



ANCCA NCCP Taskforce eMtg.21.5 (July 1) – Minutes of Meeting (Draft)

Meeting Time (60 minutes)	From	To
Nepal	12:45	13:55
Bhutan	13:00	14:10
Indonesia	14:00	15:10
Brunei, Malaysia, Singapore,	15:00	16:10
Japan	16:00	17:10

Participants (15 participants from 7 countries)

1. Bhutan (BT): Dr. Tashi Dendup Wangdi / 2. Brunei (BN): Dato Dr Babu Sukumaran, Dr. Datin Noraslinah Ramlee, Dr. Sokking Ong / 3. Indonesia (ID): Dr. Ayu Hutami / 4. Japan (JP): Dr. Manami Inoue, Dr. Tomohiro Matsuda, Laureline Gatellier, Kazuki Nakamura / 5. Malaysia (MY): Dr Prathepamalar Yehgambaram, Dr Suhana Yusak / 6. Nepal (NP): Dr. Kishore Pradhananga, Dr RP Baral / 7. Singapore (SG): Prof. William Hwang , Koh Liang Kai

1. National Cancer Control Plan / Program: update and next step

JP presented the result of survey on National Cancer Control Plan to other ANCCA members (responses from 11 countries (Bhutan, Brunei, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, Vietnam). While aligning information from the survey in one excel table, JP highlighted missing information from several contributing members and shared upcoming steps (see “Next steps” below). Through this fact-finding project by utilizing the surveys, target indicators across countries as well as additional information will eventually lead to setting standard of cancer criteria and evaluating achievements toward a white paper on common cancer problems in Asia (potential NCCP targets 2030/2040. Suggested evaluation methods included “10% decrease of mortality by ...” and “Patient-public-involvement in NCCP”. In addition, as no active plan was observed in Nepal and Pakistan, one ANCCA member (such as India / Tata Memorial) should support them to develop a frame of NCCP.

Next steps:

- a- (until next NCCP mtg, Aug. 5) Refine the summary table by interviewing (by mail or e-meeting) 1 by 1 the countries who have already participated to the 1st survey
- b- (until next NCCP mtg, Aug. 5) invite other countries (Bangladesh, Cambodia, Iran, Laos, Mongolia, Singapore, Thailand, Philippines...)
- c- (after a & b) The core team (JP/ID/VN) will implement a 2nd survey after the refinement process is completed.
- d- (after a to c) all members will discuss the standard development process, the structure or focus areas of NCCPs in Asia.
- e- (until or beyond next meeting) (depending on Tata memorial’s availability) Support Nepal and Pakistan in NCCP frame

2. Toward an “Asian Code against Cancer” Survey Summary and next steps

JP presented the result of survey on Asian Code against Cancer (12 countries have responded so far), including a summary table and expected outcome and method regarding how to put in place an Asian Code against cancer from zero, to take in consideration Asian specificities.

Two options were proposed: (1) preparing 2 or 3 different codes depending on regional aspects (such as lifestyle, religion, etc) or (2) preparing one main code with sub-codes (also based on these regional aspects). Local languages should also be taken in consideration in the process.

In addition, a working structure, including scientific experts in specific working group, communication and dissemination experts, local language literature experts will need to be implemented through the assignment of specialist from the Asian region. This effort should be coordinated by ANCCA

11 Respondents
as of July 1st

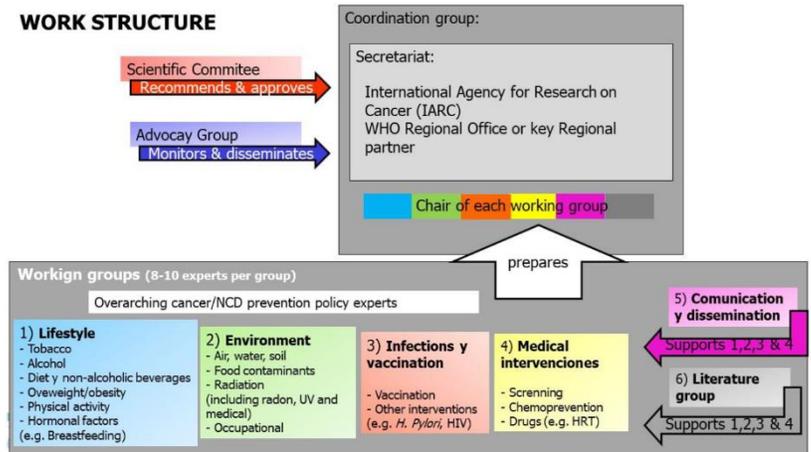
- Bhutan
- Brunei
- China
- India
- Indonesia
- Japan
- Korea
- Malaysia
- Nepal
- Pakistan
- Vietnam





members who could nominate people who can contribute to working group of the project (suggested candidate background could cover health professional, university workers, government officials, and advocacy groups). A project coordinator would also be required. Candidate selection and approval is not so easy and may take 1-2 months or longer (a nomination letter will be provided at the end of the process). In parallel, Dr Inoue (JP) is currently discussing with grant funders to secure some budget for this Asian Code, and suggested other members to take a similar initiative if they can, as several bilateral discussion with funders may be more efficient. SG showed their high interest in this international effort (under WHO/ IARC umbrella). Brunei informed the existence of a taskforce (screening, breast and cervical cancer). Brunei and Bhutan and also shared their interest to actively joining this Asian Code effort.

WORK STRUCTURE



Next steps

- (by Aug 5th and further) Core team will invite new members to participate and expand the current Asian map further
 - (by Aug 5th) All interested member to draft a list of proposed candidates to join as expert, contact person or coordinator the Asian Code working group
 - (by Aug 5th and further) Dr Inoue / Core team will share monthly (incl. discussions with IARC)
 - (soon when possible) Dr. Inoue will send a detailed summary of the project to NCCP members (as requested by SG to allow ANCCA members to obtain participation of MoH and other key stakeholders)
3. Others (Open discussions, Action Items and Next NCCP e-Mtg'21.6)
Core team JP announced that the next eMtg21.6 will be held on August 5th (Thu) same time.

