual scientists and clinicians to respond to our request for collaboration partners.

The three prongs of the proposed UICC-ARO ‘Trident Targeting Triangle’ will be firmly research/evidence-based, concentrating on information transfer, research coordination and intervention (see Text-Figure 1). The first priority is to provide a physical base, conveniently located in Asia for coordination of APOCP activities, including publication of the APJCP, and also hopefully the Asian Pacific Federation of Organizations for Cancer Control (APFOCC). It is proposed that the APOCP becomes a member of the latter and that efforts be made to expand its membership and contributions to Asian cancer control.

Within the area of information transfer, the major focus will be on continuance of the APJCP, with a shift to more

clinical coverage and possible change of the name to the Asian Pacific Journal of Cancer Control (APJCC). More emphasis could be given to Supplements to allow publication of presentations at APOCP/UICC-ARO scientific meetings. An example is the second co-publication with the International Association of Cancer Registries of an Asian Cancer Registration booklet, including chapters covering as many of the countries of Asia as possible. The first such publication appeared in 2001 (Parkin and Vatanasapt, 2001). The UICC-ARO is also now preparing two handbooks in the UICC Strategies Series, one for North-East and Central Asia and the other for South-East Asia and the Pacific. These will complement the documents already published for Europe and South Asia (UICC, 2005; 2006) and with the addition of one more handbook for Western Asia will achieve coverage of the entire Asian geographical area. A number of shorter pamphlets are also envisaged to cover particular topics within cancer control and which would be translated into the major languages of Asian populations.

It is in fact hoped that the UICC-ARO can act as a centre for development and provision of training courses and educational aids, including videos on CD. Again, documents will be originally drafted in English then translated as necessary and made available on the UICC ARO website for free download as pdf files. Similarly, it is planned that



Text-Figure 1. Proposed Activities and Responsibilities of the UICC-Asia Regional Office

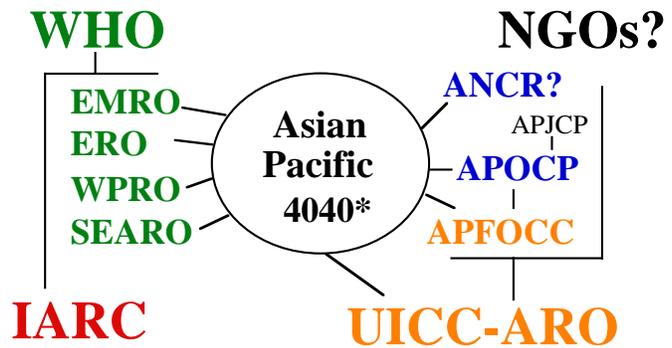
Powerpoint presentations would produced and dubbed in English. They could then be sent freely on request by email and used as such or again overdubbed in the language of the user for educational purposes.

Another arm of information transfer for cancer control which will continue to receive emphasis is staging of APOCP/UICC-ARO Regional Conferences, as well as the APOCP General Assemblies and APFOCC-associated Asian Pacific Cancer Congresses, each held biennially in alternate years. Meetings are planned for Trivandrum in India, Karachi in Pakistan, the B.P. Koirala Memorial Cancer Hospital in Nepal, the Solomon Islands and Izmir in Turkey within 2007 and we will be open to suggestions for other venues, in addition to Fukuoka, planned for 2008. Expansion of the clinical areas covered will hopefully facilitate organization of meetings in countries with limited numbers of scientists active in cancer prevention research.

The last item in information transfer which requires stress is the holding of training courses. Negotiations to this end will be conducted with international funding agencies, including the Japanese International Cooperation Agency (JICA), which already supports such a course for 'Community-based Cancer Prevention in the Asian Pacific Countries' (Wakai, 2006). Particular stress will be given to maintaining active contact with participants and providing assistance with scientific English for publication purposes, which has long been a major aim for the APOCP (Moore and Tsuda, 2003).

The second prong of the UICC-ARO trident is to act as a research collaboration center, building networks of individuals active in particular areas of interest in cancer and other non-communicable disease control. One obvious example is disease registration, in addition to its importance as a topic for training courses. Establishment of an Asian network should greatly assist identification of risk and protective factors by collaborative efforts of scientists in countries with greatly differing lifestyles (Moore, 2005; Moore and Tajima, 2005). At the recent 5th Conference on Asia Trends in Prostate Cancer Hormone Therapy (Akaza, 2006), discussions were held regarding how the UICC-ARO might assist in establishing an international hospital-based case-control study. Resulting in a joint review publication in the present issue (Cheng et al., 2006), the outcome was a plan to set up a central UICC-ARO website-based registration system which would allow participating hospitals to download data for new patients as they accrue. The parameters to be covered comprehensively stretch from risk through screening, diagnosis and clinical treatment to palliation. Clearly this approach could be expanded to include all of the major cancers and greatly assist in Asian countries making a contribution to the cancer control literature commensurate with the status of Asia as home to almost two thirds of the human race.

The third research area which should reward exploration is comparison of cross-sectional data from cohorts that are already in existence to obtain clues as to profiles of sub-groups within populations and how they might impact on



**Text-Figure 2. Interaction Actors in Non-Communicable Disease Control in Asia.** \*Population in millions

disease risk. Presumably this could help overcome the problems inherent with prospective studies and comparison of populations within communities which are relatively homogenous and also help guide interventions aimed at achieving improvement of lifestyles.

Intervention efforts indeed constitute the third and most urgent prong of the trident, given the relative lack of stress hitherto placed on practical measures for disease control in Asia. In collaboration with local governments, cancer registries and scientists, the idea is to realise the Practical Prevention Program detailed by ourselves in 2002, within Community Centres in both urban and rural settings to involve the local community in positive interactions to increase awareness and understanding, as well as access to a healthy lifestyle. Measures and routes to disease prevention now need to receive more practical stress (Moore and Tajima, 2006).

Clinical trials, whether of chemopreventive agents, screening modalities or therapeutic regimens, are the other area which clearly deserves stress and within which the international connections and expertise of the APOCP members could be brought to bear. In this, as in all the activities outlined above, the success achieved will only be as great as the input of the involved scientists and clinicians across the countries of Asia. The authors are well aware of the fact that the scope of the projects envisaged is very wide and a great deal of effort will be needed to find collaborating partners and the financial wherewithal for adequate funding. However, these are simply exciting challenges waiting to be faced.

The UICC-ARO is above all an opportunity for people to work together. Initially the staff will be small, basically Malcolm Moore as Head/Manager, assisted by a secretary, with Kazuo Tajima as Chairman of the Governing Council/Management Committee in his guise as UICC Strategic Leader for Cancer Epidemiology and Control for Asia. Leading figures in cancer control from China, India, Japan, Korea, Malaysia and Thailand have already expressed their willingness to act as Committee members and this will be expanded to include individuals from other countries as and when opportunities arise. Optimally, it will be possible to fund active scientists from most of the countries of Asia to

devote their attention to collaborative research with the UICC-ARO and international liaison.

Our grateful thanks are here given to all those who have contributed in the past to making the APOCP and the APJCP a success - a warm welcome is now extended to anyone who wishes to participate in this new cooperative effort for disease control in this our area of the world.

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