



# TRAINING AND DIALOGUE PROGRAMS

**GENERAL INFORMATION ON  
Advanced Course: Detection of Early Gastrointestinal Cancer  
and Related Digestive Tumors for Latin American and Asian  
Countries**

**集団研修 「中南米・アジア地域  
上級早期胃癌診断 - 早期消化器癌の診断と治療 - 」  
JFY 2011**

**<Type: Trainers Training / 類型: 人材育成普及型>**

**NO. J11-00875/ ID. 1180240**

**From January, 2012 to June, 2012**

**Phases in Japan: From February 1, 2012 to March 13, 2012**

This information pertains to one of the Training and Dialogue Programs of the Japan International Cooperation Agency (JICA), which shall be implemented as part of the Official Development Assistance of the Government of Japan based on bilateral agreement between both Governments.

# ***I. Concept***

## **Background**

One of the most important priorities of international cooperation based on human security is the improvement and strengthening of the medical and healthcare system to prevent the expansion of disease threatening the life of people in developing countries. Actually, besides the threat caused from infection disease, cancer is a leading cause of death worldwide. According to a WHO report, it accounted for 7.9 million death from cancer (around 13% of all deaths) in 2007, and about 72% of them occurred in low- and middle-income countries. Moreover, the number is still increasing.

On the other hand, an increasing number of cancers are potentially curable due to the development of medical technology. In developing countries, however, people with low income are exposed to health risk and have limited access to the cancer treatment.

In those countries, most of the detected cancers are advanced stage cancers which are hard to cure. So this course is organized to target medical doctors in Latin America and Asian countries where the cancer is a critical problem in order to transfer the detection and treatment of early stage gastrointestinal cancer and to contribute to the improvement of cancer control in participants' countries.

## **For what?**

This course is intended to help the participants to contribute directly to diagnosis and treatment of cancer in their own countries and to transfer techniques to other medical personnel in order to educate them.

## **For whom?**

Hospitals

\*Counterpart organizations (Core hospitals or Medical Institutes) of JICA's Technical Cooperation in the past will have a priority to others.

## **How?**

Participants shall have following opportunities in Japan to ensure program effectiveness.

1. Lectures
2. Case presentation and discussion
3. Hospital Training
4. Observation
5. International Endoscopy Conference

## **II. Description**

**1. Title (J-No.): Detection of Early Gastrointestinal Cancer and Related Digestive Tumors for Latin American and Asian Countries (J1100875)**

**2. Period of program**

**Preliminary Phase:** January, 2012 to February, 2012  
(in a participant's home country)

**Core Phase in Japan:** February 1, 2012 to March 13, 2012

**Finalization Phase:** March, 2012 to June, 2012  
(in a participant's home country)

**3. Target Regions or Countries**

**Bolivia, Chile, El Salvador, Guatemala, Honduras, India, Nepal, Nicaragua, Thailand and Uruguay**

**4. Eligible / Target Organization**

Hospitals

\*Counterpart organizations (Core hospitals or Medical Institutes) of JICA's Technical Cooperation in the past will have a priority to others.

**5. Total Number of Participants**

11 participants

**6. Language to be used in this program:** English

**7. Program Objective:**

This Program is intended to help the participants to be able to practice diagnosis and treatment of gastrointestinal cancers by learning theories in the relevant field and to disseminate their techniques of digestive cancer's diagnosis and treatment to their respective organizations.

**8. Overall Goal**

Number of early cancer cases of GI tract will be increased in Participants' hospitals.

## 9. Expected Module Output and Contents:

This program consists of the following components. Details on each component are given below:

<b>(1) Preliminary Phase in home country</b> (January 2012 to February 2012) <i>Participating organizations make required preparation for the Programme in the respective country.</i>		
Preparation of the Report	The participants are requested to prepare Inception Report.	
<b>(2) Core phase in Japan</b> (February 1, 2012 to March 13, 2012) <i>The participants attend the Program implemented in Japan</i>		
Expected Module Output	Subject/Topic	Method of Guidance
(1) To describe the method of diagnosis and treatment by radiology for esophagus, stomach, colon and rectum	<b>1) Radiology and Diagnostic imaging</b>	Lecture Observation Practical training in the hospitals
(2) To describe various methods such as conventional endoscopy, chromoendoscopy, and endoscopic resection for esophagus, stomach, small intestine colon and rectum	<b>2) Endoscopic diagnosis, EMR·ESD</b>	Lecture Observation Practical training in the hospitals
(3) To describe various methods of surgical treatment for gastrointestinal cancer	<b>3) Treatment of gastrointestinal cancer</b>	Lecture Observation Practical training in the hospitals
(4) To diagnose properly the digestive cancer and related lesions with biopsy or surgical specimens	<b>4) Pathology of gastrointestinal cancer</b>	Lecture Observation Practical training in the hospitals
(5) To describe cooperation of experts in cancer medicine GI tract cancer	<b>5) Nutrition Support in Clinical Practice of GI tract Cancer</b>	Lecture Observation Practical training in the hospitals
(6) To develop a plan to transfer their acquired knowledge and skills through the course to their colleagues and students and report the results	<b>1) Presentation of Inception (Job) report</b>	Presentation
	<b>2) Preparing and presentation of Interim Report (Action Plan)</b>	

\* For your reference, "Curriculum" (Draft) is attached.

\* Basic subjects will not change, however some topics of lectures might be changed according to participants' works.

<b>(2)Finalization Phase in a participant's home country</b> <i>Participating organizations produce final outputs by making use of results (Action plan, other information and procedures) brought back by participants. This phase marks the end of the Program.</i>	
Module	Activities
Program in home country	Within 3 months after the end of the Program in Japan, participants are expected to implement the plan proposed in the Interim Report (Action Plan) and report the progress.

<Structure of the program>

1. Preliminary phase (activities in your home country): Preparation of the inception (job) report.
2. Core Phase (activities in Japan)

Topic outline

- . 1st –1st week (2/3: PM)

Presentation of Inception Report

- . 2nd–2–3rd week (2/6-2/17)

Lectures

- Curriculum: Introduction, Radiology and Diagnostic imaging, Surgical Treatment, Endoscopic diagnosis and treatment (EMR and ESD), EUS, Differential diagnosis, Pathology.

- Lectures of following fields are preceded by 37 top-level lecturers;

- (1) Esophageal carcinoma
- (2) Gastric carcinoma
- (3) Colorectal carcinoma
- (4) Endoscopy for small intestinal lesions
- (5) Nutrition Support Team for Cancer Patients
- (6) Case Presentation and Discussion

- . 3rd-4–6th week (2/20-3/9)

Hospital Training

Based on special fields such as Endoscopy, Surgery, Pathology, Radiology, site visits are proceeded at the following 6 hospitals in Tokyo.

- National Cancer Center Hospital
- Tokyo Medical and Dental University, School of Medicine
- Tokyo Metropolitan Cancer and Infectious Disease Center Komagome Hospital

- Tokyo Metropolitan Hiroo Hospital
- Tokyo Women's Medical University
- Toranomom Hospital

. 6th weekend (3/10-3/11)

11th Yokohama International Endoscopy Conference with Live Demonstration

. 7th week (3/12: AM)

Presentation of Action Plan

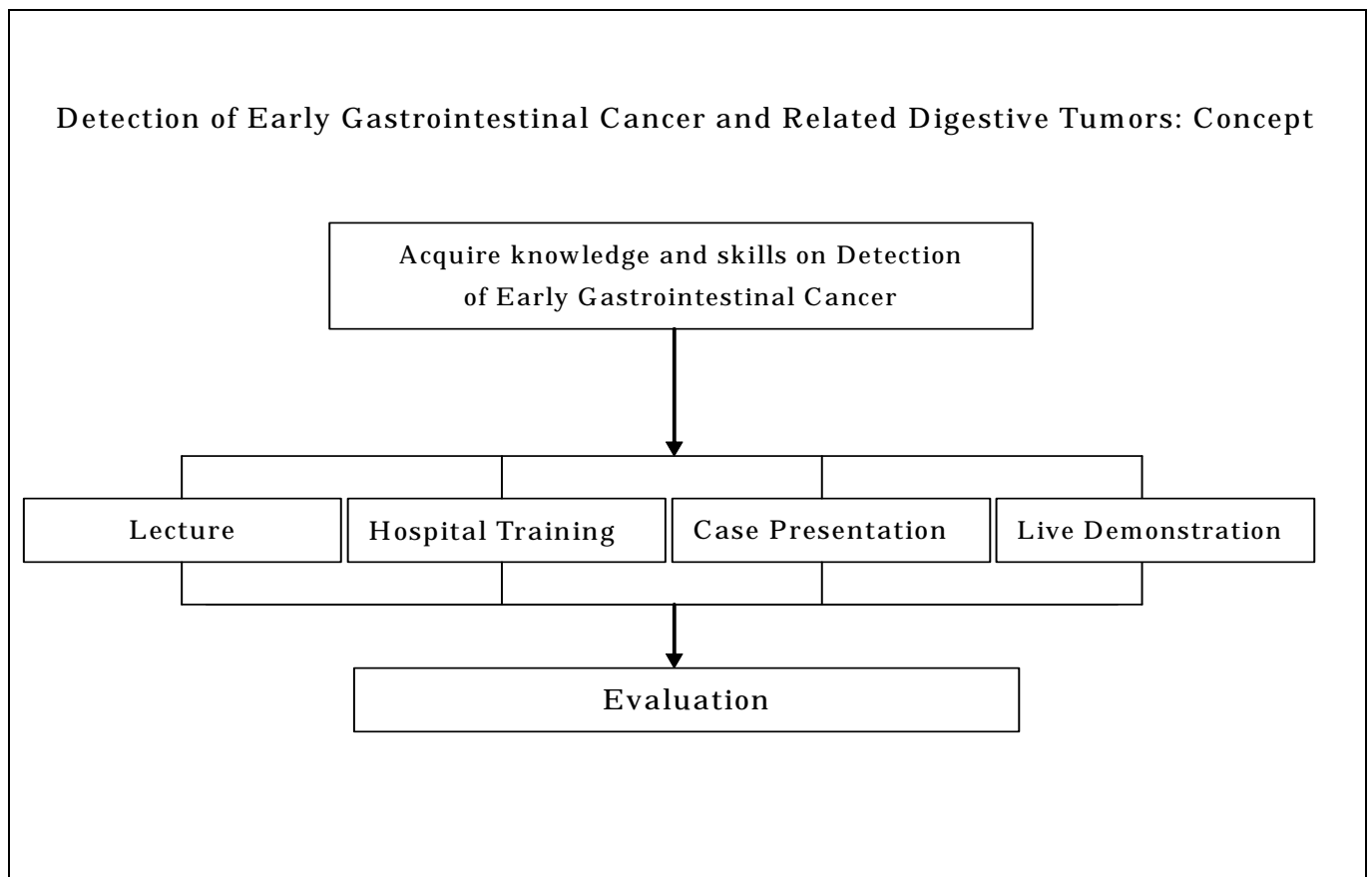
. 7th week(3/12: PM)

Evaluation and Closing Ceremony

### 3. Finalization Phase (activities in home country)

Participants are expected to implement the plan proposed in the Interim Report (Action Plan) and report on progress within 3 months after the end of the phases in Japan.

- Participants are expected to promote early detection of GI tract cancers in each country. Action plan should include programs to apply results of the training course to medical practice and to transmit them to relevant doctors and medical students.



### **III. Conditions and Procedures for Application**

#### **1. Expectations for the Participating Organizations:**

- (1) This program is designed primarily for organizations that intend to address specific issues or problems identified in their operation. Participating organizations are expected to use the project for those specific purposes.
- (2) This program is enriched with contents and facilitation schemes specially developed in collaboration with relevant prominent organizations in Japan. These special features enable the project to meet specific requirements of applying organizations and effectively facilitate them toward solutions for the issues and problems.
- (3) As this program is designed to facilitate organizations to come up with concrete solutions for their issues, participating organizations are expected to make due preparation before dispatching their participants to Japan by carrying out the activities of the Preliminary Phase described in section -9 .
- (4) Participating organizations are also expected to make the best use of the results achieved by their participants in Japan by carrying out the activities of the Finalization Phase described in section -9.

#### **2. Nominee Qualifications:**

Applying Organizations are expected to select nominees who meet the following qualifications.

##### (1) Occupational Background:

- 1) be licensed physicians authorized by their governments and specialize in gastroenterology at a medical university hospital or a leading hospital and have more than 10 years of practical experience in diagnosis of gastrointestinal cancer as well as in surgery, radiology, endoscopy, or pathology.

##### \*Note

Each country is encouraged to recommend several applicants with different specialization, as each ward of the hospitals can accept only one or two participants for the individual training.

Participants from counterpart organization of JICA's Technical Cooperation in the past will be prioritized.

- 2) be able to assume such responsible duties as a chief instructor, a professor or a specialist in the aforementioned fields after returning to their respective countries.

(2) Age: be under forty-five (45) years of age, in principle,

(3) Language: have a sufficient command of spoken and written English,

\*Note: Individual training in each hospital requires high English ability.

if you have any record/certification of official English examination, it should be submitted for selection purpose.

(4) Health:

be in good health both physically and mentally to undergo the training.

\*As the course contains some programs those would be pose high risk to pregnant women, such as x-ray examination and some laboratory works, pregnancy is regarded as a disqualifying condition for participating in this training program.

(5) Not be serving in any form of military services

### 3. Required Documents for Application

(1) **Application Form:** The Application Form is available at the JICA office or the Embassy of Japan in respective country.

(2) **Questionnaire:** to be submitted with the application form. Fill in ANNEX-2 of this General Information, and submit it along with the Nomination Form.

### 4. Procedure for Application and Selection :

#### (1) Submitting the Application Documents:

Closing date for application to the JICA Center in JAPAN: November 18, 2011

**Note: Please confirm the closing date set by the JICA office or Embassy of Japan of your country in respective country to meet the final date in Japan.**

#### (2) Selection:

After receiving the document(s) through due administrative procedures in the respective government, the JICA office (or Japanese Embassy) in respective country shall conduct screenings, and send the documents to the JICA Center in charge in Japan, which organizes this project. Selection shall be made by the JICA Center in consultation with the organizations concerned in Japan based on submitted documents according to qualifications. *The organization with intention to utilize the opportunity of this program will be highly valued in the selection.*

### **(3) Notice of Acceptance**

Notification of results shall be made by the JICA office (or Embassy of Japan) in respective country to the respective Government by **not later than December 19, 2011**.

### **5. Document(s) to be submitted by accepted participants:**

**Inception Report** -- to be submitted by **January 16, 2012**:

Before coming to Japan, only accepted participants are required to prepare an Inception Report (detailed information is provided in the ANNEX-1 "Inception Report"). The Inception Report should be sent to JICA Tokyo by January 16, 2011, preferably by e-mail to [ticthd@jica.go.jp](mailto:ticthd@jica.go.jp).

### **6. Conditions for Attendance:**

- (1) to follow the schedule of the program,
- (2) not to change the program subjects or extend the period of stay in Japan,
- (3) not to bring any members of their family,
- (4) to return to their home countries at the end of the program in accordance with the travel schedule designated by JICA,
- (5) to refrain from engaging in political activities, or any form of employment for profit or gain,
- (6) to observe Japanese laws and ordinances. If there is any violation of said laws and ordinances participants may be required to return part or all of the training expenditure depending on the severity of said violation.
- (7) to observe the rules and regulations of their place of accommodation and not to change the accommodation designated by JICA.
- (8) to participate in the whole program including a preparatory phase prior to arrival in Japan. Applying organizations, after receiving notice of acceptance for their nominees, are expected to carry out the actions described in section -9 and section -4.

## IV. Administrative Arrangements

### 1. Organizer:

- (1) **Contact:** JICA Tokyo, Human Development Division  
Ms. Yurie URAYAMA (ticthd@jica.go.jp)

### 2. Implementing Partner:

- (1) **Name:** Foundation for Detection of Early Gastric Carcinoma
- (2) **Contact:** Mr. Misao YOSHIDA ([myoshida@soiken.or.jp](mailto:myoshida@soiken.or.jp))  
Ms. Kaori IWAMIYA ([iwamiya@soiken.or.jp](mailto:iwamiya@soiken.or.jp))
- (3) **Remark:** Foundation for Detection of Early Gastric Carcinoma had been established in 1967. Our tasks are clinical studies on detection and treatment of early gastrointestinal cancer, and training gastroenterologists and radiologists for up-to-date diagnostics and treatments. It is also one of our works to promote social understanding of early detection of gastrointestinal cancer and minimal invasive treatment.

### 3. Travel to Japan:

- (1) **Air Ticket:** The cost of a round-trip ticket between an international airport designated by JICA and Japan will be borne by JICA.
- (2) **Travel Insurance:** Term of Insurance: From arrival to departure in Japan. The traveling time outside Japan shall not be covered.

### 4. Accommodation in Japan:

JICA will arrange the following accommodations for the participants in Japan:

JICA Tokyo International Center (JICA TOKYO) Address: 2-49-5 Nishihara, Shibuya-ku, Tokyo 151-0066, Japan TEL: 81-3-3485-7051 FAX: 81-3-3485-7904 (where "81" is the country code for Japan, and "3" is the local area code)
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If there is no vacancy at JICA TOKYO, JICA will arrange alternative accommodations for the participants. Please refer to facility guide of TIC at its URL,

<http://www.jica.go.jp/english/contact/domestic/pdf/welcome.pdf>

### 5. Expenses:

The following expenses will be provided for the participants by JICA:

- (1) Allowances for accommodation, living expenses, outfit, and shipping
- (2) Expenses for study tours (basically in the form of train tickets).
- (3) Free medical care for participants who become ill after arriving in Japan (costs related to pre-existing illness, pregnancy, or dental treatment are not included)

**(4) Expenses for program implementation, including materials**

For more details, please see p. 9-16 of the brochure for participants titled “KENSU-IN GUIDE BOOK,” which will be given to the selected participants before (or at the time of) the pre-departure orientation.

**6. Pre-departure Orientation:**

A pre-departure orientation will be held at the JICA office (or Japanese Embassy) in respective country, to provide participants with details on travel to Japan, conditions of the workshop, and other matters.

## ***V. Other Information***

For preparation of the presentation and report writing, it is recommendable that you may bring a lap-top computer with an e-data memory device such as a floppy-disk, a flash-memory, etc.

# **ANNEX-1**

## **Contributors and Module (Contents of the Core Phase in Japan)**

### *Chairman*

**Misao Yoshida, MD**

Foundation for Detection of Early Gastric Carcinoma

### *Managing Director*

**Nobuhiro Sakaki, MD**

Foundation for Detection of Early Gastric Carcinoma

### *Curriculum Committee*

**Shin-ei Kudo, MD**

Professor and Chairman

Digestive Disease Center, Showa University, Northern Yokohama Hospital

**Nobuhiro Sakaki, MD**

Director

Foundation for Detection of Early Gastric Carcinoma

**Tadakazu Shimoda, MD**

Lecturer

Center for Cancer Control and Information Services, National Cancer Center

**Masamichi Yasuno, MD**

Director

Department of Surgery, Tokyo Metropolitan Hiroo Hospital

**Misao Yoshida, MD**

Chairman

Foundation for Detection of Early Gastric Carcinoma

**Curriculum (Draft)** Please be noted that there might be minor changes in several subjects.

Title	Lecturer
<b>PART 1 ESOPHAGEAL CARCINOMA</b>	
<b>1 Introduction of Diagnosis and Treatment of Esophageal Cancer</b>	Hiromasa Fujita, MD, Professor, Department of Surgery, Kurume University School of Medicine
<b>2 Surgical Treatment of Esophageal Cancer</b>	Harushi Osugi, MD, Associate Professor, Department of Gastroenterological Surgery, Graduate School of Medicine, Osaka City University
<b>3 Superficial Cancer of the Middle and Lower-pharynx -Endoscopic Diagnosis and Treatment -</b>	Tai Omori, MD, Director, Endoscopy Center, School of Medicine, Keio University
<b>4 Endoscopic Mucosal Resection (EMR) and Endoscopic Submucosal Dissection (ESD) for Superficial Esophageal Cancer</b>	Tsuneo Oyama, MD, Director, Department of Gastroenterology Saku Central Hospital
<b>5 Endoscopic Staging of Esophageal Cancer (EUS and Magnify Endoscopy)</b>	Miwako Arima, MD, Assistant Director, Department of Gastroenterology, Saitama Cancer Center
<b>6 Endoscopic Diagnosis of Superficial Esophageal Cancer</b>	Kumiko Momma, MD, Head, Division of Endoscopy, Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital
<b>7 Pathology of Esophageal Cancer</b>	Kaiyo Takubo, MD, Team Leader, Research Team for Geriatric Pathology, Tokyo Metropolitan Institute of Gerontology

<b>PART 2 GASTRIC CARCINOMA</b>	
<b>1 Introduction of Diagnosis and Treatment of Gastric Cancer</b>	Akira Tsuburaya, MD, Department of Gastrointestinal Surgery, Kanagawa Cancer Center
<b>2 X-ray Diagnosis of Early Cancer of the Upper Gastro-intestinal Tract</b>	Yosuke Iriguchi, MD, Department of Gastroenterology, Tokyo Metropolitan Cancer Detection Center
<b>3 Standard Surgery for Gastric Cancer</b>	Takeo Fukagawa, MD, Head, Gastric Surgery Division, National Cancer Center Hospital
<b>4 Endoscopic Diagnosis of Early Gastric Cancer</b>	Atsushi Mitsunaga, MD, Associate Professor, Department of Endoscopy, Yachiyo Medical Center, Tokyo Women's Medical University
<b>5 Endoscopic Submucosal Dissection of Early Gastric Carcinoma</b>	Hiroyuki Ono, MD, Chief, Department of Endoscopy & GI Oncology, Shizuoka Cancer Center
<b>6 EUS Staging of Gastric Cancer</b>	Yoko Murata, MD, Director, Clinic Murata
<b>7 Differential Diagnosis of Early Gastric Carcinoma</b>	Takayuki Matsumoto MD, Chief Lecturer, Department of Medicine and Clinical Science, Graduate School of Medical Sciences, Kyusyu University
<b>8 Upper Gastrointestinal Chromoendoscopy</b>	Nobuhiro Sakaki, MD, Director, Foundation for Detection of Early Gastric Carcinoma
<b>9 Pathology of Gastric Cancer (Including Histological Diagnosis on Biopsy Specimens)</b>	Takashi Yao, MD, Professor, Department of Human Pathology, Juntendo University School of Medicine

<b>PART 3 SMALL INTESTINAL AND COLORECTAL CARCINOMA</b>	
<b>1 Endoscopy for Small Intestinal Lesions ( Double-Balloon Method )</b>	Hironori Yamamoto, MD, Professor, Department of Medicine, Division of Gastroenterology, Jichi Medical University
<b>2 Japanese Classification and Clinical Guidelines of Colorectal Cancer</b>	Kenjiro Kotake, MD, Director, Department of Surgery, Tochigi Cancer Center
<b>3 Diagnostic Imaging of Colorectal Carcinoma, Detection and Staging</b>	Yutaka Imai, MD, Professor, Department of Radiology, School of Medicine, Tokai University
<b>4 Standard Surgery for Colorectal Cancer in Japan</b>	Masamichi Yasuno, MD, Director, Division of Surgery, Tokyo Metropolitan Hiroo Hospital
<b>5 Early Colorectal Cancer – Diagnosis and Treatment –</b>	Shin-ei Kudo, MD, Professor, Digestive Disease Center, Showa University Northern Yokohama Hospital
<b>6 Diagnosis of IBD and Colitis Associated Cancer in Japan</b>	Toshiyuki Matsui, MD, Professor, Department of Gastroenterology, Fukuoka University Chikushi Hospital

<b>7 Differential Diagnosis and Endoscopic Treatment of Early Colorectal Carcinoma</b>	Shinji Tanaka, MD, Professor, Department of Endoscopy, Hiroshima University Hospital Toshiaki Watanabe, MD, Professor, Department of Surgery, Teikyo University
<b>8 Screening for Colorectal Cancer</b>	Hiroshi Saito, MD, Chief, Research Center for Cancer Prevention and Screening, National Cancer Center
<b>9 Morphogenesis of Colorectal Carcinoma</b>	Yoichi Ajioka, MD, Professor, Department of Pathology, Niigata University Graduate School of Medical and Dental Sciences

<b>PART 4 CASE PRESENTATION AND DISCUSSION</b>	
<b>1 Case Presentation of Early Esophageal Cancer-A</b>	Tai Omori, MD/ Kumiko Momma, MD/ Miwako Arima, MD/ Yoko Tateishi, MD
<b>2 Case Presentation of Early Esophageal Cancer-B</b>	Tsuneo Oyama, MD, Director, Department of Gastroenterology Saku Central Hospital / Tadakazu Shimoda, MD, Lecturer, Center for Cancer Control and Information Services, National Cancer Center
<b>3 Case Presentation of Early Gastric Cancer-A -from a gastrographic view point-</b>	Hirotaka Nakashima, MD, Chief, Department of Gastroenterology, Foundation for Detection of Early Gastric Carcinoma / Yasuo Ohkura, MD, Associate Professor Department of Pathology, School of Medicine, Kyorin University
<b>4 Case Presentation of Early Gastric Cancer-B</b>	Ryoji Kushima, MD, / Shigetaka Yoshinaga, MD, National Cancer Center Hospital
<b>5 Case Presentation of Early Colorectal Cancer</b>	Yoshiki Wada, MD,/ Shigeharu Hamatani, MD, Assistant Professor, Digestive Disease Center, Showa University Northern Yokohama Hospital

<b>PART 5 OTHERS</b>	
<b>1 Clinical implication for pathological diagnosis of GI-tract</b>	Tadakazu Shimoda, MD, Lecturer, Center for Cancer Control and Information Services, National Cancer Center
<b>2 Nutrition Support Team for Cancer Patients</b>	Michio Maruyama, MD, Director, Department of Surgery, Tokyo Metropolitan Health and Medical Treatment Corporation, Ohkubo Hospital

## ANNEX-2

### Advanced Course: Detection of Early Gastrointestinal Cancer and Related Digestive Tumors (JFY 2011) Questionnaire

This questionnaire is intended to help us find out the detail of your contact address and your professional record.

Please **TYPEWRITE** your answers in the Form, and submit it with the nomination form (Application Form) to the organization concerned.

1. Name of Applicant: \_\_\_\_\_  
(Family) (first) (middle)

2. Country: \_\_\_\_\_

#### 3. Contact Information

a. Home Address;

Street Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Mail stop, if any \_\_\_\_\_

#### 4. Address of Organization

Name of Organization: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Mail stop, if any \_\_\_\_\_

Relation with JICA's Technical Cooperation in the past Yes / No

If Yes, please describe in detail (name/period/etc):

\*Counterpart organizations of JICA's Technical Cooperation in the past will have a priority. Please state clearly if your organization was/has been involved in Japanese cooperation.

#### 5. Practical Experience in Cancer field

( ) years

\*diagnosis of cancer, gastritis, tumors and polypous gastritis as well as in surgery, radiology, endoscopy, biopsy or pathology

#### 6. Specialties

a. Please select your speciality/ies among the list.

1. Radiology ( )

- 2. Endoscopy ( )
- 3. Histopathology ( )
- 4. Dept.of Gastroenterology-Medicine ( )
- 5. Dept.of Gastroenterology-Surgery ( )

b. Please briefly describe your professional and clinical experiences in the specialty selected above.

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**7. Academic Theses and Presentation in Academic Conferences**

a. Please list up the titles of the thesis/ papers on gastrointestinal diseases which you published before.

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b. Have you ever had experiences to present your thesis/ papers in academic conferences?

YES NO

If, YES, please write the title(s) of your paper/thesis and the name of the academic society.(ies)

(1) Title of thesis/paper \_\_\_\_\_  
 Name of academic conference \_\_\_\_\_

(2) Title of thesis/paper \_\_\_\_\_  
 Name of academic conference \_\_\_\_\_

Please note: both the thesis and the presentation of the joint research work are regarded as your outcome.

**8. What kind of knowledge and skills do you want to acquire during this training course?**

**9. The situation of patients in your country/hospital**

a. Describe age-adjusted death rates per 100,000 from malignant diseases in your country if available.

1. \_\_\_\_\_

2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Not available

b. Describe frequency of cancer of the digestive organs (%) in your country/hospital if available.

- |             |         |
|-------------|---------|
| Esophagus   | _____ % |
| Stomach     | _____ % |
| Large bowel | _____ % |
| Liver       | _____ % |
| Pancreas    | _____ % |
| Gallbladder | _____ % |

### 10. The situation of patients in your hospital

a. Describe the total number of outpatients per day.

\_\_\_\_\_

b. Describe the total number of inpatients in average.

\_\_\_\_\_

c To those who belongs to each of following department

(1) Department of internal medicine, gastroenterology, and/or surgery

( Internal Medicine, Gastroenterology, Surgery)

Describe the number of inpatients of your department

\_\_\_\_\_

(2) Department where GI endoscopy is carried out (internal medicine, gastroenterology, surgery)

Describe the number of GI endoscopy per week or month

1. Upper GI endoscopy \_\_\_\_\_/week or month
2. Colonoscopy \_\_\_\_\_/week or month
3. ERCP \_\_\_\_\_/week or month
4. Others \_\_\_\_\_/week or month

(3) Department of Radiology

Describe the number of examinations per week or month

1. Barium meal study of upper GI \_\_\_\_\_/week or month
2. Barium enema \_\_\_\_\_/week or month

- 3. Abdominal US \_\_\_\_\_/week or month
- 4. Abdominal CT \_\_\_\_\_/week or month
- 5. Others \_\_\_\_\_/week or month

(4) Department of surgery

Describe the number of surgery of digestive cancer/week or month

- 1. Esophagus \_\_\_\_\_/week or month
- 2. Stomach \_\_\_\_\_/week or month
- 3. Large bowel \_\_\_\_\_/week or month
- 4. Others \_\_\_\_\_/week or month

(5) Department of pathology

Describe the number of biopsy specimens of GI submitted /day or week

- 1. Upper GI \_\_\_\_\_/day or week
- 2. Large bowel \_\_\_\_\_/day or week

Describe the number of EMR and polypectomy specimens of GI submitted /day or week

- 1. Upper GI \_\_\_\_\_/day or week
- 2. Large bowel \_\_\_\_\_/day or week

d. As a specialist in each field

(1) As a radiologist how many examinations have you experienced?

- 1. Barium meal study of the upper GI \_\_\_\_\_
- 2. Barium enema \_\_\_\_\_
- 3. Abdominal US \_\_\_\_\_
- 4. Others \_\_\_\_\_

(2) As an endoscopist how many examinations have you experienced?

- 1. Upper GI endoscopy \_\_\_\_\_
- 2. Colonoscopy \_\_\_\_\_
- 3. EMR of Upper GI early cancer \_\_\_\_\_
- 4. EMR or polypectomy of polyp and early cancer of the large bowel \_\_\_\_\_

(3) As a surgeon how many operations of GI cancer have you experienced?

- 1. Esophagus \_\_\_\_\_
- 2. Stomach \_\_\_\_\_
- 3. Large bowel \_\_\_\_\_
- 4. Others \_\_\_\_\_

(4) As a pathologist how many examinations of biopsy and surgical specimens of GI have you experienced?

Biopsy specimens

- 1. Upper GI \_\_\_\_\_
- 2. Large bowel \_\_\_\_\_
- 3. Others \_\_\_\_\_

Surgical specimens

- 1. Upper GI \_\_\_\_\_
- 2. Large bowel \_\_\_\_\_
- 3. Others \_\_\_\_\_

## ANNEX-3

### Advanced Course: Detection of Early Gastrointestinal Cancer and Related Digestive Tumors(FY2011)

#### Inception Report

#### *Preparation paper for your presentation*

In the beginning of this training course, participants are requested to make an approximately 10-minute presentation of Inception Report to promote mutual understanding of the current situation problems of the field in their respective countries, and present a case of gastrointestinal cancer. The purposes of this exercise are 1) to help organizers improving their understanding of the situation of the participants' country, 2) to help participants ready to join this course, and 3) to analyze the presented case and discuss it with lecturers and other participants. Participants are encouraged to use visual aids, such as overhead projectors, videotapes, slides, and pictures for the presentation. Equipment for such visual aids (e.g. overhead projector, video player, slide projector and MS PowerPoint) is available at the seminar room. Please note that the participants who are informed acceptance will be requested to submit this Inception Report. The report should be typewritten on the following subjects in English in double space on A-4 size paper, signed by your director and submitted to JICA by January 16, 2012, preferably by email to [tictgd@jica.go.jp](mailto:tictgd@jica.go.jp).

#### 1. Required Information:

1) Your name

2) Country

3) Name of your organization/Position/Specialty

4) Health Indicator

Total Population (persons)

Percentage of population (% of 0-14y, over 65y)

Crude Births Rate (per 1000 persons)

Crude Deaths Rate (per 1000 persons)

Annual Population Growth Rate (%)

Infant Mortality Rate (per 1000 live births)

Five leading causes of morbidity (number/rate per 100 000 population)

Five leading causes of mortality (number/rate per 100 000 population)

5) The situation of patients in your country/hospital (same as in Questionnaire)

a. Age-adjusted death rates per 100,000 from malignant diseases in your country

b. Frequency of cancer of the digestive organs (%) in your country/hospital  
Esophagus, Stomach, Large bowel, Liver, Pancreas, Gallbladder(%)

6) The situation of patients in your hospital (some questions as in Questionnaire)

a. Describe the total number of outpatients per day.

\_\_\_\_\_

b. Describe the total number of inpatients in average.

\_\_\_\_\_

## **2. Case study of gastrointestinal cancer**

Each participant is requested to bring one (1) case of gastrointestinal cancer (such as x-rays, endoscopic pictures or histopathological findings), of which we may have discussions during the presentation session.

## *For Your Reference*

The key concept underpinning JICA operations since its establishment in 1974 has been the conviction that “capacity development” is central to the socioeconomic development of any country, regardless of the specific operational scheme one may be undertaking, i.e. expert assignments, development projects, development study projects, training program, JOCV program, etc.

Within this wide range of program, Training Programs have long occupied an important place in JICA operations. Conducted in Japan, they provide partner countries with opportunities to acquire practical knowledge accumulated in Japanese society. Participants dispatched by partner countries might find useful knowledge and re-create their own knowledge for enhancement of their own capacity or that of the organization and society to which they belong.

About 460 pre-organized programs cover a wide range of professional fields, ranging from education, health, infrastructure, energy, trade and finance, to agriculture, rural development, gender mainstreaming, and environmental protection. A variety of program and are being customized to address the specific needs of different target organizations, such as policy-making organizations, service provision organizations, as well as research and academic institutions. Some programs are organized to target a certain group of countries with similar developmental challenges.

### **Japanese Development Experience**

Japan was the first non-Western country to successfully modernize its society and industrialize its economy. At the core of this process, which started more than 140 years ago, was the “*adopt and adapt*” concept by which a wide range of appropriate skills and knowledge have been imported from developed countries; these skills and knowledge have been adapted and/or improved using local skills, knowledge and initiatives. They finally became internalized in Japanese society to suit its local needs and conditions.

From engineering technology to production management methods, most of the know-how that has enabled Japan to become what it is today has emanated from this “*adoption and adaptation*” process, which, of course, has been accompanied by countless failures and errors behind the success stories. We presume that such experiences, both successful and unsuccessful, will be useful to our partners who are trying to address the challenges currently faced by developing countries.

However, it is rather challenging to share with our partners this whole body of Japan’s developmental experience. This difficulty has to do, in part, with the challenge of explaining a body of “tacit knowledge,” a type of knowledge that cannot fully be expressed in words or numbers. Adding to this difficulty are the social and cultural systems of Japan that vastly differ from those of other Western industrialized countries, and hence still remain unfamiliar to many partner countries. Simply stated, coming to Japan might be one way of overcoming such a cultural gap.

JICA, therefore, would like to invite as many leaders of partner countries as possible to come and visit us, to mingle with the Japanese people, and witness the advantages as well as the disadvantages of Japanese systems, so that integration of their findings might help them reach their developmental objectives.



***CORRESPONDENCE***

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