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# TMDU | ANNUAL NEWS

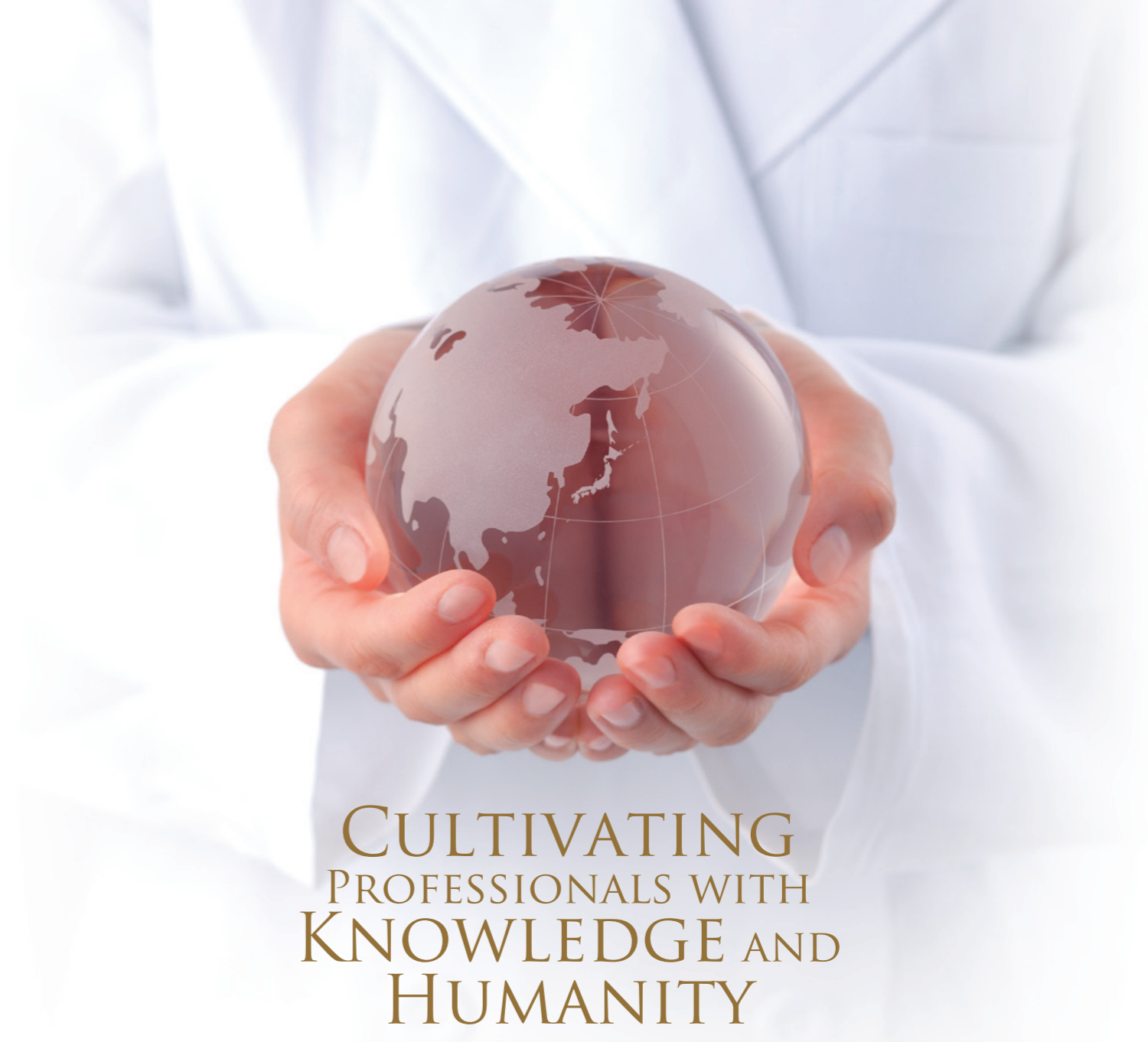


Tokyo Medical and Dental University

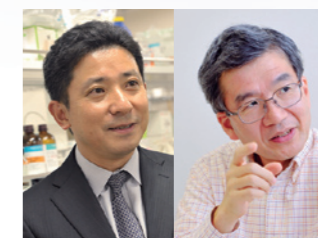
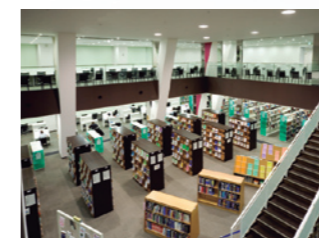
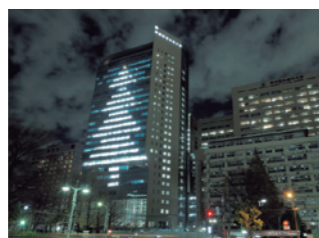
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## TMDU

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CULTIVATING  
PROFESSIONALS WITH  
KNOWLEDGE AND  
HUMANITY



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MESSAGE  
 FROM  
 THE PRESIDENT

**Takashi Ohyama**  
 President

# Goals and Plans for the Year 2011

## Promoting Reform of Medicine/Dentistry

### Integrated Education of Medicine and Dentistry

The recent progress made in medicine and dentistry is astonishing, and advances in these areas are expected to accelerate in the near future. Fundamentally, it is necessary for us to now cultivate professionals who will be prepared to develop and use the advanced medical technologies that will exist in 10 or 15 years. In order to achieve this goal, we have decided to establish a center for integrated education of medicine and dentistry, one which will conduct a continuous evaluation and review of educational contents and methods.

For example, it is said that soon one in four Japanese will be elderly. When we enter that “aged society” era, optimum, holistic care cannot be expected from dentists who are not well-versed in medicine or doctors who do not have sufficient knowledge of dentistry.

The expected transformation of the population and also of disease structures further means that medical experts cannot simply focus on their area of expertise, as one elderly person will likely suffer from multiple diseases.

From disease prevention and lifestyle guidance to diagnosis, treatment and follow-up examinations, medical experts will be expected to have knowledge of both medicine and dentistry, and intense collaboration between medical and dental professionals will be required.

A school such as TMDU can effectively lead us to such an era by adopting an integrated approach to education.

### Establishment of the Oral Health Engineering Course in the Department of Oral Health

We are glad to announce that the Department of Oral Health will offer a major in Oral Health and Welfare, and the School for Dental Technicians in the Faculty of Dentistry will be reorganized and established as an Oral Health/Oral Health Techni-

cian major field of study. In this program we will train high-level dental technicians who can handle implant-supported dentures, removable dentures and ceramic crowns. As we face the aging of Japanese society, we aim to achieve a systematization of this new discipline in order to train professionals who can contribute to patients’ joy of living and quality of life.

## Review and Expansion of Research Organization

### Creation of A Large-Scale Research Project

It is well-known that TMDU has many leading-edge researchers. Following our 21st century Center of Excellence (COE) award, we have received high evaluations for our Global COE initiative as well.

We will continue to strengthen cooperation between medicine, dentistry and engineering by the efforts of the School of Medicine and Dentistry, the School of Healthcare, the School of Intractable Diseases, the School of Biomaterials Engineering and the School of Biomedical Science/Biomedical Science PhD Program while, at the same time, creating an interdisciplinary large-scale research project. Hence we are reviewing our organization with an eye to increased cooperation from all parties.

### Concept of the Bio-Resource Center

As a concrete example of this cooperation, we are considering the establishment of a Bio-Resource Center where important bio-resources provided by our patients in the course of



operations and examinations are uniformly managed and responsibly shared throughout our school. Once we work out the appropriate ethics procedures, we may be able to use these bio-resources in any field, thus avoiding wasting valuable data or archiving it to no purpose. We believe that use of these bio-resources will result in great contributions to the promotion of basic research and clinical research. We further envision an expansion of the Center so that it can respond to requests from other universities or research centers, including pharmaceutical companies and medical companies.

### **Maintenance and Expansion of the Hospital**

To fulfill our university hospital mission, we must enrich and promote our ability to provide community healthcare, training and development, in addition to maintaining a proper balance of research and development. The university hospital accounts for more than 50% of our total budget, and so it hardly needs to be said that it is a very important aspect of the management of our university. Currently, we receive a subsidy for managing our hospital from the Japanese government, so we keenly understand that we need to streamline our procedures so as to produce cost savings while, at the same time, securing hospital income.

### **Demolition of Building 3 and Groundbreaking of the New Common Area**

We are now capable of providing greater contributions to our neighborhood and the surrounding metropolitan area as we were able to expand the emergency medical facilities which former president Dr. Suzuki established. To ensure that our university hospital is able to firmly function as a central hospital in an emergency due to a disaster or other incident, we expedited the demolition of Building 3, which had low tolerance for earthquakes. We were able to tear down two-thirds of the building before the end of the year, and the remaining third will be torn down in 2011. Construction of a new common area around M&D Tower and the University Hospital of Medicine will be promptly carried out so as to provide safe and convenient access for ambulances and vehicles driven by

outpatients.

In line with these goals, we are planning to establish a walking trail, a rest station, a parking lot, a taxi stand and automated parking in the common area. In addition, we will renovate the air-conditioning systems, plumbing and private rooms in the university hospital, with the aim of improving amenities for patients and staff.

### **Establishment of the Health and Longevity Promotion Center**

Mindful of the aging of Japanese society, we are considering the creation of a center that provides instruction in preventive medicine, the conduct of reliable medical examinations and the provision of second opinions by the use of collaboration between the University Hospital of Medicine and the University Hospital of Dentistry. At this time we are carrying out specific deliberations on securing staff, space and facilities as well as financial resources for such a Center.

### **New Establishment of Sports Injury Clinic**

We already have a track record of research organizations in sports medicine and dentistry at this school. Hence, we have now decided to establish a "Sports Clinic" which will be responsible for the curing and rehabilitating patients, including top athletes, who have sports-related injuries. We need to promptly set up the base for this system as we have already been providing support to "Nippon," a Ministry of Education, Culture, Sports, Science and Technology (MEXT) sports team.

### **Promotion of International Exchanges/Contributions**

It is needless to say that the University's overseas research bases are appropriate places for the promotion of research, but we have determined to make best use of them in order to cultivate a cosmopolitan sensibility in our students.

### **Dispatch of Students for Overseas Training**

Each year, more than 30 students go overseas to Harvard University, Imperial College or an independent research destination via our overseas dispatch system. In an attempt to develop highly specialized medical experts who have a strong desire to study and who will eventually be world leaders, we decided to reward graduate students for their achievements in research by giving them overseas training opportunities.

Two years ago, we established a research center for infectious diseases in Ghana, and last year we estab-

lished a research center for colorectal cancer in Chile. In both cases, we dispatched resident researchers as we are promoting international joint research and the production of young researchers and highly specialized medical experts at these centers. In a new approach to achieving these goals, we dispatched four undergraduate medical students to Ghana and six to Chile for training in research methodology as part of the students' project semester period. The students had to undertake thorough training and be endorsed by professors in the field to qualify for dispatch.

We expect that the students who were able to take advantage of this opportunity will naturally learn the nature and importance of making international contributions, the pleasure of conducting collaborative research and the joy of onsite development through the experience of living overseas, working with resident researchers, and living a research-centered life, all of which will enable them to become persons of cosmopolitan sensibility.

### **Development into the Research Base in Asia**

We must accept excellent young researchers (including international students) to our school and center their development around our goal of being the base of research and education for medicine and dentistry in Asia.

One way that we have moved in this direction is the holding of the International Summer Program (ISP) for two consecutive years. Last year, at ISP2010, we invited 25 very highly qualified students from 15 countries to study at TMDU and learn about the school via laboratory visits and other programs. Several of these excellent students have already enrolled in a doctoral course at TMDU.

In fact, more than 160 of our international students are from 22 countries in Asia, and we have a greatly increased number of international students in the field of medicine and dentistry engineering here. In sum, we are prepared to do all that we can to cultivate collaborative medical and dental professionals.

Last year, we established a research education support center in Thailand (within the premises of Chulalongkorn University) with the aim of conducting joint research and developing professionals, as we are doing at the research centers in Ghana and Chile. To be sure, we plan to develop base activities for collaborative research between medicine and dentistry especially in Asia. Taking the citation rate of TMDU-related medical and dental journal articles into account, the University is positioned at the top rank, not only in Japan but in all of Asia, so I have the ut-

most confidence that we can perform brilliantly as a world-recognized base for integrated medical and dental research.

### **Construction of Medical Network for Southeast Asia**

Here, I am expecting one more role: construction of a medical network for Japanese who live in Southeast Asia, including those who work in a particular locality and their families. We plan to gain the cooperation of Thai-TMDU Alumni, an organization made of Thai doctors and dentists who studied at TMDU as international students. There is already a strong demand for such efforts from the Embassy of Japan, the Japanese Chamber of Commerce and the Japanese Association in Thailand, and we are expecting that once the network is in operation, there will be great advantages for both Thai and Japanese in Thailand.

### **Establishment of an International Exchange Foundation**

The current governmental administration has been reducing the public scholarship fund for overseas dispatch of students and graduate students and the acceptance of privately-funded foreign students. We think that it is thus necessary to take new measures to support continuous influx of international students by securing a separate financial base; we are currently crafting specific ideas regarding establishment of foundation for international exchange support.

### **Other Matters**

A system to efficiently use water on campus will be ready by March; significant cost savings for operational expenses is expected as a result. We have adopted a sabbatical scheme in order to improve faculty members' motivation for pursuing education and research. We plan to hold an anniversary celebration to commemorate the founding of the University, a talk-fest between the president and undergraduate/ graduate students, FD (Faculty Development) for the entire school, and other activities. We also plan to conduct deliberations for the expansion of our health administration center and our training center, and the establishment of childcare facility for sick children.

We are looking forward to a great 2011, and with your support and cooperation, I am sure that we can achieve our ambitious goals.

  
Takashi Ohyama, President

# Ghana-TMDU Collaborative Research Center Start of Our 2nd Phase Activities in 2010

Nobuo Ohta  
MD, PhD  
Professor of Environmental  
Parasitology, TMDU

**GHANA-TMDU COLLABORATIVE** Research Center was established at the Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana, in 2008 as one of 12 Collaborative Research Centers in the J-GRID (Japan Initiative for Global Research Network on Infectious Diseases) program directed by the Ministry of Education, Culture, Sports, Science and Technology (MEXT), Japan. NMIMR is located in Accra, the capital city of Ghana, and the year of 2008 was 80th anniversary of Dr. Hideyo Noguchi death from yellow fever in Accra.

The partnership for medical research between Ghana and Japan has continued to enjoy a long history since the days of Dr. Noguchi. J-GRID was renewed as the 2nd phase of the MEXT program in 2010, and our Ghana center is expected to share increasing responsibility in J-GRID activities. The aims of J-GRID include the promotion of scientific research on infectious diseases, providing information of infectious diseases to the whole world as well as Japan, and development of human resources in the field of biomedical research on infectious diseases. Considering that many emerging infectious diseases occur in Africa, our Ghana center, located in the West African sub-region, have a very important role to play in the global network for disease-prevention and control.

In the 2nd phase program of J-GRID, our Gha-

na center has continued activities under the initiative of the President of TMDU and Director of NMIMR, and TMDU has since dispatched two Japanese researchers to NMIMR. Professor Ido was nominated as the chief of Japanese researcher at NMIMR, and left to take up this new position in May 2010. Professor Ido is a specialist in the molecular epidemiology of HIV/AIDS. The other researcher dispatched from TMDU is Associate Professor Takashi Suzuki, whose specialty is the molecular analysis of African trypanosomes. Associate Professor Suzuki is continuing his work from the 1st phase project.

Our counterpart institution, NMIMR, is one of the most influential institutes for medical research in the West African sub-regions. NMIMR was established as a collaborative project between Ghanaian and Japanese Governments in 1979. Since then, many collaboration projects have been implemented through ODA schemes. This collaborative project is not an ODA, but it does aim to share the benefits mutually. For Japanese side, it is very important to maintain a strong foothold through joint research on infectious diseases in Africa, and the human network we create through collaborating with researches in Africa provides us with invaluable information about endemic diseases. Ready access to a wide variety of pathogens also provides younger researchers with the opportunity to be involved in hands-on research into infectious diseases. On the other hand, the TMDU staff attending NMIMR are established and prominent researchers in their respective research fields, and they play important roles in promoting research and instructing many young staff in collaboration with their NMIMR counterparts. Needless to say, our Ghanaian colleagues benefit greatly from access to essential and advanced equipment provided from Japan.

Ongoing research subjects in our Ghana center include virology and parasitology. HIV is the primary target for virology research. The treatment



① Laboratory of Parasitology in NMIMR  
② Lecture on infectious diseases given by TMDU researchers.  
③ TMDU students in Ghana Tomoki Kawahara (left) and Wataru Kagaya (right)

of HIV is guided by WHO, and the Ghanaian government has accepted the WHO standard. In line with these guidelines, ART (anti-retrovirus treatment) was introduced in Ghana. However, the WHO guidelines are based on viral information spreading throughout many western countries, but viral strains in African countries are different from those strains in America and/or Europe. Therefore, our research is essential in monitoring the efficiency of ART when applied to Ghanaian strains of HIV. Another research topic is molecular evolution of HIV. Recombination of the viral genome within the same human seems to drive the molecular evolution of HIV. Therefore, field surveys to detect hosts infected with multi-strain viruses, and follow-up studies on these hosts are providing interesting results. Professors Ido and Brandful of NMIMR are in charge of these studies.

Two main subjects are currently considered for parasitology research. African trypanosomiasis is a pathogen that causes sleeping sickness, for which there are still no safe and effective medicines. Dr. Suzuki and his counterparts from NMIMR are searching to find effective drug targets against the parasite, and several candidate molecules have been identified. Another subject is epidemiological research on parasitic diseases in the West African sub-region. Malaria, toxoplasmosis and trypanosomiasis are studied. The study has gathered a wide range of essential information, including the current situation of drug resistant malaria parasites, and ecological information of disease transmitting vector insects.

A new TMDU project related to the Ghana-TMDU center was started in 2010. TMDU undergraduate students are now able to choose where to do their research during the "Project Semester". In addition to London, other overseas TMDU centers including Ghana-TMDU are chosen by students. In 2010, four 4th year medical students visited the Ghana center to experience of

research on tropical diseases and the Ghanaian medical system. During their six weeks stay in Ghana, the students visited not only NMIMR, but also urban and rural health stations and hospitals, all of which were arranged by our Ghanaian colleagues. The activities of these students are also introduced in this issue. There is no doubt that the experiences these students had in Ghana will greatly bolster their future career as a medical doctor with a deep understanding of cultural differences. Out reach activities are also important for us, and TMDU researchers are invited to give seminars on infectious diseases for Japanese residents in Ghana.

In addition, we are hoping to establish a new cooperative relationship with a J-GRID center in Zambia that is maintained by Hokkaido University. These J-GRID centers are the only two established in Africa.

Finally, one of the most important aims of our Ghana-TMDU center is to promote mutual understanding. African culture is not necessarily an easy culture for Asian people to adapt to. However, exchanges among different cultures, ethnicities and religions are essential in expanding our horizons. Ghana has a great deal of natural beauty, history, and delicious local cuisine. We believe that the survival of human beings rests partly on the combination of our many differences, and we will continue our international activities in order to strengthen our mutual understanding.



African sunset in Ghana

Prof. Ido and Prof. Yamaoka are at the statue of Dr. Noguchi



# Latin American Collaborative Research Center, TMDU Santiago, Chile

Yoshinobu Eishi  
MD, PhD  
Professor of Human Pathology, TMDU

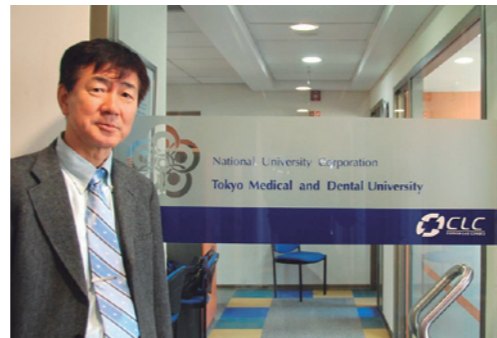
The Latin American Collaborative Research Center (LACRC) was established within the Clinica Las Condes (CLC) facility in Santiago, Chile, as one of TMDU's overseas activity centers, according to an agreement concluded in July 2009 between TMDU, CLC, and the Ministry of Health of Chile.

## TMDU Activities in Chile in 2010

A national colorectal cancer screening project was scheduled to start in Chile in May 2010 pursuant to the agreement mentioned above, but this project was postponed until 2011 because of the unexpected occurrence of the tragic Chilean earthquakes of Feb. 27, 2010. To help support our Chilean partners as they recover from this disaster, TMDU held an internal fundraising effort and was able to donate ¥2,054,285 to CLC. With this donation, CLC was able to restore the medical equipment in the Department of Pediatrics in Felix Hospital, which was heavily damaged by the earthquakes.

LACRC operations began in May 2010 when Dr. Takashi Ito, a human pathology specialist, became the first TMDU faculty member to be assigned to the overseas activity center. Clinical collaboration via LACRC was initiated in June 2010 when Dr. Hiroshi Uetake, a colorectal surgeon, was posted to the facility for two months. Dr. Ito was joined in January 2011 by Dr. Tetsuro Nishikage, an esophageal and general surgeon. Drs. Ito and Nishikage will join the national colorectal cancer screening program in clinical practice (endoscopy and pathology), research, and the educational training of at least eight young Chilean doctors each year.

TMDU dispatched a delegation from Aug. 4 to 15, 2010 which was headed by President Takashi Ohyama. President Ohyama was accompanied by Dr. Sasaki, Trustee for Planning/International Exchange, three professors of clinical medicine (Drs. Sugihara, Kawano, and Watanabe) and three pro-



LACRC is located on the 3rd floor of CLC's main building. The door reads "National University Corporation Tokyo Medical and Dental University" and displays the TMDU and CLC logos.

fessors of basic medicine (Drs. Yuasa, Inazawa, and Eishi). There were three delegations: Attended the LACRC opening ceremony, supported a symposium and training course organized by CLC and TMDU, and discussed TMDU activities for the national colorectal cancer screening proj-

ect and student exchange programs between TMDU and the University of Chile.

## LACRC Opening Ceremony

The LACRC opening ceremony was held at CLC on Aug. 9, 2010. TMDU invited many people who were involved in the establishment of this new activity center, including officials from the Ministry of Health of Chile, the CEO and hospital doctors from CLC, the dean of the Faculty of Medicine and representatives from the University of Chile, the ambassador and staff members from the Japanese Embassy in Santiago and the director and staff members of the JICA office in Chile. The ceremony celebrated the inauguration of LACRC with congratulatory speeches, which were followed by a dinner party.

The speeches provided an introduction to the long history of TMDU's contribution to research and clinical work on gastric cancer in Chile, in particular with regards to the introduction of Japanese methods and knowledge through the JICA training courses that have been held both in Tokyo and Santiago for the past 20 years. The troubling recent rapid increase in the mortality rate of colorectal cancer in Chile was also reported to the audience. The necessity of close collaboration in



TMDU Drs. Nishikage (left) and Ito (right) are now working in LACRC with a LACRC secretary, Ms. Andrea Vergara Carmona (far right) and a medical technician, Ms. Ana Maria Wielandt (far left) for colorectal cancer screening using the immunological fecal occult blood test.

this field through the establishment of LACRC and posting of researchers and clinicians from TMDU to LACRC, became apparent to all.

On the day of LACRC opening ceremony, the TMDU delegation visited the Ministry of Health to see the Health Minister, Dr. Jaime Manalich, who was a formerly director of the CLC hospital. Dr. Manalich and Dr. Ohyama confirmed their shared keen desire to implement the national colorectal screening program. Dr. Manalich was unable to attend the LACRC opening ceremony as he was managing the medical response for the trapped Chilean miners, whose accident occurred just after the delegation arrived in Santiago. We saw Dr. Manalich every day on the TV news in



TMDU delegation members (from right, Drs. Yuasa, Ito, Inazawa, Sasaki, Watanabe, Uetake, Sugihara, Ohyama, Eishi, Kawano, Ms. Iida, and Prof. Yoshida, respectively) in front of the CLC emergency helicopter at the CLC hospital heliport with the Andes in the background.

On the day of the LACRC opening ceremony, TMDU President Ohyama and the new Minister of Health of Chile, Dr. Manalich, confirmed their keen desire to implement the national program of colorectal cancer screening in Chile.



Chile, and were very pleased to see him handling the medical aspects of the rescue effort so well.

### Symposium and Training Course

A symposium and training course were held in CLC over a four-day period to teach Japanese knowledge and techniques to doctors in Chile and the greater Latin American region. At the opening of the symposium, Dr. Ohyama explained the background and purposes of the training course to more than 200 doctors in attendance. According to the agreement reached between TMDU and CLC, the symposium will be held every year for a total of five years.

A total of 15 lectures on diagnosis and treatment of esophago-gastric and colorectal cancers were provided by six TMDU professors at the symposium. There were also four panel discussions and an interactive workshop. Several German professors were also invited, and the Japanese and German researchers wore soccer uniforms as they debated the different diagnostic criteria and treatments used in their respective countries.

Two graduates of the TMDU-JICA training course also made presentations at the symposium. Dr. Eduardo Fenocchi, the leader of the national colorectal cancer screening program in Uruguay, reported on the results of screening 20,000 people in his country. Dr. Alexandra Montalvo, who is now trying to organize a similar national project in Ecuador, reported the results of screening 1,000 people in her country. The two doctors also helped the TMDU professors and Latin American doctors communicate with each other in English and Spanish, and attended the LACRC opening ceremony.

### The National Colorectal Cancer Screening Project

All of the TMDU delegation members visited

CLC's hospital to discuss TMDU activities for the national colorectal screening project. First, a large-scale pilot study will screen 30,000 people a year for five years starting in May 2011, and supported by Chilean research grants (FONDECIT and FONDEF) with donations of screening test kits (150,000 kits for five years) from EIKEN, and recent model endoscopes (two sets) from Fujifilm. In addition, JICA will support the research aspect of this project by dispatching a Japanese molecular biologist to LACRC.

Although the project targets the screening of asymptomatic people for early detection of colorectal cancer, TMDU also supports work on public health issues in Santiago. Many symptomatic people are waiting for medical examination and treatment in Chile's largest national hospital, San Borgia Hospital. Doctors from TMDU and CLC will help the hospital's endoscopy unit decrease the number of patients on the waiting list. To this end, training in endoscopy and pathology for young Chilean doctors will be done at both CLC and San Borgia Hospital.

### TMDU Exchange Students

In October 2010, six medical students were dispatched to LACRC for a 5-month term in order to do medical research as part of their project semester, a key feature of the TMDU curriculum. These 4th year students completed all of their lectures in clinical and basic medicine with excellent results.

President Ohyama provided a scholarship for these students to work at LACRC, with the expectation that they will be motivated to pursue research and international activities thanks to their early exposure to collaborative activities undertaken by TMDU and its international partners in Chile. The students are now working with three CLC professors in the fields of molecular biology, cancer genetics, and histopathology.

## Opening of "CU-TMDU Research and Education Collaboration Center" in Thailand

CHULALONGKORN UNIVERSITY (CU) and TMDU agree to establish a TMDU overseas office at CU which will serve to promote academic collaboration and scholarly exchange more actively between the two institutions. On Nov. 23, 2009, a signing ceremony for the establishment of the "CU-TMDU Research and Education Collaboration Center" was conducted at the Head Office Building of CU, Bangkok, Thailand.

CU and TMDU have worked together for one year in order to prepare for the establishment of the center. The center was set up on the 11th floor of the Dental Faculty Building in CU. The center room (52m<sup>2</sup>) was divided into four areas: The reception desk, TMDU introduction area, meeting function area and office area. Dr. Atiphan Pimkhaokham was appointed as the center coordinator. He completed his PhD program at TMDU and is currently the Assistant Professor and Vice Dean for Planning, Development and IT, in the Faculty of Dentistry, CU.

On Nov. 22, 2010, prior to the opening ceremony, President Takashi Ohyama and TMDU delegates visited the Japanese Embassy to report on the establishment of CU-TMDU center. They introduced center's mission and role to Seiji Kojima, Ambassador Extraordinary and Plenipotentiary of Japan to the Kingdom of Thailand. In the evening, a commemorative dinner was held at the Novotel Hotel and many guests were invited to celebrate the establishment of the new center. CU and TMDU members from both medical and dental faculties talked about their future collaboration

The mission of the CU-TMDU center is to support the following activities

- >Support collaborative research based on the needs of the respective countries and regions.
- >Supply information on research and education at TMDU and on studying in Japan.
- >Provide continuing education opportunities in medicine and dentistry to TMDU Thailand alumni.
- >Establish a medical and dental care network for Japanese nationals in Thailand.

projects in research and education.

On Nov. 23, 2010, just one year after the signing ceremony, the opening ceremony of the "CU-TMDU Research and Education Collaboration Center" took place in the hall in front of the center. About 100 delegates and honorary guests attended the ceremony.

The opening ceremony was conducted with the guide of Dr. Chalida Nakalekha. Professor Yoko Kawaguchi explained the background, purpose and expected roles of the CU-TMDU center. CU President Pirom Kamolratanakul and TMDU President Takashi Ohyama subsequently delivered commemorative opening speeches. Ambassador Seiji Kojima and Torajiro Ohashi, President of Thai Japanese Association, also made the speech to congratulate the construction of and to outline expectations for the CU-TMDU center on behalf of Japanese nationals who live in Thailand. The last speaker was Dr. Suonta Chareonvit, a representative of the TMDU alumni. Distinguished guests, such as deans of other Thai dental universities, and the representatives of governmental, academic and private institutes attended the ceremony. More than 20 TMDU alumni, who are currently academic staff at CU, also participated in the ceremony.

Yoko Kawaguchi  
DDS, PhD  
Professor of Oral Health  
Promotion, TMDU



At the Embassy with Ambassador Seiji Kojima



Ribbon-cutting ceremony by both presidents



Dr. Atiphan Pimkhaokham, Coordinator of CU-TMDU center and Prof. Junji Tagami, Dean of the Faculty of Dentistry, TMDU

**Past main academic collaboration projects between CU and TMDU**

- 1992-1994 Training program for young dental professionals in CU
- 1993 Symposium on dental materials in CU
- 1993-1995 Research project on maxillofacial disorders
- 1998 Dental students' seminar between CU and TMDU
- 1996-2005 Japan/Thailand core university program in dentistry (JSPS)
- 2004 Dental public health training for Southeast Asia (JICA)
- 2009-2010 Young researchers' exchange program in medicine and dentistry (JSPS)

Both presidents performed a ribbon-cutting ceremony together in front of the entrance, after which all participants entered the room and observed the center facilities. Soon after the opening ceremony, all participants enjoyed a commemorative lunch prepared by CU and TMDU.

TMDU invites many international students who aspire to enter such an academic environment to further explore the possibility of studying in Japan. For these prospective students, CU-TMDU center will supply information on available programs and the admission process. Also, it will provide a suitable meeting place between prospective students and TMDU faculty who visit Thailand. Now, over 100 TMDU international student alumni work in Thailand, helping to advance and develop research and education in the country. This center will support these alumni by distributing information and connecting them to TMDU faculty members for further collaboration.

At present more than 44,000 Japanese nationals live in Thailand. In most cases, these Japanese nationals reside with their families. As a university that concentrates on research and education in the areas of health care and health science, TMDU would like to supply useful health-related information to Japanese nationals through the center. Useful information, such as a listing of dental clinics where patients can receive dental care from Japanese-speaking Thai dentists, will be available online from the center website.

CU and TMDU have a long history of friendship, and have formed a close mutual cooperation over the past 20 years since the academic collaboration agreement between the CU Faculty of Dentistry and TMDU Faculty of Dentistry was signed in 1991. Through a long history of close mutual cooperation in the dental field, Wacharaporn Tasachan, Associate Professor and Dean of the Faculty of Dentistry, CU, kindly offered us space for the center office on the 11th floor of Dental Faculty Building, in order to further strengthen ties through friendship and academic collaboration.

The CU Faculty of Medicine and the TMDU Faculty of Medicine signed their own academic collaboration agreement in 2002. At present the collaborative research project on colorectal cancer is in progress, and academic collaboration and scholarly exchange programs have also been started between CU and TMDU. At the beginning, collaboration activities between CU and

## Report of Visit to CU-TMDU Research and Education Collaboration Center

**Takao Hanawa**  
PhD  
Professor of Metallic Biomaterials, TMDU



Discussion in CU-TMDU Center



Seminar in CU-TMDU Center



TMDU alumni, who are currently academic staff at CU



Ambassador Seiji Kojima, Torajiro Ohashi, President of Thai Japanese Association, presidents and deans of CU and TMDU



Assoc. Prof. Wacharaporn Tasachan, Dean of the Faculty of Dentistry, CU and TMDU President Takashi Ohyama

TMDU were mainly in the field of dentistry, but now medical and bio-material projects have also commenced and collaboration between the two universities has been increasing.

CU-TMDU Research and Education Center is

the first overseas office in the Southeast Asian Region. We hope this center will contribute to the establishment of medical and dental health care networks, as well as an international research and education hub in Southeast Asia.

**FOUR STAFF MEMBERS** and one student from the Institute of Biomaterials and Bioengineering (IBB) at TMDU visited Chulalongkorn University (CU), during Dec. 6 to 9, 2010, to negotiate future research exchanges. The members of this visit were: Professor Kimihiro Yamashita, who is a director of IBB, Professor Kazuo Takakuda, Professor Takao Hanawa, Suguru Yamato, who is administration head of IBB, and Ryota Kondo, a Ph.D. course student. The members mainly discussed "dental and medical materials for treatment and regenerative medicine." Professor Yamashita, Professor Takakuda, and Professor Hanawa conduct research on bio-ceramics, membrane and scaffold materials, and metallic biomaterials, respectively.

We first visited Wacharaporn Tasachan, Dean of the Faculty of Dentistry, on December 7, and discussed the possibility of and types of collaboration. Then, we finally visited the new and elegant room to be used as the CU-TMDU Research and Education Collaboration Center, which was established in 2010. We visited just one week after the opening ceremony of CU-TMDU center. The room was well furnished and equipped with office desks, a meeting table and chairs, PCs, In-



Visit to Wacharaporn Tasachan, Dean of the Faculty of Dentistry

ternet, audio visual equipment, and displays on TMDU.

After lunch organized by Dean Tasachan, we held a seminar that was joined by five faculty staff members of CU and six graduate school students from Faculty of Dentistry and Engineering. In the seminar, we had a lively discussion on the presented research subjects and possibility of starting future collaborations. These discussions were even continued to the next day.

We left Bangkok late in the evening on December 8, but Mr. Kondo stayed in CU until December 27 in order to start his collaboration research.

This visit is really significant for starting collaboration between TMDU and CU. In 2011, we have further plans for a few faculty staff members to visit CU and discuss other fields of research.

**Participants from CU**

Dr. Atiphan Pimkhaokham, Vice Dean in Planning & Development and IT Faculty of Dentistry, Dr. Prasit Pavasant, Associate Professor, Faculty of Dentistry, Dr. Viritpon Srimaneepong from the Faculty of Dentistry, Dr. Yuttanant Boonyongmaneerat from the Faculty of Engineering, Dr. Boonrat Lohwongwatana from the Faculty of Engineering, and six graduate students from the Faculty of Engineering.

**The seminar program**

- "Biofunctionalization of metals for biomedical use" by Prof. Takao Hanawa
- "Bulk metallic glass-a new class of strong and easy-to-form material for dental application by Dr. Boonrat Lohwongwatana
- "Fundamentals and applications of polarized bioceramic materials" by Prof. Kimihiro Yamashita
- "Hydrophilic property of titanium activated by UV" by Dr. Viritpon Srimaneepong
- "Optimum design of implant device for tissue regeneration" by Prof. Kazuo Takakuda

# International Summer Program 2010 Report Announcement of ISP2011

**Ikuko Morio**  
DDS, PhD  
Director of International Exchange Center, TMDU

**Education of international students is a key function of any university that desires to make an intellectual contribution to the global community. As of May 2010, there were 206 international students studying at TMDU. To attract an even greater number of promising young minds from around the world, TMDU needs to make its strengths as a center for education, research and health care services better known.**

**UNDER THE LEADERSHIP** of Professor Sei Sasaki, Trustee of Planning/International Exchange, a working group to organize the 2nd International Summer Program 2010 (ISP2010), was convened. Professor Miyuki Azuma chaired the group, which had representatives from several departments, especially those involved with immunology, and which worked in close cooperation with the International Exchange Center to plan ISP2010. As a result of everyone's dedication and collaboration, ISP2010 was successfully held from Sep. 5 to 8, 2010, and built upon the

experiences and successes of the first International Summer Program, ISP2009.

Under the main theme of "Infection and Immunity," ISP2010 consisted of a two-day Lecture Course and an International Symposium held in conjunction with the 9th Surugadai International Symposium held by the Medical Research Institute. Participants also enjoyed a poster presentation session, a campus tour with laboratory visits to researchers whom the participants hoped to meet, and social functions. The Lecture Course featured two invited speakers, Dr. James W. Kazura of Case Western Reserve University, U.S.A. and Dr. Nawarat Wara-aswapati Charoen of Khon Kaen University, Thailand, and also included TMDU professors who are conducting leading-edge research in infectious diseases and immunity. ISP2010 also featured newly organized group discussion sessions and targeted lab visits, which allowed the participants and TMDU faculty/students to interact more freely than at ISP2009. These new features introduced in ISP2010 were very popular with participants.

Lecture course



Applications to ISP2010 were very strong, both in quantity and quality. We received 96 applications from students and young researchers, representing 16 countries throughout Asia. Happily, many of the applicants for ISP2010 were recommended by their colleagues who had participated in ISP2009. A total of 24 students and young researchers were selected from the list of applicants. Fortunately, we were also able to accept two young researchers from the Noguchi Memorial Institute for Medical Research in Ghana, an institution with which TMDU has been engaged in re-

search collaboration, making a total of 26 participants from 14 countries. We are also glad to report that the feedback from these participants was very positive. For example, 20 out of 26 participants reported that "their interest in studying at TMDU became stronger" as a result of ISP2010.

To commemorate this event, we held a Social Hour on the night of the third day of ISP2010. The invited participants, invited speakers and TMDU faculty and students gathered together at the Faculty Lounge on the top floor of the M&D Tower. After President Takashi Ohyama officially welcomed the participants to the reception, the window shades were raised, revealing the stunning night view from the 26th floor of M&D Tower, and all enjoyed a night of talking, eating and snapping pictures.

To maintain the momentum that ISP2009 and ISP2010 have provided to our international education and outreach efforts, we have decided to organize ISP2011 under the theme "Organ/Tissue Development and Regeneration." ISP2011 will be held from Aug. 28 to 31, 2011 at our main campus in Tokyo. Detailed information on this, our 3rd annual International Summer Program, is available from the International Exchange Center website.



Social Hour



Group discussion

**ISP2010 Working Group**  
Prof. Miyuki Azuma (Chair), Prof. Kazunari Akiyoshi, Assoc. Prof. Kevin Cleary, Prof. Yuichi Izumi, Assoc. Prof. Matazo Izutani, Prof. Mari Kannagi, Prof. Hajime Karasuyama, Prof. Akinori Kimura, Assoc. Prof. Koji Masuda, Prof. Ikuko Morio, Assoc. Prof. Yoko Okita, Prof. Nobuo Ohta, Prof. Tetsuya Taga, Prof. Yoshihiro Takemoto, and Prof. Takeshi Tsubata.

## Externship Students from Overseas Dental Schools

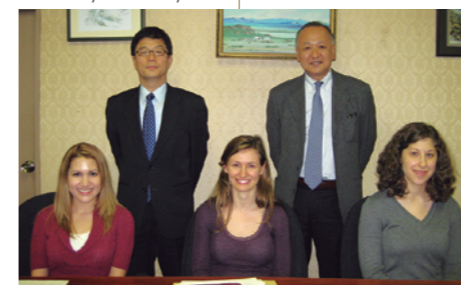
**Ikuko Morio**  
DDS, PhD  
Chair, Committee of International Relations, Faculty of Dentistry, TMDU

Every year, the Faculty of Dentistry receives many requests from dental students who would like to visit us and experience how dentistry is taught in Japanese dental schools. These requests have been increasing year after year, partly because some renowned dental schools now require an externship program be completed domestically or internationally within their regular curriculum. Dental schools that do not have formal, international externship programs still often encourage their students to broaden their horizons by visit-

ing dental schools in other countries and learning how dentistry is taught and practiced elsewhere in the world. Unsurprisingly, most of the externship students who visit TMDU are from schools with which we have an exchange agreement. Externs typically visit for one or two weeks, observe activities at several clinics at the University Hospital of Dentistry and have many chances to exchange opinions with our Japanese and other international students. Sometimes, a student who visited us many years ago as an extern returns as a full-fledged dentist, often bringing their spouse and children with them. Other externs return so that they can begin formal studies at our graduate school.

For our Japanese dental students, interacting with externs is an ideal opportunity to participate in international exchange and be exposed to dentistry as it is practiced abroad. International officers, 4th or 5th year dental students, volunteer their time to facilitate this most important interaction between TMDU students and visiting externs.

Visiting students from University of Pennsylvania



Tokyo Medical and Dental University  
**TMDU International Summer Program (ISP2011)**  
August 28<sup>th</sup> - 31<sup>st</sup> at the TMDU campus, Tokyo, Japan



**Organ/Tissue Development and Regeneration**  
Fundamentals and Clinical Applications

Bringing together students and young scientists from Asia, to study with leading international researchers in the field

August 29 - 30 (Mon & Tue) Lecture Course  
August 31 (Wed) ISP Symposium

Tokyo Medical and Dental University  
**International Summer Program (ISP2011)**  
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**Organ/Tissue Development and Regeneration**  
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**Aug. 29 - 30 (Mon & Tue)**  
Lecture Course

**Aug. 31 (Wed)**  
ISP Symposium

We will provide support to selected students and young scientists from Asia to attend ISP2011 (including airfare and onsite accommodation). Please visit the website for more information.

Organized by: Tokyo Medical and Dental University  
<http://www.tmd.ac.jp/TMDU-e/isc/isp2011>



**G**raduate 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 com-

mence 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

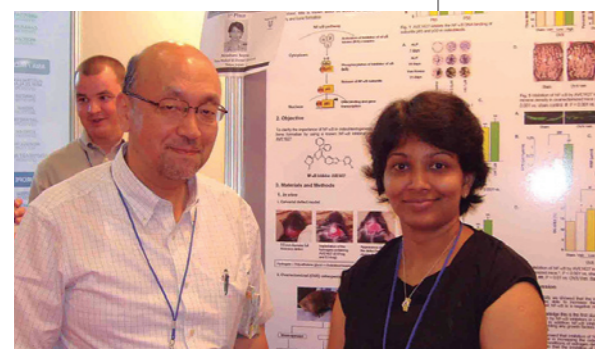


With my daughter on her first Birthday

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.

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 ad-



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

vice. 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 Re-



Our group at Pharmacology

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

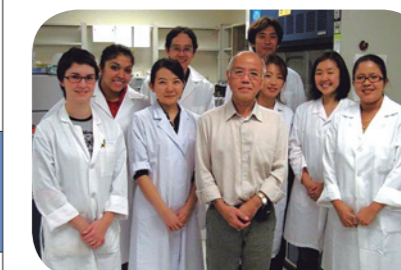


University of North Carolina at Chapel Hill, October 2010. (by Sricholpech)



IADR/Unilever Award

search (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.



Members of Collagen Biochemistry Laboratory

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-

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 doc-

tors 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 Clínica 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,



TMDU-JICA training course, 2003

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

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 Clínica 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.

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."

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."



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.



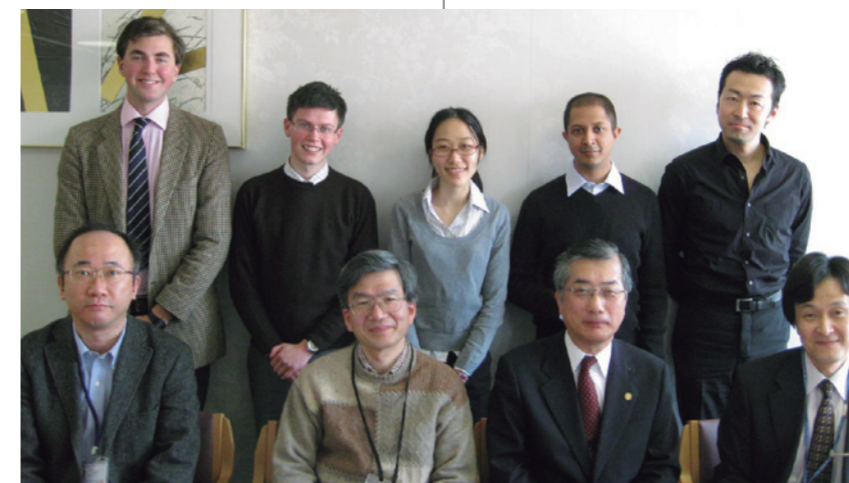
**THE IDEA OF** doing research in Japan had never occurred to me when I started medical school. I did not know what to expect from the prospect of doing research in my 4th year, let alone doing it halfway across the globe, in a land whose language and culture was completely new to me. I chose to do my 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

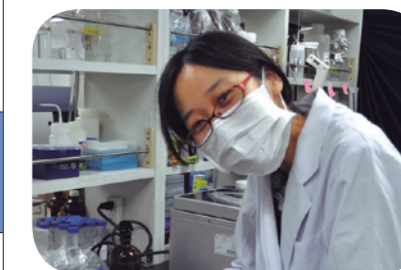
tasks such as grocery shopping, taking public transport and paying bills become so daunting when in a new environment. Despite the inability to communicate easily, I learned that for the next three months, I was to be surrounded by the most polite and hospitable hosts I could ever imagine.

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



Welcome lunch with our supervisors



Working at laboratory

only a short experience, I feel that I have gained a priceless insight into research.

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

There are a wide variety of exchange programs for young people at different levels.

TMDU students and young researchers improve their skills by participating in training programs abroad.

## Reports of TMDU Students in the World

### Report 01

#### My first experience of staying abroad



**Ken Yamagiwa**  
4th year undergraduate medical student  
Project Semester in Chile

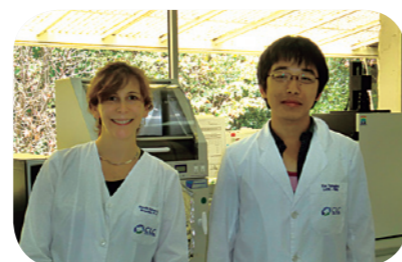


**WHAT DO YOU** know about Chile? I knew almost nothing before I went there. In this article, I am going to talk about my life in Santiago, the capital of Chile. Usually I went to Clinica Las Condes (CLC), which is one of the largest hospitals in Chile, at 9 a.m. and usually went straight to the laboratory. One or two supervisors were in charge of each student. They taught me how to perform my experiments and gave a lot of advice. Every Friday, we had a conference in which two of us gave a presentation about certain topics, which were chosen in rotation. Dr. Ito and our supervisors also participated in these presentations. After the presentation, we discussed points which were particularly important or difficult to under-

stand. On days off, I was able to fully enjoy my life in Chile. Some students went sightseeing, others held parties with students of the University of Santiago.

For me, Chile seems very similar to Japan. I say this because Chilean people often use polite phrases such as “Thank you”, “Sorry” and so on. They were so kind and cheerful, and helped me when I got lost. It was this everyday kindness that enabled me to easily adjust to daily life in Chile, even though it was my first experience of living abroad.

One major difference between Chile and Japan is the manner of greeting. Chilean people often hug and kiss each other when they meet. It seems strange to Japanese people that Chilean people



My supervisor, Ms. Claudia Paz Hurtado Riveros, in the CLC laboratory of oncology and molecular genetics.

frequently kiss each others’ cheeks, even if they are the same sex. In addition, “ladies first” is a prevailing custom. I never saw any Chilean men leaving an elevator ahead of a woman.

For my study, I analyzed the correlation between genetic mutation and prognosis for patients with sporadic colorectal cancer. First, by using PCR, I amplified the DNA of samples such as Kras, Braf and PIK3CA, which are concerned with the EGFR pathway. These samples were sent to another institution for the analysis of DNA sequences and compared the result with the wild type sequence. I also examined mutations using another technique called SSCP in order to confirm the type of mutation. I also checked Microsatellite Instability, because this is said to be caused by the failure of the system of DNA repair, and to be related to the prognosis of patients with colorectal cancer. I am happy to lead a fulfilling life in Santiago, and wish to thank all people concerned.



On Easter Island, made up like Rapa Nui people.

At the birthday party of Ms. Andrea (far right), a LACRC secretary.

### Report 02

#### Encountering, learning, and looking forward



**Mayu Sasakawa**  
4th year undergraduate medical student  
Project Semester in Chile



**TMDU HAS ITS** own program called “project semester”, in which students focus on research. This semester I stayed at a laboratory in Clinica Las Condes (CLC), which is in Santiago, Chile. It is my first visit to a Latin American country and my first experience living in a foreign country for almost five months, so life here is full of excitement. Let me introduce my life here.

#### My Experience in the Laboratory

I belonged to the laboratory of oncology and molecular genetics, which mainly studies sporadic and hereditary colorectal cancers and does molecular diagnosis of patients in CLC. The atmosphere in this laboratory was very relaxed and comfortable, and it was a very good environment for us research

beginners, because the staff was very kind and answered our questions anytime. It was my task to detect mutations of some putative pathogenic genes of Hereditary Nonpolyposis Colorectal Cancer (HNPCC) in HNPCC suspected patients. It was interesting for me because this field includes not only genetics but also epigenetics, and I had to use a lot of progressive techniques for detection. It first, I just followed what my supervisors said but finally I learned how to study by myself and discuss the methods and results with my supervisors. I am so happy that I could learn both the research techniques, as well as important ways of thinking for research.

#### Life in Chile

Besides joining laboratory activities, learning Spanish was another important aim for me when I came. Fortunately, I made some friends who were almost the same age as me, and had a private Spanish tutor, so I was able to live and learn in Spanish. I found it interesting that the characteristics of the Spanish languages differ depending on the country, just like English does. I want to continue studying Spanish even after coming back to Japan. I was very sur-



Mr. Hayashi (center), Japanese ambassador in Chile, kindly invited TMDU students to a party celebrating the birthday of Japanese Emperor.

### Report 03

#### From the other side of the world



**Hironobu Sakurai**  
4th year undergraduate medical student  
Project Semester in Chile



**WHAT DO YOU** know about Chile? Some people know that it is a long and narrow country. Some people think that Chilean food seems spicy, but it is not correct. Other people think that Chile is very far away from Japan. That is cor-

rect. It takes more than one day to travel to Chile from Japan via the fastest route. When night falls in Japan, dawn is breaking in Chile. I celebrated Christmas in the summertime for the first time. Chilean people are both sunny

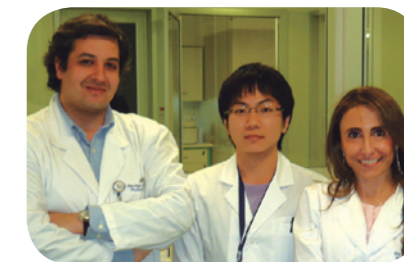


On New Years day on the beach at Con Con (near Valparaiso).

prised to learn that many Chilean people know about and are interested in Japanese culture, despite the fact that Japan is on the other side of the world from Chile. Now I feel it is important to have abundant knowledge of Japan. For me, the experience of studying abroad seems to be a good opportunity to revise knowledge of my own country.

I lived in a house that belongs to a Chilean lady. She taught me two things that really stuck with me. One was the beauty of her country, and she recommended I travel around it as much as possible. So far, I was able to visit seaside towns such as Valparaiso and Vina del Mar. The scenery was very beautiful but the sea was so cold because of cold currents. The other was that I was not seeing the “real” Chile, because I was staying in a rich area, and studying in one of the best hospitals in South America.

In closing, I would like to express my deepest gratitude to my supervisors for giving me this wonderful opportunity to study here, and for my meaningful days in CLC. I hope more and more students will be interested in studying in Chile.



Studying at the molecular biology laboratory in Clinica Las Condes under the supervision of Dr. Torres (left) and Dr. Piemonte (right) supervision.

and shy. On weekends, the city comes alive with a very cheerful atmosphere. There are many high-rise buildings and

big shopping malls, and many sushi restaurants in the city and many Japanese animations on TV. I really enjoyed my stay there.

**Activity in Chile**

Clinica Las Condes (CLC) is the general hospital in Santiago where I studied for five months. We were divided into three laboratories. Other students studied gene analysis or pathologic diagnosis for colon cancer. I studied the detection of bacterial pathogens in infection episodes from immunocompromised patients using real-time PCR under the supervision of Dr. Torres and Dr. Piemonte in the molecular biology laboratory. The laboratory was filled always filled



"Fiesta de Navidad" The staff from the laboratories invited me to a Christmas party. We exchanged presents with each other.

with excitement and laughter. Many patient samples are carried continually through the laboratory, and emergency patient information is often shared through a loudspeaker. The lounge, however, was always full of jokes, and there were many parties to celebrate someone's birthdays, Christmas and New Years Day.

Every Friday, we took turns to make presentations on topics related to each study. We also made presentations for interim reports and a final report on our studies in the presence of our supervisors, the academic director of CLC and a doctor from the University of Chile.

I had many exciting experiences outside the laboratory. I had the opportunity to meet the Chilean Ambassador to Japan before coming to Chile and the Japanese Ambassador to Chile at a reception in the Japanese Ambassador's residence. I visited tourist sites and traveled to Easter Island with other students and friends in Chile. I also ended up going to CLC and receiving medical treatment as a patient, which could be seen as both fortunate and unfortunate.

I was also able to gain an insight into the differences in medicine between Japan and Chile.

I feel there are many cultural differences between Japan and Chile. People in Chile are often unpunctual, and I needed to raise my hand for a bus to stop, which was sometimes ignored. These differences made me confused, and I experienced a few problems because of them. However, all of my experiences both good and bad were very important for me. Living overseas for such a long time forced me to communicate with my poor English. I saw the first sunrise of the New Year in a different country. I hope that these experiences will be a great help for my own future development.

**Special Thanks**

I am very grateful to Dr. Torres, Dr. Piemonte and others in the laboratory for teaching me, also to the staff in the other laboratories and CLC for their kindness in helping me. I would also like to thank Dr. Olivi for treating me, and to Andrea-san in LACRC for supporting me at anytime on anything.

about life in Chile as well as about our research projects. We also teach them about Japan, so the laboratory feels like we are always in a cultural exchange between Chile and Japan.

In the laboratory, I am exploring mutations of the BMPRIA gene, which is a cause of polyposis syndromes, using polymerase chain reaction (PCR), single strand conformation polymorphism (SSCP), and DNA sequencing. This study is a part of a project in which we



A trip to the Easter Island in December. There are hundreds of moai on Easter Island.

are trying to standardize the diagnosis of colorectal cancer, and it is very important for the treatment of colorectal cancer.

Students often discuss results with laboratory supervisors, and presentations to one another each week. It is difficult to give a presentation on technical details in English. However, the opportunity for deepening our collective knowledge about the studies is excellent experience and academically stimulating.

**Life in Chile**

The period from October to February is spring and summer in Chile, so it's very comfortable for me. People stay awake later at night because of the late sunset, so I also feel very active after working even on a weekday, and enjoy a drink with my new Chilean friends every week. Chilean people are so generous, cheerful and talkative. On weekends or

holidays, I sometimes visit museums, go to the movies, and sometimes go sightseeing in places outside Santiago, such as Easter Island, Patagonia and so on.

My life in Santiago was very fulfilling, but I run into a language barrier with Spanish. However, as I studied some Spanish in my free time, I am now able to communicate more in Spanish. Of course I always carry a dictionary, but for the most part I can communicate with even gestures.

To live in the foreign country which has a different language and institutions from Japan is a great stimulus for me to think again about myself and Japanese culture. I would like to put this precious experience to good use throughout the rest of my life. Finally, I would like to express my deepest gratitude to all the people that helped me through this program.

**Report 04**  
**My life in Latin America**



**Yuki Nakamura**  
4th year undergraduate medical student  
Project Semester in Chile



**Background**

**CHILE IS ON** the opposite side of the earth to Japan. It takes more than 24 hours to travel from Japan to Chile, and the time difference is 13 hours. I never dreamed that I would be here, but now I am studying under Dr. Lopez in the



Santiago has a Mediterranean climate and the people are cheerful and kind.

Laboratory of Oncology and Molecular Genetics, Clinica Las Condes (CLC) in Chile.

All students in TMDU spend the second semester of their 4th year on research. From this year, we were able to choose CLC in Chile as a reception center. That is why I was fortunate to have the opportunity to come to a Latin American country.

Since Chile is geographically very long from north to south, the climates differ according to the different places, and each area has an abundant natural environment. Santiago, the capital city where I'm staying, is located in the



TMDU students and Drs. Nishikage (right) and Ito (left) work near the main building of CLC.

middle of the country and has a Mediterranean climate, which is very comfortable for Japanese. The city has a very modern infrastructure, and the people are very cheerful and kind.

**Study in CLC**

CLC is one of the best advanced hospitals in South America, and is located on the outskirts of Santiago. Our laboratory is slightly away from the main buildings, and there are always three or four investigators working there. The researches are so friendly, and teach

**Report 05**  
**5-month study in Clinica Las Condes, Santiago, Chile**



**Masaki Shimamoto**  
4th year undergraduate medical student  
Project Semester in Chile



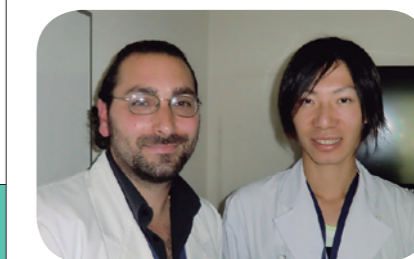
**I STAYED** in Santiago, the capital of Chile, and studied in Clinica Las Condes (CLC), one of the most sophisticated private hospital in South America, from October 2010 to February 2011. This period is the middle of summer in Chile, so the weather was very hot with little rain, and it remained bright outside from 7 a.m. to 9 p.m. Because I love



My host mother, TMDU students, and me

summer so much, this climate was the perfect place for me to be.

In CLC, I belonged to pathological laboratory and studied neuroendocrine tumors in the lung. From Monday to Friday, I reviewed cases under the microscope by myself in the morning and checked them with my professors, Takashi Ito and Antonio Piottante, in the afternoon. On January 26, while writing this, I was also analyzing the data I had collected to date in order to write a paper. Neuroendocrine tumors of the lung such as lung carcinoid are a very rare disease, and it was difficult for me to collect many cases. But despite these problems, I did the best I could. Additionally, I took a personal interest in Ulcerative colitis, and used my spare



Dr. Antonio Piottante (left), a pathologist in CLC.

time to see many cases of this in CLC. I was able to gain more pathological knowledge of inflammatory bowel disease than I did in Japan.

In my daily life in Chile, I lived with a Chilean mother, brother, and two Ecuadorian women who came to Chile for a short period in order to study radiology. I managed to communicate with them by using my broken Spanish and body language because no one could speak English. However, they were very kind to me, and treat me as if I was their son or brother. My Chilean host mother usually cooked Chilean food for me. My favorite food is cazuela, which is a stew containing rice, meat and many vegetables. It was very delicious. After studying in CLC, I went to the

gym two or three times a week. I was able to make many new Chilean friends in the gym. They were very friendly and talked to me, even though I couldn't speak Spanish very well. And I was much surprised that they were more stoical to their training than I expected. I was happy to be able to go training with them.

Every Tuesday, some friends and I

learned Spanish with a Spanish teacher. I think Spanish is very difficult language to acquire, because its conjugation is much more confusing than English. However, as it is such a rare opportunity to live in a Spanish-speaking part of America, I wanted to acquire as many skills as possible while there. Furthermore, we were invited to a reception in the embassy of Chile and met

with the Japanese Ambassador to Chile. We also traveled to Easter Island and Patagonia, and enjoyed the wonderful natural scenery of Chile.

This is the first time for me to live and study in a foreign country for such a long period. Although I ran into many difficulties, I think it was an extremely good experience for me to cultivate many new skills.

Report 06

### My wonderful life in Chile



**Ayumu Nomizu**  
4th year undergraduate medical student  
Project Semester in Chile



**IN THE SECOND HALF** of our 4th year, we have the opportunity to do research. During this research period, we have a variety of different options. Some students decided to stay in Japan to do research, and others go abroad to do research. Fortunately, I had the chance to go abroad, and so I chose to come to Chile. I chose Chile because I thought that going to Chile would be a personal challenge. As most people in Chile speak Spanish, living in Chile was hard for me because I don't speak Spanish. There are also not so many Japanese people in Chile, so I thought this would make my life even harder. I belonged to the pathological laboratory at Clinica Las Condes (CLC), and my research program was to investigate pathological findings about colorectal cancer as prognostic factors. I was mainly taught by Dr. Contreras, with support from Dr. Ito. I learned a lot in the laboratory.

As I had thought, life in Chile was hard for me, especially for the first month. Everything was new for me, and as I needed a dictionary to talk to people, I hardly talked with others and often felt very nervous. But Chileans are very kind, and gradually I got use to daily life. However, at the end of my stay in Chile, I didn't need to take a dictionary with me, I could speak some Spanish, and I didn't feel as nervous as I did at the start.

Finally as I was able to speak Spanish, I really enjoyed my time there and I think this was thanks to my Chilean friends. They are students of translation at university, and as they are studying Japanese translation they can speak Spanish, English, and Japanese. It was a very good for us, because they could teach us Spanish, and we could teach them Japanese. Soon we became good friends, and we enjoyed spending time together. For example, one of them in-



Dinner at a Japanese restaurant in Santiago. Six Japanese students who studied at CLC, two doctors who are working at CLC and their wives, and the secretary

ited us to his house and made Chilean food for us, then I invited them to my house and made Japanese food for them. We celebrated the start of the New Year on New Years Day together. We taught them how Japanese people spend New Year, and they taught us how Chilean people spend New Years Day. We met almost every weekend, and enjoyed going to the beach, bars, dancing, shopping, and so on. I really appreciate their friendship, because they made my life in Chile very comfortable and enjoyable.

I had such a good experience in Chile, and now feel that Chile is my home away from home. I really appreciate the help I got from everyone who I met in Chile, and I also really appreciate TMDU because they provided me with this wonderful opportunity.



Lots of fresh seafood at Mercado Central in Santiago.

Lunch at a Chilean restaurant in Concon, on the way to our friend's house. five Japanese students from CLC and four students from USACH (Universidad de Santiago de Chile)

Report 07

### Our short stay in Ghana



**Wataru Kagaya, Tomoki Kawahara**  
4th year undergraduate medical student  
Project Semester in Ghana



Field activity of collecting tsetse fly, intermediate hosts for African trypanosome parasites.

**SINCE JANUARY 6**, we have been in Ghana researching Trypanosoma, the causal parasites of African Sleeping Disease (ASD). In developing countries such as Ghana, rare diseases are still endemic, and have been plaguing people's lives, animals, and the economy for many years. ASD is a devastating disease with few cures. Left untreated, the final outcome of the disease is death. Little progress has been made in developing new drugs, and available drugs have strong side effects. Therefore it is very important to research Trypanosoma and the tsetse fly, the main vector of Trypanosoma.

We are working in the Noguchi Memorial Institute for Medical Research (NMIMR) in Accra, the capital of Ghana. NMIMR was founded in 1979 in memory of the late Dr. Hideyo Noguchi, who died of yellow fever in Accra in 1928. Under a Japanese researcher Dr. Suzuki Takashi, myself and one other TMDU student are investigating the motion of Trypanosoma by using RNAi analysis.

Research into new drug targets for trypanocidal effects are also being conducted. Additionally, taking advantage of being in Ghana, we have collected tsetse flies from rural villages near Ac-

cra. Using these samples, we will detect trypanosome in the flies and determine the percentage of tsetse flies infected with trypanosome. This data will contribute to understanding the complex interaction between tsetse flies and trypanosome in a given geological setting. Such kinds of study are difficult to implement in Japan.

In Ghana, we were able to see various facilities in addition to working in the laboratory. During our stay, we had a chance to see a hospital in Ghana. We visited a provincial hospital, which is located about 100km away from Accra. We were able to see a hospital in Kwahu, a rural area of Ghana. The hospital staff members were nice to us, but the big differences in sanitary conditions between Japanese and Ghanaian hospitals shocked us, and made us consider the importance of hygiene education for medical doctors and nurses. We learned about the standards of medical care in Ghana, and found they are very different to Japanese standards. A local doctor kindly allowed us to view his diagnosis.

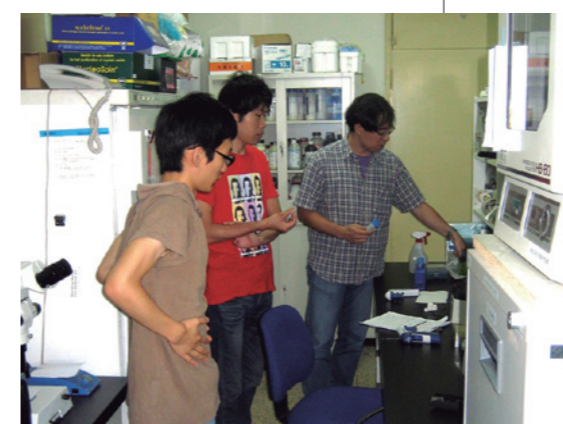
However, there was no difference in how medical staff think between Ghana and Japan. Ghanaian doctors and nurses do their best for their patients, and see-

ing this increased our motivation to be good doctors/researchers, contributing to the health and welfare of our people.

Because of the diet that is based on oily foods and insufficient nutrition, there were many outpatients with diabetes mellitus, hypertension, and cardiac problems. We noticed that there were increasing demands on primary health care education in developing countries. The hospital tour was so impressive for us as medical students.

In TMDU, all 4th year medical students are assigned to a laboratory in the second semester. I chose the laboratory of Parasitology, and have studied parasitology under Professor Nobuo Ohta, a prominent parasitologist. This Ghana visit is the part of our study. Ghana is a very interesting country. The roads are filled with luxury cars, but along the sides of the roads, there are many peddlers, street children, and beggars. The gap between rich and poor is getting wider, and the vulnerable people are becoming increasingly left behind. We were given a first-hand view of the state of developing countries. Meeting with Japanese people living in Ghana is also a valuable experience. Talks with people in trading firms, doctors in the Japanese embassy, and officers in JICA taught us a lot.

This kaleidoscopic two-month experience taught us so much, and we greatly appreciate TMDU for the opportunity they gave us. According to Dr. Suzuki, TMDU students will be able to research Malaria parasites in NMIMR from next year. We strongly recommend other Japanese medical students come and see Ghana.



Laboratory works on trypanosomiasis with Dr. Suzuki in the Noguchi Institute

Report 08

The place where my career started



**Yuma Noguchi**  
4th year undergraduate medical student  
Exchange program in U.K.



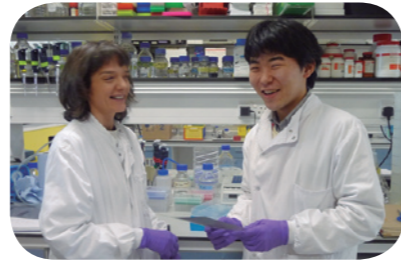
**I HAVE BEEN** studying in Imperial College London as an exchange student since last October. I would like to talk about my experience of these five months here.

The biggest reason why I applied for this course was to learn how researchers organized and performed experiments. I took a neuroscience project on multiple sclerosis (MS) as my research issue. This disease is thought to be an autoimmune inflammatory disease causing demyelination of nerves and a wide variety of neurological symptoms. This research, however, focused on the neurodegenerative aspect of MS, which remains incompletely understood. A huge motivation was the thought that anything I found during this research would be completely new to the field.

In the beginning, almost everything

went smoothly. The results I obtained corresponded with what I had expected, and interpreting the data was not so difficult. However, after tackling some unexpected results, I learned that we need to push our range of knowledge in order to rise to the occasion. Whether you can learn something from a failure and solve the problem or not purely depends on your approach to the problem. The standard way of thinking would be simply to think you made a mistake, and to repeat the experiment. However, if you have special knowledge in the field such as protein kinetics or the functions of each reagent used in the protocol, however, you might find some changes, which seemingly did not exist. You may also find defects in your protocol, and may need to modify it. Reading relevant papers in not just about increasing knowledge, but it is also about understanding how the author, and to reflect this in your own project. It may seem simple, but I believe this is one of the most important aspects of research that should never be forgotten.

Now I am writing up my report of this research. Every researcher tries to publish a good paper in English so that their ideas become known internation-

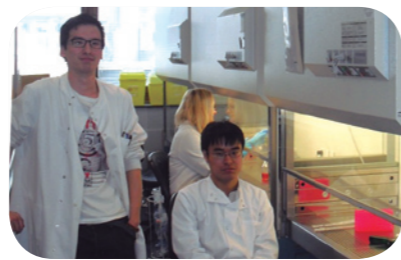


I discussed about the result of western blot analysis with my supervisor, Margareta Nikolic in a laboratory at Hammersmith Hospital.

ally, and so for me, this represents the start of my career. I realize increasingly more that brushing up my paper is helping me appreciate more of my own research.

On top of this great experience related to my research, interactions with people here were a precious experience for me as well. The college itself receives a lot of international students from countries all over the world, and in my laboratory, there are people from many countries working together. Communicating with those people increased my interest in other countries. Above all, I was very happy to hold a reunion with exchange students who came to our college in Japan last year. I participated as a volunteer to give a tour and hold a welcome party for them. They remembered me and told us about their fulfilling experiences in Japan. I think the opportunity to build friendships with people in other countries is one of the great aspects of this exchange program.

On a final note, I would like express my gratitude to all the people who supported this marvelous program.



I transduced target genes into cells using the molecular biological method, and analyzed them using electrophysiological techniques.

search project related to neurons that release a hormone which regulates appetite in the surgery and anesthesia department. My laboratory belongs to the

biophysics section, and I mainly carried out experiments using molecular biology and electrophysiological methods.

During this program, I was able to learn a lot about the background of my project and related expertise from my supervisor and other members in the laboratory. In particular, describing my project in an English report enabled me to gain a deeper understanding of the meaning of experiments that I have done so far. These experiences enabled me to understand the essential parts of research (reading, discussion and thinking strategy) as well as technical aspects. In addition, I was able to increase my level of English by communicating with many people from various backgrounds. Sharing experiences and thoughts with them will motivate me to keep studying medicine and other subjects.

If I was asked to identify the most important thing I have learned during these five months, I would answer it is the importance and necessity of establishing my own goals and expressing

myself appropriately. The more I talked with people, the more I realized my attitude was too passive. I think it is due to not only to my Japanese personality, but also to my attitude to study. I realized this attitude problem could become a fatal flaw when I have to manage everything about my research or clinical work as a doctor, especially if I have to work in a foreign country. I noticed it is essential that I make aims and reasoning very clear, because it is difficult for me to describe precisely what I am thinking in English. Having clear goals enables us to decide effectively what should be done in limited time.

Even when I speak and write in English, I still think in Japanese. It is natural and I won't be able to change this fact no matter how long I keep learning English after this program. Of course, I think command of English is an important requirement for medicine and science. However, it is no use speaking English fluently if the only things I have in my mind are untrustworthy, empty and unimportant.



We visited Seven Sisters in Eastbourne. Beautiful chalk cliffs extending along the English Channel.

From this April, I will start clinical practice in hospital. In this way, this period gave me the perfect opportunity to consider my ideals as a doctor in more detail. I do not know whether I will study abroad in the future. However, I think this exchange program is a valuable chance for me to learn many things as a student. I will make good use of my experiences gained from these five months in the future, and provide what I have learnt and experienced as much as possible to my juniors.

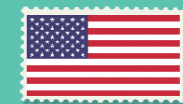
Finally, I would like to thank everyone allowed me to take this precious opportunity.

Report 10

When stroke patients are hospitalized



**Satoshi Shoji**  
6th year undergraduate medical student  
Clinical Clerkship at Harvard University



**MY CLINICAL EXPERIENCE** in Boston were really exciting and brilliant. I studied neurology, transplant and anesthesia at Massachusetts General Hospital (MGH), and participated as one of the team members. These experiences were sometimes really tough, but also really exciting because I had almost the

same responsibilities as the Harvard medical students.

The biggest difference I found between the Japanese medical system and American system was that residents are always evaluated by patients, senior attending, teammates and even students, which leads to advanced quality of medi-



I had a chance to experience surgery.

cal care and medical education for residents. Doctors also have a wide range of specialist help, including nurses, practitioners, and physical therapists, enabling doctors to focus on the "cure" for their patients.

However, their work is so specialized and subdivided that I sometimes saw problems occur between doctors and patients. For example, when a stroke patient is hospitalized, they are treated by neurologists, as well as ID (infectious disease) doctors, nurses and nutritionists, so the patients are often confused about whom their attending is.

Report 09

Establishing goals and expressing my opinion



**Seiji Noda**  
4th year undergraduate medical student  
Exchange program in U.K.



**I APPLIED FOR** this exchange program because I thought it is a good chance to broaden my outlook by studying abroad over a long period, as well as learning more about research. As my stay at Imperial is coming to an end, I

would like to look back on these five months and reflect on what I have learned.

This year, we joined research projects without taking lectures. As I am interested in neuroscience, I selected a re-



Enjoy playing baseball with teammates.

With Harvard team members; I am fourth from left in the back row.

Furthermore, when I compare the quality of the Harvard educational system for medical student, I don't think TMDU is inferior to Harvard. Instead, the critical difference is that Harvard students are always proactive, they truly participate in the team and do almost the same work as residents. Their attitude towards clinical clerkship was re-

ally impressive, so I strongly believe that makes their clerkship more meaningful.

I also had many opportunities to talk with Japanese doctors in Boston during my stay. Some doctors gave me excellent advice about my future path, which broadened my options as a doctor.

I am sure that this experience will

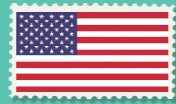
broaden my future career possibilities, and make me much more proactive. It also makes me feel that I will try to make an international career. I would really like to thank my classmates and doctors for giving me such a special experience, and want to recommend all juniors make full use of this wonderful opportunity.

Report 11

Welcome to Japan!



**Kazuya Yamaguchi**  
6th year undergraduate medical student  
Clinical Clerkship at Harvard University



**THANKS TO THE** exchange program, I was able to do a clinical clerkship at Harvard Medical School hospital for three months. It was the most exciting and fantastic experience of my life.

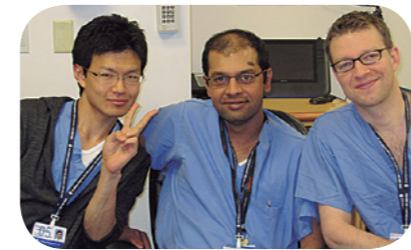
I rotated between three specialties. They were Pediatric Neurology, Pediatric Surgery and Radiology. Each team I belonged to consisted of an attending, resident and nurse practitioner. My main duties were to be in charge of some patients, and to make presentations about their conditions. Especially in the surgery, I was able to participate in operations every day. The doctors also gave us a lot of interesting lectures.

Through this program, I realized three points. First of all, Harvard hospitals gather superior human resources from all over the world. I talked to doctors from India, China, Europe and America. They are really enthusiastic and develop their skills through friendly competition. I cannot see such multinational scenes here in Japan. Certainly the medical services and studies done America are top in the world, but they

are done not only by Americans, but also by superior professionals from throughout the world.

Second, people studying at Harvard are really good at making presentations. There are many opportunities for those studying at Harvard to give presentations on rounds and during lectures, so they can learn how to make good presentations and attract the attention of the audience. Japanese people tend to be rather shy, and poor at giving presentations. We tend to speak to PC monitors. What we need is to look at the audience, read the faces of our audience, and think how to attract their attention. Though it is not polite to sell ourselves strongly in Japanese society, we need to develop these presentation skills to gain international credit.

Finally, Japanese medical technology is also at a high level compared with that of America. Although I was surprised to see the latest operating machine known as "Davinci", most of the other machines and treatments are similar to those used in Japan. Our consid-



With two great residents at Pediatric Surgery

eration of symptoms and differential diagnoses are also very similar. I find this fascinating because Japan is a small island country, and these skills were developed uniquely by senior Japanese doctors. Of course, some of these doctors studies abroad to bring back various specialized skills and knowledge, but they are the ones that created modern day Japan.

Now, America remains top of the world for medical treatment and research. China is also developing rapidly with their huge manpower. How about Japan? Can we keep this position in the future? Though we have a good base in our senior doctors, we have neither the international human resources nor manpower. I think that we need to use English to continue developing. We need English to catch up with the latest technologies, which are produced all over the world, and to invite brilliant researchers to Japan. I know that Japan is filled with the Japanese language and it might be difficult for foreigners to live here for a long time. But the number of people who can speak English well is increasing, and we are gradually getting used to talking with foreigners. If you are interested in Japan, please come and visit Japan. Of course I also want to visit your country in the future. So I guess all I really want to say is, welcome to Japan!



Members of TMDU family at Harvard Medical School

Gigantic Christmas Tree  
on  
the Christmas Eve



**A BIG CHRISTMAS** tree was designed using building lights from 9th to 24th floor (100m) on south side of M&D Tower on Dec. 24, 2010.

This event was made possible based on three major conditions: Low cost, no interference with study and research, and cooperation from all TMDU students, professors and staff members. The Christmas tree was created manually using only the "ON" and "OFF" switches for room lights, and opening and closing of the blinds shades.

Although the Christmas tree was illuminated for only 45 minutes from 6:15 p.m. onwards, many people around the University enjoyed the surprise Christmas present from TMDU. A lot of people stopped to look and take pictures of the tree, and enjoyed seeing the illumination in the Christmas night sky.



The Christmas tree designed on M&D Tower and TMDU's main campus buildings at Yushima. The picture was taken at Ochanomizu-bashi, in front of TMDU buildings. Many people stopped to look when they noticed the tree.

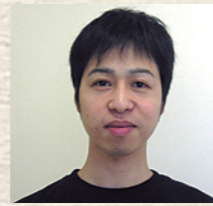




## Identification of the Gene Regulating the Development of T cells that Cause Autoimmune Diseases

**THE IMMUNE SYSTEM** protects hosts from various microorganisms and other foreign substances. However, if dysregulated, the immune system reacts to self-antigens and mistakenly attack the self-tissues, causing autoimmune diseases. There are many types of autoimmune diseases: rheumatoid arthritis (RA), which has a worldwide prevalence of approximately 1%, is a chronic inflammatory disease characterized by progressive joint destruction. Multiple sclerosis (MS) is a central nervous system disease that leads eventually to neurologic disability. Unfortunately, most of current treatments for autoimmune diseases are non-selective and thus have negative side effects. Therefore, there is an urgent need to develop effective therapeutic strategies that specifically target the pathway(s) involved in pathogenesis of autoimmune diseases.

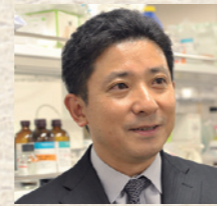
Recently, interleukin (IL)-17-producing CD4<sup>+</sup> helper T cells “Th17 cells” have been identified as a new helper T cell subset. The cytokines produced by Th17 cells such as IL-17 have multiple effects on various cell types and induce the production of proinflammatory cytokines and chemokines to attract neutrophils to the site of inflammation. This unique subset thus plays an important pathogenic role in autoimmune dis-



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eases. In addition, our previous studies demonstrated that Th17 cells function as osteoclastogenic helper T cells in the bone destruction associated with inflammation such as RA. Now, Th17 cell subset has attracted considerable attention in the immunology field as an auspicious therapeutic target for autoimmune diseases.

In response to antigen stimulation, naïve CD4<sup>+</sup> T cells differentiate into Th17 cells in the presence of IL-6 and TGF-β. However, the molecular mechanisms underlying Th17 cell differentiation are not fully elucidated. A better understanding of the mechanism of Th17 cell differentiation is required for the development of effective therapeutic strategies against autoimmune diseases. In this study, we discovered that a transcriptional regulator, IκBζ, was highly expressed in Th17 cells. The expression of IκBζ was induced in CD4<sup>+</sup> T cells by combined stimulation with cytokines (IL-6 plus TGF-β) and antigen. Subsequent analyses clarified that IκBζ enhanced the expression of vari-



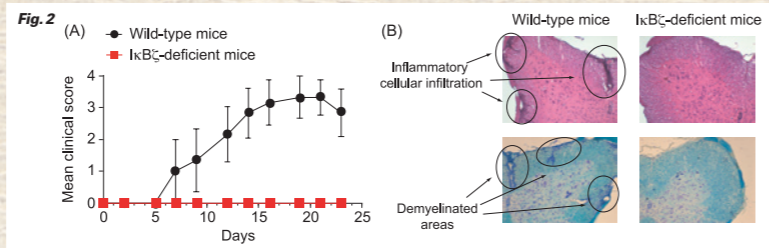
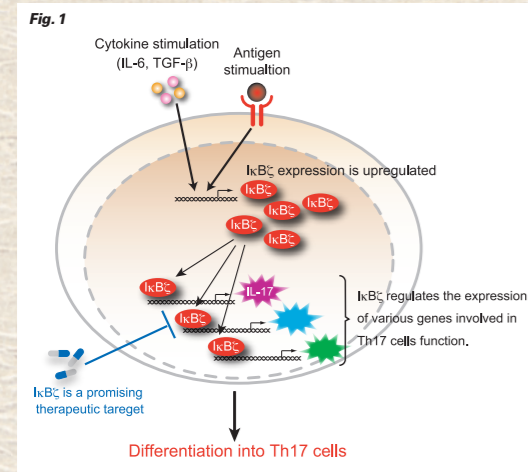
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ous genes involved in Th17 cell functions including IL-17, by directly binding to the regulatory region of these genes. (Fig.1) Furthermore, IκBζ deficiency led to an impairment of Th17 cell differentiation both *in vitro* and *in vivo*. It is noteworthy that IκBζ-deficient mice were highly resistant to experimental autoimmune encephalomyelitis, which is a model of MS found in mice. (Fig.2)

We gained new perspectives on the transcriptional program of Th17 cell lineage commitment. These findings will provide new insights into the pathogenesis of Th17-linked autoimmune diseases, and raise the possibility that the targeting of IκBζ may prove effective in the treatment of autoimmune diseases. Thus, for the future, it will be necessary to develop therapeutic strategies that specifically block the function of IκBζ or the upregulation of IκBζ expression in T cells.

References

Okamoto, K et al., IκBζ regulates Th17 development by cooperating with ROR nuclear receptors. *Nature*, 2010, vol. 464: pp1381-1385



**Fig. 1 : IκBζ is essential for the transcriptional program of Th17 development**  
In CD4<sup>+</sup> T cells, IκBζ expression is induced by the combined stimulation with cytokine (IL-6 plus TGF-β) and antigen. IκBζ regulates the expression of various genes involved in the function of Th17 cells such as IL-17. Inhibition of IκBζ is potentially beneficial for the treatment of autoimmune diseases.

**Fig. 2 : IκBζ-deficient mice were highly resistant to experimental autoimmune encephalomyelitis**  
(A) After immunization, wild-type mice developed severe paralytic symptoms, whereas IκBζ-deficient mice exhibited almost no neuronal deficit. (B) Histopathological analyses showed inflammatory cell infiltration and demyelination of the spinal cord in the wild-type mice, but not in the IκBζ-deficient mice.

## Basophils Play an Essential Role in Protective Immunity Against Ticks

**BASOPHILS ACCOUNT FOR** less than 1% of white blood cells in circulating blood. Although the existence of basophils was first documented 120 years ago, the functional significance of this minor population has long been an enigma. Recently, we demonstrated that basophils are critically involved in the development of allergic reactions, such as chronic allergic inflammation in the skin and systemic anaphylaxis, through mechanisms distinct from those by mast cells. However, it is unlikely that many animal species, including humans, evolutionarily conserve basophils to only elicit allergic responses without any host-beneficial function. In the present study, we uncovered that basophils play an important role in protective immunity against ticks.

Ticks are blood-feeding parasites, and can transmit microorganisms, which can cause several serious infectious diseases in human and animals. Lyme disease with arthritis and neurological abnormalities is a representative of tick-borne diseases, and its incidence has increased recently both in Europe and the U.S.A. Of note, many animal species develop resistance to tick feeding after a single or multiple tick infestations. Importantly, this acquired tick resistance contributes to reducing the

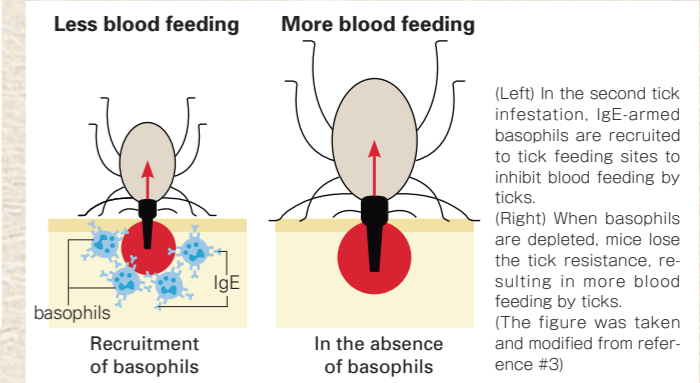
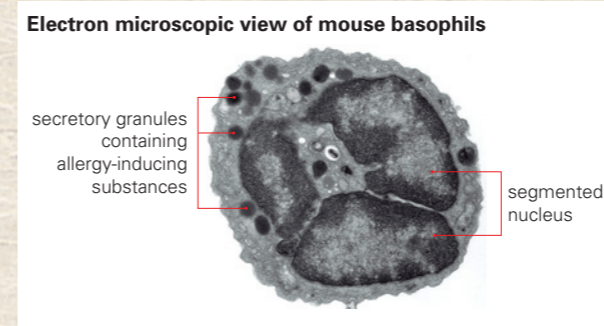
pathogen transmission from infected ticks to host animals. However, the cellular and molecular mechanisms underlying acquired protective immunity against ticks remained ill defined. We first demonstrated that basophils are recruited to tick feeding sites during the second but not first infestation in the mouse model of tick infestation. To examine the functional significance of this basophil recruitment, we have established for the first time engineered mice that are deficient only in basophils. In these mice, diphtheria toxin receptor is selectively expressed by basophils, and therefore only basophils are depleted when diphtheria toxin is administered into mice. When the engineered mice received diphtheria toxin injection before the second infestation, they failed to manifest tick resistance during the second infestation, indicating that basophils are important for acquisition of tick resistance. Mice develop antibodies, particularly of IgE class, against tick antigens in the first infestation. Basophils express IgE receptors that capture circulating IgE. In the second infestation, IgE-armed basophils are recruited to the tick feeding sites, and activated when tick antigens bind to anti-tick IgE on their surface. Activated basophils in turn release a variety of



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mediators, including proteases, which interfere with tick feeding. We also found that basophils are involved in the protective immunity against intestinal helminth infections. Taken together, our findings strongly suggested that the primary function of basophils is to protect hosts from parasitic infections.

On a global basis, ticks are second to mosquitoes as vectors of pathogens that cause various human infectious diseases. Helminths are common infectious agents of humans in developing countries. The number of patients suffering from such parasitic infections has drastically reduced, while the incidence of allergic disorders has increased. Allergic responses and inflammatory responses associated with protective immunity against parasitic infections appear to be the opposite sides of the same coin. We believe that studies on the role of basophils in allergic and anti-parasitic responses would cast new light on the development of novel strategies for treatment and prevention of allergic disorders and parasitic infections.



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## One-Stop Support for International Students A New Location for the International Exchange Center

**IN JANUARY 2011** the International Exchange Center (IEC) opened its doors at its new location on TMDU's main campus (Yushima), on the 4th floor of Building 1 (West). Previously IEC's facilities were scattered around TMDU's Yushima, Surugadai and Konodai campuses, and so it was somewhat inconvenient for international students to go to IEC-sponsored classes, consult with lecturers or visit the administrative office. Now, the lecture rooms, faculty offices and the IEC Office are united in one building. As a result, we can now provide one-stop support for our international students. The new facilities and concepts behind them are as follows.

### Classrooms and Faculty Offices

Students on our main campus now have direct access to IEC classrooms, which were previously at Surugadai Campus. Additionally, all of the lecturer's rooms are now on the same floor as the classrooms, enabling more interaction between students and faculty members.

### One-Stop Consultation Office

International students, most of whom study at the main campus, are now able to easily visit the IEC Office in its new location. Additionally, the IEC Office now has a private consultation space, so international students are able to hold confidential discussions with IEC staff comfortably. Our professor-run Advising Room for international students is also on the same floor, so students have many opportunities to get advice and support.

### A Bright Multipurpose International Student Lounge

The International Student Lounge has a cheerful atmosphere and gives international students a place to relax or enjoy international exchange activities with Japanese students at TMDU. The lounge has a lending library, a TV, educational and enter-

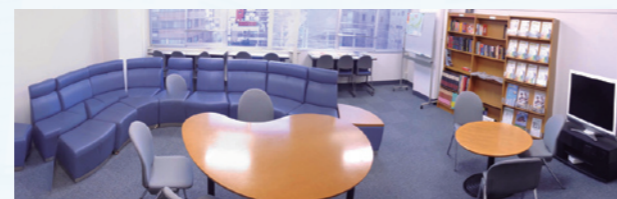
tainment DVDs, access to a microwave oven, English-language newspapers and other materials of interest to international students. Several student-led cultural exchange events and language learning courses have already been set up in the first few weeks of the opening of this new lounge. The lounge is open from 9 a.m. to 5 p.m., Monday through Friday.

### International Education and Study Abroad Support

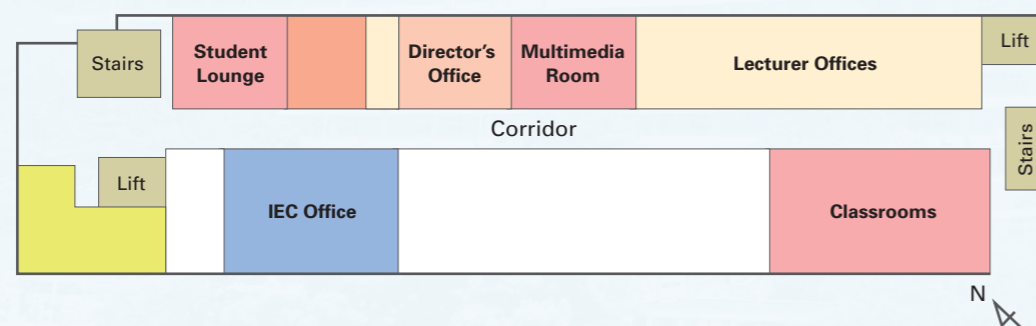
In addition to providing Japanese language education for international students, the IEC also offers several international educational programs, such as general English language classes and specialized classes, including Writing a Paper in English and Making a Presentation in English. These classes are available for all students and staff at TMDU. The IEC also provides support for those who wish to study abroad. Visit the IEC website or office for information on these activities. As described above, the 4th floor of Building 1 is a dedicated space for TMDU's international students, and we look forward to welcoming you with a smile to our new location.



Service counter for international students at the IEC Office (left). Personal consultation space for international students at the IEC Office (right).



A place to relax or study; the new, Multipurpose International Student Lounge.



## The Newly Established Institute for Library and Media Information Technology Opens



Overview of the University Library, located on the 3rd and 4th floor of the M&D Tower.

**WITH THE RECENT** development of information and communication technologies, it has become necessary to strengthen the cooperation between the Information Center for Medical Sciences and the University Library in order to meet such needs as developing and expanding use of the media education system, promoting e-learning, reinforcing information literacy education, and promoting the computerization of the University Library.

With these goals in mind, the University Library and the Information Center for Medical Sciences were integrated, and in the process acquired the new function of media educational development. The newly established Institute for Library and Media Information Technology was opened on April 1, 2010. The Institute for Library and Media Information Technology consists of three divisions, the Media Education Division, the University Library, and the Information Technology Division. These divisions are supported by the Department of Educational Media Development, and administered by the Library and Media Development Section and the Information Development Section.

The functions of the University Library and the Information Center for Medical Sciences were taken over by the Institute for Library and Media Information Technology, and new functions were added, including the development of a computer-assisted clinical simulation system for medical and dental practice training. Other new functions include the development of a new education system using information and communication technology such as a live broadcasting lecture system, an e-learning system, an automatic recording and delivery system for lectures, and a content-authoring system.

The new University Library aims to improve students' information literacy by emphasizing literature survey skills and knowledge of information security and literary property. As part of the University Library's public relation activities, we aim to make our portal website more user-friendly. In addition,

we intend to hold seminars for faculty and staff, manage faculty development programs for e-learning, and provide students with commercially available e-learning contents.

In the new Media Education Division, we will continue to manage the existing e-learning systems, including Blackboard, NetAcademy, the streaming server, the TMDU SimPrac server for computer-assisted clinical simulation for medical and dental practice training, the Image Library server for automatic recording and delivery of lectures, and live broadcasting systems.

The Information Technology Division aims to enrich the intelligence infrastructure in our university by managing our shared servers and local area networks. We will manage information security on our campus network under the supervision of the Steering Committee for Information Technology. Moreover, we will improve the helpdesk services for the campus network, e-mail service, and Research Information Database.

The campus network service and on-line journal service were integrated in 2010, allowing all graduate students, faculty and staff to have an account on the integrated network service without financial permission. The new University Library is located on the third and fourth floors of the new M&D Tower, which was fully opened in 2010. The new library has an automatic book stack and pick-up system for scientific journals, which enables users to order books from their own PC via the campus network for quick pick up.

We are looking forward to serving you at the newly opened Institute for Library and Media Information Technology both on-site and on-line.



Information Retrieval Room. Users with their own account are free to use the integrated network service in this room. Information literacy classes are held in this room.

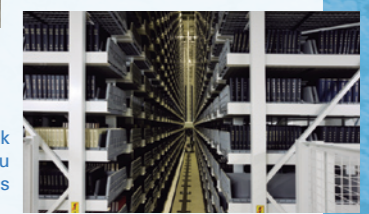
Automatic book stack and pick-up system for scientific journals.



You can order books from a PC in the library or from your own PC in your office for quick pick up.



Inside the automatic book stack and pick-up system. You can pick up desired papers quickly and automatically.



## Mourning

### In Remembrance of Dr. Akio Suzuki, Former President of TMDU



President Ohyama giving a memorial address at the homecoming ceremony held on Dec. 8, 2010 at the University.

**EMERITUS PROFESSOR** Akio Suzuki, the previous president of TMDU, passed away on Oct. 28, 2010 at aged 80, due to acute ischemic heart disease.

Dr. Suzuki graduated from the Faculty of Medicine at TMDU in 1956, and after one year of field training at Tokyo American Army Hospital, he had held various posts including resident at St. Vincent Charity Medical Center in Cleveland, U.S.A., senior researcher of cardiovascular surgery at the Center, Associate Professor of the Surgical Department at the University of Mississippi, and Director of the Cardiovascular Surgery Department at the University of Mississippi Medical Center for over 17 years. At St. Vincent Charity Medical Center, he conducted joint research with the cardiac surgeon Dr. E. B. Kay. In 1974 Dr. Suzuki was invited to Juntendo University, and from 1983 he returned to TMDU to engage in education, research and medical practice at our university as the first professor of the Department of Cardiovascular Surgery. He then assumed the post of president at this school and dedicated himself to the development of the university.

Professor Suzuki made great contributions to research and practice, including development of new operating methods and medical treatments from the early stage of cardiovascular surgery to the present, as shown by his being honored with the Medical Award of the Japan Medical Association in 1996 for “Development and Establishment of Surgical Treatment in Acquired Heart Disease.” In 1997, he was awarded the Medal



Former President Dr. Suzuki also devoted his time in public relations activity to promote the educational research at the University: He was responsible for launching “Bloom!” in 2002.

with a Purple Ribbon.

Furthermore, Professor Suzuki was honored as a Person of Cultural Merit in 2007. In October 2010, he received the honor of Order of the Sacred Treasure, Senior Fourth Rank, as an individual who had long been engaging in national and public affairs and achieved solid results after years of service.

As he reported in “Research Development of Prosthetic Heart Valve and Development of Protection Method for Cardiac Muscle During Operation,” Professor Suzuki succeeded in the replacement of the aortic valve with a handmade prosthetic cardiac valve made with Teflon fabric for severely damaged aortic valvular disease (May 4, 1960), proving for the first time that the prosthetic heart valve could physiologically function in a human heart. The “Kay-Suzuki disk valve” is still the base of the artificial valves used today. In “Development and Popularization of Surgical Treatment for Ischemic Cardiac Disease such as Cardiac Infarction and Cardiac Angina,” he developed surgical treatments for ischemic cardiac disease such as revascularization using the internal thoracic artery and revascularization using the thoracic artery in combination with the great saphenous vein, which are general treatments today. Currently, 650,000 to 850,000 operations proposed by Dr. Suzuki are conducted annually worldwide, saving lives of some 800,000 patients.

Dr. Suzuki also made remarkable achievements in the area of education. While he served as the Director of the University Hospital, Faculty of Medicine and the Dean of the Medical School here, he developed an all-new 6-year unified school curriculum, and he played a central role in the establishment of the Independent Graduate Program for Infection Control in Living Body in the Graduate School of Medicine, the Gradu-



Dr. Suzuki (left) receiving the Person of Cultural Merit award from Minister Tokai (right) of the Ministry of Education, Culture, Sports, Science and Technology (MEXT), at the Hotel Okura. Photograph reprinted from “Weekly Bunkyo News, Vol. 1958” published by Bunkyo News Ltd.

ate School of Medical and Dental Sciences, and Doctoral Program for the Graduate School of Health Care Sciences.

Upon TMDU’s transition to a national university corporation, Professor Suzuki belonged to the 6th standing committee (Finance) and the advisory committee for financial accounting as formed from the special committee for implementation of reform. Dr. Suzuki made great contributions to the construction of an adequate financial system as a representative of all the national universities with his excellent skills, and his achievement is highly important.

In closing, we would like to express our deepest condolences to Dr. Suzuki’s family. May his soul rest in peace.

#### Awards

- November 1996 Medical Award of the Japan Medical Association
- November 1997 The Medal with a Purple Ribbon
- November 2007 Person of Cultural Merit
- October 2010 Honor of Order of the Sacred Treasure: Senior Fourth Rank

#### Career Highlights of Former TMDU President, Dr. Akio Suzuki

- March 1956 Graduated from Faculty of Medicine of Tokyo Medical and Dental University
- April 1957 Intern, Tokyo American Army Hospital
- July 1957 Associate resident, Albany Medical College, NY, U.S.A.
- July 1958 Resident, St. Vincent Charity Medical Center, Cleveland, Ohio, U.S.A.
- July 1963 Senior researcher of Cardiovascular Surgery Dept. at the Center above
- April 1968 General surgeon and chief resident, Faculty of Medicine, University of Mississippi
- May 1971 Associate professor, Trauma Dept. at the University above; Head of Dept. of Cardiovascular Surgery at the University Hospital
- September 1974 Professor, School of Medicine, Juntendo University
- February 1983 Professor, Faculty of Medicine, Tokyo Medical and Dental University
- July 1987 Director of the University Hospital of Medicine, Tokyo Medical and Dental University
- August 1992 Dean, School of Medicine, Tokyo Medical and Dental University
- April 1995 Honorary professor, Tokyo Medical and Dental University
- August 1995 President, Tokyo Medical and Dental University (~ March 2008)

## The First TMDU Homecoming Day

ON OCT. 12, 2010 many TMDU alumni returned to help us celebrate, in a very special way, the 82nd anniversary of the founding of our school. "Homecoming Day", as we named this celebration, opened with a ceremony in the main hall of the newly completed M&D Tower. President Takashi Ohyama, in his opening address, noted that TMDU is growing very well and the number of alumni now totals 19,214. President Ohyama also reported that our performance has been ranked as high as 8th among the 86 national universities in recent years, and concluded his remarks by stressing that a tight collaboration between the university and its alumni is indispensable for our future prosperity.

Next, Mr. Nobuyuki Idei, an outside member of the TMDU Administrative Council, gave a special lecture titled "TMDU viewed from the outside, and issues to be tackled by TMDU". Mr. Idei pointed out the importance of us maintaining an awareness of our position in Asia and appreciating that we live in an age of rapid technological innovation. The speech gave a great impression to the audience and the Q&A session that followed was very active.

The focus then switched to an internal perspective with a campus tour that gave alumni a chance to see how their school has been transformed physically in the past few years. Starting from the 3rd floor of M&D Tower, the tour's first stop was

what could have been mistaken for the lobby of a luxury hotel, but was in fact the new main library. Since most books are hidden from view, stored as they are in an electric-driven book storage system, there are instead many chairs, desks and semi-private compartments with full support for internet access in view. The tour participants all admired the elegance and convenience of the new library and a common desire that was voiced was "Is it possible to use this library, even if I have to pay?"

The tour then made its way to the Faculty Lounge on the top floor of M&D Tower. As it is the highest building in the Ochanomizu district, the view from the 26th floor of M&D Tower is indeed breathtaking. Many buildings and places of interest can be seen clearly, such as the Imperial Palace, skyscrapers in Shinjuku and Roppongi, and, on a clear day, Mt. Fuji. The floor-to-ceiling glass windows allow maximum enjoyment of the view, and the interior of the Faculty Lounge is stylishly designed.

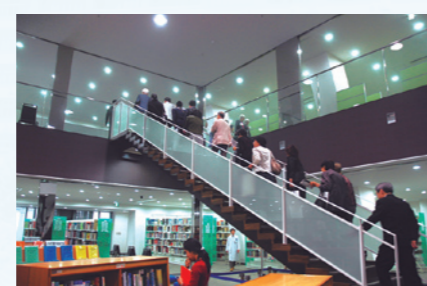
As the first Homecoming Day came to a close we were very pleased that the participants went out of their way to tell us how impressed they were, expressing their admiration for TMDU's latest achievements, confidence in our continued prosperity and prospects for the future, and their desire to join our next such celebration.

Address by Mr. Nobuyuki Idei, an outside member of the TMDU Administrative Council



Participants listening to an explanation about new building at M&D Tower.

The Faculty Lounge on the top floor of M&D Tower. The participants enjoyed seeing the landscape.



Participants admiring the elegance and convenience of the new library.



## EDITORIAL SUMMARY

**WE ARE PLEASED** to bring you the TMDU Annual News Vol. 3 that updates you with TMDU's major international activities and campus events in the school year 2010.

The President Ohyama who will continue his second term of Presidency in April 2011 delivered a new year message on Jan. 4, 2011, focusing on goals and plans for the year 2011 which included 1) integration of medical and dental education, 2) expansion of research projects through cooperation among medicine, dentistry, biomedical science and engineering programs, as a concrete example being concept of bio-resource center, 3) maintenance and expansion of university hospitals, 4) promotion of international exchanges and contributions, and others.

Three international collaborative centers activities have taken a big step forward last year: Ghana-TMDU Collaboration on Emerging and Reemerging Infectious Disease Studies initiated in 2008 has moved into the 2nd phase of activities, Latin American Collaborative Research Center LACRC established within the Clinica Las Condes facility in Santiago, Chile to pursue colorectal cancer screening project was officially opened in August 2010, and Chulalongkorn University (CU)-TMDU Research and Education Collaboration Center established in November 2009 was also officially opened on Nov. 23, 2010.

The International Exchange Center at TMDU organized the 2nd International Summer Program 2010 with the theme of "Infection and Immunity". The 3rd ISP2011 will take place in August 2011 with the theme of "Organ/Tissue Development and Regeneration."

We have received five letters from overseas alumni active in Sri Lanka, U.S.A., Ecuador, Thailand and U.K. The reports on the study abroad program included six 4th year medical students dispatched to engage in five month project semester researches at LACRA, two at Ghana-TMDU Collaboration Center, two exchange students at Imperial College, London and two 6th year medical students who participated in clinical clerkship at Harvard University, U.S.A.

Two press releases, one by Drs. Okamoto and Takayanagi and the other by Dr. Karasuyama, were introduced to inform you the TMDU's top rated researches. The campus information highlighted: Newly opened international student center, a new library and a media center, and homecoming day. Lastly, it is a great sorrow to report that the immediate past President Akio Suzuki passed away on Oct. 28, 2010 at aged 80. The deepest condolences to Dr. Suzuki's family are expressed from all of us.

**THE EDITORIAL OFFICE** expresses many thanks to those who took special time in preparing articles for this issue. If you have any suggestions and news to be included in the future issues of TMDU Annual News, please feel free to contact Public Relations through e-mail ([kouhou.adm@tmd.ac.jp](mailto:kouhou.adm@tmd.ac.jp)) or URL.

