Graduate students who are active in the front lines all the countries of the world. The great experience of studying abroad helps deepen your knowledge as a health care professional both of your medical field and international humanity.

Letters from TMDU Overseas Alumni

Letter 01

Spending the best part of my life in Japan

Niroshani Soysa
University of Peradeniya
from Sri Lanka

FIRST I VISITED Japan in 2003 to attend a group training course in Dentistry conducted at Kyushu University. During my stay in Kyushu University, I had a chance to visit TMDU, and I had the opportunity to hear a talk by Professor Morio. I was so impressed by her talk and I decided that one day I would attend this prestigious University to pursue my further education.

Luckily, I had a chance to meet Professor Kenji Yamamoto who introduced me to Professor Keiichi Ohya in the Pharmacology Department at TMDU. I am very grateful to him being so kind as to accept me as a foreign graduate student.

When I came in October 2004 to commence my PhD course I was welcomed by a student of Professor Ohya's lab and his secretary. This is something that I will never forget, as their simple act of kindness spoke volumes to me. I was not expecting such kind hospitality and it showed me the true gentleness of the Japanese people.

Since I was separated from my family I felt alone and lonely. At that time I could only understand a few simple phrases in Japanese, so I was unable to mix with the Japanese students. There were times when I wanted to return to my home country, Sri Lanka. But I had a strong determination to complete my studies, and with the help of my professor, I started reading articles related to my work and attended the journal club in the department. This gave me the foundation on which I was able to build, and continue with my studies. With the help of my supervisor Dr. Kazuhiro Aoki, I started working on my project. I would like to thank him too for his support.

With Prof. Ohya at the IADR meeting in Barcelona and the winning poster in the background.

With my daughter on her first Birthday

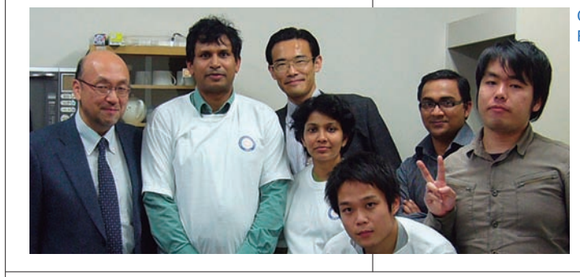
I would also like to thank my tutor at that time, Dr. Hiroaki Saito, who is now a post-doctoral fellow at Harvard University. He taught me all the basic procedures related to my work and also helped me with everyday problems. I still can remember how he accompanied me to the city office to get my alien registration card. I felt really lucky to be able to join a lab where people are so kind and friendly.

Professor Ohya's lab is well renowned lab in the bone biology field. Yet he always inquired about our lifestyles in general because he had a great understanding about foreign students. He was always available to meet us, and was never reluctant to give us advice. He provided the foreign students with opportunities to attend various conferences and visit various parts of Japan.

I believe I was very fortunate to have him as my mentor and I hope I was also a good student to him. I was so passionate about my work, and friendly nature of my lab people meant that I had a very good time in Japan.

In 2005, my husband Dr. Neil Alles was able to join the same lab as a graduate student as well. I spent the best part of my life in Japan, which I do not regret at all. I was able to complete my PhD successfully and had my first child in Japan as well. When I first entered the University as a graduate student, I had only a little knowledge in my chosen field, but by the time I graduate I had gained an excellent level of knowledge. I tried to show my gratitude to my University, TMDU, by performing as well as I possibly could during my PhD course.

I have published several international publications, and one was published in the Journal of Bone and Mineral Research (JBMR), which is the prestigious journal in my field. This article received a commendation from the Faculty of 1,000, a renowned post-publication online peer reviewed journal. I also won 1st prize at the IADR Unilever/Hatton award based on the data that I published in the reputed journal of "Endocrinology". As I'm proud to be a Sri Lankan, I'm also proud to be a member of the TMDU alumni.



Our group at Pharmacology

IADR/Unilever Award

Letter 02

A series of unexpected events led me into the profession of research and teaching at UNC

Mitsuo Yamauchi
University of North Carolina
from U.S.A.

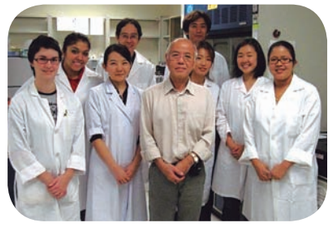
I HAVE BEEN in Chapel Hill, North Carolina, for a total of 30 years, conducting research (mainly on collagen biochemistry, matrix biology and biomineralization) and teaching at the University of North Carolina (UNC).

One question I am often asked by many Japanese friends is "Why did you end up being in this place and in this position for such a long time?" Well, the answer is "I don't know why, I just know how."

I never intended to become a university professor or scientist, or to live in the U.S.A. While I was a resident in the Oral Surgery Department at TMDU, being born and raised in Miyako-jima, Okinawa, I had vague ideas about returning to Okinawa and eventually starting my own private dental practice. However, despite my original thoughts, a series of unexpected events led me into research and teaching at UNC. Based on my religious faith, when an event occurred that presented my win an opportunity, it took it as a kind of "homework" from God, and tried my hardest to complete it faithfully. I never calculated the risks or benefits of taking the paths that were presented to me. Of course, the paths were not always easy, in fact most of the time they were difficult and painful. In order to continue my research for 30 years and to obtain tenured professorship at UNC, I had to constantly apply for grant funding, publish publications, and teach at various levels (undergraduate, MS and Ph.D. students).

Since I have never received formal ba-

University of North Carolina at Chapel Hill, October 2010. (by Sricholpech)



Members of Collagen Biochemistry Laboratory

sic research training through a graduate program, English is not my mother tongue, and by nature I prefer not to compete with others nor socialize. These were nothing but challenges to me. But, surprisingly, when I took a step forward, the next step was always paved in front of me.

It is generally thought that a scientific mind and religious faith are contradictory to each other. For the former represents rational thinking to pursue universally valid knowledge built upon specific premises, hypotheses and methods. The latter is, on the other hand, considered irrational, in which a person places absolute trust in something intangible. Both were, however, always integral to my life. Science teaches me critical thinking, and to define studies

Each hour of the day the Morehead-Patterson Bell Tower rings to remind students and faculty of the generosity of two families associated with the University since its earliest days.

At my daughter's wedding (Portland, OR) in August 2010

based on the justifiable hypotheses and approaches. It forces me to elucidate the limitations of specific approaches used and it helps me to avoid dogmatic views. It is my opinion that those who do not try to recognize their conceptual and methodical limitations in their research are merely pseudo-scientists.

D.T. Suzuki, a great Japanese Zen scholar, illustrates this in an interesting analogy. "The scientist-fishermen ("pseudo-scientists" in my definition) just take up those that can be caught in their net and try to explain their catch by means of the ideas they already possess. Other fish are considered not to exist." (Buddha of Infinite Light, p45) Unfortunately, I often encounter "them" when reviewing NIH/other grant applications or scientific papers.

Faith provides me with different aspects of life, i.e. the strength and courage to continue in my daily life, hope when things seem without (human) hope, and peace in the midst of stormy times. This is because the one whom I rely on is no longer myself, but God and his guidance. This act of simply entrusting another is not rational reasoning, but is a very personal ideal. For me, a scientific mind and religious faith are not contradictory to each other at all, but in fact play different roles, and in a sense, compensate each other.

Looking back on my life, I also cannot help feeling that people around me have been of tremendous help for me to walk this path. I have been so blessed with my family, so much more than I deserve. Shizuko, to whom I have been married for almost 35 years and whom I love so much, three wonderful children and four grandchildren (two sets of twins), my parents who already passed but I still love and respect in my memories, two great brothers and two wonderful sisters, and my marvelous in-laws. This year, a new member has been added to my family as my daughter got married. (see the picture) I am so grateful to my family, my colleagues and my students who have supported my life and career. Nothing could be achieved in my life without their love and support. All in all, "All things work together for good" (Rom 8:28) in my life.

Letter 03

Project for colorectal cancer screening in Ecuador

Alexandra Montalvo
Hospital Pablo Arturo Suárez
from Ecuador

IN 2003, I participated in a JICA training course provided by JICA and TMDU entitled "Early Diagnostics for Cancers of the Gastrointestinal Tract" for doctors in Central and South America, coordinated by Dr. Morio Koike. During the training course I had an opportunity to learn about the Japanese lifestyle,

TMDU President Ohyama, Dr. Lopes and I at Clinica Las Condes, Chile, 2010

culture and society that I admire so much.

Distinguished experts from Japan taught me new field practices for the diagnosis and treatment of cancer in its early stages. I learned improved diagnostic techniques in order to detect cancers, precancerous polyps and other abnormal conditions in the gastrointestinal tract even in asymptomatic patients. The detection of early lesions allows them to be cured while they are still treatable.

In Ecuador (population: 13,755,680), cancer is among the ten leading causes of death. In Quito-Ecuador, risk of colonic cancer has been increasing from 4.4 per 100,000 people in 1986 to 7.3 per 100,000 people in 2005 for men, and increasing from 5.2 per 100,000 in 1986 to 7.5 per 100,000 people in 2005 for women. Colorectal cancer has changed in its ranking position from 10th to 8th place for the number of deaths caused by malignant tumors. Furthermore, reported incidence in Quito are almost identical to those in other Ecuadorian regions. (National Cancer Registry SOLCA Quito, 2003-2005)

In 2004, Dr. Yoshinobu Eishi, my professor during the training course, proposed I should develop a pilot project for the screening of colorectal cancer in the public hospital where I work. He suggested the method combine a Japanese method for detecting fecal occult blood, colonoscopy and histopathological examination. The screening was performed for 1,000 patients.

In 2010, I was invited by TMDU to participate in the "Chilean-Japanese Course of Screening of Digestive Tumors" held in Clinica Las Condes (CLC), a hospital in Chile. Physicians from different countries such as Japan, Chile, Uruguay and Ecuador shared details from their experience of performing screening for colorectal cancer.

I believe that many of these experiences will form the guidelines for my future research. I also attended the opening ceremony of the Latin American Collaborative Research Center (LACRC), which will function as a base for education and research in Latin America. TMDU has also collaborated in this project. The goal of this center is to improve the early detection, diagnosis and treatment of colorectal carcinomas in Latin America.

TMDU-JICA training course, 2003

I believe that the training course has produced successful results. After returning to our home countries, the participants have applied the knowledge that we acquired in Japan. In addition, we are motivated to develop projects with the collaboration of JICA and TMDU that have a positive impact on the health of people in developing countries.

The public sector of Ecuador works as an essential service provider for people in need, irrespective of their social or economic status. The programs of the Ministry of Public Health are focused on social support of the Ecuadorian population. The government works in order to implement actions to improve health. Authorities promote prevention campaigns and ensure democratic access to medical centers. The most vulnerable people of my country are treated in public institutions. "Hospital Pablo Arturo Suárez" was founded in 1974. It covers at least 700,000 people, according to its areas of influence. It has fourteen medical departments.

I would like to continue with the pilot project with the collaboration of JICA and TMDU. It is essential to have our proper equipments to apply technology appropriately and effectively. Japanese experts can transmit us technical knowledge and skills. Thank you for trusting on me. My colleagues and I will do our best effort. As Dr. Eishi said me, "This is your mission."

Letter 04

Hope to develop future cooperation between NCI Thailand and TMDU

Thiravud Khuhaprema
National Cancer Institute
from Thailand

IT IS A great pleasure and privilege for me to be able to share my recent activities with our TMDU family. I first came to Japan in 1973 under a Monbusho scholarship, and graduated from faculty of medicine TMDU in 1980. I finished my surgical training at the 1st Department of surgery in 1984, and then spent another two years working in TMDU hospital. In total, I spent more than 13 years in TMDU. I am happy to say that I am a TMDU family member. I ob-

My family visited Japan (my second hometown) together during my training in liver surgery.

tained all of my medical knowledge in Japan.

Studying in Japan but practicing in Thailand has some advantages and dis-

advantages. But I feel that the advantages far outweigh the disadvantages. During my training in the 1st Department of surgery, I learned a lot of the principles of surgical oncology, particularly the practices of endoscopy, gastric cancer surgery and esophageal cancer surgery, all fields in which Japan is the world leader.

In 1986 I came back to Thailand and started working at the National Cancer Institute of Thailand (NCI Thailand). I was appointed head of the department of endoscopy. At that time, Thai surgeons did not perform endoscopy, and it was mostly left to the field of gastroenterologists. Since that time, I have trained Thai surgeons to perform endoscopy. However, gastric cancer is not so common in Thailand. Our major problem is liver cancer. In those days, hepatic resection techniques were very complicated and difficult to perform. Few surgeons were willing to perform liver surgery, so I had to return to Japan to learn more about liver surgery in different famous liver surgery centers. I became one of the pioneers of liver surgery field in Thailand when I returned, in addition to my specialty in gastric cancer from when I was engaged in the gastric research group in TMDU.

In 2003, I was promoted to director of NCI Thailand. My role for cancer care shifted from the individual level to national level. NCI Thailand was established in 1968. The first phase of implementation was performed under the Columbo Plan. JICA supported Japanese experts from the National Cancer Center Tokyo to come to Thailand and many NCI staff underwent training in Japan as part of the exchange program. NCI Thailand has two major missions, one role is to be a center for cancer control policies, and the other is to be a comprehensive cancer center. We are the central agency for advocating cancer policies in Thailand. The National Cancer Control Program (NCCP) has been developed by NCI in coordination with NGOs and universities. Our NCCP is designed to reduce cancer incidence and mortality, and to improve the quality of life of cancer patients. NCCP Thailand is composed of the following six strategies: 1) Cancer Informatics which focus on a population based cancer registry. 2) Primary Prevention, which sets priority for our common cancers such as liver and lung cancer. We have a national program for vaccination against hepatitis B and control of opisthorchis viverini (liver fluke) which is the major cause of cholangiocarcinoma in Thailand. Tobacco consumption is also effectively controlled by legislation, and a healthy life style campaign is being well promoted. 3) Secondary prevention was performed by screening and early detection of cervical and breast cancer. The national cervical cancer screening program has been organized by NCI since 2005. Women age 30-60 are screened by Pap smear every five years. Breast cancer awareness was improved by teaching breast self-examination techniques at the national level via the village health volunteers, who form the backbone of our primary health care network. 4) Tertiary prevention or treatment was standardized by national clinical practice guideline and used for cancer treatment reimbursement in the national health insurance system. 5) Palliative care for advanced cancer was focused on community based care by setting guidelines for pain relief to health promotion hospitals around the country. 6) The last strategy is cancer research, where both basic and clinical research are promoted. Our research projects are conducted in collaboration with international cancer centers. In its role as a comprehensive cancer center, NCI set up seven regional cancer centers. These centers are located around the country and provide access for patients to radiotherapy treatment in each region. Our institute operates as a supertertiary cancer care center, referral center, training center, research and development center and reference center for cancer in Thailand.

Cancer has been the number one cause of death in Thailand since 1999. The most common cancers in men are liver, lung, colorectal, prostate cancers and non Hodgkin lymphomas. In women, breast cancer is the most common cancer followed by cervical, liver, lung and colorectal cancer. Colorectal cancer has been increasing in Thailand. We are planning a national cancer screening program using iFOBT. Although our institute and other bodies are working as hard as possible for cancer prevention, the number of cancer patients is still increasing. Further new strategies and research projects on cancer control will be needed. In the past, most of our research cooperation with Japan has been limited to the National Cancer Center Tokyo. As a TMDU family member I hope that NCI Thailand and TMDU can develop further cooperation.

My eldest son graduated from faculty of economics, Chulalongkorn University (which just signed an MOU with TMDU)

Letter 05

Experience of halfway across the globe

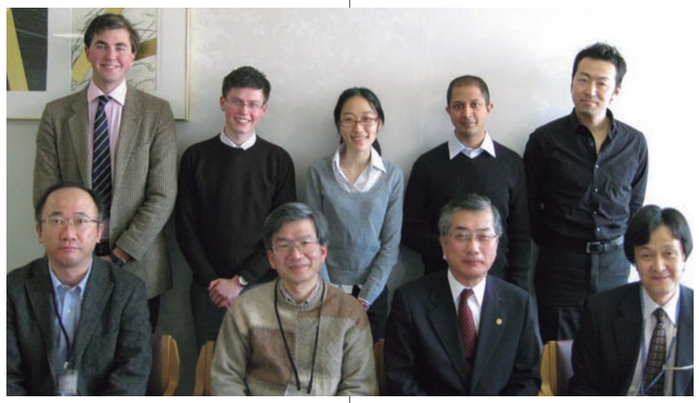
Chuin Ung
Imperial College
Exchange Program from U.K.

THE IDEA OF doing research in Japan had never occurred to me when I started medical school. I did not know what to expect from the prospect of doing research in my 4th year, let alone doing it halfway across the globe, in a land whose language and culture was completely new to me. I chose to do my project with Professor Karasuyama, whose research interest is mainly focused on basophil biology. The study of basophils commonly focuses on allergic responses in mucosal surfaces. However, it is increasingly conceivable that their function could extend beyond the pathology of allergies. The aim of my project was to ascertain the role of basophils in a commonly used model of inflammation in mice, namely dextran sodium sulphate (DSS) colitis. I needed to investigate whether basophils infiltrate the colon during colitis and whether the abolishment of basophils influenced its development.

I spent the first few days prior to starting my project adapting to basic life in Tokyo. I began to realize that life outside research was going to be as much an enriching experience as life in it. It soon dawned on me how simple tasks such as grocery shopping, taking public transport and paying bills become so daunting when in a new environment. Despite the inability to communicate easily, I learned that for the next three months, I was to be surrounded by the most polite and hospitable hosts I could ever imagine.

My first week was spent practicing intravenous injections on the lateral tail veins of the mice, performing autopsies and flow cytometry of different organs. My beginner's luck wore out after the first few tries, but the reassurances of my teachers did not. It did not take long for me to feel I belonged in the laboratory. Language was indeed a barrier, but I was surrounded by incredibly patient scientists. Soon, I developed the independence to work on my own.

I was very touched by the amount of help I received from the laboratory members, ranging from generous offerings of delicious snacks to the incredible company and support. Being faced with the task of writing a research paper, I gained a better understanding of how to read them properly. I learned how to think scientifically and address the problems I faced. Despite having only a short experience, I feel that I have gained a priceless insight into research.



Welcome lunch with our supervisors

Working at laboratory

I have learned many things during my stay in Japan. Research is something I have a new respect for. I realize now how much effort is put into producing the scientific papers that we as medical students often take for granted. Interest may open windows for opportunities, but it is the determination and discipline that paves the way for progress.

Having spent 10 weeks working on my research topic, it is a shame that I cannot continue it further. Every result that shows promise reveals more unanswered questions. I am excited about the basophil today, not just because it is still a novelty to me, but because I have personally observed what it can do, and I am very grateful for this laboratory for that.

Overseas exchange students had a dinner at a Japanese restaurant.

At a party with laboratory members