

<b>1. Project title</b>
Supporting project for improvement of childhood cancer survival in low and middle income countries (Childhood cancer support)
<b>2. Country name</b>
VietNam
<b>3. Background</b>
About 80% of children with cancer in the world are children in low and middle income countries (LMICs). They died without sufficient diagnosis and treatment. There still remain many problems such as delay of discoveries, misdiagnoses, lack of offer of treatment and treatment abandonment by family of patient. The childhood cancer is still difficult disease to cure in LMICs. In addition, medical staff in those countries lack the experience of diagnosis and treatment of childhood cancer. In high-income countries more than 80% of children with cancer are cured, but in many LMICs only about 20% are cured. We receive strong demands for this project from those countries. From 2015 we are supporting for strengthening medical treatment ability of the childhood cancer in Vietnam. We need to continue for children
<b>4. Objective</b>
To support for strengthening medical treatment ability of the childhood cancer in pediatrics, pediatric surgery, radiotherapy, pathology, anesthesia, nursing care, and supportive care of leading hospitals about pediatric cancer treatment in Vietnam.
<b>5. Program outline</b>
Utilizing Japanese specialist's ability of childhood cancer, National Center for Global Health and Medicine and several institutions in Japan will support two hospitals in Vietnam (Hue Central Hospital and Ho Chi Minh Children's Hospital 1) . We will send Japanese childhood cancer experts and will accept 4 trainees in Japan from Vietnam. And also, we will construct and operate a consultation system utilizing the Internet and create educational content.
<b>6. Implementation structure</b>
6-1. Japanese side
National Center For global Health And Medicine(NCGM) Pediatrics, NCGM international medical cooperation Bureau, Japanese cooperation agencies: National Center for child health and development, Nihon University Itabashi hospital, Osaka city general hospital, Hygo Prefectural Cancer Center, Kobe Children's Hospital, eSite Healthcare company Ltd.
6-2. Counterpart country side
Viet Nam: National Hue Central Hospital, Ho Chi Minh Children's Hospital 1,

<b>7. Indicator</b>	
7-1. Output	<p>1) Training in Japan (accepting trainees) Number of people accepted: 4 doctors or nurses</p> <p>2) Training in VietNam (dispatch of Japanese experts) ① Pediatric surgery training: Ho Chi Minh City Number of dispatched staff: Total of 6 Japanese specialist doctors Number of trainees: 6 pediatric surgeons at Ho Chi Minh City Children's Hospital 1 Number of being received surgery who are guided by Japanese surgeon : 10 ② Training for intractable recurrence cases: Hue City Number of dispatched staff: 10 Japanese specialist doctors, Number of trainees: 100 doctors / nurses participating in the conference in August, and in January 5 doctors</p> <p>3) Remote consultation training (1) Maintained and updated in Hue and Ho Chi Minh Dispatched two eSite experts (included above) ② Consultation Consulted from 2 hospitals, and expanded from the project members on the Japanese side as a group project of the Japan Children's Cancer Research Group ③ Construction and distribution of e-learning system About 10 cases of content delivered in Japanese and English and 2 cases in</p>
7-2. Outcome	<p>Using the knowledge and skills learned in the training in Japan and VietNam,</p> <p>1) The number of surgeons who can apply the basic concept and techniques of the acquired surgical treatment will increase, and it will be possible to perform surgical treatment that is safer for children and has fewer complications and sequelae. The goal is 30 cases per year.</p> <p>2) The number of pediatric solid cancer patients receiving medical treatment is increasing further at Hue Central Hospital, with a target of at least 50 cases per year. The total number of patients since the project started is 150 or more.</p> <p>3) At Hue Central Hospital, treatment selection for relapsed or refractory cases can be implemented at the world standard level. The goal is five cases per year.</p> <p>4) Ho Chi Minh City Children's Hospital 1 will be supported the initiation of pediatric hematology oncology chemotherapy for pediatric cancer through support for pediatric oncology surgery.</p> <p>5) Regular consultation utilizing the remote consulting system, increase in the number of consultations, and development of educational materials for childhood cancer in their native language.</p>
7-3. Impact	<p>1) The skills of this training will reduce the mortality rate of childhood solid cancer in the partner country and improve the childhood mortality rate in the insurance indicators of that country.</p> <p>2) Cooperation of pediatric cancer specialists in the partner country will advance to form a pediatric cancer treatment group, leading to the start of multicenter pediatric cancer clinical trials and international joint trials.</p> <p>3) The dissemination of knowledge about childhood cancer to the general public in the partner country will reduce misunderstandings and prejudice, thereby making it easier to receive social support.</p> <p>4) Cooperate with WHO Global Initiative for Childhood Cancer activities to accelerate global movements.</p>
<b>8. Main activities</b>	
8-1. Training in 2020 see also above	

1)	<p>1) Training in Japan (accepting trainees)  Lectures, bedside tours, and conferences on the basics of childhood cancer diagnosis, chemotherapy, surgery, and radiation therapy at the NCGM Pediatrics, Pediatric Surgery at Chiba University, Pediatric Surgery at Nihon University Pediatric Surgery and Childhood Cancer Center, etc. Join</p>
2)	<p>2) Local training in Viet Nam (dispatch of Japanese experts) Participation in bedside patient examinations, discussions on diagnostic treatment policies, lectures and actual surgical operations, and technical guidance on procedures, resection ranges, procedures, etc.</p>
3)	<p>3) Remote consultation training  Using a remote consulting system, provide timely consultation for initial and recurrent intractable cases, determine diagnostic treatment policies, and build and operate an e-learning system</p>