# < 参考資料 1 >

2015 年 ICRP 年次会議資料 2016 年 ICRP 年次会議資料



## TUESDAY APRIL 14, 2015



ST, ANDREW'S CONFERENCE CENTRE 150 King Street West, Room L2, 27th Floor Toronto, Ontario, M5H 1J9

## AGENDA

08,15-09,00	BREAKFAST AND REGISTRATION
09.00-09.25	WELCOMETROM THE CANADIAN CANCER RESEARCH ALLIANCE & CANADIAN PARTNERS HP AGAINS CANCER
	Elizabeth A. Eisenhauer, MD FRCPC & Christine Williams, PhD
09.25-10.00	INTRODUCTION TO JCRP & JCE-BREAKER
	Marc Hurlbert, PhD
10.00-11.00	PART 1: THE GLOBAL DURDEN OF CANCER
	Chair: Eleabeth A. Bisenhauer, MD-FRCPC (Co-chair, CCRA)
	GLOBAL CANCER BURDEN AND EQUITY GAP
	Mary Gospodarowicz, MD, FRCPC, FRCR(Hor)
	CANCER CONTROL IN LOW MIDDLE INCOME POPULATIONS
	Paral E. Goss, MD, PhD, FRCPC, FRCP(UK)
11.00-11.15	BREAK
11.15 12.15	PART 2: INTERNATIONAL INITIATIVES
	Chair: Elizabeth A. Eisenhauer, M.D.FRCPC (Co-chair, CCRA)
	INTERNATIONAL INITIATIVES IN CANCER CONTROL; UICC, IARC AND THE NCD DECLARATION
	Heather E. Bryant, M.D., Ph.D., CCFP, FRCPC
	INTERNATIONAL INHATIVES IN CANCER GENOMICS AND BIG DATA
	Thomas J. Huckson, MD
12.15-13.15	LUNCH AND NETWORKING OPPORTUNITIES

This year's meeting is hosted by the Canadian Cancer Research Atlance.

13.15-15.45	PART 2: INTERNATIONAL INITIATIVES (cont'd)
	Chair, Christine Williams, PhD (Co-chair, CCRA)
	EVALUATING THE IMPACT OF THE WHO FRAMDWORK CONVENTION ON TOBACCO CONTROL: FINDINGS FROM THE ITC PROJECT
	Geoffrey T. Forg. PhD
	AN OPEN SOURCE DRUG TARGET DISCOVERY PARTNERSHIP. The Structural Genomics Consortium (SGC) and its clinical, industry and disease-foundation partners are aunching open-source preclinical translational medicine studies to discover new targets for drug discovery.
	Aled M. Edwards, PhD
	NCI NANOTECHNOLOGY CHARACTERIZATION LABORATORY
	Jennifer Hall Grossman, PhD
15.45-16.15	BREAK
1615-17.15	PART 3: ICRP SHORT PRESENTATIONS
	Chair: Man: Hurbert, Ph.D. (Chair, ICRP)
	CHANGING THE LANDSCAPE FOR PEOPLE LIMING WITH METASTATIC BREAST CANCER
	Merc Hur bert, PrD
	HOW DO WE MEASURE THE IMPACT OF RESEARCH FUNDED BY THE DUTCH CANCER SOCIETY (DCS)?
	Miranda Kejir, PrD
	ANALYSIS OF CANCER RESEARCH GRANTS IN JAPAN USING THE COMMON SCIENTIFIC OUTLINE (CSO); COMPARATIVE ANALYSIS OF MINISTRY OF HEALTH, LABOUR AND WELFARE (MILLW) AND MINISTRY OF LIDUCATION, CULTURE, SPORTS, SCIENCE AND TECHNOLOGY (MEXT) GRANTS
	Teruhike Yoshida, MD & Teshid Ogawa, PhD



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## SPEAKER BIOGRAPHIES

in alphabetical order

## HEATHER E BRYANT, MD, PHD, CCEP, ERCPX



Heather Bryant is the Vice-President, Cancer Contro, at the Canadian Partnership Against Cancer (CPAC). CPAC has been funded by I lealth Canada since 2007 to implement a cancer control strategy across Canada, in partnership with the many organizations who provide care and leadership in a number of jurisdictions across the country. Dr. Bryant is responsible for leadership of the population has the clinical, and person-centred experience portfolios, and she and her teams have worked with partners across Canada to develop the first pan-Canadian reports on the functioning of the cancer control system.

Dr. Bryant studied medicine at the University of Calgary and took her first residency certification in family medicine. She followed this with a followship in community medicine and a PhD in epidemiology. Prior to joining CPAC in 2008. Dr. Bryant was Vice-President and Chief Information Officer and Director of the Division of Population Her thand Information at the Alberta Cancer Board. Here she was responsible for the cancer registry, screening and prevention programs, as we has an active research unit in cancer epidemiology and prevention. In addition, she led electronic health record implementation.

Dr. Bryantinas been active on many national committees and chaired the national committee for the Canadian Breast Cancer Screening Initiative (Health Canadia), the joint advisory committee on cancer control (National Cancer Institute of Canadia) and the population health committee (Medical Research Council). She was the inaugural chair of the Institute Advisory Board for Cancer for the Canadian Institutes for Health Research, and the National Colorectal Cancer Screening Network. Dr. Bryant is also a Clinical Professor in the departments of Community Health Sciences and Oncology at the University of Calgary.

Dr. Bryant is actively involved in international initiatives including the Union for International Concer Control (UTCC), a network of member organizations to help the global health community accelerate the flight against cancer. In 2012, Dr. Bryant was elected to the UTCC Board of Directors. She co-chained the scientific programme committee for the UTCC's World Cancer Congress held in Montreal in 2012 and in Australia in 2014.

## ALED M. EDWARDS: PHD



**Aled Edwards** is the founding and current CEO of the Structural Genomics Consortium (SGC), a public-private partnership that generates open-access research tools to support drug discovery.

Over the years the SSC has contributed the 3D structures of >1,300 different human proteins into the Protein Data Bank – corresponding to ~15% of the available structural information for the human proteome. Some of these proteins have been used as temp ates to generate small molecule inhibitors, and as antigens for recombinant antibodies. All reagents derived from the SGC are made available to the community without restriction on use. Some of chemical reagents identified new targets for cancer drug discovery. Their relevance is now being tested in clinical trials.

Dr. Edwards trained as a protein blochemist at McGill and Stanford Universities, held a faculty position at McMaster University and is currently on faculty at the Universities of Toronto and Oxford. His research interests include structural biology, host-virus interaction, functional proteomics and drug discovery.

## FLIZABETH A FISENHALIER MID ERCEC



**Blizabeth Eisenhauer** obtained her MD from Queen's University Kingston, Canada in 1976 and subsequently received fellowships in Internal Medicine and Hematology from the Royal College of Physicians and Surgeons Canada. She is currently a Professor in the Departments of Oncology and Medicine at Queen's and since 2012 she has been Head, Department of Oncology at Queen's University and Cancer Program Medical Director at Kingston General Hospital in Kingston.

From 1982 to 2012, she was Director of the Investigational New Drug Program of the NCIC Clinical Trials Group where her major responsibilities lay in identifying and bringing into clinical trial novel cancer agents. Her major research interest has been the evaluation of new anti-cancer agents. She has coordinated over 170 phase I, II and III trials which have been carried out in institutions in Canada, the US and Europe. Several of these trials have led to the identification of new cancer agents now used in clinical practice. She also served as Interim Director of NCIC Clinical Trials Group from 2013-2014.

She has been active on a number of committees of the American Society of Clinical Oncology (Board of Directors), the American Association of Cancer Research, the European Society of Medical Oncology and the European Organization for Research and Treatment of Cancer (Scientific Audit Committee) and the Canadian Cancer Society. From 2006-2009 she served as President, National Cancer Institute of Canadia.

In addition to her current role as Department Head at Queen's she currently is Depart Lead -Research for the Canadian Partnership Against Cancer and Co-Chair of the Canadian Cancer Research Aliance.

#### GEOFFREY I FONG THE



Geoffrey T. Fong is Professor of Psychology and of Public Health and Health Systems at the University of Water op and Senior Investigator at the Ontario Institute for Cancer Research. For the past 15 years, Dr. Fong has focused his research on tobacco use and on evaluating tobacco control policies. In 2002, he founded the International Tobacco Control Policy Evaluation Project (the ITC Project), a research consertium of over 100 researchers in 22 countries across 6 centinents, inhabited by over 50% of the world's population and 70% of the world's tobacco users. In each country, the ITC Project has conducted large-scale longitudinal cohort surveys to evaluate the impact of tobacco control policies of the WHO transework Convention on Tobacco Control (FCTC). The ITC Project has become a major source of scientific data on the impact of FCTC policies, which has served as the foundation for stronger and more repolding ementation of the FCTC throughout the world. The ITC Conceptual Model and its methods and measures were described in the 2008 IARC Cancer Prevention Handbook (Methods for Evaluating Tobacco Control Policies, a compendium for best practices in the evaluation of population-level health interventions.

Dr. Fong has published over 240 peer reviewed scientific publications and has contributed to major reports from the US Institute of Medicine, US National Academy of Sciences, and US Surgeon General. He is one of the three editors of the forthcoming WHO/US NCI monograph. The Economics of Tobaccoland Tobacco Control He has served as an expert consultant to a number of countries, including those whose tobaccolantrol policies are being challenged by the tobaccolands typical trade agreements.

Dr. Fong received the 2009 "Top Canad an Achievement in Health Research Award" from CILIR and Canadian Medical Association Journal, the 2011 CIHR Knowledge Translation Award, the 2012 Statistical Society of Canada's Lise Manchester Award from the Statistical Society of Canada, a 2013 WHO World No Tobacco Day Award, and a 2015 Litther R. Terry Award for Outstanding Research Contribution at the World Conference on Tobacco or Health.

## MARY GOSPODAROMEZ, MD, ERCEC ERCRIHONI



Mary Gospodarowicz is Professor of Radiation Oncology at the University of Toronto, the Medical Director of the Princess Margaret Cancer Centre at the University Health Network, and the Regional Vice President of Cancer Care Ontario. She holds specialty certifications in internal medicine, radiation processing, and medical property and red initial practice involves lymphomas and genitourinary cancers. Her research focused on dirical trials evaluating radiation therapy, imageguided precision radiotherapy, and cancer survivorship and more recently on quality of care, pertnerships, and international collaboration. Her current interests include global cancer control and quality cancer care.

Dr. Gospodarowicz is the Immediate Past-President of UICC (Union for International Cancer Control) and participates in the work of the Global Task Force on Cancer Care and Control of Harvard Global Equity initiative and the UICC's Global Task Force on Radiotherapy for Cancer Control. Awards received include the May Cohen Award for Women Menters from the Canadian Medical Association, the Janeway Medal from the American Radium Society, and the Gold Medal from the American Society in Radiation Oncology. She is Honorary Fellow of the Royal College of Radiologists in the UK and the Faculty of Radiologists in the Royal College of Surgeons of Iteland.

## PAUL E. GOSS, M.D. PHD, FRCPC, FRCP(UK



Paul Goss is a globally renowned cancer specialist with over 35 years of clinical and research experience. Dr. Goss is also a global cancer control experit having led multi-national teams of researchers to examine the state of cancer control in over half the world's population including Latin America, China, India and Russia. He has over 250 publications in leading international journals on cancer research and cancer control.

Dr. Goss is the Chairman of the Awon Foundation Scientific Advisory Board. He also serves as Director of the Awon Foundation Breest Cancer Center of Director et Massachusetts General Hospital, Director of Breast Cancer Research at MGH and Professor of Medicine at Harvard Medical School. Dr. Goss was educated at the University of Witwatersrand in Johannesburg. South Africa before pulsuing postgraduate the University of Witwatersrand in Johannesburg. South Africa before pulsuing postgraduate the ining in oncology and a doctorate in hormonal mechanisms of breast cancer at the University of Toronto and Director of the Breast Cancer Research Professor of Medicine at the University of Toronto and Director of the Breast Cancer Research Program at the Princess Margaret Hospital before joining Massachusetts General Hospital in September 2004. Dr. Goss' or incidal research interest has been to explore the pivotal role of estregen in the pathogenes's of breast cancer. He chairs a multitude of international clinical trials. His recently completed MA17 study of Interprete after tamosifen led to FDA approval and changed the practice of proclegy worldwide. His translational laboratory program focuses on tumor Signatures and mechanisms of endocrine resistance.

## JENNIEER HALL GROSSMAN PHO



Jennifer Grossman is a scientist at the National Cancer Institute (NCI)'s Nanotechnology Characterization Laboratory (NCI), a collaboration among NCI, the National Institute of Science and Technology (NIST), and the Food and Drug Administration (FDA). The NCL is an interdisciplinary team of scientists with expertise in complex drug and dosage form R&D. NCL formulates and tests nanotech drugs and diagnostics in collaboration with academia, industry, and government.

Dr. Grossman leads NCL's all'ance, project, and data management. She has established and managed productive collaborations within NCI, FDA, NIST and a network of over 100 drug development labs in industry and academia. She analyzes preclinical data on nanomaterial cancer therapeutics and has contributed to development of analytical/bipanalytical and physicochemical characterization methods linked to in vivo drug performance.

Dr. Grossman's areas of expertise include ruclear magnetic resonance (NMR) of proteins and nanoparticles, prophysical modeling of hanoparticle structures and interactions, and regulatory approaches to non-biological complex drugs. Dr. Grossman has experience in a variety of issues related to drug discovery, development and regulation and is a member of several working groups related to nano-bioinformatics, nanomedicine, and other nanotechnology issues.

#### THOMAS I HUDSON ME



**Thomas J. Hudson** is President and Scientific Director of the Ontario Institute for Cancer Research (OICR), which focuses on translational research in prevention, detection, diagnosis and treatment of cancer.

Dr. Hudson is internationally renowned for his work in genomics and human genome variation. At the Whitehead/MIT Center for Genome Research, he led a team that generated physical and gene maps of the human and mouse genomes. Dr. Hudson has been a founding member of the international Haplotype Map Consortium, the Public Population Project in Genomics (P3G) and the International Cancer Genome Consortium, Dr. Hudson is a member of the Steering Committee of the Global Allance for Genomics and Health which is developing an international framework to allow genetic and clinical data to be collected, managed and shared in an effective, responsible, interpretive manner.

Dr. Hudson's laboratory at OICR is involved in the study of genome variation that affects cancer predisposition, progression, and response to therapy. His main project focuses on the genetic architecture of loci associated with risk of colorectal cancer. Dr. Hudson has co-authored more than 250 open-reviewed scientific publications.

Dr. Hudson is Professor in the Departments of Molecular Genetics and Medical Biophysics at the University of Toronto. He is a fellow of the Royal Society of Canada and an Officer of the Order of Canada.

## MARC HURLBERT PHD



Marc Hurlbert joined the Avon Foundation in 2004 and currently serves as the Executive Director of Avon Foundation's global programs to end breast cancer and Violence against women. The Foundation has awareness and cause-marketing programs in 58 countries, with key markets including Argentina, Brazil, Colombia, Mexico, Philippines, Poland, Russia, Turkey, United Kingdom, and the United States.

Under his co-leadership, the Foundation raises and awards S50 million to breast cancer research, care and prevention, and \$5 million to international domestic violence programs annually. Leading the small but resourceful Axon Foundation staff of ten, numerous consultants and vendors, Dr. Hulbert's team leverages Axon Corporation's \$5 million investment in the Foundation to raise more than \$40 million through global cause-marketing products, sponsorships and events.

Dr. Hurbert's ten years at Avon have been part of a bigger change in the breast cancer sector bringing competing groups together to collaborate and work tegether to end the disease, including two collaborative summits on breast cancer research in 2007 and 2013 that led to numerous multi-partner projects and programs. Most recently, he is leading the Metastatic Breast Cancer Alliance which brings together 23 nonprofit organizations and 6 pharmaceutical partners working together to improve the quantity and quality of life for patients living with the disease (www.mocallance.org).

Dr. Hur bert finishes his two-year post as Chair of the International Cancer Research Partnership (ICRP) at the end of this meeting.

## SHELLY LAMITES ON



Shelly Jamieson's Chief Executive Officer of the Canadian Partnership Against Cancer (CPAC), an independent organization funded by Health Canadia to accelerate action on cancer control for all Canadians. Ms. Jamieson also serves on the Board of Directors of High Liner Foods, the Finance Committee of the Toronto 2015 Pan Any Parapan Am Games, the National Advisory Board of Big Brothers Big Sisters of Canada and the Board of Health Quality Ontario.

Prior to Joining CPAC in 2012. Ms. Jamieson held Ontario's highest-ranking divil servant role as Secretary of Cabinet, Head of the Ontario Public Service and Clerk of the Executive Council. She also served as Ontario's Deputy Minister of Transportation. Roles previously held by Ms. Jamieson include President of Extendicare Canada, a provider of ong-term care and home care, younteer commissioner on the Health Services Restructuring Commission, and Executive Director of the Ontario Nursing Home Association (now the Ontario Long-Term Care Association). Early inher career, Ms. Jamieson ran her own research and consulting firm specializing in geriatric care environments.

For her work, Ms. Jamieson has been inducted into the Hall of Fame of Canada's Tob 100 most, powerful women and awarded the Queen's Diamond Jubilee Medal. Ms. Jamieson has a degree in Urban Studies from the University of Toronto and is also a graduate of the Executive Management. Program at the Ivey School of Business, University of Western Ontario.

## MIRANDA KLEUN PHD



Miranda Kleijn joined KWF Kankerbestrijding (the Dutch Cancer Society (DCS)) in 2008 and holds the position of Research Coordinator. She is involved in the funding and monitoring of clinical trials in The Netherlands. In 2013, the DCS spent more than £100M on research, prevention and patient support.

Besides research coordination, Dr. Kleijn is involved in a project to optimize the grant management system and underlying processes and in 2015, she will become a member of the project team for the implementation of a new grant management system.

Dr. Kleijn studied biology at the University of Utrecht, The Netherlands followed by a PhD in molecular cell biology at the same university. For 5 years, she worked as a postdoctoral researcher in the areas of molecular cell biology and immunology at the University of Dundee, UK In 2003, she returned to The Netherlands and started a position as project leader in Product Development for a piopharmaceutical company.

Dr. Kleijn's the incoming Chair of the International Cancer Research Partnership (ICRP).

## TOSHIO OGAWA PHD

**Tashko Ogawa** is a public health specialist/health economist. He has worked for various organizations including the World Health Organization, Imperial College London and Nara Medical University in Japan. Dr. Ogawa has worked at the International University of Health and Weifare in Japan as an Associate Professor since 2014.

## CHRISTINE WILLIAMS, PHD



**Christine Williams** was awarded a PhD in Immunology from the University of Tororto, where she studied DNA repair pathways. She received additional post-doctoral training on the molecular biology of blood cell development and cancer at Massachusetts General Hespital and became an Instructor at Harvard Medical School.

Dr. Williams returned to Toronto in 2005 as Assistant Director of Research at the National Cancer Institute of Canada (NCIC) and Director of the Canadian Prostate Cancer Research Initiative (CPCRI). In February 2008, the Canadian Cancer Society and the NCIC formally integrated operations to become a single organization and, shortly thereafter, Dr. Williams became the inaugural Director of Research for the new Canadian Cancer Society Research Institute.

In January 2012, she was promoted to national Vice-President, Research responsible for overall eadership of research programs and initiatives at the Society In July 2015, her portfolio was expanded to include leadership in advocacy and policy for the Society as Vice-President, Research and Policy.

## TERUHIKO YOSHIDA, ME



**Teruhiko Yoshida** is Chief of the Division of Genetics at the National Cancer Center Research Institute of Japan and Staff Doctor at the Department of Genetic Counseling at the NCC Hospital. Dr. Yoshida graduated in medicine from Keio University and was a Research Resident at the National Cancer Center Research Institute before undertaking postdoctoral research in Dr. Douglas Hanahan's laboratory at UCSF. His major research field is molecular oncology.

## **ICRP Annual Meeting in Toronto**

# Analysis of Cancer Research Grants in Japan using Common Scientific Outline (CSO)

## Toshio Ogawa<sup>1</sup> and Teruhiko Yoshida<sup>2</sup>

- 1. International University of Health and Welfare
- 2. National Cancer Center Research Institute

Department of Health Services Management International University of Health and Welfare Graduate School

# Purpose of research

- ! To analyse entire publicly funded cancer research grants in Japan and to provide evidences to the government for the fund allocation of cancer research
- ! We adopted CSO (1 digit, CSO1 6) to analyse the Japanese cancer research grants in an international perspective.

Common%cien\*fic@tlire%(SO) %

- 1. Biology%
- 2. E\*ology%causes%f%ancer)%
- 3. Preven\*on%interven\*ons)%
- 4. Early Detec\* on, Diagnosis, And% Prognosis%
- 5. Treatment%
- 6. Cancer%ontrol,%urvivorship,% and%utcome%esearch%

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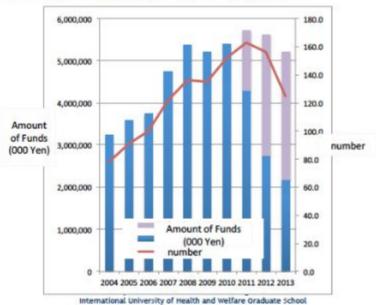
# **Data collection**

- Extracted grant data from the following publicly available databases:
  - 10 years analysis using MHLW Grant:
    - 10 years data of the Grants of the 3rd-term Comprehensive Strategy of Cancer Control from MHLW Health Labour Sciences Research Grant (National Institute of Public Health of Japan)
  - Comparative analysis using MHLW and MEXT Grant
    - . Ministry of Health, Labour and Welfare (MHLW) Grant
      - 10 years data of the Grants of the 3rd-term Comprehensive Strategy of Cancer Control from MHLW Health Labour Sciences Research Grant, funded in 2011 (National Institute of Public Health of Japan)
      - NCC Research and Development Fund, funded in 2010 (National Cancer Research Centre)
    - Ministry of Education, Culture, Sports. Science and Technology (MEXT) Grant:
      - Cancer-related researches of Grant-in-Aid for Scientific Research of MEXT, funded in 2011 (KAKEN Database of Grants-in-Aid for Scientific Research, National Institute of Informatics)

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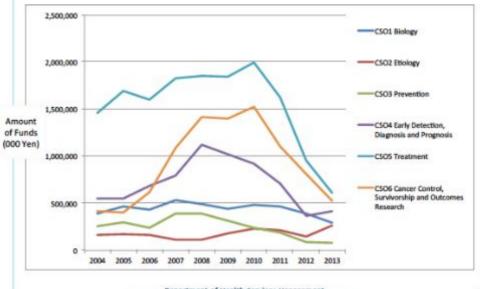
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# Results: 10 years analysis



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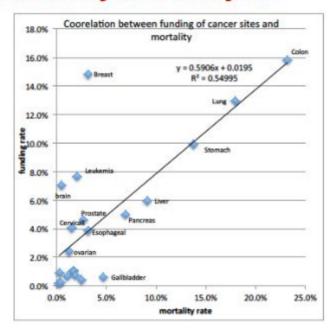
# Results: 10 years analysis



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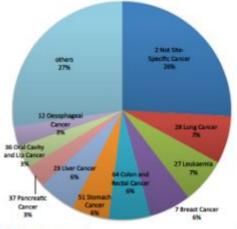
# Results: 10 years analysis



# Results: Comparative analysis (2011 total)

"Not site specific cancer" was the largest components among cancer sites (US\$ 310.1 million), followed by Lung cancer US\$ 85.1million), Leukaemia (US\$80.8 million) and Breast cancer (US\$ 74.0 million).

TOTAL	Total Grant (000 Yen)	Number of grants	Average (000 Yen)
2 Not Site-Specific Cancer	3,721,516	678	5,493
28 Lung Cancer	1,021,430	253	4,045
27 Leukaemia	969,269	192	5,051
7 Breast Cancer	887,759	184	4,816
64 Colon and Rectal Cancer	885,114	194	4,557
51 Stomach Canoer	797,202	154	5,166
23 Liver Canoer	790,037	181	4,356
37 Pancreatic Cancer	482,703	143	3,370
36 Oral Cavity and Lip Cancer	479,327	200	2,396
12 Oesophageal Cancer	429,799	83	5,156
Others	3,933,812	1,136	3,461
TOTAL	14,397,969	3,399	4,230

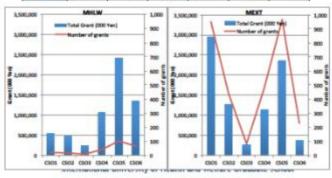


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# **Results: Comparative analysis**

	MHLW			MEXT		
	Total Grant (000 Yen)	Number of grants	Average (000Yen)	Total Grant (000 Yen)	Number of grants	Average (000Yen)
CSO1	541,884	22	24,445	2,950,597	961	3,104
CSO2	470,302	18	25,653	1,265,175	436	2,898
CSO3	238,560	7	34,080	248,636	82	3,051
CS04	1,065,921	41	25,998	1,135,266	478	2,373
CS05	2,406,976	103	23,407	2,354,615	967	2,436
CSO6	1,349,883	67	20,248	370,175	228	1,627
TOTAL	6,073,505	258	23,541	8,324,464	3,141	2,650



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# **Results: Comparative analysis**

- 3,399 grants were selected in total (258 of MHLW and 3,141 of MEXT)
- Total cancer grants in MHLW and MEXT in 2011 was approximately US \$1,200 million

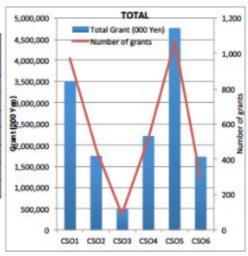


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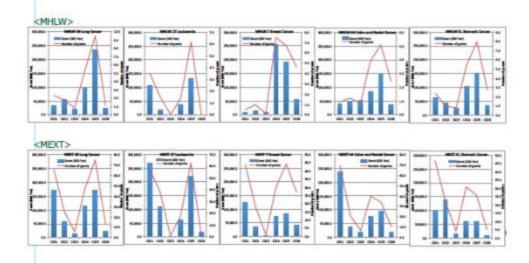
# Results: Comparative analysis (2011 total)

	Total Grant (000 Yen)	Number of grants	Average (000Yen)
CSO1	3,492,461	973	3,591
CSO2	1,735,477	455	3,816
CSO3	487,196	89	5,505
CSO4	2,201,187	520	4,237
CSO5	4,761,591	1,069	4,453
CSO6	1,720,058	294	5,847
TOTAL	14,397,969	3,399	4,236



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# **Results: Comparative analysis**



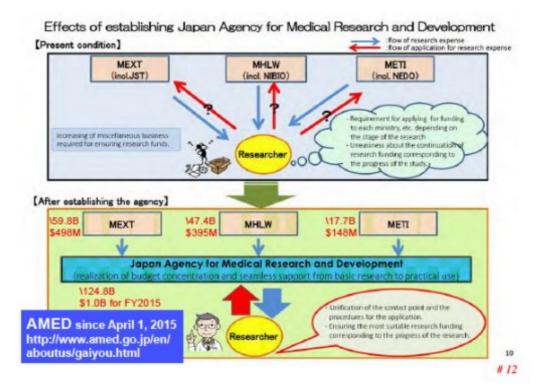
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# Discussion and next steps

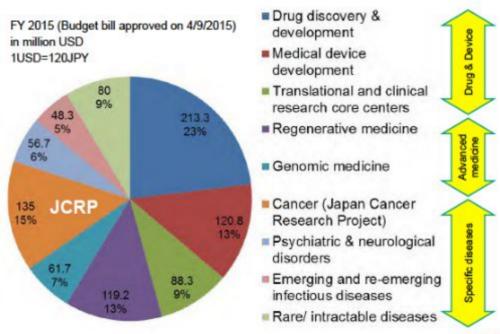
- Fund allocation of cancer research at national level could be analysed using CSO.
- CSO-based analysis may be useful for comparison between countries or funding agencies, and policy making.
- Currently expanding to include all cancer research grants in Japan and to analyse and make policies as for the allocation of cancer research fund.
- Write up a research paper including international comparisons
- Consider the linkage of the CSO and organ site codes with output (e.g. publications and patents) or outcome (e.g. cancer incidence and survival rate) measures, using unique IDs for researchers.

Acknowledgement:

This research supported by Health Labour Sciences Research Grant.



# 9 Major Inter-ministry Cooperative PJs (by AMED+Natl. Institutions)



## The New System of Implementation of the Medical Strategy

