

TMDU graduates are active at the forefront of their field in countries worldwide. Studying abroad helped them deepen their knowledge as healthcare professionals, benefiting both their field and patients in every corner of the globe.

Letters from TMDU Overseas Alumni

Letter 01

My days in Japan and China

Lian Duan
307 Hospital
from China



TIME FILES. I have been back to China for more than ten years now. But my days in Japan remain clear and vivid. I'm grateful to everyone at TMDU. There has never been a day passed without thinking of you. In 1996, with the help of Professor Hirakawa, I was able to study at TMDU in Japan with a government scholarship. During my stay in Japan, I had appendicitis. Professor Ohno organized the necessary

surgery and took care of me. In scientific research, Dr. Aoyagi offered me some advice and helped me get my Ph.D. I really appreciate their great help. My experiences in Japan changed my life. I was involved in a lot of surgeries which guided me to develop my special interests in revascularization surgery for Moyamoya disease (MMD). I had performed surgery on several patients in China before I went to Japan,



I performed surgery for these twins with moyamoya disease in China.

yet the outcome had not been satisfactory. The diagnosis of MMD was not clear. In addition, a large number of people diagnosed with definitive MMD were treated conservatively, including ischemia-onset type, hemorrhage-onset type, and asymptomatic type.

So I began giving lectures about MMD in China in order to educate and clarify the definition and diagnosis of the disease. Since then the interval between the disease's onset and the patient's admission was greatly reduced.

In the meantime I started to perform revascularization surgery on more patients. This was a hard beginning. Some patients were reluctant to receive this surgery. I still remember the first day when I performed the first double bypass surgery, which took quite a long time. As the number of our cases increased, an increasing number of patients benefited. More and more specialists in China realized the curability of this disease. Not until I became the director of my department of neurosur-



With my department fellows.

gery in 2006, did MMD become the focus in my department. Since then, my clinic and basic research has been focused on MMD. With the joint efforts of my staff, our department has gradually established its position as the leading academic institute for the study of MMD in China. So far, we have treated 3,000 MMD patients, the largest MMD number of cases in the world. In addition, a minimum of 300 new patients are on the waiting list at any given time.

As we become more and more experienced, the clinic and basic research of our department has made considerable progress, with much of our work published in Chinese and in international journals. For example, my group is the first one to investigate genetic risk factors of MMD in the Chinese population and we found that the functional polymorphism in the MMP-3 promoter might be associated with susceptibility to both MMD and FMMD in the Chinese Han population (Cerebrovasc Dis, 2010). From a study of pediatric patients, we reported that increased thyroid function and elevated thyroid auto-antibodies are associated with MMD (Stroke, 2011). Another major contribution of our group is the clinical features of MMD in mainland China. Patients had low rates of postoperative ischemic or hemorrhagic strokes, and the majority of patients had improved neurological functions after revascularization



At the 2012 Moyamoya Disease Forum in Beijing.

(Stroke, 2012).

In order to promote the collaborations of Moyamoya all over the world, we have successfully hosted the Moyamoya Disease Forum for three consecutive years from 2010. We invited Dr. Jeong Eun Kim from Seoul National University Hospital, Dr. Yoshiharu Matsushima, my mentor, from Tokyo Medical and Dental University in Japan, and Dr. Edward R. Smith, Director of Pediatric Cerebrovascular Surgery, Boston Children's Hospital, and many others. Through these collaborations, we have kept updated with the development of MMD and provide a framework for construction of evidence-based guidelines for the diagno-

sis and treatment of Moyamoya in China.

In 2008, I was invited by Professor Ohno to give a presentation in Japan about craniocerebral injury from motor vehicle accidents in China. I felt at home while I was there. On June 2, 2011, I was invited by Professor Miyamoto to attend the Asian Neurosurgical Conference on Moyamoya Disease in Kyoto. The conference provided an excellent opportunity for many MMD experts in Asia to meet and share the most recent findings about MMD. We are convinced that in the future we will eventually uncover the mystery hidden in this disease, and patients all over the world will benefit.

Letter 02

What I got from Japan and what I have done for Thailand

Narongsak Laosrisin
Srinakharinwirot University (SWU)
from Thailand



AFTER GRADUATING FROM the Faculty of Dentistry of Chulalongkorn University in 1985, I was immediately accepted as a Monbusho Scholars to study for a Ph.D. degree in Dental Sciences and gain clinical skills in Periodontology at Japan's most well-

known dental school, TMDU, under supervision of Professor Isao Ishikawa, until 1990. At the beginning, I had studied Japanese language and started experiencing Japanese culture at the Osaka University of Foreign Studies for 6 months.



At the signing ceremony for the MOU between TMDU and Srinakharinwirot University.

After that, I pursued the rest of my dental education to TMDU. During my studies at the Department of Periodontology, I was able to learn and gain knowledge thoroughly in periodontal immunology and microbiology and to

enhance my skills comprehensively in clinical periodontology. My Ph.D. thesis was published in the most recognized dental journal, the Journal of Periodontology, and gave me the opportunity to present my works in several academic meetings, not only in Japan but also in other countries such as USA. Becoming the very first Thai dentist who received a Ph.D. degree from TMDU (and also from Japan), there is no doubt that I feel very proud to have been given this opportunity.

Returning to Thailand in 1990, I became a lecturer and Assistant Professor at the Faculty of Dentistry of Chulalongkorn University and became involved in several roles of administrative functions, clinical practice, teaching and research, with a strong emphasis on administration. Since I was the only dentist who had graduated from Japan, and was familiar with the Japanese dental education system, I worked closely with senior faculty members to establish a cooperative relationship with TMDU, recognized as the first partnership agreement between Thai and Japanese dental schools. This agreement brought about academic relationships between TMDU and seven other dental colleges in Thailand afterwards.

Experiencing the high academic standards and oral health services in

TMDU, I was very eager to enhance the Thai dental college standard to a new level. In 1996, I enthusiastically became one of the founders of the newest dental school in Bangkok at that time, SWU, and was involved in several roles of administrative functions. Later, in 2009, I was honored to serve as the fourth dean of SWU's Faculty of Dentistry. Other than administration, I am still involved in the SWU's annual Outreach Project by mobile dental unit in rural areas in Thailand and the People's Republic of Laos, and also several research projects such as periodontal medicine, periodontitis related to systemic disease especially diabetes, and periodontal therapy by sub-gingival ultrasonic debridement and laser therapy.

In addition, I am also actively associated with several organizations. I was the founder and the first president of the Japan Dental Alumni of Thailand (JDAT), in 2006-2010, the president of the Thai Association of Periodontology (2004-2006 and 2010-2012), Board committee of the Thai Dental Council (2009-now), and Thai councilor of the Asian Pacific Society of Periodontology. The Japanese community in Bangkok numbers over 50,000.

Six years in Japan, and learning the language and culture of this great country, makes me feel at home in



Prof. Isao Ishikawa (left), after being made an honorary member of the Thai Association of Periodontology in Bangkok 1999.

communicating with Japanese patients, and confident in providing them with high quality dental treatment and educating them so as to prevent any further oral disease so they will be able to maintain a healthy, comfortable and fulfilling quality of life.

Recently, I had the opportunity to sign a Memorandum of Understanding (MOU) between TMDU and SWU in 2010. TMDU is recognized as one of the world's best dental schools. But to me, it is where I gained a lot of knowledge and fulfilling life experiences, and is my second home outside Bangkok. I was excited and deeply appreciated to have this privileged opportunity to review this relationship and I am looking forward to cooperating with TMDU much more in the future.



Prof. Kawaguchi (front row), Prof. Morio (second from left) and TMDU's International Exchange Center staff members visited Srinakharinwirot University in conjunction with the Student Exchange Program: Nippon Discovery.

Letter 03

TMDU made my dream come true



En-Xin Zhu
Dalian Medical University
from China



THE BEST THING that ever happened to me was being admitted to TMDU and getting my DDS Ph.D. here. Especially, I appreciate Mr. Mukaibou Takashi, the former president of Tokyo University, who was my father's schoolmate and friend. My great appreciation is also dedicated to my supervisor Mr. Yamamoto Hajime, who was the former president of TMDU. Both of them made my dream of studying abroad come true and gave me meticulous care and concern.

If anyone should ask me why such affections I have retained for TMDU, I would say there were touching stories happened to me. I entered TMDU in 1986, and was admitted to the Graduate School of TMDU in the next year to begin my doctoral studies. I was the first student from mainland China to study for a DDS Ph.D. at this university. My major was Oral Pathology, so I was required to take long hours to use with microscope everyday due to pathologic diagnosis and animal experiments. Due to long-term overuse, an eyeground hemorrhage occurred in my left eye and I almost lost my vision. This painful

event seriously affected my mood and my work. During this tough period, Professor Yamamoto and other teachers supported and helped me out to get up my courage and overcome this illness. As a result, I completed substantive biopsies, scientific research and my doctoral dissertation, as well as other several related papers, solely with my right eye, so my years-long dream of gaining my Ph.D. finally came true.

During my eight years of study at TMDU, I became acquainted with many celebrated professors and learned a lot of world-leading dental technologies. I felt a great responsibility to bring these technologies to China as soon as possible. Not long after returning to China, I became the Dean of the School of Stomatology of Dalian Medical University. With the help of Professor Etou Kazuhiro, then the Dean of the Faculty of Dentistry at TMDU, our two colleges concluded friendly relations with each other. We signed academic exchanges agreements, so there having been more than ten professors from TMDU coming to Dalian Medical University every year to give lectures and clinical guid-



The sakura in my city blooms as beautiful as it does in Japan.

ance. As for dental technology and production, Mr. Ishiwata Masaru, then the dean of the School for Dental Technicians, had been coming to Dalian Medical University, giving lectures and guide in person for 15 consecutive years without any trouble, which is very unusual for anyone to do, and I am very grateful for his tireless efforts. This exchanges program was strongly supported by Professor Tagami Junji, the current Dean of Faculty of Dentistry of TMDU. We greatly appreciate it. Thanks for the selfless help of TMDU, it's acknowledged that the stomatology teaching, scientific research and health care in our college have been improved in a dramatic way.

In personnel training, TMDU always gave me great support during the ten years that I was the dean of School of Stomatology. Professor Tagami opened the door to accept our teachers. We dispatched more than 10 in total, and helped them care with further study. Most of these teachers have gained their Ph.Ds at TMDU and have come back to



Dr. Ishiwata Masaru and other professors from TMDU came to Dalian Medical University to give lectures and clinical guidance.



The School of Stomatology of Dalian Medical University and TMDU established friendly relations in 2000.

work, and currently become great assets to our college.

In particular, my daughter Zhu Lei also went to TMDU, studied under Professor Tagami, and gained her DDS Ph.D. She is now a lecturer at Dalian

Medical University. My father graduated from Manchuria Medical University and gained his MD degree in 1946. It is not common to see that three generations of a family in China with Ph.Ds from Japanese universities. Therefore, I

have a retaining gratitude towards my alma mater, TMDU. It can be said that I would not be what I am today without the cultivation offered by TMDU, and the school will always have a special place in my heart.

Letter 04

Crossing the Borders



Dinesh Weerasinghe Kuraray America, Inc. from New York

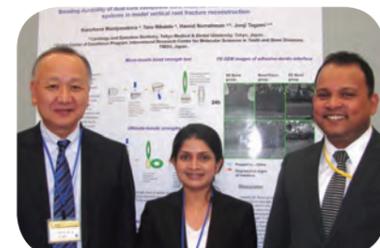


A FEW MONTHS ago in the autumn, I happened to be lined up with people who were arriving to enter the big city known as New York. Who am I and what am I going to do in this country, I thought. While I was just arriving and did not know much, I found myself without much fear and prepared to take challenges not only in my life, but in fathering a family.

“Next, please.” I walked forward to identify myself, and explained my purpose for what I am going to do inside the borders without much effort. I never gave much thought to who I had become before crossing the borders from Japan, after spending 10 years of my life in Tokyo, almost half of them at TMDU.

“Why TMDU?” I ask myself. Honestly, I really do not have an answer, but I know for sure this is the place that I

learned the most important aspects of my life. I travelled for nearly 10 hours by plane from a faraway Asian island, Sri Lanka, where I was born and lived for 27 years, before leaving to study in Japan. I was a dentist and also a teacher at dental school in my country; having the enthusiasm to learn new things and do research. I guess those were the main reasons to select TMDU. My school in Sri Lanka had many Faculties spread out on a large campus, which I now call horizontally dispersed. I was somewhat shocked from the outside appearance of the school in Japan, which was arranged in a very small area of a land, but with skyscraper buildings that I now call vertical. I had an appointment with my professor and knocked on his door on my second day at school. I was unable to understand the words that he used when I knocked the door, I

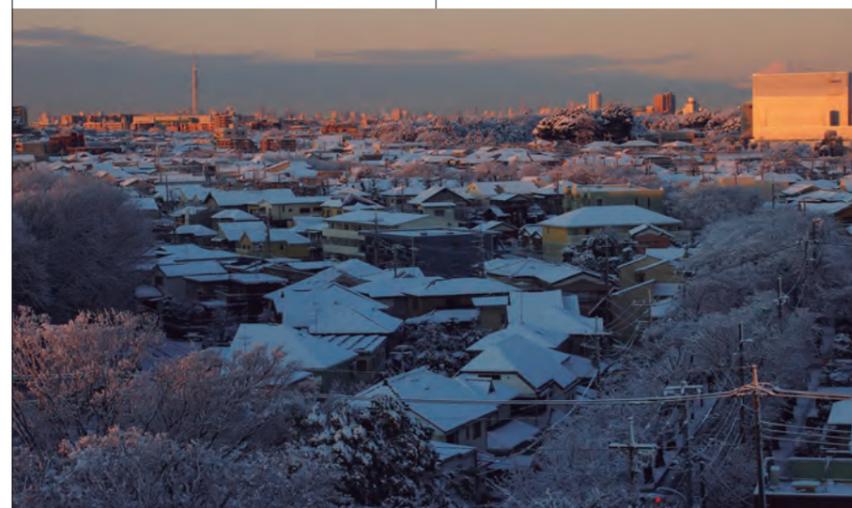


At a research meeting with my wife (center) and mentor (left)

but guessed that I had permission to enter. The room was very small with stacks of files and books. I could have missed him, had he not gotten up. I had no idea that meeting this individual, Dr. Junji Tagami, would change my life.

I studied for my doctorate in dentistry for four years, having chances to communicate with patients who demanded quality treatment with national health insurance coverage. I examined myself, contemplating that we had some wealthy patients who pay more for dental treatment at private offices in big cities in my homeland. Here, some wanted to have the best treatment for a low fee at my dental school. I learned many cultural differences, for example to bow and greet the patients, and after completing their treatment completing their treatment ran to the computer to catch up with the next appointment.

“You are ready to go and are stamped,” I heard from border control office, without which it is not possible to enter. I passed into this big city, crossing the borders from the far away Asian islands of Sri Lanka and Japan. Here I would use the things that I learned from TMDU regarding technical and clinical knowledge in dentistry with American dentists. The snow this year reminded me that it is no longer autumn in TMDU; however, my experiences will always gives me the breath to take new challenges in life.



The view from my home in Japan

Letter 05

The discovery and validation of novel biomarkers for early diagnosis and monitoring of disease



Alejandro H. Corvalan Pontificia Universidad Catolica de Chile from Chile



Above and center: Working at the Catholic University in Santiago.

MY LABORATORY IS located in Catholic University (Pontificia Universidad Catolica de Chile) in Santiago, Chile. Our major activity is Translational Cancer Research. The laboratory’s specific research focus in the discovery and validation of novel biomarkers for early diagnosis and monitoring of disease by epigenetic approaches, mostly by DNA methylation and microRNAs. Currently, we are developing a novel screening and triage test for early detection of gastric cancer based on methylation status of the promoter region of Reprimo, a p53-dependant tumor suppressor gene.

In addition we are investigating the role of Reprimo and p73 (another p53-dependant tumor suppressor gene) in the pathogenesis of gastric cancer. We focus on gastric cancer because it is the leading cause of death in Chile and second in the world. In one of our projects, entitled “Screening and triage test for early detection of gastric cancer” (Fondef#D09-1137), we are evaluating our own discovery of a potential biomarker for the early detection of gastric cancer (Clin Cancer Res. 2008;14:6264-9). In this proposal we are testing the detection of circulating tumor (ct) DNA of Reprimo methylated in conjunction with other markers such as H.pylori and Pepsinogens to establish a novel screening and triage strategy for early detection of gastric cancer.

In a first step we tested 1,000 males/females between 30-74 y.o. symptomatic to determine sensitivity and specificity for Reprimo in the detection of gastric cancer in a high-risk population evaluated by upper gastrointestinal en-

doscopy. Now, we are characterizing at clinical, pathological and molecular level cases of gastric cancer identified and non-identified by direct detection of Reprimo along with H. pylori and Pepsinogens. With this information, we are going to develop an algorithm for screening in a general population (3,000 male/female, 30-65 y.o.) from a high-risk area for gastric cancer in Chile (STEAD study, clinicaltrials.gov, identifier NCT01774266). In this step we will evaluate also acceptability, efficacy and efficiency of the proposed algorithm.



Reprimo (RPRM, geneID 56475) maps to 2q23, a locus with frequent allelic imbalance in human cancer. RPRM contains only one exon and is codified for a protein of 190 aa and 11 kD. RPRM has a putative role of a tumor suppressor gene causing cell cycle arrest at the G2/M boundary. We have hypothesized that loss of expression and function of Reprimo plays a role in the pathogenesis in gastric cancer. These losses might occur at early steps of the natural history of gastric carcinoma and should contribute to tumorigen-

ic characteristics of gastric cancer cells. Therefore, in a second project (Fondecyt#1111014) we are currently evaluating the role of RPRM through clinical and experimental models.

For a clinical model, we are testing the clinicopathological significance of the loss of protein expression of Reprimo in early, advanced and precursor lesions of retrospective and prospectively collected cases of human gastric carcinoma. Loss of protein expression has been tested by commercially available anti-Reprimo antibodies and data is integrated by our method of histology/tissue marker integrative approach (Clin Cancer Res, 2010;16:3253-9). To establish an in vitro experimental model to study the role of Reprimo in gastric cancer, fifteen cell lines from East and West origin (because of geographic/ethnic differences) are being characterized for the loss of expression of Reprimo at DNA level (methylation of the promoter region and mutational analysis of the full coding sequence), at RNA level (qRT-PCR) and at protein level (western blot) before and after treatment with DNA methyltransferase (5-Aza-2’-deoxycytidine) & Histone deacetylase (Trichostatin A) inhibitors. Cell lines with mutational inactivation of Reprimo will be characterize for in vitro changes in tumorigenesis after stable transfection of the full coding sequence of Reprimo. Changes in tumorigenesis will be evaluated in vitro by proliferation assay, viability assay and colony formation assay. Finally, tumorigenic changes will also be evaluated in primary gastric cells with and without expression of Reprimo be-

cause of the limited number of doubling cells.

Finally, the laboratory also has a

strong interest in computational biology/bioinformatics to explore cancer heterogeneity by utilizing a data min-

ing approach. For this effort we use existing databases and open source/in-house bioinformatic software.

Letter 06

Unforgettable study and life in Japan

Mashal, Mohammad Tafuiq
Preventive Medicine
from Afghanistan



I HAD NEVER dreamt of studying abroad in Japan before I was proposed for a scholarship from the Public Health Leaders Program of the Graduate School of TMDU. My greatest honor was to be one of the people who were selected to join this opportunity. Through my studies at TMDU I have the honor of being the first Ph.D. holder in Social Medicine in Afghanistan. My experience at TMDU changed my dream to reality.

I did not know how gorgeous Japan is until I first arrived at Japan in 2003, although everything looks different from my country. Upon my arrival at TMDU, I was welcomed by Professor Takehito Takano of the Graduate School of Public Health of TMDU, where I would eventually belong. In my first week of studies of the department, I was warmly welcomed by my supervisor, Dr. Keiko Nakamura, all of the staff and senior students. The theme of our study was diversity in learning and we mainly accomplished it through self-study, self-learning and self-support. This approach creates a sense of self-

confidence and enables the sustainable gaining of knowledge.

At TMDU I realized what a friendship beyond frontiers is. We met international friends from various countries: China, Thailand, Cambodia, Vietnam, Laos, Cote-d-voire, Fiji, and Mongolia. We became close friends and learned about each other's culture and society. It was my first experience to join a multi-national and multicultural environment. I really enjoyed my time at TMDU, probably because I met a great group of people, where everybody was important, from the most senior professor to the newest team member.

Every day we have to study and learn a topic based on our annual plan, every week we had bi-weekly seminars, every six months we had to provide results for evaluation, and each year we had an Annual Planning Meeting and study visits. The comprehensive research I did provide the first detailed epidemiological profile for Afghan health system and evidence for factors associated with the health and nutrition status of children under five years



Working as the General Director at Preventive Medicine.

of age in Afghanistan, with major attention on family behavior related to women and a past experience of war-related hardship.

I feel that my studies at TMDU have brought about a real change in my life, a change that will never go away. Not only I was lucky enough to receive the most up-to-date knowledge, but also I successfully advanced my career after returning to my own country, where I am currently working as the Director of General Preventive Medicine, in the Ministry of Public Health (MoPH) of Afghanistan. It is a senior position, as I am leading the largest program in the MoPH, taking care of all public health aspects of the health sector and overseeing 18 departments.

The knowledge I gathered in TMDU from the classroom and Japanese society, and the examples leadership shown by my seniors has made me stronger and more confident both as a public health practitioner and as a leader in my country. In my national contribution



Professor Takano, Dr. Nakamura and members of the Public Health Leaders course during our Annual Planning Meeting at TMDU in 2006.

I have established the first Non-communicable Disease Control and Oral Health departments, and I have brought about several functional and organizational reorganizations. In my interna-

tional contribution I worked as a senior advisor to the World Health Organization for post-conflict health need assessment of Libya.

My four years in Japan were too short.

I still feel myself very close to Japan and Japanese society, as I see a number of Japanese people working at the Ministry of Public Health and I can sense their honesty, sincerity and humanity.

Letter 07

Message from former student of TMDU

Ngy Mean Heng
Ministry of Health, Cambodia
from Cambodia



I have been working as the Deputy Director of the Phnom Penh Municipal Health Department, Ministry of Health, Cambodia since May, 2009.

I WORKED IN Phnom Penh in public health management at the grassroots level as the head of a health center which served 60,000 inhabitants in the 2000s. Despite graduating from the Faculty of Medicine in 1991 in Phnom Penh, and working as a medical doctor, my knowledge on public health management was limited.

To contribute in improving the health status in Phnom Penh, the capital city of a less economically developed country, we should look for the cost-effectiveness way as disease prevention rather than spending on disease treatment. Those reasons encouraged me to continue my study in public health.

I learnt about epidemiology, health statistics, health research, health promotion, public health, and international health development while studying at

the Department of Health Promotion and International Health of TMDU from 2002 to 2006.

I hesitate to describe about the difference in medical field between Japan and my country, previous studies have revealed that health status was significantly associated with the socio-economic status. Therefore Cambodia, a less economically developed country, understandably has a lower health status compared to Japan, an economically developed country. Japanese government establishes health policy based on health research. The Cambodian government is not able to choose this way yet because of scarce financial resources. I hope that Cambodia will do as Japan has done when we have sufficient resources.

I have worked as a deputy director of Phnom Penh Municipal Health Depart-

ment in charge of its Healthy City Program, health promotion, non-communicable disease control and prevention, and food hygiene since 2009. I also serve as a permanent member of the Phnom Penh Healthy City Secretariat.

The secretariat of the Phnom Penh Healthy City Committee plays a role in implementing Healthy City Program by expanding healthy settings-healthy communes, schools, markets, workplaces, and hospitals, in Phnom Penh. Last December we introduced the Non-Communicable Disease Prevention program through implementing healthy settings in Phnom Penh (please see the website: phnompenh-healthdept.org).



The secretariat of the Phnom Penh Healthy City Committee conducted the Workshop on Usage Monitoring Checklists for Healthy Settings in Phnom Penh on July 26, 2011 at Capital Hall of Phnom Penh.



The secretariat of the Phnom Penh Healthy City Committee conducted the Dissemination Workshop on Implementing Healthy Settings and Raising Awareness on Non-Communicable Disease Prevention in Cambodia.

