



PROGRAM BOOK

Ngày 02 - 03 tháng 11 năm 2014

**HỘI NGHỊ KHOA HỌC QUỐC TẾ
VỀ PHÒNG VÀ KIỂM SOÁT UNG THƯ
KHU VỰC CHÂU Á - THÁI BÌNH DƯƠNG**

**ASIA - PACIFIC REGIONAL CONFERENCE
ON CANCER PREVENTION AND CONTROL**



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CONTACT INFORMATION

**Asian Pacific Organization for Cancer Prevention, Hanoi Medical University,
Hanoi, Viet Nam**

Email: cancer2014@hmu.edu.vn

Add: Số 01 Tôn Thất Tùng, Đống Đa, Hà Nội.

Tel: +84-4-38523798

Fax: +84.4.38525115

Website: <http://apocp.vn>

COMMITTEE BOARD

ADVISORY COMMITTEE, ORGANIZATION COMMITTEE AND SECRETARIAT PARTICIPATING IN ORGANIZING APOCP REGIONAL CONFERENCE

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- 1) Ass/Prof. Nguyen Thi Kim Tien, Minister of Health – Chairman
- 2) Prof. Nguyen Quang Cuong, Deputy Minister of Health
- 3) Ass/Prof. Nguyen Viet Tien, Deputy Minister of Health
- 4) Ass/Prof. Nguyen Thi Xuyen, Deputy Minister of Health
- 5) Prof. Nguyen Cong Khan, Director of the Administration of Science, Technology and Training, Ministry of Health
- 6) Ass/Prof. Tran Dac Phu, Director of the General Department of Preventive Medicine, Ministry of Health
- 7) Ass/Prof. Luong Ngoc Khue, Director of Medical Services Administration, Ministry of Health
- 8) Dr. Tran Thi Huong Giang, Department of International Cooperation, Ministry of Health
- 9) Ass/Prof. Dr. Bui Dieu, Director of Hospital K
- 10) Prof. Ta Thanh Van, Vice President of Hanoi Medical University
- 11) Prof. Young Keun Yoo, General Secretary APOCP
- 12) Dr. More Malcolm, Editor-In-Chief, Journal APJCP
- 13) Prof. Kazuo Tajima, Japan
- 14) Prof. Yoon - Ok Ahn, Seoul, Korea
- 15) Prof. Youlin Qiao, Beijing, China
- 16) Prof. Cheng - Har Yip, Kuching, Malaysia
- 17) Prof. Chien Jen Chen, Taiwan

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- 1) Ass/Prof. Nguyen Duc Hinh, President of Hanoi Medical University - APOCP President
- 2) Ass/Prof. Le Thi Huong, Director of the Institute for Preventive Medicine & Public Health, Hanoi Medical University, Deputy President of APOCP
- 3) Ass/Prof. Tran Van Thuan, Director of the Institute of Cancer Research, Deputy Director of K Hospital, Deputy President of APOCP
- 4) Ass/Prof. Nguyen Van Hieu, Head, Department of Oncology and Deputy Director of K Hospital, Deputy President of APOCP
- 5) Ass/Prof. Hoang Van Minh, Deputy Director of the Institute for Preventive Medicine & Public Health, Hanoi Medical University, APOCP Member
- 6) Ass/Prof. Ngo Van Toan, Head of Technology and Science Management Department, Hanoi Medical University, APOCP Member
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- 8) Dr. Nguyen Van Huy, Deputy Head of the Department of Training, Research and International Cooperation, Institute for Preventive Medicine & Public Health, APOCP Member

- 9) Dr. Tran Thi Thanh Huong, Deputy Head of Department of Ethics and Social Medicine, Institute for Preventive Medicine & Public Health, APOCP Member
- 10) Ass/Prof. Ha Phan Hai An, Head of International Cooperation Department, Hanoi Medical University, APOCP Member
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- 15) Ass/Prof. Le Thi Thanh Xuan, Head of Department of Organization, Administration and Management, Institute for Preventive Medicine & Public Health, Hanoi Medical University, APOCP Member
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- 17) Dr. Le Hong Quang, Deputy Head of Breast Surgery, K Hospital, APOCP Member
- 18) Dr. Nguyen Quang Thai, Head of General Surgery Department, Hospital K, APOCP Member

SECRETARIAT

1. Dr. Nguyen Van Huy, Deputy Head of the Department of Training, Research and International Cooperation, Institute for Preventive Medicine & Public Health, APOCP Member, Secretariat Head
2. Trinh Duc Hanh, BA, Institute for Preventive Medicine & Public Health
3. Pham Tuong Van, MPH, Institute for Preventive Medicine & Public Health
4. Luu Ngoc Minh BA, Institute for Preventive Medicine & Public Health
5. Do Nam Khanh, MPH, Institute for Preventive Medicine & Public Health
6. Nguyen Thu Giang, MPH, Institute for Preventive Medicine & Public Health
7. Mai Khanh Linh, MSc, Institute for Preventive Medicine & Public Health

INFORMATION OF HANOI MEDICAL UNIVERSITY

Hanoi City

The oldest and one of the most attractive capital cities in Southeast Asia, Hanoi exudes a rare sense of gracious charm and timelessness. At its core exists a 600-year-old ancient quarter, augmented by a century-old colonial city. Today, the rich cultural heritage of both blends in perfect harmony with growing modernization, as Hanoi claims its position as the heart of Vietnam.

Hanoi has long history of the process, many cultural architecture, historical celebrities. Hanoi is the attraction of international tourists in Vietnam by the largest ancient look, even depression elegance and beauty in city of thousands of potential in this culture.

Hanoi Medical University

Hanoi Medical University (HMU) ([Vietnamese](#): Đại học Y Hà Nội, [French](#): Université de médecine de Hanoi) is the oldest university of [Vietnam](#) located in [Hanoi](#). HMU was found in 1902 by French during the French colonisation under the name Indochina Medical College.

Hanoi Medical University, one of the leading universities in Vietnam with a history of more than one hundred years, strives continuously to improve human health by reaching excellence in health worker training, in science and technology, and in providing senior experts for the health sector.

In the future, Hanoi Medical University will be widely recognized as a multi-disciplinary, multi-level health university that will play an important role in training highly competent, dedicated health personnel, who are able to meet the health care demands of society wherever and whenever needed.

Time

Time and date for cities in Vietnam, including Hanoi. Time zone is Indochina Time (ICT).

Climate

Although Vietnam lies entirely within the tropics, the Vietnam's climate surprisingly varies from region to region with the annual average temperature from 22°C to 27°C because of its topography.

In the North, it is the weather of four different seasons in a year: Spring, Summer, Autumn, and Winter. Spring lasts from February to April with warm weather. In Spring, it is characterized by fine drizzle that helps plants grow fast and flowers bloom brightly. Summer lasts from May to August with hot and showery weather. The sun shines almost days. And there are sometimes sudden thundershowers that make summer less hot and become cooler. Autumn lasts from September to November with cool air, and dry and lightly windy weather. It can be said that it is the most beautiful season in a year with yellow leaves falling on the streets and yellow bright shines in day time although sometimes typhoons threaten life and agriculture in the country. Winter lasts from November to January with cold and dry weather. It is the coldest season in a year.

Hanoi in November, the average temperature varies from 18°C to 25 °C.

Electricity

The voltage in Vietnam is 220V.

Tipping and Consumer Tax

Tipping is not practiced in Vietnam. Some restaurants and hotels include a services charge in the bill that you pay. Some shops place a tray near the cash register, this is for you to make your payment and for the change and receipt to be passed back to you, it is not a request for a tip. Vietnam has a 10% consumer tax.

Currency exchange

You can exchange currencies at international Airport and some of the large Hotels.

Cash is the most widely accepted method of payment.

ABSTRACT SUBMISSION

Guidelines

All participants are invited to submit abstracts for oral or poster presentation. Please refer the themes for abstract submission and note the important dates below.

Important Dates

- Deadline of Abstract Submission: **Monday, September 15, 2014**
- Notification of Abstract Acceptance: **Friday, September 26, 2014**

How to submit the abstract?

1. Abstract Submission is ONLY through On-line Submission System
2. Submission by letter, fax, e-mail or CD/DVD will NOT be accepted.

Themes

1. National and International Strategies in Cancer Prevention
2. Public Awareness and Education in Cancer Prevention
3. Cancer Surveillance
4. Life-style and Cancer Prevention
5. Obesity Control and Prevention
6. Nutrition and Cancer Prevention
7. Environmental and Occupational Cancer
8. Gene-Environment Interaction and Cancer
9. Biomarkers and Cancer Prevention
10. Early Detection and Screening of Cancer
11. Clinical Cancer Research
12. Supportive Cancer Care
13. Translational Cancer Research
- 14. Health Economics of Cancer Prevention**

Rules for Submission

Please note that abstracts should be submitted prior to **Monday, September 15, 2014**. Applicants must follow these guidelines:

1. Abstract Submission Form: MS word for Windows.
2. The abstract should be written in English, typed or printed in Times New Roman font 12 and single space, with A4 size (21cm*29.7cm). Use standard abbreviations and place a special or unusual abbreviation in parenthesis after the full word appears. Use generic names of drugs. Write numbers as numerals rather than words.
3. Please limit the length of your title to 15 words: Title should be brief, clearly indicating the nature of the presentation. Use bold-faced and capitalized font type for the title.
4. Full name of all authors should be listed without degrees and titles, and the presenting author should be underlined. Presenter's organization should be included.
5. Tables, charts, photographs and any other information are not acceptable as part of the abstract.

The body of the abstract is limited to 300 words, excluding the title and information on authors. (no more than one page)

REGISTRATION FEES

Registration fees include

- (1) Admission to scientific program
- (2) Conference Materials
- (3) Coffee Break
- (4) Lunch
- (5) Welcome Reception

Registration Procedure

Cash payments will only be accepted on site.

International Participants

Category	On-site registration
Students	USD 100 (VND 2,118,500)
Low income country participants	USD 175 (VND 3,707,375)
General participants	USD 250 (VND 5,296,250)
Accompany Person	USD 50 (VND 1,059,250)

*** Exchange Rate: USD 1 ~ 21,185 VND**

***Country category according to World Bank: (<http://data.worldbank.org/income-level/LIC>)**

Personal Insurance

The Organizing Committee is not responsible for any unexpected accidents that cause any forms of damages, property losses, or cancellation expenses to participants. All participants are recommended to arrange their own insurance for coverage. Please consult your local insurance resources for further information.

VISA INFORMATION

Vietnamese Visa Waiver Procedure

Most visitors to Vietnam need a visa to enter the country. Visas are exempted for the citizens of the countries, which have signed a bilateral or unilateral visa exemption agreement with Vietnam, tourist visa may be valid for 15 to 30 days.

Visa exemption:

Vietnamese people that hold foreign passports and foreigners who are their husbands, wives and children are exempt from visa requirements to enter Vietnam and are allowed to stay for not more than 90 days. In order to be granted visa exemption certificates at Vietnamese representative offices abroad, overseas Vietnamese need conditions:

Foreign-issued permanent residence certificate (PRC) with the validity of at least six months since the date of entrance.

Visa exemption paper (VEP) is granted by Vietnamese appropriate authorities.

Those who expect to stay more than 90 days must apply for visa according to current stipulations before their entrance.

Bilateral visa exemption agreement

Citizens of Thailand, Malaysia, Singapore, Indonesia and Laos holding valid ordinary passports are exempt from visa requirements and are allowed to stay for not more than 30 days; Philippines is allowed to stay for not more than 21 days.

By February 2011, citizens of China, Kyrgyzstan, North Korea, and Rumania holding valid ordinary passports for official mission. Citizens of 60 countries holding valid diplomatic or official passports are exempt from visa requirements including: Argentina, Afghanistan, Albania, Algeria, Azerbaijan, Bangladesh, Belarus, Brazil, Brunei, Bulgaria, Cambodia, Chile, China, Croatia, Cuba, Czech Republic, Dominica, Ecuador, France, Hungary, India, Indonesia, Iran, Iraq, Japan, Kazakhstan, Kyrgyzstan, Laos, Malaysia, Mexico, Moldova, Mongolia, Montenegro, Morocco,

Mozambique, Myanmar, Nicaragua, North Korea, Pakistan, Panama, Paraguay, Peru, Philippines, Romania, Russia, Serbia, Singapore, Slovakia, South Africa, South Korea, Spain, Sri Lanka, Switzerland, Thailand, Tunisia, Turkey, Ukraine, Uruguay, Uzbekistan, Venezuela.

Unilateral visa exemption

Visa with 30-day validity is exempted for officials from ASEAN secretariat holding different kinds of passports.

Citizens of Sweden, Norway, Denmark, Finland, Japan, South Korea and Russia holding different kinds of passports are exempt from visa requirements and are allowed to stay for not more than 15 days.

Others who want to enter Vietnam must be provided with a visa.

Tourist visa is valid in 30 days.

Visa is issued at the Vietnamese diplomatic offices or consulates in foreign countries. Visa is possibly issued at the border gates to those who have written invitations by a Vietnamese competent agencies or tourists in the tours organized by Vietnamese international travel companies.

Application files for visa: the entrance application (printed form); two 4x6 cm photos; passport and fee for the visa issuance.

Visa extension: Served by all international travel companies.

For further information about visa exemption for specific countries, please check with the link below:

<http://lanhsuvietnam.gov.vn/Lists/BaiViet/B%C3%A0i%20vi%E1%BA%BFt/DispForm.aspx?List=dc7c7d75-6a32-4215-afeb-47d4bee70eee&ID=306>

WELCOME MESSAGES

Welcome Message from the President

Hanoi city, July 6th 2014

Dear friends and colleagues,

On this Fall Nov. 1-4, 2014, we would like to invite you to participate in the APOCP Regional Conference, which will be held at the Hanoi Medical University, Hanoi city, Viet Nam.

Our society has been experiences to an ancient disease of malignancy throughout the world. Many efforts have been made by Scientists, Governments, and International Agencies in fighting this War on Cancer. To achieve further success in cancer control in Asian Countries and Worldwide, the main theme of the APOCP Regional Conference is “Joining Together in Fighting Cancer”. The program will provide an opportunity for all participants to exchange the latest information, ideas, field practices, and achievements in cancer research and prevention. Outstanding investigators and cancer control experts will be sharing their expertise in insightful instructional lectures, workshops and forum.

Your important contribution will be to enhance the success of the APOCP Regional Conference 2014 and our further collaboration in controlling cancer in the humans. You are most welcome to join in scientific and cultural activities in the city of Hanoi and in the nearby world heritage countryside.

Yours sincerely,

Nguyen Duc Hinh

President

Hanoi Medical University

Welcome Message from the Secretary-General of APOCP



On behalf of the members of the APOCP, I would like to express our gratitude to Dr. Nguyen Duc Hinh, President of the 7th APOCP Regional Conference, and the organizing committee members for their great effort on preparation of the conference which will be held at the Hanoi Medical University, Hanoi city, Viet Nam.

The APOCP, a non-political, non-profit organization, was founded 14 years ago in 2000 to promote cancer prevention and collaborative studies in the Asian Pacific regions. The aims of the organization are to provide opportunities to expert researchers to exchange mutual information for cancer prevention, to promote collaborative studies on cancer epidemiology and prevention, and to facilitate the implementation of active programs for cancer prevention

About half of cancer patients and cancer deaths occur in Asia, and the cancer burden in many Asian countries including Viet Nam is estimated to be continuously increasing. The main theme of this conference, "Joining Together in Fighting Cancer", is therefore very timely and I am sure this meeting will be the key momentum towards continuous growth of our APOCP activities on cancer prevention and control in this region, which need to focus on current knowledge, ideas and achievements.

Once again, congratulation on the wonderful meeting in Hanoi!

Yours truly,

A handwritten signature in black ink, appearing to read 'K. Yoo'.

Keun-Young Yoo
Secretary-General
Asian Pacific Organization for Cancer Prevention
Professor
Seoul National University College of Medicine, KOREA

AGENDA**Programs on November 2nd 2014 Sunday****8:00-9:00: Registration****Welcoming Remarks**

9:00-9:30 **Nguyen Duc Hinh** , President of Hanoi Medical University and APOCP President
Keun-Young Yoo , APOCP Secretary General
Representatives from Ministry of Health

Keynote Lectures

National and International Strategies in Cancer Prevention
Chairs: *Kazuo Tajima, Honorary President of APOCP, Japan*
Nguyen Duc Hinh, President Hanoi Medical University, Vietnam

9:30-10:00 From Local to Global Cancer Prevention Strategies in Asia
Kazuo Tajima
Mie University Graduate School of Medicine, Japan

10:00-10:30 Direction of Cancer Prevention Research in the Asian Pacific – Experiences of the APJCP
Malcolm Moore
Asian Pacific Journal of Cancer Prevention, UK

10:30-10:50 Tea Break

Chairs: *Keun-Young Yoo, Seoul National University College of Medicine*
Alireza Mosavi-Jarrahi, The Cancer Institute Research Center, Tehran, Iran

10:50-11:20 Achievements of Cancer Control in Korea
Keun-Young Yoo
Seoul National University College of Medicine, Korea

11:20-11:50 Partnership in cancer control: lesson learnt from Vietnam
Tran Van Thuan
National Cancer Hospital, Viet Nam

11:50-12:00 Discussion

12:00-13:30 Lunch

Session 1: Public Awareness on Cancer Prevention

Chairs: *Takesumi Yoshimura, Fukuoka Women's University, Japan*

Nguyen Phuong Cham, Ministry of Health

- | | |
|----------------|---|
| 13:30-13:45 | <p>Factors Associated with Cholangiocarcinoma Prevention among Thai People in Ubon Ratchathani: a Health Belief Analysis</p> <p>Nopparat Songserm</p> <p><i>Faculty of Public Health, Ubon Ratchathani Rajabhat University, Thailand</i></p> |
| 13:45-14:00 | <p>Vietnamese Radiotherapy cancer patients preferences for life expectancy information and involvement in treatment decision making</p> <p>Alix Hall</p> <p><i>The University of Newcastle, NSW, Australia</i></p> |
| 14:00-14:15 | <p>Knowledge and training needs of breast cancer prevention and control among district level doctors in Hanoi, Danang, Hochiminh city in 2014</p> <p>Nguyen Thi Thuy Linh</p> <p><i>National Cancer Institute, Vietnam</i></p> |
| 14:15-14:30 | <p>Screening practice of health workers and breast self-exam practice of women in Hanoi, Hue, Danang, Cantho, 2014</p> <p>Nguyen Huong Giang</p> <p><i>National Cancer Institute, Vietnam</i></p> |
| 14: 30 – 14:45 | <p>Improving Availability of Opioids in Developing Countries to Treat Pain in Cancer Patients: The case in Vietnam</p> <p>Nguyen Phuong Cham</p> <p><i>Ministry of Health, Vietnam</i></p> |
| 14:45 – 15:00 | <p>Assessment of palliative care needs among patients and their families</p> <p>Do Duy Cuong</p> <p><i>BachMai Hospital, Vietnam</i></p> |
| 15:00-15:15 | <p>Lung cancer screening, what is valuable?</p> <p>Vu Van Giap</p> <p><i>Hanoi Medical University, Vietnam</i></p> |
| 15:15-15:35 | <p>Tea Break</p> |

Session 2: Women Cancer: Risk Factors and Early Detection

Chairs: *Chihaya Koriyama, Kagoshima University, Kagoshima, Japan*

Tran Van Thuan, National Cancer Hospital

- | | |
|---------------|---|
| 15:35-15:50 | <p>Epidemiology of Breast Cancer in Young Women in Iran and the population of west Asia</p> <p>Alireza Mosavi-Jarrahi</p> <p><i>The Cancer Institute Research Center, Tehran, Iran</i></p> |
| 15:50-16:05 | <p>Breast cancer risk of active and passive smoking by menopausal status</p> <p>Chihaya Koriyama</p> <p><i>Kagoshima University, Kagoshima, Japan</i></p> |
| 16:05-16:20 | <p>Background risk of breast cancer influences the association between alcohol consumption and mammographic density</p> <p>Trinh Xuan Thang</p> <p><i>Karolinska Institute, Stockholm , Sweden</i></p> |
| 16:20-16:35 | <p>Breast cancer subtypes as defined by the estrogen receptor (ER), progesterone receptor (PR) and human growth factor receptor -2 (HER2) – clinicopathological features and overall survival in a multi-ethnic Asian country.</p> <p>Shridevi Subramaniam</p> <p><i>Kuala Lumpur Hospital, Jalan Pahang, Kuala Lumpur, Malaysia</i></p> |
| 16:35- 16:50 | <p>Screening and early detection of breast cancer in Malaysia</p> <p>Cheng Har Yip</p> <p><i>University of Malaya, Kuala Lumpur, Malaysia</i></p> |
| 16:50 – 17:05 | <p>Evaluating the late toxicities of the gastrointestinal tract and the urinary tract and some hematologic toxicities of high dose rate brachy radiation therapy combined external radiation concurrent with weekly cisplatin radiation for patients with cervical cancer stage IIB- IIIB.</p> <p>Nguyen Tien Quang</p> <p><i>National Cancer Institute, Vietnam</i></p> |
| 17:05 – 17:20 | <p>Long-term breast cancer survival in Vietnamese women</p> <p>Vu Hong Thang</p> <p><i>National Cancer Hospital</i></p> |
| 17:20 – 17:35 | <p>OUTLOOKING TOWARDS SCREENING STRATEGY FOR CERVICAL CANCER</p> <p>Pham Van Linh</p> <p><i>Haiphong Medical School</i></p> |
| 18:00-20:30 | <p>Welcome Dinner</p> |

Programs on November 3rd 2014 Monday

8:00-8:30: Registration

Keynote Lectures

Cancer Prevention Approach

Chairs: *Cheng Har Yip , University of Malaya, Kuala Lumpur, Malaysia*
Le Thi Huong, Hanoi Medical University

- 8:30 – 8:50 Achieving cancer control now: the need for behavioral change
Rob Sanson-Fisher
The University of Newcastle, NSW, Australia
- 8:50– 9:10 Meats mutagens intake and risks of cancer
Kana Wu
Department of Nutrition, Harvard School of Public Health, US
- 9:10 – 9:30 Epidemiology: Past, Present, Future
Takesumi Yoshimura
Fukuoka Women's University, Japan
- 9:30 – 9:50 Harmful smoking prevention: effective strategy in cancer prevention
Pham Quynh Nga
WHO office in Hanoi, Vietnam
- 9:50 – 10:05 Changing prevalence of Hepatitis C virus infection in Republic of Korea, 2005-2012
Hwa Young Choi
National Cancer Center, Goyang, Korea
- 10:05 – 10:30 Factors Associated with Oral Pre-malignant Lesions in Roi-et Province, Thailand
Supanee Promthet
Department of Epidemiology, Faculty of Public Health, Khon Kaen University, Khon Kaen, Thailand

10:30-10: 45 Tea Break

Session 3: Biomarkers of Cancers

Chairs: *Rob Sanson-Fisher , Newcastle University, NSW, Australia*
Nguyen Van Do, Hanoi Medical University

- 10:45-10:55 Plasma isoflavones concentration and risk of colorectal cancer in two different Asian populations
Ji-Hye Yoon
Gachon University, Incheon, Korea
- 10:55-11:05 The effect of Crilin to immune enhancement in Vitro and In Vivo

Nguyen Van Do*Hanoi Medical University, Vietnam*

11:05-11:15 EGFR mutation among advanced non-small-cell lung cancer with adenocarcinoma histology stage IIIB/IV

Nguyễn Thị Lan Anh*Hanoi Medical University, Vietnam*

11:15-11:25 Utilization of next-gen sequencing to analyze ABL1 tyrosine kinase domain mutations in chronic myelogenous leukemia patients at NIHBT

Duong Quoc Chinh*National Institute of Hematology and Blood Transfusion, Vietnam*

11:25-11:35 Galeicn -3 in preneoplastic lesions of Gliomas

Nguyen Huy Binh*Hanoi Medical University, Vietnam*

11:35-11:45 Plasma EBV-DNA concentration predicts the results of Nasopharyngeal carcinoma Treatment

Dao Van Tu*National Cancer Hospital*

11:45-11:55 Initial assessment of percutaneous Radiofrequency ablation treatment with needle chosen suitably to tumor size for hepatocellular carcinoma patients

Dao Viet Hang*Hanoi Medical University*

11:55 – 12:05 Application of CIG FISH technique to classify patients as having high risk multiple myeloma

Tran Cong Hoang*National Institute of Hematology and Blood Transfusion, Vietnam*

12:05 – 12:15 High frequency of Epidermal Growth Factor Receptor Mutation in non-small cell lung cancers in Vietnam

Nguyen Minh Ha*Centre for Gene & Protein Research, Hanoi Medical University*

12:15 – 12:25

12:25-13:30 **Lunch**

Session 4: Occupational Cancers; Gene-Environment Interaction and Cancer

Chairs: *Kwang-Pil Ko, Gachon University, Incheon, Korea*
Do Nam Thang, Ministry of Natural Resource and Environment

13:30-13:40 Asbestos use and asbestos-related diseases in Asia: Past, present and future

	Le Vinh Giang <i>Hanoi Medical University, Vietnam</i>
13:40-13:50	Urinary 1-hydroxypyrene and 8-hydroxydeoxyguanosine levels among coke-oven workers for 2 consecutive days Nguyen Thi To Uyen <i>Thai Nguyen University, School of Medicine, Vietnam</i>
13:50-14:00	Validation of QLQ – H & N35 Bui The Anh <i>Hanoi Medical University, Vietnam</i>
14:00-14:10	Update on new techniques for early detection of lung cancer Phan Thu Phương <i>Hanoi Medical University, Vietnam</i>
14:10-14:20	Multidisciplinary collaborative approach for lung cancer patients at cancer centre – Cho Ray Hospital Le Tuan Anh <i>Cho Ray Hospital, Viet Nam</i>
14:20-14:30	Prevalence and associated of anxiety and Depression in Vietnamese Radiotherapy cancer patients Alix Hall <i>The University of Newcastle, NSW, Australia</i>
14:30 – 14:40	Clinical features of pancreatic tumors in Iran, a single center experience Akram Poursham <i>Tehran University of Medical Sciences, Iran</i>
14:40 – 14:50	Colon cancer awareness and screening behavior among average-risk population; Detection rates of colon polyps and adenomas among asymptomatic first degree-relatives of colon cancer patients Salimzadeh Hamideh <i>Tehran University of Medical Sciences, Iran</i>
14:50– 15:00	Detection rates of colon polyps and adenomas among asymptomatic first degree-relatives of colon cancer patients Salimzadeh Hamideh <i>Tehran University of Medical Sciences, Iran</i>
15:00-15:20	Tea Break

Session 5: Cancer Registration and Cancer Surveillance

Chairs: *Malcolm Moore , Asian Pacific Journal of Cancer Prevention, UK*
Hoang Van Minh, Hanoi Medical University

15:20 – 15: 30	Time Trends of incidence cancer in Vietnam 1993-2007 Vuong Anh Duong <i>Ministry of Health, Vietnam</i>
15:30 -15:40	Population-based Cancer Registry in Can Tho Province\ Vo Van Kha <i>CanTho Oncology Hospital , Vietnam</i>
15:40-15:50	Cancer mortality in Thai Nguyen province, 2005-2008 Chu Hong Thang <i>Provincial Health Department of Thai Nguyen Province, Vietnam</i>
15:50-16:00	Cancer mortality in Lao PDR, 2007-2008 Latsamy Sengsounthone <i>National Institute of Public Health, Lao PDR</i>
16: 00 – 16:10	Breast cancer trends among Asian, Asian American and American Mai Thi Ha <i>National Cancer Centre, Korea</i>
16:10-16:20	Burden of breast cancer in Hanoi, Vietnam Tran Viet Anh <i>Hanoi Medical University, Vietnam</i>
16:20 -16:30	Cost of lung cancer treatment Nguyen Le Quyen <i>Hanoi medical University, Vietnam</i>
16:30 – 16:40	Trends of liver cancer and its main risk factors in Korea Eun-young Lee <i>National Cancer Centre, Korea</i>
16:40	Closing remarks Le Thi Huong , Director Institute for Prevention and Public Health Hanoi Medical University

ABSTRACT PRESENTATION

1. National and International Strategies in Cancer Prevention

FROM LOCAL TO GLOBAL CANCER PREVENTION STRATEGIES IN ASIA

Kazuo Tajima, M.D., M.P.H., Ph.D

Department of Public Health and Occupational Medicine

Mie University Graduate School of Medicine

In order to promote global cancer prevention and control strategies, a research program for cancer epidemiology in the local area in the world is necessary. The main risk factors for cancer are long term exposure to: 1) chronic inflammation by cancer related bacteria and onconaviruses; 2) unbalanced dietary habits, beverage factors and less exercise, 3) specific environmental exposure, e.g., heavy metals, chemicals and etc. Furthermore genetic backgrounds modify each risk factors. In the course of cancer manifestation from cell genetic mutation to malignant progression, complex combinations of multiple factors, rather than simple individual factors, can be attributed major roles (Fig. 1).

Fig. 1) Exposure to multiple risk factors for cancer manifestation with complicated effects by gene/gene, gene/environment and environment/environment interaction

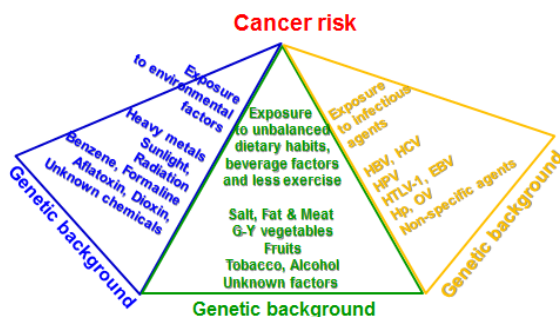
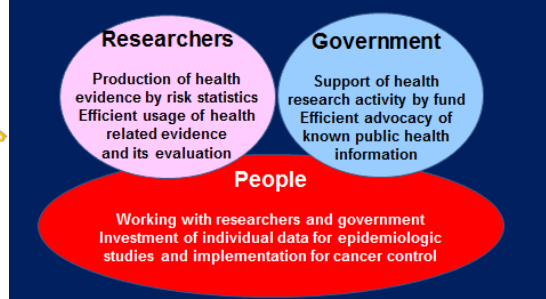


Fig. 2) Enhancement of contribution of cancer epidemiology for medicine, public health and welfare
Trinity roles of Researchers, Government and People



On the other hand, we need to promote region-specific cancer control program and to enhance community power-based epidemiologic studies. To achieve it, cooperation among the trinity of researchers, local governments and community people is indispensable (Fig. 2). In collaboration with other associated scientific fields, we Asian epidemiologists should produce health related evidences based on fundamental information of cancer risk impact, implement well-planned health promotion programs and then evaluate their practical effects. Local government should support health research activity and efficient advocacy with the public health information, and then, the general populace can work with researchers and provide individual data for epidemiologic studies. Finally we should extend global cancer control programs from local to global and/or vice versa direction in the future.

**DIRECTION OF CANCER PREVENTION RESEARCH IN THE ASIAN
PACIFIC – EXPERIENCES OF THE APJCP**

Malcolm Moore

Asian Pacific Journal of Cancer Prevention, UK

ACHIEVEMENT OF CANCER CONTROL IN KOREA

Keun-Young Yoo

Seoul National University College of Medicine, Korea

Cancer has been a leading cause of death in Korea since 1983. Due to a rapid change in age structure, the burden of cancer is expected to be a greater issue in the near future. The Korean government established a 10-year National Cancer Control Plan in 1996 and thus, the Division of Cancer Control was established within the Ministry of Health & Welfare in 2000. In response to the public need to create a national institution devoted to basic research, clinical care, and education and training related with cancer, the National Cancer Center was founded in 2000 under the NCC Act. There are two cancer registry systems in Korea; a hospital-based nationwide Central Cancer Registry (covers over 90% of new cancer cases) and 8 population-based regional cancer registries (covers about 50% of the whole population).

Korea has started a nationwide cancer screening program in 1999. The program has expanded the number of target population, total budget and cancer sites each year. The National Cancer Screening Program (NCSP) now supports cancer screening for five major sites of cancer (stomach, breast, cervix, liver, colorectal cancer) to the Medical Aids and the National Health Insurance (NHI) beneficiaries to the lower 50% income group. The NCSP covers about 56% of the total population. In 2007, the target population of the NCSP was more than 7.1 million persons, and about 1.9 million people participated in the cancer screening program. The overall participation rate in the NCSP has gradually improved to 23.9 % in 2007. For the remaining upper 50% NHI beneficiaries, cancer screening has been provided by the NHI cancer screening program according to the same recommendations as the NCSP since 2001. Individuals pay 20% and the remaining 80% for screening is supported by the NHI Corporation. From the results of the Korea National Cancer Screening Survey 2004-2008, cancer screening rates following recommendations was increased from 38.8% in 2004 to 50.7% in 2008.

For primary prevention activities, Korea is enforcing several anti-cancer activities such as 'cancer prevention day' for public awareness, ten codes and practical guidelines for cancer risk reduction, i.e., increasing intake of fresh vegetables and fruits, reducing salt intake, encouraging intake of soybean products, standardized information on cancer prevention, developing policies and programs for tobacco control, which is the most important issue, and strategic planning for cancer prevention caused by infection, i.e., national vaccination program against vertical transmission of HBV.

Based on the concerted efforts of primary prevention to reduce the cancer burden, there has been a significant reduction in both stomach cancer and liver cancer mortality, and tremendous increase in cancer survival rates for select cancers in Korea. The Korean Government has started a second term for the National Cancer Control Program in 2006.

PARTNESHIP IN CANCER CONTROL: LESSONS LEARNED FROM VIETNAM

*Tran Van Thuan¹, Bui Dieu¹,
Nguyen Hoai Nga¹, Tran Thi Thanh Huong²
¹K Hospital, ² Hanoi Medical University*

Introduction

Recently, cancer is increasing rapidly. Cancer is becoming one of the highest burdens of disease in Vietnam. Since 2008, Cancer Control Program approved by the Government has been making both outstanding achievements and challenges in order to maximize the effectiveness of cancer control activities with available resources.

Objectives

- 1. To analyze status of cancer epidemiology and cancer control programs in Vietnam during 10 years.*
- 2. To analyze policy gaps and responses of health care system in cancer control in Vietnam.*
- 3. To propose priority recommendations and solutions in cancer control for the next 10 years in Vietnam.*

Methods: A retrospective study of review reports of cancer epidemiology, cancer control programs and health policy and program documents related directly to cancer control in Vietnam

Results: Cancer incidence rate is on the quick increase. It is estimated that the growth rate will reach 50% over the next 10 years. Cancer control network covers 40/63 provinces, though still weak, meeting around 30% of population's demands. Screening for early detection is implemented on limited extents, focusing on breast cancer and cervical cancer. The treatment facilities are lacking with only 32 radiation machines for 90 million people. The health worker resource with inconsistent levels leads the overload in central-level facilities. With only 5 facilities across the country, the palliative care has been calling for a higher level of attention. Cancer registration program covers only 20% of population without recorded cancer death system. However, only in Hanoi and Ho Chi Minh city, the cancer registrations achieve an international standard. The public advocacy is not as effective as expected. The cancer-related health policies and programs remain gaps and limitations. Therefore, cancer control programs need to formulate a strong-resource, multi-discipline steering committee that will introduce appropriate policies in order to raise accurate public awareness of cancer; train and develop high quality human recourse; enhance screening for early detection as well as support palliative care in addition to improve cancer monitoring and management system.

Conclusion: In recently, cancer incidence rate has increase rapidly, that makes the preventive cancer to face with many difficulties and challenges due to lacking of high quality health worker, budget, a reasonable resource distribution and policies. Therefore, changing and improving health policies, economic policies and establishing a interdepartmental steering committee are very essential.

2. Public Awareness on Cancer Prevention

FACTORS ASSOCIATED WITH CHOLANGIOCARCINOMA PREVENTION MONG THAI PEOPLE IN UBONRATCHATHANI: A HEALTH BELIEF ANALYSIS

Nopparat Songserm¹, Onanong Bureelerd¹, Sumaporn Tongprung¹, Napaporn Sanpanawat¹, Somkiattiyos Woradet², Supannee Promthet³

¹Department of Community Health, Faculty of Public Health, UbonRatchathaniRajabhat University, Thailand

²Department of Public Health, Faculty of Health and Sport Sciences, Taksin University, Thailand

³Department of Epidemiology, Faculty of Public Health, KhonKaen University, Thailand

Introduction: Liver fluke *Opisthorchisviverrini*(*O.viverrini*) infection linked-cholangiocarcinoma (CCA) remains a significant public health problem among rural residents in Ubon Ratchathani, Northeastern Thailand because the residents in this area have traditional behaviors of eating uncooked fresh fish dishes. This study aimed to investigate the factors associated with prevention of the risk for CCA among the rural residents in Ubon Ratchathani. It emphasized on the analysis of the health belief data.

Methods: A community-based cross-sectional analytic study was conducted in a sub-district that was nearby wetland geographical areas in Muang District, Ubon Ratchathani. Participants aged 30-69 years and only one subject in each household was invited to participate. They were asked to answer the questionnaire. Independent variables were demographic and health belief factors. Outcome variable was the overall risk factors for *O.viverrini* linked-CCA. The mean scores at <5.95 and ≥ 5.95 were the cut-off points. Descriptive statistics included the number, percentage, mean, and standard deviation. Inferential statistics were assessed by using a logistic regression analysis. A P-value <0.05 was considered statistically significant.

Results: 906 participants were randomly selected, 36.31% were men, 63.69% were women, and the average age was 51.39 ± 10.29 years old. 60.15% of the participants had the high risk of the *O. viverrini* linked-CCA (≥ 5.95 scores). With respect to the health belief analysis, 52.43% of perceived susceptibility, 68.76% of perceived seriousness, 86.64% of perceived benefits, and 61.26% of perceived barriers were in the high perceptions. According to the multivariate analysis, the perceived susceptibility was only significantly associated with preventing the risk of the *O. viverrini* linked-CCA among the rural residents in Ubon Ratchathani (OR=0.73; 95% CI: 0.56-0.96).

Conclusions: The health belief model (HBM) is used to prevent the risk of the *O. viverrini* linked-CCA in this population. In the further studies, the CCA prevention using the HBM as an intervention is warranted.

Keywords: *Opisthorchisviverrini*, Cholangiocarcinoma, Health Belief Model, Thailand

VIETNAMESE RADIOTHERAPY CANCER PATIENTS PREFERENCES FOR INVOLVEMENT IN TREATMENT DECISION MAKING

***Alix Hall¹, Nguyen Minh Sang², Tran Thi Thanh Huong³,
Rob Sanson-Fisher¹, Mariko Carey¹, Lisa Mackenzie¹***

¹*Priority Research Centre for Health Behaviour*

Faculty of Health

The University of Newcastle & Hunter Medical Research Institute

Callaghan, NSW, Australia 2308

²*Center for Researcher and Training on HIV/AIDS*

Hanoi Medical University, Vietnam.

³*Department of Ethics and Social Medicine*

Hanoi Medical University, Vietnam.

Background: Involving patients in the treatment decision making process has been found to be associated with positive patient outcomes.

Research objectives: To identify the concordance between Vietnamese radiotherapy cancer patients preferred involvement in their treatment decision making process with their actual involvement in this process.

Method: A cross-sectional study was undertaken with adult (aged ≥ 20 years) radiotherapy cancer patients from the National Cancer Hospital in Hanoi, Vietnam. Patients completed a standardised interview survey, with five items assessing patient's preferred and actual involvement in their treatment decision making process. Three of the five items were adapted from the Control Preference Scale (CPS) and two additional items were developed specifically for this study. The first additional question assessed actual and patients preferred involvement of their significant other in making treatment decisions; while the second question assessed whether patients believed they would make the same treatment decisions again.

Preliminary results: 319 eligible patients were approached, of which 300 consented to take part (consent rate=94%). The majority (n=157; 53%) of patients indicated that they would prefer to decide on their cancer treatment together with their health care provider(i.e. collaborative process). Almost all patients (80%, n=237) indicated agreement between their actual and preferred level of involvement in their treatment decision making process. Furthermore, 81% (n=236) of patients indicated that their most significant support person was with them when they received information about their cancer treatment options, which was congruent with the patient's wishes. Finally, almost all patients (99%, n=293) specified that they would choose the same treatment options again.

Conclusions: Encouragingly, data from this study suggests that the majority of Vietnamese radiotherapy cancer patients were satisfied with their treatment decision making process and were involved in the decision making process to the extent to which they wished to be.

VIETNAMESE RADIOTHERAPY CANCER PATIENTS PREFERENCES FOR LIFE EXPECTANCY INFORMATION

***Alix Hall¹, Nguyen Minh Sang², Tran Thi Thanh Huong³,
Rob Sanson-Fisher¹, Mariko Carey¹, Lisa Mackenzie¹***

1. Priority Research Centre for Health Behaviour

Faculty of Health

The University of Newcastle & Hunter Medical Research Institute

Callaghan, NSW, Australia 2308

2. Center for Researcher and Training on HIV/AIDS

Hanoi Medical University, Vietnam.

3. Department of Ethics and Social Medicine

Hanoi Medical University, Vietnam.

Background: Traditionally, life expectancy disclosure in Vietnam Is taken care of by the patient's family. However, the extent to which patients wish to receive information on their life expectancy is unknown.

Research objectives: To assess patient's preferences in receiving life expectancy information.

Method: A cross-sectional study was undertaken with adult (aged ≥ 20 years) radiotherapy cancer patients from the National Cancer Hospital in Hanoi, Vietnam. Patients completed a standardised interview survey, which included researcher derived items assessing patient's preferences and experiences with receiving information relating to their life expectancy. Given the sensitive nature of this topic patients were specifically asked if they would like to skip this section of the survey.

Preliminary results: 319 eligible patients were approached, of which 300 consented to take part (consent rate=94%), and 64% (n=185) agreed to answer the life expectancy section of the study survey. Of these, 82% (n=152) of patients had discussed the aim of their treatment (i.e. radical treatment vs. palliative treatment) with their health care provider, with only a minority of patients receiving palliative treatment (3.2%, n=6). In the majority of cases (80%, n=148) life expectancy was not discussed at all, not with the patient themselves nor with members of their family. However, just under half of patients (46%, n=86) reported a preference for receiving life expectancy information from their health care provider. Of those patients who did wish information on their life expectancy, only 27% (n=23) obtained such information.

Conclusions: A substantial number of Vietnamese radiotherapy cancer patients are failing to receive the life expectancy information they desire. Assessing patient preferences for receiving life expectancy information may assist health care providers in providing such information to those patients who want it.

KNOWLEDGE AND TRAINING NEEDS OF BREAST CANCER PREVENTION AND CONTROL AMONG DISTRICT LEVEL DOCTORS IN HANOI, DANANG, HOCHIMINH CITY IN 2014

*Nguyen Thi Thuy Linh, Nguyen Huong Giang,
Tran Thi Thanh Huong, Tran Van Thuan
National Cancer Research Institute*

Introduction: breast cancer is a common cancer disease with a very high incidence rate among women and being one of leading causes of death in many countries all over the world as well as Vietnam.

Objectives:

(1) To describe knowledge of breast cancer prevention and control among district level doctors in Hanoi, Danang, Ho Chi Minh City.

(2) To describe training needs of breast cancer prevention and control among those doctors.

Methods: A cross-sectional study using a questionnaire sampled 191 district level doctors in Hanoi, Danang, Ho Chi Minh City.

Results: 96.9% of doctors reported that one suspicious breast cancer sign was breast tumors. 24.1% of participants believed that breast cancer is a malignant, incurable disease. 88% of doctors reported that breast cancer screening requires to be done annually. Nearly 80% of district level doctors did not participate in any course of breast cancer prevention and control in the last 3 years. Almost all doctors needed to be trained about breast cancer prevention and control (99%), particularly screening and counseling skills.

Conclusion: It is essential to enhance the training of breast cancer prevention and control for district level doctors.

SCREENING PRACTICE OF HEALTH WORKERS AND BREAST SELF-EXAM PRACTICE OF WOMEN IN HANOI, HUE, DANNANG, CANTHO, 2014

Nguyen Huong Giang¹, Tran Thi Thanh Huong², Tran Van Thuan¹

¹ National Cancer Research Institute

² Hanoi Medical University

Introduction: Breast cancer is one of cancer diseases with good prognosis if detected early. Thus, it is a great value that implementing screening programs in order to reduce the cancer mortality in community.

Objectives:

(1) To identify the proportion of monthly breast self-exam practice among 30-70 year old women in 4 cities Hanoi, Hue, Danang, Cantho in 2014.

(2) To describe results of breast cancer screening practice among physicians in those cities.

Methods: A cross-sectional study used a questionnaire combined with clinical examination, sampling 2,540 30-70 year old females in Hanoi, Hue, Danang, Cantho.

Results: 24.2% of women practiced monthly breast self-exam. The proportion of monthly breast self-exam among women with abnormal breast was 30.3%, higher than that among women with normal breast (23.3%). 13.8% of total women were diagnosed with common breast lesions; including fibrosis, fibroids, cysts and one cancer case was detected. 87.7% of woman with abnormal breast received mammography, ultrasound scan or Fine Needle Aspiration (FNA). 10.6% of women with normal breast still received subclinical indicators.

Conclusion: Low proportion of monthly breast self-exam practice; the screening practice among health workers needs to improve by enhancing training and supervision.

IMPROVING AVAILABILITY OF OPIOIDS IN DEVELOPING COUNTRIES TO TREAT PAIN IN CANCER PATIENTS: THE CASE OF VIETNAM

Krakauer EL^{1,2}, Cham NTP³, Yen NTH⁵, Joranson DE⁴, Khue LN⁵

1 Department of Global Health&SocialMedicine, Harvard Medical School, Boston, USA

2 Palliative Care Division, Massachusetts General Hospital, Boston, USA

3Centre for Community Health Development, Hanoi, Vietnam

4Pain&Policy Studies Group, University of Wisconsin, USA

5 Vietnam Administration of Medical Services, MinistryofHealth, Hanoi, Vietnam

Moderate or severe pain is common among people with advanced cancer and other life-threatening illnesses. Yet despite agreement that pain relief is a human right, the poorest 80% of the world's population lack access to strong opioid analgesics. Excessively restrictive opioid regulations, especially in developing countries, both stem from and propagate misguided fears about opioids, so-called *opiophobia*. Because opiophobia, like any norm, is historically, socially, and culturally situated, efforts to change opiophobic regulations will be most effective if guided by awareness of their historical, social, and cultural determinants. We describe these determinants in Vietnam and report on results of an ongoing project there to allay opiophobia and improve safe access to opioids for medical uses. We used the 'Madison Method' that entailed working with committed local partners, including a high-level official from the Ministry of Health (MoH), to review all Vietnamese regulations governing opioid accessibility to identify the barriers; devising an action plan to safely reduce or circumnavigate the barriers; obtaining buy-in for the plan from all stakeholders including drug regulators and the police; and assisting the MoH to implement the plan. Since the start of the project, morphine consumption has increased each year and as of 2010 was nine-fold greater than in 2003, and the number of hospitals offering palliative care has increased from three to 16. We conclude that the Madison Method appears to be helping to reduce barriers to opioid access in Vietnam and should be employed in other developing countries.

ASSESSMENT OF PALLIATIVE CARE NEEDS AMONG PATIENTS AND THEIR FAMILIES IN BACH MAI HOSPITAL, HANOI, VIETNAM

Do Duy Cuong¹, Ha Hai Long¹, Nguyen Quang Tuan¹, Eric L. Krakauer²

¹*Bach Mai Hospital, Hanoi, Vietnam*

²*International Programs, Center for Palliative Care - Harvard Medical School - USA*

Introduction: Patients with life-threatening diseases, especially HIV/AIDS and cancer usually suffer from severe pain and physical symptoms and psycho-social problems. Palliative care has been developed in Vietnam since 2005 in Viet Nam but this is not widely applicable in health care sectors.

Methods: From January to June 2010, we conducted a cross-sectional study by interviewing to assess the needs of palliative care for past 3 days among 134 pairs of patient-caregiver of 19 clinical departments in Bach Mai hospital in Hanoi, Vietnam.

Results: 51.5% patients suffered from pain in which 18.7% had severe pain; 31.3% had dyspnea; 16.4% had nausea and 9.7% had vomiting. In addition, 53.0% patients had reported at least one of other symptoms including itching, distended abdomen, anorexia. 78.5% reported that they felt tired, 62.0% had insomnia, 63.4% felt sad, 65.0% worried about their health condition. 26.9% caregivers were not fully provided medical information by health staff, 79.1% caregivers worried about patients' health condition.

Conclusions: There is a big needs for palliative care in Bach Mai hospital. It is necessary to assess early and treat properly pain and other socio-psychological problems in order to improve the patients' quality of life and provide the best comprehensive services for both patients and their families.

Keywords: *Palliative care, Viet Nam, Bach Mai, needs, patients*

LUNG CANCER SCREENING, WHAT IS VALUABLE?

Chau Ngo Quy, Giap Vu Van

Internal Medicine Department- Hanoi Medical University

Backgrounds:

Lung cancer is one of the leading cause of cancer-related death in all over the world. Clinical symptom is poor and atypical so it is difficult to diagnose early enough. Some methods have used to screen lung cancer for high risk individuals but there still have many questions: screen for whom, how often, for how long, exposure to radiation and also costs-effective on the health care system remain unclear.

Objectives:

To review the value of lung cancer screening, discuss the role and also cost-effective of screening method and address some recommendations in Vietnam.

Results:

Chest x-ray with or without sputum cytology are not effective for screening in people at high risk for lung cancer and no mortality benefit for chest x-ray alone or plus sputum cytology. Low-dose CT scan (radiation dose exposure is less than a third of a standard-dose) is recommended to screen lung cancer for high risk people. Some clinical trials showed a decrease all-cause mortality in lung cancer. Smoking cessation is simple way and also the most-effective intervention to reduce the risk of lung cancer.

Conclusions:

Low-dose CT scan reduced lung cancer mortality for individuals at high risk. Patients who is currently a smoker or an ex-smoker should be considered and discussed the risks and benefits of screening for lung cancer.

3. Women Cancer: Risk Factors and Early Detection

EPIDEMIOLOGY OF BREAST CANCER IN YOUNG WOMEN IN IRAN AND THE POPULATION OF WEST ASIA

*Alireza Mosavi Jarrahi, Ali Sanjari Moghaddam, Milad Nazarzadeh,
Mitra Modirian, and Mohammadali Mohagheghi*

*The Cancer Institute Research Center, Tehran, I.R. of Iran
Medical School, Shahid Beheshti University of Medical Sciences
Adjunct Prof. Faculty of Health Sciences, Simon Fraser University, BC,
Canada*

The epidemiology of breast cancer in young women (less than 45 years) is poorly understood and it is suspected that the disease is not part of the normal spectrum of breast cancer which is determined by a strong endogenous hormonal influence. Recent studies have established that the incidence of BCYW has increased in countries with qualified cancer registry such as in Europe and US. Specific studies addressing risk factors for BCYW, though limited, indicate different hormonal events compared to main stream breast cancer: the effect of oral contraceptive use and induced abortion have already been implicated to being more related to BCYW than to the main stream breast cancer. In order to address the epidemiology of breast cancer in young women in Iran, all cases of breast cancer in women less than 45 years registered in the cancer registry program (last 10 years) were analyzed and were compared with the same data from countries of west Asia. We described the incidence and the risk factor profile of breast cancer in young women. In addition to describing the epidemiology of BCYW, the unique features of BCYW in west Asia will be presented and discussed.

BREAST CANCER RISK OF ACTIVE AND PASSIVE SMOKING BY MENOPAUSAL STATUS

Chihaya Koriyama¹, Suminori Akiba¹, Yuko Kijima², Tomoyo Kaneko³, Yukari Nishizawa³, Shoji Natsugoe²

1: Dept. of Epidemiology and Preventive Medicine, Kagoshima University Graduate School of Medical and Dental Sciences, Kagoshima, Japan

2: Dept. of Surgical Oncology, Breast and Endocrine Surgery, Kagoshima University Graduate School of Medical and Dental Sciences, Kagoshima, Japan

3: Kaneko Clinic, Kagoshima, Japan

The association between passive cigarette smoke exposure and breast cancer risk is inconclusive. To assess the breast cancer risk of passive smoking, we conducted a case-control study of breast cancer in Kagoshima, Japan, since 2010. The number of study subjects recruited by March 2012 was 572: 223 breast cancer cases and 349 controls. All subjects were interviewed and information on lifestyles, including smoking and alcohol drinking habits, menstrual and reproductive history, family history of cancer, and physical activity, was collected using a questionnaire for both cases and controls. Logistic regression analysis was conducted to examine the breast cancer risk. There was a significant association between passive cigarette smoke exposure and breast cancer risk in never-smoking postmenopausal women (OR=3.0, 95%CI= 1.6-5.5) after adjusting for the effects of age, body mass index, the frequencies of vegetable intake, nulliparity, and physical activity. However, this association was not observed in premenopausal women (OR=1.5, 95%CI= 0.7-3.0). Active smoking also tended to increase the risk of breast cancer in both premenopausal (OR=3.8, 95%CI=1.7-8.6) and post-menopausal (OR=3.4, 95%CI=1.3-8.8) women. The number of cigarettes was positively related to the breast cancer risk in premenopausal women (P for trend=0.012) but not in postmenopausal women (P for trend=0.528). In conclusion, both active and passive smoking increase breast cancer risk among post-menopausal women, but among pre-menopausal women, only active smoking was the risk of breast cancer in Japan.

SCREENING AND EARLY DETECTION OF BREAST CANCER IN MALAYSIA

Yip CH, Teh YC, Taib NA, Rahmat K*, Westerhout CJ*, Fadli F*, See MH, Jamaris S.
See MH

Dept of Surgery and Radiology*, University Malaya Medical Centre, Kuala Lumpur, Malaysia

Breast cancer is the leading cause of cancer deaths in women world-wide. In low and middle income countries, where there are no population-based mammographic screening programmes, late presentation is common, and because of inadequate access to optimal treatment, survival rates are poor. In Malaysia, up to 40% of women present with late stages. The reason for late presentation is believed to be a combination of cancer fatalism, belief in alternative therapy and lack of autonomous decision making. Before any early detection programme is established, social and cultural barriers should be considered. Public education and awareness are the key first steps, because early detection programs cannot be successful if the public is unaware of the value of early detection. Although clinical breast examination (CBE), and breast self-examination, have been studied, there have been no evidence that it reduces mortality from breast cancer. Mammographic screening is well-studied in high-income countries in western populations, and because it has been shown to reduce breast cancer mortality, it has become part of the healthcare systems in such countries. However the performance of mammographic screening in a developing country is largely unknown. We evaluated the performance of opportunistic mammographic screening in Malaysia, a middle income country, to compare the stage of screen-detected and symptomatic breast cancer. A retrospective review of all mammograms performed from Jan to Dec 2010 in a tertiary medical centre is carried out. The four groups identified are the routine (opportunistic) screening group, the targeted (high risk) screening group, the surveillance after breast cancer group and the diagnostic group. The performance indicators of each group is calculated, and stage at presentation and treatment between the screening and diagnostic group is analyzed. Results: The cancer detection rate in the opportunistic screening group, targeted screening group, surveillance group and the symptomatic group is 0.5%, 1.25%, 1.3% and 29.5% with a biopsy rate of 2.3%, 5.4%, 4.3% and 50% respectively. The positive predictive value of a biopsy is 22.7%, 23%, 29.7% and 59% in the four groups respectively. The proportion of ductal carcinoma in situ is 20.8% in the screening group compared to only 2% in the diagnostic group. Among the opportunistic screening group, the cancer detection rate was 0.2% in women below 50 years old compare to 0.65% in women 50 years and above. The performance indicators are within international standards. From the results, in a setting with resource constraints, targeted screening of high risk individuals will give a higher yield, and if more resources are available, population-based screening of women 50 and above is effective. We conclude that opportunistic mammographic screening is feasible and effective in Malaysia with performance indicators within international standards.

EVALUATING THE LATE TOXICITIES OF THE GASTROINTESTINAL TRACT AND THE URINARY TRACT AND SOME HEMATOLOGIC TOXICITIES OF HIGH DOSE RATE BRACHYRADIATION THERAPY COMBINED EXTERNAL RADIATION CONCURRENT WITH WEEKLY CISPLATIN RADIATION FOR PATIENTS WITH CERVICAL CANCER STAGE IIB-IIIB

Nguyen Tien Quang, Tran Van Thuan et al
National Cancer Institute, K Hospital

Background: high dose rate brachytherapy (HDR) combined external radiation concurrent with weekly cisplatin is an accepted strategy in the treatment of cervical cancer stage IIB-IIIB.

Objectives: To assess the toxicity of high-dose rate brachytherapy in combined with external beam radiation therapy and cisplatin in the treatments of stage IIB-IIIB cervical cancer.

Patients and methods: all eligible cervical cancer patients stage IIB-IIIB were treated at the K hospital from 8/ 2008 to 8/2012.

Results: In total 157 patients were enrolled in the study. The result as following:

Late complications: Complications in the gastrointestinal tract were 74.4%, the bleeding proctitis accounted for the highest rate 40.8%, followed by diarrhea (31.2%), rectovaginal fistula (0.6%), intestinal necrosis (0.6%). Urinary tract complications were 16 patients (10.1%), of which dysuria was 5.7%, irritation during urination was 3.8% and hematuria was 1 patient. The patients with complications occurring in the first year accounted for the highest percentage (69.3%), followed by the 2nd year (14%), only 2 patients had complications in the first 3 years, no patient had any complications in the 4th year. The average time post-treatment of late complications was 7.9 ± 5.5 months. **Hematological, liver and kidney toxicities:** Leukocyte toxicities rate was 31.2%, neutropenia was 33.1%, mostly grade 1 and 2. Grade 3 and 4 neutropenia was 2.1%. Neutropenia increased in the last cycles. The rate anemia patients were 70.3%, mostly grade 1 and 2. Neutropenia increased in the last cycles. The rate of platelets toxicities was 14.8%, mainly grade 1, no cases of grade 3 and 4. Platelets toxicities increased in the last cycles. The rate of high GOT and/or GPT patients was only 7.1% , no cases of grade 3 and 4. Hepatic toxicities increased in the last cycles. Percentage of high creatinine serum patients was 4.9%.

Conclusions: Complications in the gastrointestinal tract and urinary tract are most common. Hematologic toxicities were acceptable in the treatment of cervical cancer stage IIB-IIIB with HDR combined external radiation concurrent with weekly cisplatin.

LONG-TERM BREAST CANCER SURVIVAL IN VIETNAMESE WOMEN

Vu Hong Thang¹, Lambert Skoog², Nguyen Ba Duc¹, Ta Thanh Van³, Edneia Tani².

¹*Oncology Department, Hanoi Medical University, Vietnam; Medical oncology Department, National Cancer Hospital, Hanoi, Vietnam, yuhongthang@gmail.com*

²*Dept. of Pathology and Cytology, Karolinska University Hospital, Solna, Stockholm, Sweden*

³*Dept. of Biochemistry, Hanoi Medical University, Hanoi, Vietnam*

Background: Little is known about breast cancer in Vietnamese women. Previous studies have indicated that incidence, tumor cell characteristics and survival are different from those of other ethnicities. The aim of this study was to examine the correlation of prognostic factors and treatment with relative survival of Vietnamese women afflicted by breast cancer treated at the National Cancer Hospital, Hanoi, Vietnam.

Patients and Methods: We recruited 248 women with operable breast cancer treated with surgery and adjuvant therapy. Tumor tissue samples were stained by a range of immunohistochemical approaches and analyzed for the hormone receptors, HER2 gene amplification status and cell proliferation. The Cox model was used to determine the relationship between survival and prognostic, treatment factors.

Results: The disease-free survival rate, overall survival rate and cancer-specific survival rate were 75.8%, 80.6%, and 86.4%, respectively, at 5 years and 62.3%, 68.1%, 78.9%, respectively, at 9 years. Lung tissues were the most common metastatic site. Women with poor prognostic factors (e.g., advanced clinical stage, high tumor grade, PgR negativity, HER2 amplification, and high Ki67 index) had significantly lower survival. Postmenopausal women had significantly lower survival as compared to premenopausal women as analyzed by univariate analysis (HR=0.6, 95%CI: 0.38-0.95, p=0.029), however, these comparisons were not statistically significant when subjected to a multivariable analysis (HR=0.67, 95%CI: 0.41-1.08, p=0.1). Premenopausal women had a higher survival rate than postmenopausal patients in groups treated by endocrine therapy or chemotherapy.

Conclusions: Postmenopausal women had lower levels of survival than premenopausal women. This might be attributable to more poor prognostic factors in postmenopausal women. The cancer-specific survival in the present study was comparable to that for patients from some other Asian and Western countries.

OUTLOOKING TOWARDS SCREENING STRATEGY FOR CERVICAL CANCER

Vu Minh Thuc, Pham Van Thuc, Pham Van Linh
HaiPhong Medical School

Background and Objectives: The screening program for secondary cervical cancer prevention deployed in Vietnam as well as in many other countries with medium or low resources is actually regarded as inadequate. The present research has been conducted on the target subjects of the screening program, in combining comprehensive study on screening prevention programs for cervical cancer in Vietnam and in the world, and on professional recommendations in related area.

Methods: Evaluating competitive techniques and tests used in screening examination including gynecological exams combined with PAP smear, visual inspection with acetic acid (VIA), visual inspection with Lugol's iodine (VILI); molecular biological techniques identifying HPV in specimens collected from the surface of cervix (HPV-DNA), and Reverse Dot-Blot (RDB) techniques determining genotype of virus on HPV-positive specimens.

Results and discussion: The rate of women with HPV on specimens collected from cervical surface was 1%. Most cases with HPV were determined to bring at least one high-risk HPV (HR-HPV) type such as HPV16 (50%), HPV33 (37.5%) and HPV18 (25%). The study showed correlativeness between the results of VIA, but not of PAP test and other combining methods and tests (VILI, colposcopy, biopsy).

Conclusion: The present study provides useful information and orientation for further studies in the field as well as helps in coordinating the development of appropriate prevention strategies for cervical cancer in Vietnam.

BACKGROUND RISK OF BREAST CANCER INFLUENCES THE ASSOCIATION BETWEEN ALCOHOL CONSUMPTION AND MAMMOGRAPHIC DENSITY

*Thang Trinh¹, Sara E Christensen¹, Judith S Brandl, Jack Cuzick²,
Kamila Czene¹, Arvid Sjölander¹, Katarina Bälter¹, Per Hall¹*

*1 Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Box 281,
Stockholm 171 77, Sweden*

*2 Department of Epidemiology, Mathematics and Statistics, Cancer Research U.K., Wolfson
Institute of Preventive Medicine, Charterhouse Square, London EC1M 6BQ, U.K.*

Background: Alcohol consumption has been shown to increase the risk of breast cancer, partly through increasing mammographic density. However, a potential influence of background risk of breast cancer on the association between alcohol consumption and mammographic density has not been studied.

Research objectives: We examined whether the background risk of breast cancer influences the association between alcohol consumption and mammographic density.

Methods: We used a population-based study of 39,546 Swedish women aged 40-74 years. Alcohol consumption was assessed using a web-based self-administrated questionnaire. The novel fully automated volumetric method VolparaTM was used to measure mammographic density. Background risk of breast cancer was estimated using the Tyrer-Cuzick prediction model. Linear regression analyses were conducted to examine a potential association between alcohol consumption and mammographic density as well as effect measure modification by background breast cancer risk, menopausal status and hormone replacement therapy (HRT).

Findings: Overall, a clear positive association was seen between alcohol consumption and absolute and percent mammographic densities (P trend < 0.001). However, no association was found among women at low risk of breast cancer, but only found in women at moderate risk (P trend = 0.03) or high risk (P trend < 0.001). Light and moderate alcohol consumption (equivalent to 0.1-19.9 g/d) was associated with lower non-dense volume although no trend was found (P trend = 0.28). We only found effect measure modification by menopausal status for the association between alcohol consumption and percent dense volume (P interaction < 0.001). The association between alcohol consumption and mammographic density did not vary by HRT use (all P interaction ≥ 0.17).

Conclusions: Our results suggest that alcohol consumption may increase breast cancer risk through increasing mammographic density, particularly so in women at moderate or high risk of breast cancer.

BREAST CANCER SUBTYPES AS DEFINED BY THE ESTROGEN RECEPTOR (ER), PROGESTERONE RECEPTOR (PR) AND HUMAN GROWTH FACTOR RECEPTOR -2 (HER2)- CLINICALPATHOLOGICAL FEATURES AND OVERALL SURVIVAL IN A MULTI-ETHNIC ASIAN COUNTRY

Shridevi Subramaniam, Nirmala Bhoo-Pathy, Nur Aishah Taib, Mee Hong See, Gie Hooi Tan, Suniza Jamaris, Gwo Fuang Ho, Lai Meng Looi, Cheng Har Yip
*National Clinical Research Centre, Dermatology Block, Kuala Lumpur Hospital,
 Jalan Pahang, Kuala Lumpur, Malaysia*

Breast cancer can be divided into four subtypes based on the expression of estrogen receptor (ER), progesterone receptor (PR) and human epidermal growth factor-2 (HER2). The objective is to compare the clinic-pathological features and survival of the four subtypes of breast cancer defined by immunohistochemistry (IHC). 1957 patients with Stage 1-3 primary breast carcinomas diagnosed between Jan 2005 and 2011 were included in the study. Patients were divided into the four subtypes of breast cancer based on IHC staining of ER, PR and HER2. The clinico-pathological features between the subtypes were compared using Chi square test. Kaplan-Meier analysis was performed to estimate overall survival. Multivariable Cox regression model was used to determine the association between the different breast cancer subtypes and mortality following breast cancer adjusted for age, ethnicity, tumour size, axillary lymph nodes, tumour grade, lymphovascular invasion, type of surgery, hormone therapy, and chemotherapy. HER2 overexpressing and TNBC were associated with younger age, larger tumours and higher grade. There was no difference in five-year survival between the ER and positive HER2 negative (87.1%) and the ER and/or PR positive HER2 positive (83.1%) subtypes, and their survival was significantly better than the ER negative PR negative HER2 positive (75.1%) and TNBC (74.4%) subtypes. Only 9.5% of women with HER2 positive breast cancer had access to targeted therapy with trastuzumab. ER negative PR negative and HER2 positive breast cancer and TNBC were more likely to have adverse pathological prognostic factors and poorer survival than the ER and/or PR positive HER2 negative or positive subtypes. In low resource settings, where women with ER negative PR negative and HER2 positive breast cancer have limited access to trastuzumab, there is no difference in survival between these two subtypes. Optimal access to treatment may lead to better survival in the ER negative PR negative and HER2 positive subtype.

4. Cancer Prevention Approach

ACHIEVING CANCER CONTROL: THE IMPORTANCE OF HEALTH BEHAVIOR

Laureate Professor Rob Sanson Fisher

Newcastle University, Australia

Abstract. Achieving optimal cancer control involves difficult and often controversial decisions about where resources and effort should be allocated. Such decision making involves the consideration of where the community will achieve the best return for cancer control funding in research, clinical and public health. Changing the relevant behaviour of the community, patients and healthcare providers at a primary, secondary, and tertiary level of care will reduce the incidence of cancer while positively effecting morbidity and mortality. There is an increasing effort to ensure that best evidence practice is adopted at a clinical and public health level. There is a need to understand the potential gains, and some of the methods associated with changing behaviour if we are to achieve improved outcomes in cancer control. This presentation will provide examples of possible areas where behavioural methods can and have been used to improve cancer control in the Asia Pacific region.

MEATS MUTAGENS INTAKE AND RISKS OF CANCER

Kana Wu

Department of Nutrition, Harvard School of Public Health, US

EPIDEMIOLOGY: PAST, PRESENT, FUTURE

Takesumi Yoshimura, MD, PhD, MPH.

Professor of Fukuoka Women's University, Emeritus Professor at UOEH

Many classical epidemiologic works done by James Lind, John Snow, and Kanehiro Takaki gave great contribution to prevent infectious diseases and nutritional diseases in the past. Also, epidemiological works could clarify causal factors for one of the unreported diseases like Yusho incidence occurred in Japan, 1968.

However, we are still threatened by various health problems, such as emerging and re-emerging diseases, malignant diseases, cardiovascular diseases, various allergic diseases, and autoimmune diseases, even in high technology society with information technology, and with rapid development in the field of biotechnology. In these environment, I would like to discuss problems we faced for epidemiologic design, taking examples which I am involving now in Japan, such as radiation epidemiology, environmental epidemiology (PM 2.5) , and insulated building and health.

Then, I would like to propose that epidemiologists should work with other professionals more in order to improve our health related situations. Also, epidemiologic works should be more practice oriented and more action oriented. Best available data created by epidemiologists must be evidences for our future decisions.

**HARMFUL SMOKING PREVENTION: EFFECTIVE STRATEGY IN
CANCER PREVENTION**

Pham Quynh Nga
WHO office in Hanoi, Vietnam

CHANGING PREVALENCE OF HEPATITIS C VIRUS INFECTION IN REPUBLIC OF KOREA, 2005-2012

**Hwa Young Choi¹, Hae-Sook Shon², Jang Rak Kim³,
So Yeon Ryu⁴, Moran Ki¹,**

¹*Department of cancer control and policy, Graduate School of Cancer Science and Policy, National Cancer Center, Goyang*

²*Department of Preventive Medicine, College of Medicine, Inje University, Busan*

³*Department of Preventive Medicine, Gyeongsang National University, School of Medicine, Jinju*

⁴*Department of Preventive Medicine, Chosun University Medical School, Gwangju*

Objectives

This research compared prevalence of hepatitis C virus (HCV) infection in 16 cities and provinces in Republic of Korea to find high prevalence area.

Methods

Nationwide data from the National Health Insurance of Korea were used. The target population included patients who had received treatment for a HCV infection (ICD 10th code for B17.1 and B18.2) that was listed as the primary or secondary diagnosis. For each patient, multiple treatments were counted as one case per year in the data analysis. Patients' addresses were used for comparison by area. Denominator of prevalence was registered resident population in the end of year from 2005 to 2012.

Results

Prevalence of HCV was gradually increasing from the year of 2005 to 2012. In 2012, the prevalence of Busan, Jeonnam province and Gyeongnam province was 0.37%, 0.34%, and 0.26%, respectively; these were higher than the national prevalence of 2012 as 0.18%. Among towns in Busan, the prevalence was high in Seogu (0.97%), Junggu (0.72%), and Youngdogu (0.52%). In Jeonnam province, Jindo (1.17%), Sinan (0.84%), and Mokpo (0.60%) showed high prevalences. In Gyeongnam province, the prevalences of Namhae (1.29%), Sacheon (0.65%), and Tongyoung (0.51%) were higher than that of the other areas.

Conclusions

The prevalence of HCV consistently increased from 0.14% in 2005 to 0.18% in 2012. Busan, Jeonnam province and Gyeongnam province were identified as high risk regions; therefore, intensive interventions for HCV infection in these regions are necessary.

FACTORS ASSOCIATED WITH ORAL PRE-MALIGNANT LESIONS IN ROI-ET PROVINCE, THAILAND

*Narongrit Juntanong¹, Supannee Promthet¹, Sam Li-Sheng Chen²,
Amy Ming-Fang Yen²*

¹*Department of Epidemiology, Faculty of Public Health, Khon Kaen University,
Thailand*

²*School of Oral hygiene, Taipei Medical University, Taiwan*

The purposes of this matched case-control study were to investigate factors associated with oral pre-malignant lesions. There were 102 cases of oral pre-malignant lesions patients and 102 individual matched control, matching with sex and age from the population over 40 years of age attended the dental clinic in Roi-et hospital and network for oral pre-malignant lesions screening in Muang district, Roi-et province during the period 1 February, 2014, 30 April, 2014. Data were collected from oral examinations and by the use of questionnaires, and diagnoses were confirmed by dentists. Data analysis involved the use of descriptive statistics and inferential statistics McNemar Chi-square test or Binomial exact probability test to identify risk factors using univariate analysis and statistical analyses to identify risk factors for oral pre-malignant lesions were performed using conditional logistic regression (OR_{adj} , 95% CIs).

Results from the univariate analysis and multivariate analysis found factors associated with oral pre-malignant lesions, were betel nut chewing ($OR_{adj}= 8.81$; 95% CI: 3.17-24.45), smoking ($OR_{adj}= 7.53$; 95% CI: 2.38 23.78) and alcohol consumption ($OR_{adj}= 4.57$; 95% CI: 1.43 14.62)

The results of this study, suggests that health behaviors, betel nut chewing, smoking and alcohol consumption are factors associated with oral pre-malignant lesions in a population of Roi-et province. We should be organizing campaign to encourage people to reduce risk behavior. We should provide dental health services, including the right to prevent the occurrence of oral pre-malignant lesions. We should provide a screening program which will be a prevention of oral cancer.

5. Biomarkers of Cancers

PLASMA ISOFLAVONES CONCENTRATION AND RISK OF COLORECTAL IN TWO DIFFERENT ASIAN POPULATIONS

Kwang-Pil Ko¹, Yohwan Yeo², Ji-Hye Yoon¹, Cheong-Sik Kim³, Shinkan Tokudome⁴, Le Tran Ngoan⁵, Chihaya Koriyama⁶, Young-Khi Lim⁷, Soung-Hoon Chang⁸, Hai-Rim Shin⁹, Daehee Kang², Sue K. Park^{2,10,11}, and Keun-Young Yoo²

¹Department of Preventive Medicine, Gachon University, Incheon, Korea; ²Department of Preventive Medicine, Seoul National University College of Medicine, Seoul, Korea; ³Division of Epidemiology and Health Index, Center for Genome Science, Korea Centers for Disease Control and Prevention, Osong, Korea; ⁴National Institute of Nutrition and Health, Japan; ⁵Department of Occupational Health, Hanoi Medical University, Hanoi, Vietnam; ⁶Department of Epidemiology and Preventive Medicine, Kagoshima University, Kagoshima, Japan; ⁷Department of Radiology, Gachon University, Incheon, Korea; ⁸Department of Preventive Medicine, Konkuk University, Chungju, Korea; ⁹Noncommunicable Diseases and Health Promotion, World Health Organization Western Pacific Regional Office, Manila, Philippines; ¹⁰Seoul National University Cancer Research Institute, Seoul, Korea; ¹¹Department of Biomedical Science, Seoul National University Graduate School, Seoul, Korea;

Background: The health benefits of soy for colorectal cancer are limited and inconsistent in epidemiologic studies due to measurement error, study design, and lack of statistical power.

Objectives: To examine the association between soybean products and colon cancer risk, we measured plasma isoflavones (Genistein and Daidzein), as biomarkers of soybean products intake, in a Korean nested case-control study and in a Vietnamese case-control study.

Design: Among nested case-control subjects within the Korean Multicenter Cancer Cohort (131 cases; 393 controls) and Vietnamese hospital-based case-control subjects (183 cases; 150 controls) in replication phase, the concentrations of plasmagenistein and daidzein were measured using HPLC-MS/MS. Logistic regression models were used to compute odds ratios (ORs) and 95% confidence intervals (CIs). Pooled and meta-analyses were conducted to assess the association between plasma isoflavone and colorectal cancer in the Korean and Vietnamese data.

Results: Median levels of isoflavones in control population were significantly different in Koreans and Vietnamese. Nevertheless, there is no heterogeneity in the risk for colorectal cancer in relation to plasma isoflavone concentrations between Koreans on discovery phase and Vietnamese on replication phase ($p > 0.1$). Genistein and daidzein showed a continual decrease in colorectal cancer risk according to level up of the concentration categories (P for trend = 0.001, and < 0.001 , respectively) and a significantly decreased risk was found at high concentration of genistein and daidzein (for the highest category: OR = 0.51 95% CI = 0.33-0.79, and OR = 0.49 95% CI = 0.32-0.77 in pooled analysis). The beneficial effect of isoflavones was more prominent in women (for the highest category: total isoflavones, OR = 0.36 95% CI = 0.20-0.63 in pooled analysis) and in colon cancer (for the highest category: total isoflavones, OR = 0.38 95% CI = 0.23-0.64 in pooled analysis).

Conclusions: High plasma concentrations of isoflavones affect to reduce risk for colorectal cancer, especially in women, regardless of different ethnic background.

Keywords: Colorectal cancer, Isoflavones, Korean, Vietnamese

THE IMMUNE ENHANCED EFFECTS OF CRILIN T IN VITRO AND IN VIVO

Nguyen Van Do¹, Nguyen Thi Ngoc Tram², Phan Thu Anh¹, Phan Thi Phi Phi¹

1. Hanoi Medical University

2. Thien Duoc Company

Products of *Crinum latifolium* L. var. *crilae* Tram & Khanh, var. *n* are used in clinic to treat prostatic hypertrophy and uterine fibroid. Alkaloids and flavonoids of this plant are the main components extracted from leaf and flowers. In this study, these two main extracts are combined and named Crilin T to use *in vitro* and *in vivo* models with different doses to test the antitumor properties and the immune enhanced effects. Using flow cytometry analysis to detect the expression of CD4, CD8 and CD3 of cultured lymphocytes that isolated from both healthy donors and the patients with nasopharyngeal carcinoma. The IL-2 and TNF α expression was determined in both mRNA and protein levels *in vitro*. The effect of Crilin T is examined in nude mice BALB/c bearing a human lung cancer cells A549. The results shown that both low concentration (0.25mg/ml) and high concentration (0.5mg/ml) have immune enhanced effects as high as Levamisol by increased CD4, CD8 expression. However, the high concentration has a bit high affect than low concentration. The effect level of the Crilin T to the cultured lymphocytes of NPC is higher than those from healthy people. Both cytokines IL-2 and TNF α are high expressed in cultured supernatant and in mRNA levels with low and high concentration of Crilin T, but TNF α expression level is much higher than IL-2 level. In the nude mice model with a dose of 80 mg Crilin T/kg body weight /day for 7 consecutive days, the tumor effects in both preventive and treatment with a rate of 1/7 and 1/8, respectively, while the control group did not have any self tumor regression. In conclusion, Crilin T has an immune enhanced effects *in vitro* for both cytokine production and cultured lymphocyte functions. The effects *in vivo* are low rate, however the Crilin T may have an antitumor activity directly in nude mice.

EGFA MUTATION AMONG ADVANCED NON-SMALL CELL LUNG CANCER WITH ADENOCARCINOMA HISTOLOGYSTAGE IIIB/IV

*Nguyễn Thị Lan Anh, Mai Trọng Khoa, Đặng Văn Dương, Phạm Văn Thái, Ngô
Thùy Trang, Tạ Văn Từ, Lê Hoàng Minh, Nguyễn Hữu Lan, Trần Văn Ngọc
Hanoi Medical University*

Purposes: to compare the percentages of EGFR (Epidermal Growth Factor Receptor) mutation in the North and the South of Vietnam and to find the relation between mutation in EGFR and history of smoking; clinical aspects of advanced non-small-cell lung cancer (NSCLC) with adenocarcinoma histologystage IIIB/IV

Methods: 120 advanced NSCLS stage IIIB/IV patients in 5 hospitals: Bach Mai hospital, K hospital, Ho Chi Minh City Oncology hospital, Cho Ray hospital and Pham Ngoc Thach hospital. Scorpion Amplification Refractory Mutation System - Scorpion ARMS was used to detect mutation in EGFR. EGFR mutation frequency was calculated and compared between demographic, history of smoking; clinical aspects.

Results and discussion: EGFR mutations were found in 77 patients (62.4%) and higher in the North of Vietnam ($p < 0.05$). Mutations in EGFR were found higher in women than in men (82.1% and 58.7%; $p < 0.05$). In the NSCLC men patients, it was higher in the North of Vietnam than in the South of Vietnam (71.7% and 45.7%; $p < 0.05$). Mutation frequency was high in non-smoking patients (78.9%); and among non-smoking patients, it was higher in the South of Vietnam than in the North of Vietnam (72.1% and 41.1%; $p < 0.05$ and $p < 0.01$). The mutation frequency of LREA mutation in exon 19 and L858R mutation were highest (37.5% and 16.7%). Especially, T790M mutation in exon 20 was likely higher in the North of Vietnam than in the South of Vietnam but no significantly different

Conclusions: This is the prospective study to show the differences of EGFR mutation frequency in tumors from patients with adenocarcinoma in Vietnam. The more frequently observed high mutation frequency was seen in the North of Vietnam compared with in the South of Vietnam.

UTILIZATION OF NEXT GEN SEQUENCING TO ANALYZE ABL1 TYROSINE KINASE DOMAIN MUTATIONS IN CHRONIC MYELOGENIC LEUKEMIA PATIENTS AT NIHBT

Duong Quoc Chinh^{†}, Hoang Thi Hong^{*}, Tran Cong Hoang^{*},
Le Quang Tuong[‡], Bach Quoc Khanh[‡], Nguyen Anh Tri[‡].*

^{}Department of Cytogenetic and Molecular Biology, ^{***}National Institute of Hematology and
Blood Transfusion (NIHBT).*

*[†]Correspondence to: Duong Quoc Chinh Ph.D., Dept. of Cytogenetic and Molecular Biology,
NIHBT. Email: chinh.duong@nihbt.org.vn*

Abstract:(300 words)

Introduction: Although imatinib, as tyrosine kinase inhibitor, has been firmly established and used in frontline therapy for chronic myelogenous leukemia patients (CML), there are 33% of patients recorded to develop drug resistance in chronic phase and higher in acceleration phase. This is partially driven by mutations appeared in the tyrosine kinase domain (TKD) within the ABL1 of the BCR/ABL1 fusion gene. Here, we utilized next generation sequencing (NGS), as a new tool, for routine analyses of drug resistance CML patients.

Material and method: 54 CML patients were subjected for mutation analyses. Among those, 9 patients were newly diagnosed, others were treated with imatinib and either archived (16 patients) or did not archived (29 patients) complete hematologic and/or cytogenetic responses. RNA from bone marrow samples were extracted, cDNA synthesized, TKD gene fragment was cloned and followed by Illumina's Nextera XT DNA sample preparation protocols. Samples were sequenced using Illumina MiSeq sequencer and mutations were analyzed by MiSeq Reporter software. The sequencing result was randomly confirmed by ABI 3100 Genetic Analyzer.

Result and discussion: The sequencing runs had minimum 93% of QC30, and the filtered nucleic acid variations had read depth of above 3300. Overall, we found 43% patients carrying point mutations within TKD gene region, which is similar to data published in other studies. Nevertheless, none of the drug responsive and newly diagnosed patients found to have single nucleotide variations. Our data showed only 64% of mutations similar to data published by Soverini, 2011, and 67% mutated patients having more than one nucleic acid variation in the TKD region.

Conclusions: Mutation analysis in drug resistance CML patients can be analyzed using NGS, due to its high sensitivity, accuracy and throughput. Our study also revealed some new nucleic acid variations that needed to be further investigated for their frequency and role in CML.

GALECTIN-3 IN PRENEOPLASTIC LESIONS OF GLIOMAS

Nguyen Huy Binh^{1,2}, Kunio Satoh², Kazuhiro Kobayashi², Manabu Takamatsu², Yuichiro Hatano², Akihiro Hirata², Hiroyuki Tomita², Toshiya Kuno², Akira Hara

1. Department of Physiology, Hanoi Medical University, Hanoi, Vietnam

2. Department of Tumor Pathology, Gifu University Graduate School of Medicine, Yanagido 1-1, Gifu City, Gifu, 501-1194, Japan

Gliomas are the most common primary brain tumors in adults and have a poor prognosis. Galectin-3 is a β -galactosidase-binding lectin which is important in pre-mRNA splicing, regulation of cell proliferation, cell adhesion and apoptosis. Although galectin-3 has been shown as a glioma related marker and expression of galectin-3 has been reported to correlate with WHO grade in human gliomas, expression of galectin-3 in early neoplastic lesions such as early neoplastic proliferation (ENP) and microtumor is still far from fully understood. In the present study, expression of galectin-3 in ethylnitrosourea-induced rat gliomas including preneoplastic and neoplastic lesions was examined by immunohistochemistry for galectin-3, Iba-1 (a specific microglial cell marker), GFAP (a specific astrocyte cell marker), and conventional hematoxylin and eosin staining (for morphological observation). The results showed that exact location of ENP was detected clearly by galectin-3 immunohistochemistry whereas normal brain tissues were negative. In ENP and microtumor, galectin-3 was expressed in neoplastic astrocytic cells but rarely in microglia. In malignant glioma, however, galectin-3 was expressed in both neoplastic astrocytic cells and microglia. This suggests that galectin-3 is activated in microglia and macrophages according to the progression of glioma. Galectin-3 was not expressed in oligodendrocytic cells. Our results indicate that galectin-3 is a good specific marker indicating the early stage of gliomatumorigenesis.

A FOLATE CONJUGATED DRUG LOADED MICELLE TO REVERSE MULTIDRUG RESISTANCE IN COLORECTAL CANCER.

Le Van Minh, Liu Jian Wen

*Department of Molecular & Cellular Pharmacology, Biomedical Nanotechnology
Center, State Key
Laboratory of Bioreactor Engineering & Shanghai Key Laboratory of New Drug
Design, School of
Pharmacy, East China University of Science and Technology, Shanghai, 200237,
PR China*

Purpose : In the past few years, colorectal cancer is a common form of systemic metastasis of intraabdominal cancers. And, the multidrug resistance (MDR) has been recognized as a major cause of failure in human cancer chemotherapy. It is well known that various mechanisms are involved in drug resistance in cancer, such as drug efflux pump, extracellular matrix barrier, hypoxia and acidity-associated apoptosis and drug resistance gene and the development of tumor stem cells. Among, the classical efflux mechanism associated with the function of P-glycoprotein play a major role in the multiple drug resistance in colon cancer.

Methods : The folate-conjugated copolymers were synthesized by multistep chemical reactions and micelles were finally prepared by dialysis method. The characterizations of micelles, in vitro release accumulation and cytotoxicity of 5-FU formulations in colorectal cancer cell lines were studied. The Hoechst 3342 stain to observe apoptotic morphology, flow cytometry to analysis apoptosis, Western blot were performed to study 5-FU formulations in vitro efficacy.

Results :

The drug loading and encapsulation efficiency, micelle size and zeta-potential indicated that good characterization of nano-carriers. Cytotoxicity investigation with MTT assays indicated that folate conjugated 5-FU loaded micelles resensitized the cells approximately three times more than their folate-free counterparts in human HCT116/L-OHP cells treated with free 5-FU. Otherwise, 5-Fu loaded micelle could suppress both sensitive and resistant HCT116 or HCT8 cells effectively in a dose- and time-dependent manner. The hoechst stain, flow cytometry and western blot were indicated that that folate targeted 5-Fu loaded micelles induced higher levels of apoptosis than folate- free counterparts or free 5-FU.

Conclusion : The folate conjugated nano- micelles encapsulating 5-fluorouracil was successfully synthesized. The results revealed that this micelle could provide a potential targeted delivery of anticancer agents in order to enhance the therapeutic efficacy and reverse multidrug resistance in folate receptor-positive tumors by increase tumor target and sustained release.

PLASMA EBV-DNA CONCENTRATION PREDICTS THE RESULTS OF NASOPHARYNGEAL CARCINOMA TREATMENT.

Dao Van Tu, Tran Van Thuan

The National Cancer Institute, K Hospital

Objective: To evaluate the change in plasma EBV-DNA concentrations before and after treatment of nasopharyngeal carcinoma.

Materials and methods: Prospective observational study evaluates plasma EBV-DNA before and after the treatment of nasopharyngeal carcinoma in 34 chemo-radiotherapy-naïve patients and determines the changes of plasma EBV-DNA concentration before and after the treatment.

Results: Result of pre-treatment plasma EBV-DNA concentration yields positive in 64,7% of patients and ranges from 510 copies/ml to 335.000 copies/ml. Result of post-treatment plasma EBV-DNA reverses to negative in 85,4% of patients even though plasma EBV-DNA results are still positive in 14,6% of patients. Applying Chi square test, pre and post treatment plasma EBV-DNA concentration results are calculated to be significantly different with $Q = 24,278$ and $p < 0,0001$. In addition, the relationship between response rate and post-treatment plasma EBV-DNA concentration determined by Hazard ratio equals 2,89 (95%CI 0,9309-8,9898), resulting in an insignificant ($p = 0,0663$).

Conclusion: Plasma EBV-DNA concentration is absolutely different before and after treatment. Nevertheless, another study on large scale should be conducted to confirm the relationship between the change of Plasma EBV-DNA concentration and the response of nasopharyngeal carcinoma treatment.

Key words: Nasopharyngeal carcinoma, Epstein Barr Virus, EBV-DNA.

INITIAL ASSESSMENT OF PERCUTANEOUS RADIOFREQUENCY ABLATION TREATMENT WITH NEEDLE CHOSEN SUITABLY TO TUMOR SIZE FOR HEPATOCELLULAR CARCINOMA PATIENTS

Hang Dao Viet^{1,2}, Long Dao Van^{1,2}, Diep Luu Thi Minh² et al

1-Internal Medicine department, Hanoi Medical University

2-Gastroenterology Department, Bach Mai hospital, Hanoi, Vietnam

Background: Hepatocellular carcinoma (HCC) is a common disease in the world as well as in Vietnam. However, the treatment of this disease has many difficulties. Radiofrequency ablation (RFA) is a novel locoregional therapy to destroy tumor by heat in Vietnam.

Study subjects and method: An interventional longitudinal study on 106 HCC patients having ≤ 3 tumors with each tumor size $\leq 3\text{cm}$ or one tumor $\leq 5\text{cm}$; Child Pugh A or B. Exclusion criteria: Child Pugh C, severe coagulation disorders, severe comorbid diseases or metastases. The patients were divided into 2 groups treated only by RFA or RFA combined with Transcatheter oily Chemoembolization (TACE). The needles were chosen suitably to tumor sizes. The study was conducted in Gastroenterology department of Bach Mai hospital from November 2011 to June 2014.

Results: 106 patients was performed 320 times of RFA in which 64 were treated only by RFA, 42 patients treated RFA combined with TACE. The procedure was safe with complication rate being 1.24 % including vasovagal response, ascites, pleural effusion and hemothorax, treated well by internal medicine. Fever and abdominal pain occurred in 16.5% ablation times. After 1 months of the first RFA: 96 patients had complete and partial responses according to mRECIST criteria (90.6%), after the nearest check-up: 84 patients had complete and partial responses (79%). 39 patients (36.8%) had better clinical response with gain weight and less fatigue. During following-up, 3 patients were dead (2.8%), 15 patients had a new lesion (14.2%), 3 patients had portal vein thrombosis (2.8%), 1 patient had malignant abdominal lympho node (0.94%), 1 patient had needle seeding (0.94%). 77 patients had survival following up duration time over 18 months.

Conclusion: RFA with needle chosen suitably for tumor size guided by ultrasound is a safe technique and effective to improve the quality of life for patient.

APPLICATION OF CIG FISH TECHNIQUE TO CLASSIFY PATIENTS AS HAVING HIGH RISK MULTIPLE MYELOMA

Tran Cong Hoang^{*1}, *Duong Quoc Chinh*^{*}, *Nguyen Thi Minh Phuong*^{*},
Bach Quoc Khanh^{**}, *Nguyen Anh Tri*^{**}

**Department of Cytogenetic and Molecular Biology, **National Institute of Hematology and Blood Transfusion.*

¹*Correspondence to: Tran Cong Hoang, Dept. Cytogenetic and Molecular Biology, National Institute of Hematology and Blood Transfusion. Email: hoangtrancong@yahoo.com.vn*

Introduction: Multiple myeloma (MM) is a plasma cell malignancy characterized by skeletal destruction, renal failure, anemia, and hypercalcaemia. The risk classification based on chromosomal abnormalities is very important to make therapeutic decision. Accurate identification of high-risk patients are crucial to improve outcomes for them by using suitable therapy. Metaphase cytogenetic and FISH (Fluorescence *in situ* hybridization) technique has long been used to detect chromosomal abnormalities, but unable to distinguish the abnormal plasma cells among other hematopoietic population. This can lead to a false-negative result, especially when there is low number of plasma cells in the sample. To overcome this issue, cytoplasmic Immunoglobulin staining and FISH can be used to investigate genetic abnormalities on plasma cells

Material and methods: In this study, genetic alterations of 50 MM patients with more than 10% plasma cells in marrow blood were characterized by metaphase cytogenetic and cytoplasmic Immunoglobulin Staining with FISH (cIg FISH) techniques.

Results and discussion: The results shown that 14 % of the patients had genetic abnormalities by using metaphase cytogenetic. In contrast, with cIg FISH technique, 60% of the patients had genetic aberrations. Among them, the incidence of del(13q) was 40%, del(17p) was 26% and t(4;14) was 10%. 44% of patients were detected with single genetic abnormality. 8 out of 50 patients (16%) exhibited complex genetic abnormalities and completely related to del(13q). The incidence of t(4;14) combined with del(13q) was 60%. 13 patients had del(17p), and 38.5% of them (5/13) also contained del(13q).

Conclusions: Succeeded to apply routinely cIg FISH to classify patients as having high-risk MM in National Institute of Hematology and Blood Transfusion. In addition, this study provides initial understanding about the relationship and the incidence rate of 13q deletion, t(4;14) and the del(17p) in Vietnamese MM patients.

HIGH FREQUENCY OF EPIDERMAL GROWTH FACTOR RECEPTOR MUTATIONS IN NON-SMALL CELL LUNG CANCERS IN VIETNAM

*Ha Minh Nguyen, Thinh Huy Tran, Van Khanh Tran, Minh Hieu Ta,
Le Anh-Tuan Pham & Van Thanh Ta*

Center for Gene and Protein Research, Hanoi Medical University, Vietnam

Background: Mutations in the tyrosine kinase (TK) domain of the epidermal growth factor receptor (EGFR) gene related to the targeted therapy responsiveness in non-small cell lung cancer (NSCLC). Detection of these mutations has an important role for therapeutic decision-making in NSCLC.

Methods: 181 paraffin-embedded tumor tissues from grade IIIB/IV NSCLC patients were screened for mutations in exons 18 to 21 of EGFR gene independently by using direct sequencing and Scorpion ARMS method.

Results: Mutations in the kinase domain (exon 18 to exon 21) of the EGFR gene were identified in 106 of the 181 NSCLC specimens (58.6%). The mutations were of two common types: in-frame deletions in exon 19 (48.1%) and single missense mutations L858R in exon 21 (40.6%). 2 tumors carried 2 double mutations and 4 tumors showed 4 new mutations. The frequency of mutations detected by direct sequencing and by Scorpion ARMS method were not the same. The EGFR TK mutations were statistically significantly more frequent in never smokers than ever smokers (74.4% vs 44.2%), in female than in male (75.0% vs 45.5%) and in adenocarcinomas versus other histological subtypes (65.9% vs 20.7%).

Conclusion: EGFR TK mutations showed a high frequency in advanced NSCLC patients in Vietnam. Direct sequencing and Scorpion ARMS method could be combined to screen these mutations.

6. Occupational Cancers; Gene-Environment Interaction and Cancer

ASBESTOS USE AND ASBESTOS RELATED DISEASES IN ASIA: PAST, PRESENT, AND FUTURE

Giang Vinh Le,¹ Ken Takahashi,¹ Eun-Kee Park,¹ Vanya Delgermaa,¹ Chulho Oak,² Ahmad Munir Qureshi,³ and Syed Mohamed Aljunid³

¹*Department of Environmental Epidemiology, Institute of Industrial Ecological Sciences, University of Occupational and Environmental Health, Iseigaoka 1-1, Yahatanishiku, Kitakyushu City, Fukuoka Prefecture 807-8555, Japan*

²*Department of Internal Medicine, College of Medicine, Kosin University, Busan, 602-703, Korea*

³*United Nations University, International Institute for Global Health (UNU-IIGH), UKM Medical Center, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Kuala Lumpur, Malaysia*

Background and objective: Although there are growing concerns about the global epidemic of asbestos-related diseases (ARD), the current status of asbestos use and ARD in Asia is elusive. We conducted a descriptive analysis of available data on asbestos use

and ARD to characterize the current situation in Asia.

Methods: We used descriptive indicators of per capita asbestos use (kilograms per capita per year) and age adjusted mortality rates (AAMR, persons per million population per year) by country and for the region, with reference to the world.

Results: The proportion of global asbestos use attributed to Asia has been steadily increasing over the years from 14% (1920–1970) to 33% (1971–2000) to 64% (2001–2007). This increase has been reflected in the absolute level of per capita use across a wide range of countries. In contrast, 12 882 ARD deaths have been recorded cumulatively in Asia, which is equivalent to only 13% of the cumulative number of ARD deaths in the world during the same period. The highest AAMR were recorded in Cyprus (4.8), Israel (3.7) and Japan (3.3), all of which have banned asbestos use.

Conclusions: There is a paucity of information concerning the current situation of ARD in Asia. The marked increase in asbestos use in Asia since 1970, however, is likely to trigger a surge of ARD in the immediate decades ahead.

URINARY 1-HYDROXYPYRENE AND 8-HYDROXYDEOXYGUANOSINE LEVELS AMONG COKE-WORKERS FOR 2 CONSECUTIVE DAYS

Thi-To-Uyen Nguyen^{1,2} **Shoko Kawanami**¹ **Kazuaki Kawai**³ **Hiroshi Kasai**³
Yun Shan Li³ **Jinro Inoue**¹ **Le Tran Ngoan**⁴ **Seichi Horie**¹

¹*Department of Health Policy and Management, Institute of Occupational and Industrial Ecological Sciences, University of Occupational and Environmental Health, Japan;*

²*Department of Social Medicine, Thai Nguyen University of Medicine and Pharmacy, Vietnam;*

³*Department of Environmental Oncology, Institute of Occupational and Industrial Ecological Sciences, University of Occupational and Environmental Health, Japan;*

⁴*Department of Occupational Health, Hanoi Medical University.*

Objectives: This study evaluated the levels of exposure to polycyclic aromatic hydrocarbons (PAHs) and their relationship with oxidative DNA damage among Vietnamese coke-oven workers.

Methods: We collected urine from 36 coke-oven workers (exposed group) at the beginning (pre-shift) and end (post-shift) of the shift during 2 consecutive days. We also collected urine from 78 medical staff (control group). Information was collected by questionnaire about smoking and drinking, eating habits, and working position. Urinary 1-hydroxypyrene (1-OHP) and 8-hydroxydeoxyguanosine (8-OH-dG) were measured using HPLC. All the statistical analyses were performed by SPSS version 19.

Results: Urinary 1-OHP among coke-oven workers was significantly higher than that of the control group ($p < 0.05$). Top-oven workers had the highest levels of internal exposure to PAHs, followed by side-oven and then bottom-oven workers (5.41, 4.41 and 1.35 ng/mg creatinine, respectively at post-day2). Urinary 8-OH-dG among top- and side-oven workers at post-day2 (4.63 and 5.88 ng/mg creatinine, respectively) was significantly higher than that of the control group (3.85 ng/mg creatinine). Based on a multi-regression analysis, smoking status had a significant effect on urinary 8-OH-dG ($p = 0.049$). Urinary 1-OHP tended to have positive effect on urinary 8-OH-dG ($p = 0.070$).

Conclusions: Vietnamese coke-oven workers were exposed to PAHs during their work shift. Urinary 1-OHP exceeded the recommended limit and elevated oxidative DNA damage occurred in top- and side-oven workers on the second day of work. A tendency of positive correlation was found between urinary 1-OHP and urinary 8-OH-dG.

CALCULATION OF VALUE AND RELIABILITY OF CAPITAL QUESTION QUALITY ASSESSMENT LIFE-H & N35 FUND MANAGEMENT (VIETNAMESE)

Bui The Anh (1), Pham Tuan Canh (2).

(1): B1 tumors Faculty - ENT Hospital Central.

(2) Department of Otolaryngology - Hanoi Medical University.

Objectives: assess the reliability and value of a questionnaire assessing the quality of life of patients with cancer of the head and neck Fund Management-H & N35 (Vietnamese version) of the Organization for research and treatment of cancer European letters (EORTC).

Subjects and methods research: Questionnaire Fund Management-H & N35 Vietnamese version was used to interview 90 patients were diagnosed to be cancer, head and neck at the Hospital of Otolaryngology central time 3/2013 to 7/2013. 90 patients included three groups: 30 patients with laryngeal cancer treated not what, 30 Lower throat cancer patients not treated what, 30 patients with laryngeal cancer laryngeal dissections were full. The answers are scored according to the EORTC guidelines; the data is processed by the statistical algorithm.

Results: Questionnaire-H & N35 Fund Management Vietnamese version was demonstrated that the intrinsic reliability meet the requirements of biomedical statistics. Calculate the value of the Vietnamese version shown by the ability to distinguish cancer patients with different cancer locations and distinguish the different stages of the treatment process.

Conclusions: The questionnaire Fund Management-H & N35 Vietnamese version of the Organization for Research and treatment of cancer in Europe (EORTC) value and reliability can be applied in Vietnam as a tool to assess the quality of life of patients with head and neck cancers.

DETECTION RATES OF COLON POLYS AND ADENOMAS AMONG ASYMPTOMATIC FIRST DEGREE-RELATIVES OF COLON CANCER PATIENTS

Hamideh Salimzadeh, Alireza Delavari, Gilda Barzin, Mohammad Amani, Reza Malekzadeh

Digestive Oncology Research Center, Digestive Disease
Research Institute, Shariati Hospital, Tehran University of Medical Sciences,
Tehran, Iran

Introduction: There is scant data on screening colonoscopy and the detection rates of polyps and adenomas among first-degree relatives of colon cancer patients. In this study we aimed to measure polyp and adenoma detection rates (PDR and ADR) in first-degree relatives of patients registered with colorectal cancer in cancer registry system.

Methods: This prospective study was conducted on 220 first-degree relatives of index cases of colon cancer between 2009 and 2010. Demographics, colonoscopy findings as well as pathology data were collected.

Results: Cecal intubation was successful in 98.0% of patients. The quality of bowel preparation was fair to excellent in 90.0% of procedures. The PDR and ADR were 31.00%, and 25.00%, respectively. The detection rate of advanced adenomas was 14.00%. The ADR was significantly higher in males than in females (33.0% vs. 17.1%, $p = 0.010$). Older age was a significant predictor, which associated significantly with the presence of adenomas ($p=0.011$).

Conclusion: The overall high detection rates of polyps and adenomas among first-degree relatives of colon cancer patients, highlights the significance of early detection and performing screening for this high risk group.

UPDATE ON NEW TECHNIQUES FOR EARLY DETECTION OF LUNG CANCER

Ngô Quý Châu, Phan Thu Phương
Hanoi Medical University

Lung cancer is a global public health concern, the average five year lung cancer survival rate is very rare. Cancer of the lung is the leading cause of cancer death in both women and men. The resurgence of interest in lung cancer screening and the application of new techniques for the management of early cancer have raised various issues regarding this global epidemic. The use of biomolecular markers, auto fluorescence bronchoscopy, low-dose spiral and high-resolution computed tomography, end bronchial ultrasonography, confocal micro-endoscopy, positron emission tomography may provide new modalities with which to manage lung cancer at the earliest stage possible. New hopes arise that the combined use of more accurate and minimally invasive diagnostic may justify screening and reduce mortality. More individuals may also benefit. The cost-effectiveness of lung cancer screening will strongly depend on the proper selection of the target population and the optimal application of these new techniques. Despite epidemiological controversy regarding lung cancer screening, the feasibility to define more precisely who are at risk and the use of techniques may preserve quality of life and improve the survival of many lung cancer patients.

MULTIDISCIPLINARY COLLABORATIVE APPROACH FOR LUNG CANCER PATIENTS AT CANCER CENTER - CHO RAY HOSPITAL

Le Tuan Anh

Oncology Centre, Cho Ray Hospital

Introduction: Lung cancer was one of the most common cancers and caused high mortality in Vietnam and worldwide. Many advances in diagnosis and treatment for this disease were seen recently. The problem is how to get an efficient multidisciplinary collaboration to optimize the survival benefit for lung cancer patients.

Objectives: Assessment for clinical characteristics and multidisciplinary collaborative approach for lung cancer patients at Cancer Center - Cho Ray Hospital.

Methods: Cross-sectional retrospective study.

Results: Of the 1158 patients treated at Cho Ray Cancer Center from 01.01.2009 to 31.12.2011, there were 821 men (70.9%) and 337 women (29.1%). The ratio of male/female was 4/1. The median age was 56, mostly in age group of 50-59. The most common pathological type was adenocarcinoma (64.3%). The TNM staging in the order of I, II, III, IV stages were 2.2%, 8.7%, 38.8%, 50.3% in respectively. Common sites of metastases were brain (40%) and liver (21.8%). For treatment, the proportion of multimodality treatments was 33.2%, palliative care treatment only occupied 4.6%. The proportion of patients treated with curative aim was 29.6%.

Conclusions: Most patients with lung cancer were diagnosed at advanced stages in Cho Ray hospital. However, the proportion of patients treated by combining multimodality was encouraging.

Keywords: lung cancer, adenocarcinoma, curative treatment, multidisciplinary collaborative approach.

PREVALENCE AND ASSOCIATES OF ANXIETY AND DEPRESSION IN VIETNAMESE RADIOTHERAPY CANCER PATIENTS

Alix Hall¹, Nguyen Minh Sang², Tran Thi Thanh Huong³,
Rob Sanson-Fisher¹, Mariko Carey¹, Lisa Mackenzie¹

1. Priority Research Centre for Health Behaviour

Faculty of Health

The University of Newcastle & Hunter Medical Research Institute

Callaghan, NSW, Australia 2308

2. Center for Researcher and Training on HIV/AIDS

Hanoi Medical University, Vietnam.

3. Department of Ethics and Social Medicine

Hanoi Medical University, Vietnam.

Background: Understanding the prevalence and characteristics associated with cancer patients experiencing symptoms of anxiety and/or depression will help identify the need for psychosocial support in Vietnam.

Research objectives: (1) Identify the percentage of Vietnamese radiotherapy cancer patients classified as experiencing above normal levels of anxiety and depression; and (2) identify characteristics associated with patients reporting such symptoms.

Method: A cross-sectional study was undertaken with adult (aged ≥ 20 years) radiotherapy cancer patients from the National Cancer Hospital in Hanoi, Vietnam. Patients completed a standardised interview survey, which included the Vietnamese version of the Hospital Anxiety and Depression Scale (HADS). The HADS contains seven items assessing anxiety and seven items assessing depression. Scores for both anxiety and depression range from 0 to 21. In the English version scores below 8 are classified as normal levels of anxiety and depression.

Preliminary results: 319 eligible patients were approached of which 300 consented to take part (consent rate=94%) and 291 patients completed the HADS. Of these 79 (27%) were classified as experiencing above normal levels of anxiety; 186 (64%) were classified as experiencing above normal levels of depression; and 68 (23%) were classified as experiencing above normal levels of both anxiety and depression. Of the characteristics assessed sex was identified as being associated with patients reporting above normal levels of anxiety and also for patients reporting above normal levels of both anxiety and depression together; with females reporting significantly higher odds than males. None of the characteristics assessed were found to be significantly associated with patients reporting above normal levels of depression.

Conclusions: A substantial proportion of Vietnamese radiotherapy cancer patients may require additional screening and support for dealing with symptoms of anxiety and depression. Female patients may be at higher risk of experiencing such psychosocial concerns.

COLON CANCER AWARENESS AND SCREENING BEHAVIOR AMONG AVERAGE RISK POPULATION

Salimzadeh H, Delavari A, Eftekhar Hasan, Montazeri A, Malekzadeh R
Tehran University of Medical Sciences, Iran

Background:

Colorectal cancer (CRC) is the third most common malignancy in Iran. Limited data are available on knowledge and barriers in regard to CRC and screening tests in Iran. The aim of the study was to measure CRC awareness, and screening barriers among average-risk population, in Tehran.

Methods:

This cross-sectional study was conducted with participation of 500 males and females aged 50-75 yrs. who were member of health houses in municipal district 6 in Tehran. Data were collected by face-to-face interviews using a structured questionnaire containing demographics; awareness about CRC and screening tests; screening practice; and reasons for not being screened.

Results:

The mean age was 59.0 (\pm 5.13) ranging from 50 to 75 years; 65% were female. A considerable number of respondents stated that they had never heard about fecal occult blood test (78%) and colonoscopy (71%) as CRC screening tests. In general, participants were more likely to respond the knowledge items inaccurately. More than 85% of the respondents were not able to recognize the correct answers. Overall, 93% of respondents had never been tested for CRC, whereas 7% reported undergoing screening tests.

Conclusion:

Our findings indicated that lack of knowledge about CRC and screening tests exist among Iranians.

CLINICAL FEATURES OF PANCREATIC TUMORS IN IRAN, A SINGLE CENTER EXPERIENCE.

Akram Pourshams MD , Ashraf Mohamadkhani PhD

Digestive Disease Research Institute, Shariati Hospital, Tehran University of Medical Sciences

Background and Aim: Pancreatic tumors (PT) are not among the top ten commonest cancers of Iran, but it is increasing. We aimed to study dietary risk factors, epidemiologic features, and survival of Iranian PT cases in the Digestive Oncology Research center, Shariati Hospital, Tehran University of Medical Sciences, Iran, using a prospective case-control design.

Methods: Cases and controls were from patients who were referred to the center between Jan 2011 to Mar 2014. We recruited 307 pancreatic adenocarcinoma (PC), 44 functional pancreatic neuroendocrine tumors (PNETs) mostly insulinoma(42) , 28 non-functional PNETs, as well as 322 controls .

Results: Mean (SD) age of PC and PNETs cases were 64.8 ± 11.4 and 53.5 ± 9 years respectively. About 58.6% of PC and 51.8 % of PNETs cases were male. High consumption of red meat were associated with an increased risk of PC (OR= 2.36; 95% CI: 1.24-4.18). More fish and vegetable consumption were associated with lower risk of PC. The median overall survival was 6.3 months for PC and 32.4 months for PNET. Only 5% of PC cases but 87% of the insulinoma cases and 46% of non-functional PNETs cases had curative surgery. PT cases with pancreatic mass ≤ 3 cm, and surgically respectable tumor had longer survival.

Conclusion: PT cases usually presents at an advanced stage in Iran, generally with an unsatisfactory outcome.

Key words: pancreatic neoplasm , survival.

7. Cancer Registration and Cancer Surveillance

TIME TRENDS OF CANCER INCIDENCE IN VIETNAM, 1993-2007

Duong Anh Vuong¹, Marcial Velasco – Garrido,

Truong Lai Duc, Reinhard Busse

¹ Ministry of Health, Vietnam

Purpose: There is a lack of an overview of overall and site-specific cancer incidence time trends in Vietnam, especially for the period after the year 2000. This paper aims at describing the development of cancer incidence for some cancer sites during 1993-2007.

Methods: The Age Standardized Rate (ASR) of cancer incidence data from population based cancer registries of Hanoi, HoChiMinh and CanTho cities were used to analyze temporary trends of cancer incidence by site, age and sex group.

Results: The ASR of cancer incidence increased from 151.1/10⁵ in the period 1993-1998 to 160.0/10⁵ in the period 2006-2007 for males and from 106.8/10⁵ to 143.9/10⁵ for female. By age, the highest ASR was found in the group of 75+ years in males and between 70-74 years in females, with ASR of 1,109/10⁵ and 619/10⁵, respectively (2006-2007). Lung remains the most frequent site, followed by stomach and liver in males. In females, the most commonly affected site has shifted from cervix uteri in 1993-1998 to breast in recent years, followed by stomach and lung. Increasing trends were observed in incidences in general have continuously increased during 1993-2007. More efforts should be concentrated on developing and implementing tobacco-related cancer prevention intervention.

POPULATION BASED REGISTRATION OF CANCERS IN CANTHO CITY DURING 7 YEARS: 2005 - 2011

**Huynh Quyet Thang, Ho Long Hien, Vo Van Kha,
Le Quoc Chanh, Nguyễn Văn Qui, Cao Minh Chu.**
Can Tho Oncology Hospital

Background: Cancer is one of the most devastating diseases not only in the developed countries but also becomes an important health problem in the developing countries. As in worldwide, cancer registry, in Viet Nam, is the unique source supplying data for evaluating the cancer burden in order to establish the strategy of cancer control and management.

Purpose of study: We carry out the study of the second step of population based cancer registration in Can Tho city during 07 years from 2005 to 2011 in order to participate to the national cancer registration programme in order to present the particularities of malignant diseases of the typical region of Mekong Delta river and to participate to the establishment of for the national strategy for cancer control and management.

Materials and Methods: 14372 cases of cancer were registered during the period of 7 years from Jan. 2005 to Dec. 2011, among which 6484 males (45.1%) and 7888 females (54.9%). Data were analysed in using the soft ware of CANREG version 4. The CR (Crude Rate) and ASR (Age Standardized Rate) of cancers as well as of each kind of the most common cancers will be created in order to describe the epidemiological situation of malignant diseases of the region.

Results : 10 most common cancers were: colorectum, breast, liver, cervix uteri, lung, stomach, skin, leukemia ovary and non hodgkin lymphoma (NHL). 10 most common cancers among males, includes: Liver (CR 14.5; ASR 20.8); Colo-rectum (CR 12.1; ASR 16.3); Lung-brochi (CR 9.9; ASR 13.9); Stomach (CR9.7; ASR 14.2); Skin (CR4.5; ASR 6.3); Leukemia (CR 4; ASR 4.7); LNH (CR3.4; ASR 4.4); Prostate (CR2.8; ASR 4.2); NPC (CR2.8; ASR 3.1) and Penile cancer (CR 2.2; ASR 2.7). 10 most common cancers among females : Breast (CR 21.7, ASR 22.5); Cervix Uteri (CR 17.1; ASR 19); Colo-rectum (CR 10.8; ASR 12.2); Liver (CR6.5; ASR 7.6); Ovary (CR 6.1; ASR 6.2); Skin (CR 5.6; ASR 6.3); Lung-bronchi (CR 5.5; ASR 6.4); Thyroid gland (CR 5.5; ASR 5.4); Stomach (CR 4.4; ASR 5.1); Leukemia (CR 3.0; ASR 3.3).

Conclusions : These are useful data for participating into the program of National Cancer Control and setting a strategy of cancer control and management of Can Tho city.

CANCER MORTALITY IN THAINGUYEN PROVINCE, 2005-2007

Chu Hong Thang¹, Le Tran Ngoan²

¹ Thai Nguyen Health Department

² Hanoi Medical University

Objectives: To describe cancer mortality by ICD-10 and sex in general population of Thai Nguyen province, 2005-2008.

Methods: Data was collected by two steps: Firstly cancer mortality was reported by the head of commune health stations in using the validated form of “Mortality registration” and secondly by household survey to interview family member as caregiver to the patient before deceased event. Age-standardized mortality rate per 100,000 was estimated in using the World population structure.

Results: Three cancer sites of lung, liver and stomach were responsible for 72.8% of male and 50.4% of female cancer. Age-standardized mortality rate per 100,000 was 177.7 in males and 70.6 in females.

Conclusions: Cancer mortality was a serious problem in both males and females with male to female ration was 2.5.

CANCER MORTALITY IN LAO PDR, 2007-2008

*Nguyen Thi Lua¹, Le Tran Ngoan¹, Boungnong Boup²,
Latsamy Sengsounthone², Suminori Akiba³*

¹Hanoi Medical University, ²National Institute of Public Health, Lao PDR,

³Kagoshima University, Japan

Background: Lao PDR is a landlocked country and populated 5,920,000 inhabitants. The aim of the present study was to population-based study on cancer mortality in 2007-08.

Methods: Descriptive cancer epidemiology was designed for the present study. Data collection form and using guideline of both demographic data and list of all deaths during 2007-08 were prepared to collect from all 757 local Health Centers within 141 districts of 17 provinces/cities. Five indicators included name, age, sex, date of death and the cause of death was collected for each case of death. Cancer case was coded following ICD-10.

Results: There were 448 cancers reported. Cancer mortality rates per 100,000 of all sites (ASR) were 116.7 and 97.2 per 100,000 in males and females, respectively. Five most common cancers in males were liver (52.2); followed by colorectal (19.0); lung (17.3); stomach (6.9); and leukemia-lymphoma (7.2). Seven most common cancers in females were liver (28.4); followed by colorectal (19.0); lung (14.0); cervical uteri (9.2); stomach (7.1); leukemia-lymphoma (7.1); and breast (5.3).

Conclusions: We found a specific features of colorectal cancer mortality with ratio of male to female = 1 that should be a significant concern in less-developed countries in the Lao PDR.

BREAST CANCER TRENDS AMONG ASIAN, ASIAN AMERICAN, AND AMERICAN

Mai Thi Ha, Clem Carlos, Moran Ki,

Department of Cancer Control and Policy, Graduate School of Cancer Science and Policy, National Cancer Center, Goyang, Korea.

Correspondence: Moran Ki, MD, PhD; E-mail moranki@naver.com

Purpose: To provide an overview of breast cancer incidence in Asian, Asian American, and American.

Method: We compared the incidence among countries by using the data from GLOBOCAN 2012, and Cancer Incidence in Five Continents, WHO.

Result: The incidence of breast cancer in Asian countries was lower than the Asian American and American. In 2012, the incidences of the Philippines (47.0/100,000), Japan (51.5/100,000), China (22.1/100,000), and Korea (52.1/100,000) were lower than the immigrants respectively. Immigrants in LA from Asian countries were higher than those of the original countries but lower than the incidence of Non-Hispanic White in LA (104.6/100,000); the incidences per 100,000 persons of immigrants in LA were 99.7 for Filipino, 80.6 for Japanese, 65.8 for Chinese and 63.9 for Korean in 2007. The breast cancer incidences are increasing in Asian and Asian American by the year. The incidence in Non-Hispanic White in LA is decreasing by year but it is still the highest.

Conclusion: The incidences of immigrants from the Asian countries (such as Philippines, Japan, China and Korea) in LA were lower than that of the Non-Hispanic White in LA, but higher than that of the original Asian countries. Moreover, the incidences of immigrants were increasing by the year; the differences between American and Asian American were getting smaller. To prevent the higher incidence of breast cancer of the immigrants, appropriate interventions are necessary.

BURDEN OF BREAST CANCER ON HANOI, VIETNAM: DATA FROM 10 YEARS

Vuong Anh Duong², Tran Viet Anh¹,
 Nguyen Thi Bach Yen¹, Tran Van Thuan³, Tran Thi Thanh Huong¹

¹ Hanoi Medical University

² Ministry of Health, Vietnam

³ National Cancer Institute, K Hospital, Vietnam

Introduction

In Vietnam, breast cancer now represents one of the most common health problem and is the primary cause of death among women. There are many studies on breast cancer however, most of them focused on either epidemiology or clinical aspects of the disease, its disease burden has not known yet. Using the disability adjusted life year (DALY) as a measurement unit, this study is aimed at quantifying burden of breast cancer among woman in Hanoi for 10 years, from 2001-2010

Method: Employing Global Burden of Disease (GBD) methodology using the DISMOD procedure, DALY was estimated by combining in a single indicator "*years of life lived with disabilities (YLD)*" and "*years of life lost from premature death (YLL)*". The data on age, breast cancer incidence and mortality for the years 2001-2010 relating to woman in Hanoi, expectation of life were collected from center of cancer registration in Hanoi were utilized for the computations.

Results: With the mortality rates of 2.10 (range 0.6 - 6.40) (per 10⁵) and the incidence rates of 52.8 range (15.4 - 210.5) (per 10⁵) of breast cancer, total DALY lost due to breast cancer among woman in Hanoi was found for 10 years is 91,372.7. We found the DALY method employed was appropriate to quantify the burden of disease. Thereby, it would provide a rational base to plan a national health policy regarding the burden of disease caused not only by breast cancer but also for other cancers in Vietnam.

Key word: DALY, breast cancer, Hanoi,

COST OF TREATMENT FOR LUNG CANCER IN HANOI

*Nguyen Thi Bach Yen¹, Vuong Anh Duong²,
Tran Van Thuan³, Tran Thi Thanh Huong¹, Nguyen Thi Le Quyen¹*

¹ Hanoi Medical University, Hanoi, Viet Nam.

²Ministry of Health, Hanoi, Viet Nam

³ National Cancer Institute, Vietnam

Objectives

The objective of this analysis was to estimate direct medical cost of treatment for patients suffering from lung cancer in Hanoi.

Methods:

We selected all patients who had received a diagnosis of lung cancer between 2008 and 2010. Patients were identified from the Hanoi Cancer Registry. Using Retrospective patient-level data from medical records at the National Cancer Hospital, we determined costs of chemotherapy, radiotherapy, cancer-related surgery and other admissions to hospital from the health care payers' perspective. All costs were adjusted to 2010 US Dollar.

Results

Of 440 patients, the average of treatment duration was 51.1 days/patient (95%CI= 45.8 - 56.4). The total direct medical cost of a treatment course was \$460.4/patient (95%CI= 387.3. - 535). 26.2% of the total cost was out-of-pocket payment, and out-of-pocket payment in group of patient without health insurance was 1.5 times higher than in other one. Drug and high technical services for treatment accounted for the largest portion of total costs. Being patient at later stage increased the total cost.

Conclusion

Earlier stage of treatment could reduce the financial burden. Understanding distribution of health care costs can help policy-makers to achieve high-performing health care system.

Key words: *lung cancer, cost, financial burden, Vietnam.*

TRENDS OF LIVER CANCER AND ITS MAIN RISK FACTORS IN KOREA

Eun-young Lee, Tran Thi Xuan Mai, Moran Ki

*Department of Cancer Control and Policy, Graduate School of Cancer Science and Policy,
National Cancer Center, Republic of Korea*

Correspondence: Moran Ki, MD, PhD E-mail moranki@naver.com

Objectives

To understand the great difference by gender in incidence of liver cancer in Korea, one of the countries of high incidence of liver cancer, the trends of main three risk factors, hepatitis B surface antigen (HBsAg), hepatitis C virus (HCV) infection, and alcoholic liver cirrhosis were observed.

Methods

Incidence of liver cancer was obtained from Cancer Registration Statistics in National Cancer Center of Korea. HBsAg seropositivity was based on Korea National Health and Nutrition Examination Survey in 2011. For HCV infection and alcoholic cirrhosis, we used disease statistics from Health Insurance Review and Assessment Service, Korea. The prevalences of these risk factors were observed and compared with the incidence of liver cancer.

Results

In the incidence of liver cancer, male continuously showed 3 to 4 times higher level than female from 1999 to 2011. Age-standardized incidence rate per 100,000 in 2011 was 35.6 and 10.3 for male and female, respectively. By age the gap increased with age increasing and male in 50s showed 5 times higher incidence than female in 50s. HBsAg seropositivity decreased generally from 1998 to 2011, the prevalence of HCV was 96.2 and 90.3 per 100,000 persons in female and male, respectively in 2013. The prevalence of HCV from 2009 to 2013 showed no significant difference.

Regarding alcoholic liver cirrhosis, the annual average prevalence from 2009 to 2013 was 77.22 and 8.90 per 100,000 persons in male and female, respectively; the prevalence of male was average 8.7 times higher than that of female. By age male prevalence rapidly increased with age increasing. Male in 60s peaked with 19.2 times higher prevalence than female in 60s.

Conclusion

Regarding the male's high incidence of liver cancer in Korea, this research found that alcoholic liver cirrhosis, one of its main risk factors, shared similarity in its remarkable difference by gender. To decrease the male's high incidence of liver cancer, efforts to limit harmful use of alcohol would be effective.

MINUTE OF THE APOCP GENERAL ASSAMBLY CONFERENCE

Minute of the 7th General Assembly Conference of the APOCP - 2014

(March 22nd, 2014 at Academia Sinica, Taipei, Taiwan)

Opening Ceremony / Welcome Dinner

Dr. Chien-Jen Chen, the President of the APOCP, announced the meeting open at 9:00 AM, March 21st 2014, followed by a congratulatory remark from Honorary President Dr. Kazuo Tajima. A keynote speech has been delivered by Dr. Chi-Huey Wong from the Academia Sinica.

The Young Investigator Awards for 10 participants and the Best Poster Awards for 10 attendants have been given during the Welcome Reception, Mar. 21st, 2014.

General Report (The Secretary General, Dr. Keun-Young Yoo)

Founding Conference (2000) in Pattaya (S. Deerasamee)

General Assembly Meeting

1 st (2002) in Nagoya	(K. Aoki / K. Tajima)
2 nd (2004) in Seoul	(Y.O. Ahn / K.Y. Yoo)
3 rd (2006) in Bangkok	(K. Thiravud / S. Petcharin)
4 th (2008) in Beijing	(Z. Ping / Y. Qiao)
5 th (2010) in Istanbul	(M. Tuncer / N. Ozgul)
6 th (2012) in Kuching	(C.H. Yip / YM Kong)
7 th (2014) in Taipei	(C.J. Chen / S.L. You)

Regional meetings

1 st (2003) in Izumir, Turkey	(G. Aydemir)
2 nd (2004) in Khon Kaen, Thailand	(V. Bhuddhisawasdi)
3 rd (2005) in Rasht, Iran	(F.M. Ghanaei)
4 th (2006) in Nagoya, Japan	(S. Tokudome)
5 th (2011) in NCC-Korea, Goyang	(K.Y. Yoo)
6 th (2013) in Pattaya	(M. Moore)

Asian Pacific Journal of Cancer Prevention

Volume 1-15 (edited by M. Moore)

Semimonthly publication, rejection rate of 80%

Supplements for the 5th APOCP-GA, the 5th APOCP-RC, ICC4)

Report of the 7th General Assembly Conference (Taipei, Taiwan)

1 keynote speech / 92 invited speeches

53 oral presentations / 152 poster presentations

16 Symposia / 1 Forum (NCPC)
68 Speakers (8 EC members)

7 Free paper session / 14 Poster session
2 Pre-congress W/S
10 YI awards / 10 BP awards

458 registered / 205 abstracts
23 countries / 581 participants

Taiwan(442) China(26) Thailand(21) US(20) Korea(15) Japan(10)
Malaysia(8) India(8) Australia(4) UK(4) Turkey(4) Indonesia(4)
Bangladesh(2) Iran(2) Mongolia(2) Kazakhstan(2) Singapore(2)
Canada(1) Egypt(1) Lithuania(1)

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(March 21st, 2014) (The Secretary General, Dr. Keun-Young Yoo)

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Maqsood Siddigi	India
(Le Thi Huong)	Vietnam
Nurbek Igissinov	Central Asia
David Roder	Australia

Meeting Report of the General Assembly of the APOCP
(April 27th, 2012) (The Secretary General, Dr. Keun-Young Yoo)

Office for APOCP/APJCP

Office for Secretary-General: National Cancer Center of Korea
Office for the APJCP: NCC-Korea, Bangkok, Nanjing

Election of the Officials for 2014-2016

The President of the 8th GA conference: Dr. Jeff-Dunn (Australia)
 The Secretary-General of the APOCP: Dr. Keun-Young Yoo (Korea)
 The Editor-in-Chief of the APJCP: Dr. Malcolm Moore (UK)

Agenda of Forthcoming Conferences

The 8th APOCP GA conference

President: Dr. Jeff Dunn (Australia)
 Venue: Brisbane, Australia
 Date: April 14th – 16th, 2016

The 9th APOCP GA conference

President-elect: Dr. Keun-Young Yoo (Korea)
 Venue: (to be announced), Korea
 Date: (to be announced), 2018

The 7th APOCP Regional conference

President: Dr. Le Tran Ngoan (Hanoi Medical University, Vietnam)
 Venue: Hanoi, Vietnam
 Date: Nov. 1st – 4th, 2014

The 8th APOCP Regional conference

President: Dr. Young-Joon Surh (Seoul National University, Korea)
 Venue: Seoul, Korea
 Date: Dec., 2015

Executive Committee of the APOCP for 2014-2016

Honorary President	Kazuo Tajima	Nagoya, Japan (2002)
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	Weerawut Imsamran	Bangkok, Thailand (2006)
	Youlin Qiao	Beijing, China (2008)
	Murat Gultekin	Istanbul, Turkey (2010)
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	Chien-Jen Chen	Taipei, Taiwan (2014)
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Le Tran Ngoan	Vietnam
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Guledal Boztas	Turkey
Nurbek Igissinov	Central Asia
MA Kayani	Pakistan (invited)
David Roder	Australia

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 Nor Hayati Othman, Kelantan / Supanee Promthet, Khon Kaen
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Wanqing Chen, Beijing / Chang-Ming Gao, Nanjing
 Qian Liu, Tianjin

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**CONSTITUTION OF THE ASIAN PACIFIC
ORGANIZATION FOR CANCER PREVENTION (IV)**
(amended in April 5th, 2010)

ARTICLE I - ORGANIZATIONAL STATUS AND HEADQUARTERS

1. The name of the organization shall be the Asian Pacific Organization for Cancer Prevention (hereinafter called the APOCP).
2. The APOCP is a non-political and non-profit organization duly organized and existing under and by virtue of the collaborative and co-operative participation of scientists in the Asian Pacific region countries, engaged in the common effort to prevent cancer development.
3. The objective of the APOCP is to promote all aspects of cancer prevention in the Asian Pacific region countries and collaborate with other organization for this purpose.

ARTICLE II - ACTIVITIES

1. Publish the official journal, the Asian Pacific Journal of Cancer Prevention (APJCP), quarterly in the first instance.
2. Facilitate in the exchange of scientists and other workers in the field of cancer prevention between Asian Pacific region countries.
3. Assist in the sharing of information and collaboration by APOCP members.
4. Act as a publisher of books and other means of information transfer in areas relevant to cancer prevention and fellowship across the Asian Pacific region.
5. Coordinate establishment of subsidiary branches which will be responsible for organizing meetings to discuss particular problems and promote collaborative research in their areas.

Branch of Cancer Registration / Information

Branch of Cancer Epidemiology and Prevention / Nutrition

Branch of Cancer Education / Training

Branch of Cancer Screening and Intervention

Branch of Cancer Toxicological Pathology / Clinical Research

6. Organize training courses in response to the proposals of the member scientists.

ARTICLE III - MEMBERSHIP

1. FULL INDIVIDUAL or RESEARCH GROUP MEMBERSHIP shall be open to bonafide workers/research groups active in any area of cancer prevention in the countries of the Asian Pacific region. Full individual members will receive one and research group members two copies of each APJCP volume or supplement, one for distribution to their University/Research Institute library.
2. ASSOCIATE INDIVIDUAL or RESEARCH GROUP MEMBERSHIP shall be open to bonafide workers/research groups active in any area of cancer prevention in the countries outside of the Asian Pacific region. Associate individual members will receive one and research group members two copies of each APJCP volume or supplement, one for distribution to their University/Research Institute library.
3. INDUSTRIAL MEMBERSHIP shall be open to commercial enterprises engaged in providing services or manufactures for use in any aspect of cancer prevention in the Asian Pacific region.
4. AFFILIATE MEMBERSHIP shall be open to organizations publishing journals in the cancer prevention area, with a view to exchange of publications and advertising opportunities.

ARTICLE IV -THE GENERAL ASSEMBLY

1. The General Assembly shall be the supreme governing body. It will define the general policy of the APOCP and shall convene during the biennial APOCP general conference for this purpose.
2. The General Assembly shall be open to all full individual research group members. Exercise of voting can only be on the basis of attendance and not proxy, with one vote for each Full Individual and two for each Research Group member.
3. The President of the conference shall provide facilities in the program for the biennial meeting of the General Assembly. The Executive Committee, together with the Organizers of the conference, shall specify the time and the place.
4. The voting procedure of the General Assembly shall be as follows:
 - a. The General Assembly shall elect or reelect the following:
 - (i) The President for the next conference
 - (ii) The Secretary-General (Two year period, re-election possible)
 - (iii) Country (Regional) chairpersons for individual countries
 - b. Responses to proposals put forward by full individual and research group members

ARTICLE V - THE EXECUTIVE COMMITTEE OF THE APOCP

1. The Executive Committee shall conduct the affairs of the APOCP in accordance with the policies determined by the General Assembly. It shall maintain a secretariat in the APOCP Training Centre and shall have the power to appoint technical and such other committees as may be required.
2. The voting Executive Committee shall be composed of members as follows:
 - a. The President
 - b. The Secretary-General
 - c. Chief Editor of the APJCP
 - d. Regional Chairperson (One each APOCP Country Organization of 20 members, one additional for each extra 50 members)
3. In addition to the executive Committee, Honorary Advisors will be invited to attend each executive committee meeting by their own expense. They will also be entitled to vote. Non-voting representatives from IARC, UICC and WHO will be welcome to attend, along with Ministry of Health Officials from countries of the Asian Pacific region.

ARTICLE VI- CHAIRMAN OF THE EXECUTIVE COMMITTEE/APOCP

The Chairperson of the Executive Committee shall be a volunteer with the following responsibilities:

1. Preside at all meetings of the Committee
2. Preside at any meetings of the General Assembly in the absence of the President

ARTICLE VII - FINANCES

1. The Finance Committee shall be composed of the President, the Chairperson and the Cooperation Director and Distribution members for individual countries. They shall serve for two-year period if willing and able, and shall be eligible for re-election.
2. The expenses of the APOCP shall be met by the annual dues of the members, by grants and donations, and by revenue generated by the APOCP Training Centre.
3. Members shall be responsible for payment of annual dues as required by the General Assembly.
4. The Finance Committee shall be charged with the task of:
 - a. Fund-raising in member countries and determining the financial needs of the APOCP.

- b. Custody of funds, securities and other effects of the APOCP which come into its possession from time to time.
- c. Over-seeing, accounting and auditing of the financial matters and making recommendations to the Executive Committee thereon.
- d. Seeking contributions and donations from member organizations, corporations, individuals and non-member-organizations. However, such activities by the Finance Committee shall not be initiated without the approval of the General Assembly.
- e. Submitting a complete yearly report of the financial status to the General Assembly

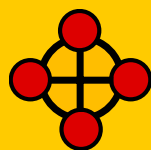
ARTICLE VIII - AMENDMENTS TO THE CONSTITUTION

- 1. The Constitution may be amended at the General Assembly on a majority vote after due discussion of proposals put forward by Full Individual or Research Group members.
- 2. Emergency meetings of the general Assembly may be held with 60 days notice given to all Full members.

ARTICLE X - RELATIONS

- 1. With the exception of powers delegated by the General Assembly to individuals, instruments should be valid only if signed by the President, the Chairperson and the Cooperation Director of the Executive Committee.
- 2. The APOCP shall not be committed and instruments executed on its behalf will not be valid without the relevant signatures.
- 3. Members and officials of the APOCP shall incur no personal liability in respect of the commitments of the APOCP/APJCP/APOCP Training Centre.

ASIAN PACIFIC JOURNAL OF CANCER PREVENTION



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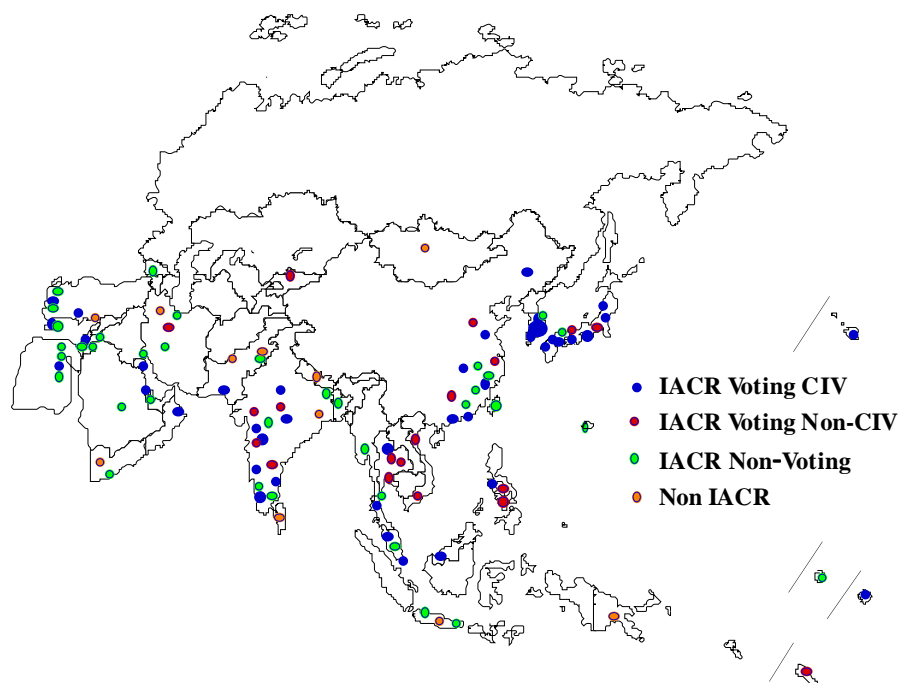


asian cancer control

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Central Asia
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Japan
Korea
South Asia
South-East Asia
Western Asia

Cancer Epidemiology in Asia and the Pacific Islands - Past, Present and Future



Central Roles for Cancer Registration

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Clinical Treatment Education
Epidemiology Intervention Palliation
Screening Toxicological Pathology

<http://www.apocp.org>

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APJCP Chief Editor

Malcolm A Moore
APJCP Editorial Office,
UICC Asia Regional Office
apocpcontrol@yahoo.com

APOCP Secretary-General

Keun-Young Yoo
Department of Preventive Medicine,
Seoul National University, Korea
kyyoo@plaza.snu.ac.kr

APOCP President

Murat Tuncer
Department of Cancer Control,
Ministry of Health, Turkey
murat.tuncer@saglik.gov.tr

Subject Editors - Epidemiology

Daehee Kang
Seoul National University, Seoul, Korea
dhkang@snu.ac.kr

Alireza Mosavi-Jarrahi
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rmosavi@yahoo.com

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Subject Editors - Toxicological Pathology

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Chittaranjan National Cancer Institute, Kolkata, India
suk_tadas@yahoo.com

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Chungbuk National University, Cheongju, Korea
kimdj@cbu.ac.kr

Hiroyuki Tsuda
Nagoya City University, Nagoya, Japan
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Subject Editors - Education/Registration

Supanee Sriamporn
KhonKaen University, KhonKaen, Thailand
supanee@kku.ac.th

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Chittaranjan National Cancer Institute, Kolkata, India
ceds@vsnl.com

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chenlin@ntw.edu.tw

Yun-Chul Hong
Seoul National University College of Medicine, Korea
ychong1@snu.ac.kr

Aims and Scope

The aim of the Asian Pacific Organization for Cancer Prevention and Control is to promote an increased awareness in all areas of cancer prevention/control and to stimulate research and practical intervention approaches. Its official journal, the APJCP, is indexed on PubMed and Science Citation Index Expanded. The scope is wide-ranging, including descriptive, analytical and molecular epidemiology, experimental and clinical histopathology/biology of preneoplasias and early neoplasias, assessment of risk and beneficial factors, experimental and clinical trials of primary preventive measures/agents, screening approaches and secondary prevention, clinical epidemiology and all aspects of cancer prevention education. All of the papers published are freely available as pdf files downloadable from **www.apocp.org** or obtainable from the first authors.

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ASIAN PACIFIC JOURNAL OF CANCER PREVENTION

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Types of Manuscript.

Editorials	Reviews/Mini-reviews	Research Communications
Commentaries	Policy and Practice Reports	Letters to the Editor

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Manuscripts submitted to the APJCP are reviewed by two or more authorities for significance and validity and comments are all supplied to the author. Advice as to acceptability will normally be supplied within one or two months.

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Title page: Concise title, authors names and affiliations, address for correspondence, Fax number, Email address

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List: alphabetically then by year, all authors if up to five, three and et al for more.

Format: Brown A, Pink B, Black C, et al (2000). Cancer prevention in the Asian-Pacific. *Asian Pac J Cancer Prev*, 8, 10-2.

Brown A, Pink B, Black C, et al (2000). Cancer prevention. In 'Neoplasia', Eds Blue D and Red E. Asian Pacific Education Press, Bangkok pp1-10

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The quarterly electronic Asian Pacific Journal of Cancer Prevention (APJCP) is published by the Asian Pacific Organization for Cancer Prevention and Control with support from the UICC-Asian Regional Office for Cancer Control to promote increased awareness and knowledge in all areas of cancer prevention/control and to stimulate collaborative efforts and practical intervention approaches in the different countries and states of the Asian Pacific region. The journal is indexed on PubMed and Science Citation Index Expanded and free pdf files can be downloaded from our website www.apocp.org. There are no subscription charges and individual membership is free. If you wish to be listed as a member and receive a quarterly pdf **APJCP Contents and Mini-Abstracts** please send an email with your details to Malcolm Moore.

The APOCPC is a non-profit concern. Any donations and institutional membership charges (both listed in the yearly report) are used to support meetings and training courses to help achieve the aims of cancer prevention/control in the Asian Pacific region.

Southeast Asian Journal of Sciences

Volume 1 • Number 1 • June 2012

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2- All mathematical symbols which are not typewritten should be given on a separate sheet.

3- References should be listed alphabetically, preferably in the same way as the following examples:

For a book:

[1] C. Faith, "Algebra II: Ring Theory", Springer - Verlag, Berlin - New York (1976).

For a paper from a journal:

[2] B. L. Osofsky, *A generalization of quasi-Frobenius rings*, J. Algebra, **4** (1966), 373-389.

For a contribution to a contributed volume:

[3] G. Azumaya *Locally split submodules and modules with perfect endomorphism rings*, in S.K. Jain and S. R. López-Permouth, eds., Non-Commutative Ring Theory, Lecture Notes in Mathematics, Vol. 1448, Springer-Verlag, Berlin - New York (1990), 1-6.

4- Submitted papers should include a short abstract.

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