## Greeting from the President

## The National Cancer Center's Activities for Further Development

Along with a revision of the Act on the General Rules for Incorporated Administrative Agencies, the National Cancer Center (NCC) was reorganized in April 2015 as a national research and development corporation "aiming to maximize the outcomes of research and development by addressing challenges that are difficult for universities and private companies." Since its foundation in 1962, the NCC as a national institution for oncology research and services has been engaged in activities to elucidate the pathology of cancer and promote equal accessibility to advanced research outcomes and medical services for the development of treatment methods based on findings from them. It is expected to contribute to the overcoming of cancer by further improving its research and development abilities and obtaining outcomes. In FY 2015, the National Cancer Center Hospital and Hospital East



have been approved as clinical research centers to play a central role mainly in international-level clinical research projects, as defined by the Medical Service Law. Two among the four hospitals approved this fiscal year belong to the NCC, which is a historical event for us. At the same time, it indicates the necessity of appropriately recognizing our important roles and responsibilities. FY 2014 was a year during which all our executives cooperated to perform their activities toward a new stage based on new visions as a national center specializing in oncology.

In the research field, collaboration among the NCC Research Institute and its hospitals has facilitated the promotion of translational research. For example, preclinical studies to examine nucleic acid-based drugs selectively suppressing miR-133a and investigator-initiated clinical trials on those suppressing ribophorin II (RPN2) gene expression for the treatment of breast cancer have been established. In addition, multicenter screening for FGFR2 fusion genes, involved in biliary tract cancer and newly identified by the Research Institute, and investigator-initiated clinical trials on treatment targeting RET fusion genes, similarly identified by it, have started. The number of new joint basic and clinical research projects has been the highest ever, at 90. Furthermore, a nationwide cancer genome screening based on industry-academia liaison and multiplex diagnostic panels with next-generation sequencing, entitled: The SCRUM-Japan, is attracting marked attention as a basis for the provision of individualized medical services. The project will develop next-generation oncological diagnosis systems that will enable diagnosticians to identify 13 types of cancer only by a single blood sampling using microRNA as an index. In 2014, the Center for Research Administration and Support was also organized to unitarily manage and support all basic and clinical research projects implemented by each division of the NCC, which has improved the effectiveness and efficiency of our research support activities.

In the aspect of medical treatment, we have provided advanced and pioneering medical services by performing approximately 2,000 endoscopic (EMR, ESD) and 4,500 interventional radiology (IVR) procedures for esophageal, gastric, and colorectal cancers. These numbers are among the highest in the world. We have also been engaged in the development of new radiotherapy techniques, such as using the CyberKnife and combining proton therapy and chemotherapy. We actively offer advanced medical services, and the numbers of our service provisions corresponding to categories Medical Services A and B with the approval of the Ministry of Health, Labour, and Welfare have been 2 and 10, respectively. The daily mean number of outpatient chemotherapy sessions is 240, approximately 10% of which are provided as part of clinical trials. The establishment of the Rare Cancer Center has been regarded as a useful approach to highlight domains in which it is difficult to promote the provision of specialized medical services and development of treatment methods on a nationwide basis. Regarding team medicine, the Supportive Care Center and nutritional support team have provided active approaches while home palliative care conferences have been regularly held through cooperation with related medical institutions.

Concerning policies, the NCC has contributed to the development of indices for the interim evaluation of the Basic Plan to Promote Cancer Control Programs Phase II, based on the results of studies, such as a major survey on patients' experiences. It has organized a preparatory office to develop systems for a national cancer registry scheduled from January 2016. Furthermore, it has played a central role in preparing expert panel reports to develop the 10-year Strategies to Promote Oncology Research as a base for the Japan Cancer Research Project to be promoted under the direction of the Japan Agency for Medical Research and Development (AMED) which was established in April 2015.

While offering advanced and pioneering oncology services, the NCC is socially expected to play a key role in approaches to maintain/improve patients' and their families' long-term care-related quality of life and develop social systems that enable people to live with a sense of security even in the presence of cancer by collaborating with cancer centers throughout Japan, promoting clinical research networks, providing palliative care, and establishing models for the provision of consultation, support, and information. For its further development, all employees implement their professional duties based on their specialties and extensively utilize the outcomes of such activities within and outside Japan.

This annual report is a record clarifying the NCC's achievements in FY 2014 and future challenges. We would be grateful if we could hear your frank opinions and advice on our activities.

Your continued guidance and support would be very much appreciated.

Tomomitsu Hotta, M.D., Ph.D. President, National Cancer Center

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