



# Newsletter

No. 37 March 31 2020

Tokyo Medical and Dental University  
Latin American Collaborative Research Center (LACRC)

## The COVID-19 pandemic in Chile

The COVID-19, which emerged in China in January of 2020, is spreading across the world and is quickly becoming a massive global challenge.

The spread of the COVID-19 to the South American continent prompted discussion on the handling of patients with the disease at medical institutions in Chile, and a workshop was held at Clínica Las Condes (CLC) to establish virus countermeasures for hospital staff.

Health officials confirmed the first COVID-19 case in Chile on March 3, in a patient who had recently traveled through Southeast Asia. Initially, cases increased among travelers returning from Europe and Asia to include family members and people who had close contact with them, but beginning in the middle of March there was a sharp increase in untraceable infections. On March 18, the Chilean government declared a state of emergency (*estado de catástrofe*). In response, restrictive measures were imposed, including the closure of Chilean land, sea and air borders, school closures, restrictions on commercial facility operating hours, the closure of parks and other public facilities, the cancellation or postponement of many events, and recommendations to switch to teleworking.

In late March, failure to control a rise in infection led to the imposition of total mandatory quarantine measures across the country, with a focus on areas with large numbers of cases.

Since the mandatory total quarantine applied in both Las Condes, where CLC is located, and the Centro area, which is home to Hospital Clínico San Borja Arriarán, clinical activities under the National Colorectal Cancer Screening Project (PRENEC) were suspended in late March. All conferences scheduled to take place in Chile have been canceled, including the symposium that was due to be held in neighboring Paraguay before the start of PRENEC. The decision has already been taken to postpone the Joint Degree Program (JDP) Medical School Directors' Meeting, the periods of study at TMDU by Chilean JDP students and University of Chile Medical Faculty students, and the international symposium, ENDOSUR.

While the situation is changing by the moment and it remains difficult to make predictions, the number of cases is expected to continue increasing through April and beyond. My hope is that the number of COVID-19 victims can be kept to a minimum in both Japan and Chile, and globally, so the situation is resolved as quickly as possible and we can all return to peaceful daily life.

*Tomoyuki Odagaki, Department of Gastroenterology and Hepatology*



**LACRC** TMDU  
IN CHILE  
Latin American Collaborative Research Center  
Santiago de Chile



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# PRENEC Progress Report

Here are the latest developments in the Prevention Project for Neoplasia of the Colon and Rectum (PRENEC). Antofagasta officially joined the PRENEC project in January of this year, becoming the eighth hub for colorectal cancer screening in Chile after Punta Arenas, Santiago, Valparaíso, Valdivia, Osorno, Coquimbo and Concepción. There are, however, management issues with the project in Valparaíso and Concepción, and screening is currently suspended in these two cities. Preparations are underway for the launch of the PRENEC project in Paraguay.

## PRENEC gets underway in Antofagasta



Antofagasta's PRENEC team.

Antofagasta is a port city in Northern Chile and has a population of around 380,000 people. It is the capital of Antofagasta Province, the second-largest region in the country.

While an agreement was signed with “Dr. Leonardo Guzmán” Regional Hospital in Antofagasta in 2016 regarding its service as a hub for the PRENEC program, the hospital was unable to obtain funding for this venture from the state government and progress stalled. With budgetary preparations in place by the end of last year, PRENEC screenings commenced in January of this year following a course at CLC for the medical team at Guzmán Hospital that covered managerial procedures and precautions.

The PRENEC project is currently on hold due to the spread of the COVID-19 in Chile; however, the plan is to administer immunological fecal occult blood tests on registered patients and to perform colonoscopies on those who test positive.



Patient registration at an awareness-raising event.



“Dr. Leonardo Guzmán” Regional Hospital.



# Staff

Assistant Professor Tomoyuki Odagaki, who has been engaged at LACRC since November 2014, will leave office in March 2020.

## Farewell address

### Tomoyuki Odagaki

LACRC, Department of Gastroenterology and Hepatology

Since I will be leaving my post in March 2020, I would like to bid my farewells.

I joined the Latin American Collaborative Research Center on November 20, 2014, and have been working in Chile now for about five years and five months.

My primary occupation in Chile was to instruct local doctors on colorectal screening and treatment at Hospital Clínico San Borja Arriarán, the Santiago base for the colorectal cancer screening project (PRENEC). During my time here, I accepted twenty PRENEC residents and was responsible for performing more than 2,000 colonoscopies in my role as their mentor.

In addition, since endoscopic submucosal dissection (ESD) had yet to become widespread in Chile (the standard treatment for early gastric cancer in Japan) I introduced the ESD technique at Hospital Clínico San Borja Arriarán and treated some 80 cases at the hospital. Patients are referred to Hospital Clínico San Borja Arriarán from within Santiago and hospitals across Chile, and since last year we have been accepting doctors for ESD training and working to further adopt the technology.

Before moving to Chile, I was engaged in endoscopy examination and treatment at the Gastrointestinal Endoscopy Department of the National Cancer Center Hospital East. Japan is a world-leader in endoscopy, and I volunteered for the LACRC position, as I wanted to make use of the knowledge and skills I had acquired in Japan in another part of the world.

In the early days, unable to fully stop myself from thinking, “If this was Japan...,” I prioritized rationality and personal ideals, and my frustrations led to bumping heads with local staff frequently. Having studied the system of public hospitals and the medical insurance system in Chile, however, I gained a better understanding of our differences in culture and mindset, and began trying hard to adapt to the Chilean medical system and concentrate on the work possible within it. Although I took up my post in hopes of contributing to medical treatment in a foreign nation, I fear there was some arrogance on my part as the “one providing guidance from Japan.” As my thought process slowly transformed and I began to more deeply respect the people around me, I came to be accepted quite naturally by local staff members and have my position accepted positively. For the past few years, as a member of the endoscopy team at Hospital Clínico San Borja Arriarán I was able to give guidance to residents and perform endoscopy treatment in cases that proved difficult for local doctors to handle. With the support of everyone around me, I have been able to lead a full and rewarding existence.

I would like to express my heartfelt thanks to all the people at Hospital Clínico San Borja Arriarán mentioned above, to Dr. López, head of the PRENEC project and a man whose advice I sought on numerous occasions, to the members of the colorectal surgical team at Clínica Las Condes (CLC), to all the CLC researchers who, since

2018, have been giving guidance on basic procedures to graduate students as part of the Joint Degree Program, to my predecessors for all their work in laying the grounds at LACRC, to the administrative assistants at LACRC who I am indebted to in both my public and private life, and to everyone I have worked with here in Chile.

I would also like to thank my wife and three children who have been with me throughout my sojourn here, preventing me from feeling lonely far from home, and helping me to make so many happy memories here in Chile. I will treasure my time in Chile for the rest of my life.

Following my return to Japan, I will be working in the Department of Gastroenterology and Hepatology at TMDU. I sincerely hope to continue to be a part of LACRC activities and to contribute to medical care in Chile, albeit now from Japan.

Last but not least, on March 18, the government declared a state of emergency (*estado de catástrofe*) in response to the increase in COVID-19 cases in Chile. It has also ordered a mandatory total quarantine (*cuarentena total*) across the country, including Santiago, and these measures remain in place. As a result, I was unable to return to Japan as planned and my departure has been postponed until after April. I am deeply regretful, too, that this situation has developed so suddenly, meaning that I am unable to say farewell to all the people in Chile who I have been indebted to during my time here.

In bidding my farewell, I pray for a speedy end to the COVID-19 pandemic, and look forward to being reunited with all those who have been there for me through the years at the earliest possible opportunity.



A commemorative photograph with the staff at Hospital Clínico San Borja Arriarán.

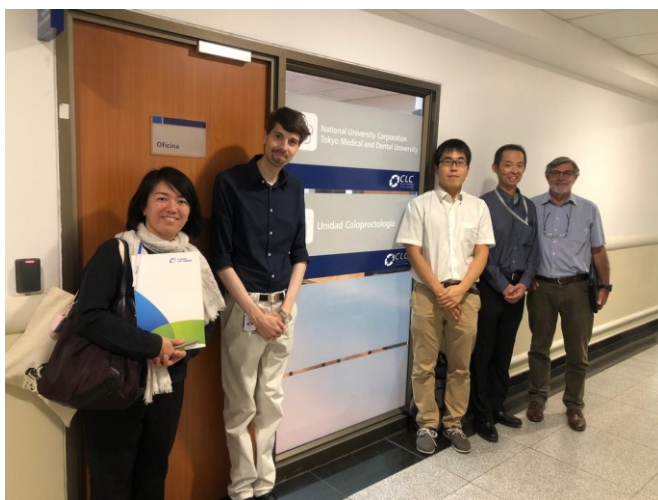
# LACRC Activity Report

## JICA Health Administrator visits CLC

On January 27, Ms. Yoko Hamaguchi of JICA Bolivia, who is in charge of health management for JICA staff in South America, visited CLC to determine whether the facility is equal to dealing with the injuries and illness of JICA staff in Chile. Dr. Odagaki and Administrative Assistant Jaime of LACRC accompanied Ms. Hamaguchi on a tour the emergency outpatient department, ICU and the heliport, which was given by the CLC public relations officer.

Following the tour, Dr. Odagaki showed Ms. Hamaguchi around the laboratory and LACRC offices that are used during JDP training.

Ms. Hamaguchi has been engaged as a health administrator at JICA Bolivia for three years and provided invaluable support to Dr. Odagaki on an earlier business trip to Bolivia. Her post in Bolivia is due to end in February and we wish her success in her future activities.



A commemorative photograph with Ms. Hamaguchi (at left) in front of the LACRC office.



The emergency outpatient department at CLC.

### Editor's Note

Dr. Odagaki is returning to his post in Japan after several years at LACRC.

Administrative Assistant Jaime and I will continue to do our utmost to continue operations fostered over the years by TMDU professors here at LACRC, and your vocal support would be most welcome. We will continue to report on our activities in Chile via this newsletter. Please feel free to contact the LACRC office if you have any opinions or ideas on how we can improve this publication. (Miki Hayakawa, LACRC)

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