

2018 国際交流基金プログラム フェロー滞在報告

	NAME	Country	滞在時期	Host Institution	備考
1	Abhishek Singh	India	4/1 – 4/30	岩手医科大学	
2	Varat Woranisarakul	Thailand	5/4 – 6/24	愛媛大学	
3	Sylvia Alip	Philippines	5/7 – 6/29	山口大学	
4	Nguyen Tri Quang	Vietnam	9/28 – 10/9	神戸大学	
5	Kay Seong Ngoo	Malaysia	9/24 – 11/22	鳥取大学	

フェローからのレポート

【1. Dr. Abhishek Singh, Muljibhai Patel Urological Hospital, Nadiad】

I reached Tokyo on 31st and was welcomed with the cherry blossom season, after a brief Tokyo visit on 31st, I headed for Morioka city, Iwate on 1st April, 2018.

This Japan visit has been a life changing experience for me. Traveling scholarships (fellowships) are always a great opportunity for young urologist to experience different spheres of urology. I would like to describe my experience of stay in japan under the following heads:

Academic experience:

Hospital and departmental organization:

Under the leadership of Professor Dr. Wataru Obara the department of urology at Iwate Medical University is great place to be. His gentle demeanor and in-depth understanding of the subject of urology, helps a young trainee like me learn fine nuances of the subject. Every morning professor Obara would come to meet me personally and inform me what academic activity he had planned for me. His inclusive nature helped me gain maximum during my stay. Such kind gestures, from a man of his stature, was something I had never experienced before.

Iwate Medical University hospital is an extremely well organized hospital, which is reflective of the robust medical/health care system that Japan has. On my first day, I was received by Dr. Mitsugu Kanehira, who in spite of being a senior consultant attended to me and showed me the department and briefly explained the functioning of the department.

I was allotted desk , where , I could carry out my daily work. This gesture was extremely touching and I felt involved and respected. “The more you feel involved better is the learning process”. When the gestures are novel the barrier of language can be easily overcome.

The inpatient unit, the department office and the teaching class room is on the same floor making interaction with all the staff members very easy.

Inpatient organization and experience:

Every Tuesday, we had the teaching rounds at the hospital. It was the time when I got to experience the patient management plan. The management plan for metastatic Renal, metastatic Bladder and prostate cancers were discussed at great depth during these rounds and I got a perspective of management of these situations during these rounds. Dr. Ryo Takata, a senior consultant, would always stand by me during the rounds, translating patient details and discussing management options. I will always be indebted to Dr. Takata for his kind gesture and all the time and effort he put in to help me.

Operation room experience:

Operating room experience is the most exciting time for any urologist. The operative detailing at this hospital is unbelievable. I had the chance to learn Robotic prostatectomies (RARP), laparoscopic nephrectomies, renal transplant, laparoscopic pyeloplasty and endourological procedures like TURBT, ureteroscopy. Retro-peritoneoscopy, was a surgery that I was not exposed to, so it was wonderful to learn, how retroperitoneal space is created, the anatomical orientation and the procedure. The robotic prostatectomies are done in masterly fashion in this institute and it was wonderful to learn, tricks about the procedure from Professor Obara, Dr. Takata, Dr. Kanehira and Dr. Tomohiko Matsuura.

Dr. Tomohiko Matsuura (Consultant Urologist) Explained the details of the RARP to me during all the procedures, I am thankful to him for the same.

I also had a chance to Visit Dr. Daisuke Kudo at the city hospital, seeing him perform single surgeon technique for Ureteroscopic stone management was a treat to eye.

Research meetings:

Monday mornings, sharp at 7.30 am was the time for research meetings, the meetings were extremely thought provoking and also it taught me how the research needs to be closely followed up and guided, if it has to reach a logical conclusion. This is something that we are going to replicate at our center in India.

Case planning meetings and pathology meetings :

We had these meeting on Tuesday afternoons after the grand rounds, they helped me understand, why a particular decision was made. Though these meetings were in Japanese, everything was translated to me by Dr. Ryo Takata, so I was always at ease. Professor Obara would always ask after a case discussion, what would we have done in India. His inclusive nature and respectful behavior, is something I will always remember and try to imbibe.

Brachytherapy experience :

Tuesday morning, I was posted in the brachytherapy Unit. Dr. Shuhei Ishii would personally accompany me to the brachytherapy unit and teach all the steps and details of Brachytherapy to me, can't thank him enough. This was my first exposure to brachytherapy treatment in person and was a great learning experience.

Pathology experience - Learning about molecular markers:

Dr. Ei Shiomi, explained me about the details of pathological staining and immunohistochemistry. I had a chance to see how immunohistochemistry was done. Dr. Shiomi also taught me about his research on micro RNA's, exposure to this kind of research was absolutely new to me.

Dr. Renpei Kato was kind enough to share his basic science research on PRELID molecule with me, this experience of seeing the basic science research has inspired me to take initiative in basic research in India. When I discussed this with professor Obara he was generous enough to say that, we can do it together whenever there is a suitable opportunity.

Laser micro dissection:

Dr. Yoichiro Kato, showed me laser micro dissection and its uses in molecular research. I was awed by the technique.

Mini conferences:

1. RCC molecular markers, 2. Liquid biopsy: There was an opportunity to attend local conferences, where I got a chance to listen to, learn from and interact with the Japanese faculty. Again, though these conferences were in Japanese, the content was always translated in English. Noteworthy, was the talk on Liquid biopsy, we are doing a similar study back home which had some difficulties. Listening to the discussion has opened gates to new ideas, hopefully it will help us solve the issues with liquid biopsy.

Japanese experience and Hospitality

Reception and welcome:

I was received in Morioka station by Ms. Natsumi Yokoyama (secretary to professor Obara) she has been very helping throughout my stay and she has taken care of all the logistics for me. I was take to Kita hotel , where I met Dr. Kanehira, he was very courteous and helped me settle in the hotel.

Accommodation:

Accommodation was arranged at Kita hotel, which is walking distance from the hospital and an extremely comfortable. The hotel was in advance informed about my needs. Instruction regarding food allergies that I have were informed and stay was made extremely comfortable.

Japanese cultural experience:

The department ensured, I had a great cultural experience. Professor Obara arranged a welcome party in the traditional Japanese style, which was a memorable evening. I was presented a Necktie of Iwate Medical University urologist team, this was a very touching gesture and this tie would be one of my most prized possessions . Dr. Tamura took me for a traditional dinner on the first day.

Dr. Ryo Takata his wife Mrs. Moe and Dr. Hisano took me to a Reimen store, where we learnt making and cooking traditional Reimen, this was a memorable experience.

On a Sunday Dr. Matsuura, Dr. Shiomi, Dr. Ayato Ito, took me to the great snow wall followed by a visit to Onsen, this cultural experience was unforgettable.

I also had a chance to visit Chusonji temple with Dr. Jun Sugimura, he is a very polite and helpful person, I appreciate his gesture of spending a Sunday with me.

Food:

While coming to japan a concern was, whether I would be able to adjust to Japanese food, but not for a moment was I uncomfortable. Thanks to the hospitality at Iwate Medical University. I was always asked

about my preferences, taste and food was accordingly ordered. The office staff spend some time discussing my food habits, showed me pictures and explained the contents. Finally, whatever was ordered was always to my taste. I thank Ms.Natsumi Yokoyama for all her helpful gestures.

Each moment of my stay in Japan has been memorable and a learning experience, I am grateful to JUA for this opportunity. The detailing with which Japanese accomplish each task is inspiring. I thank president JUA Dr. Masato Fujisawa and Dr. Yoshihiko Tomita (Chair International committee), for this wonderful opportunity.

I have found an inspiring teacher in professor Obara and will keep learning from him throughout my life. I have made very good friends in Dr. Takata, Dr. Kanehira, Dr. Matsuura, Dr. Kato and Dr. Kato.

Photo 1: Welcome by Prof Wataru Obara



Photo 2: Learning Brachytherapy from Dr. Ishii



Photo3: Learning IHC



Photo 4: Photograph with department staff at Ishiwari Zakura



[2. Dr. Varat Woranisarakul, Siriraj Hospital, Mahidol University, Bangkok]

First of all, I want to express my gratitude to all members of JUA International Team which provided me a good opportunity to have well-defined clinical experiences in the Department of Urology in Ehime University Hospital under the supervision of Professor Takashi Saika from May to June 2018.

My main purpose of observation is to gather more experiences in Uro-Oncology with a particularly emphasis on prostate cancer. At present, trends of cancer treatment in urology are expanding and become much more complicated. In Surgical aspect, Robotic surgery plays an important role in our practices. Through valuable guidance by Professor Saika and his team, I could sharpen my understanding in Robotic surgery including partial nephrectomy, radical prostatectomy, and radical cystectomy. During this period in Ehime University Hospital, I have lots of good chances to make educational discussions about the diagnosis, treatment and different approaches in surgical management. These enhanced me to clarify some details in surgical techniques applied in robotic surgery e.g., Templates of extended pelvic lymph nodes dissection in radical prostatectomy and radical cystectomy, Non-suturing techniques in renorrhaphy during partial nephrectomy.

Moreover, given my interest in basic research, I am allowed to visit the Laboratory of Ehime Proteo-science Center (PROS), Department of Biochemistry and Molecular Genetics. Here, I made many discussions with many researchers and consultants about the pathway of cancer and how to develop novel drugs against them. This chance has broadened my perspectives about newer options of advanced cancer treatment.

Last, but not least, I would like to say “Arigatou gozaimashita” to everyone in Ehime Urological Department that welcome me with friendly atmosphere and become another unforgettable part of my life. I have learnt numerous knowledges and valuable lessons from the great teacher and his team. To be honest, I could not really find any negative aspect in this relatively short, but memorable period. I do believe these experiences will not only increase my potential but also improve our cancer treatment options in Thailand. I will not hesitate to recommend this opportunity to all young Asian urologists in the future.



[3. Dr. Sylvia Alip, University of the Philippines, Philippine General Hospital, Manilla]

The International Foundation of the Japanese Urological Association awards annual scholarships to upto five young Asian Urologists. These scholarships allow for in-depth academic, clinical and surgical exposure in Asian centers of excellence in Urology, compatible with their field of interest over two months. In the summer of 2018, I was chosen as a scholar. My interest in andrology and male infertility led me to a match in the Yamaguchi University Hospital, Japan under the tutelage of Dr. Koji Shiraishi. Rightfully so, as Dr. Shiraishi is a pioneer urologist in the field, having developed the high inguinal approach to microsurgical varicocelectomy, and having lead multiple studies towards elucidating the epidemiology and pathophysiology of male infertility.

I arrived in Japan in the first week of May. It was my first time in Japan, and it was especially enriching, as I was able to meld my two loves – exploring neighboring countries and cultures, and expanding my knowledge in Urology.

The Yamaguchi University is a great backdrop to a wonderful opportunity. It is a well-equipped tertiary training hospital, with a good case mix. The Urology Department encompasses three divisions under the leadership of Professor Hideyasu Mastuyama, M.D.: Oncology, Andrology and Pediatric Urology, Renal Transplantation and Kidney Diseases. Each week, I was able to participate in three learning conferences, Pre-operative Conference, Ward Conference and a Video Conference wherein a chosen operation of the member of the department was shown and feedback was given. The set-up is very similar to how conferences are conducted in my home institution. This helped me become at ease with the daily rigors in the hospital. Although the language was a small obstacle, as I could not speak Japanese, the universality of the diseases and diagnostic modalities – combined with the generosity of willing resident and consultant translators – helped facilitate my understanding.

The surgical exposure was beyond satisfactory. Every day, I was given the opportunity to scrub-in two or three urological operations, under the supervision of the consultant and resident staff. I observed some modalities that were not available in my home institution, as well. My mentor also allowed for exposure in different hospitals in the area. This helped broaden my understanding of the bigger picture in urology, as well as of the standards of care in a different country. Weekends and after-office hours were available for me to pursue further study. Journals and books on my chosen field were all made accessible through the generosity of my mentor.

In conclusion, with the goal of furthering my understanding and exposure in Andrology and Infertility, The JUA International Foundation scholarship has proven instrumental. Not only have I gleaned a deeper appreciation for the field, but also the scholarship has opened opportunities for me to pursue a career in Andrology and Infertility in the future.

【4. Dr. Nguyen Tri Quang, Victoria Healthcare International Clinics, Ho Chi Minh City】

This is my training report after completion program of International Foundation Scholarship for Young Asian Urologists at Kobe University Hospital, Japan in Oct. 2018. I wish to express my sincere thanks to Professor Masato Fujisawa, Head Department of Urology also who is supervisor for the training.

I also thank to Dr. Terakawa Tomoaki, Dr. Yuzo Nakano & Dr. Katsumi Shigemura, Assistant Professor of Kobe University Hospital also who is supervisor in charge for the training, staffs of the Urology department . Who gave to me a golden opportunity to follow the particular practical urology training in the Kobe University Hospital, and been guidance, necessary support, co-operation, encouragement, fullest effort of them to the success of this opportunity, all are grateful and unforgettable.



Kobe University Hospital has everything that I am looking for in a JUA International Foundation Scholarship for Young Asian Urologists program. The appealing components consist of:

1. Cutting-edge Da Vinci robotic surgery: partial nephrectomy, radical prostatectomy
2. Nephrectomy by lateral extra-peritoneal mini Incision
3. Transperineal implantation of gold fiducial markers (gold seeds) for prostate image - guided radiation therapy
4. Brachytherapy
5. Fusion biopsy prostate cancer

6. Microsurgical Varicocelectomy
7. Microsurgical Testicular Sperm Extraction—TESE
8. Kidney transplantation
9. Laparoscopic: Pyeloplasty in Ureteropelvic Junction Obstruction, adrenalectomy
10. Chemotherapy: Presurgical pazopanib for renal cell carcinoma with inferior vena caval thrombus
11. Urodynamic



My interests include oncology disease, transplant, and robotic surgery. These components are important aspects to perfecting the practical experience and didactic components, as well as the leadership and research skills afforded via my on-the-job training at Kobe University Hospital.

Beside the specialized issues, I have also learned a lot about other fields such as: How to organize weekly meetings, Organizing outpatient examination, Inpatient treatment and monitoring...

I strongly feel the program's training will facilitate both my short and long term career aspirations. I want a wide variety of experiences in order to enhance my skills, and the opportunity to interact with patients in order to become a good urologist.



I also had great memories with colleagues at Kobe University Hospital through field trips, parties ... all these things I will never forget.

I hope that in the future, I will continue to have the opportunity to attend training at Kobe University Hospital on the latest knowledge, best practice in urology.

Thank you for considering my candidacy for the 2018 JUA International Foundation Scholarship for Young Asian Urologists at Kobe University Hospital.

【5. Dr. Kay Seong Ngoo, Kuala Lumpur General Hospital】

Pre-amble

The JUA International Foundation Scholarship attracted my attention because I have always wanted to learn advanced medicine from developed countries, particularly Japan. Thus, the timing was opportune when I applied for the Scholarship in 2017, having completed my specialist training in Urology in Malaysia. My primary objective of pursuing this educational endeavour was to learn the aspects of minimally invasive surgery (MIS) in Uro-oncology.

When the JUA informed me that I had been selected for the Scholarship and thus, will be placed under Professor Atsushi Takenaka of Tottori University Hospital, I worked out a plan to meet him in Japan prior to my two-month stint. The saving grace was that my paper abstracts were accepted for poster presentation during the 16th Urological Association of Asia Congress. In Kyoto, I took the opportunity to introduce myself to Professor Takenaka, expressing my interest to learn from him and

his institution. This encounter also provided me with a glimpse of Professor Takenaka's style of leadership and approach to urology.

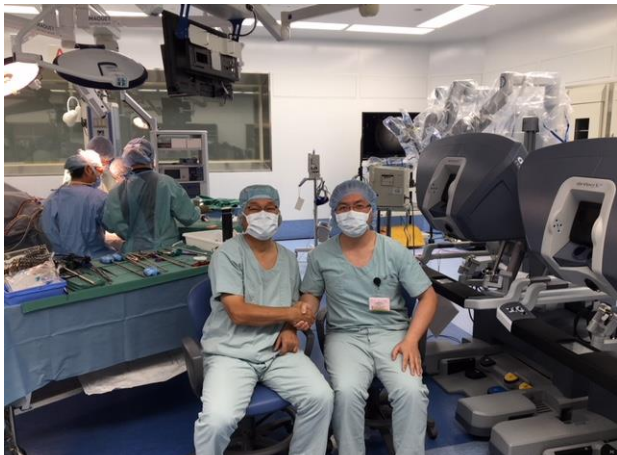
The Placement

I arrived in Yonago city on 25 September 2018 and was welcomed by a friendly team of staff from the Division of Urology, Tottori University Hospital (TUH). Strangely, the unexpected 'welcome' was Typhoon Trami, which was also making its way to the West Coast of Japan. However, Professor Atsushi Takenaka, the Chairman of Department of Surgery and Urology Division, as well as Vice Director of Tottori University Hospital, was very reassuring and immediately got down to business. I felt very privileged to be offered the opportunity to participate in research activities in addition to clinical observership. This is in line with the concept of surgeon-scientist which is advocated by Professor Takenaka. I was assigned to Associate Professor Masashi Honda who would guide me through the intricacies of research. Through our regular exchange of e-mails prior to my visit, Professor Takenaka had impressed upon me the MIS that he wanted to showcase was the application of robotic-assisted urological procedures – an advanced surgical skill which is not widely practiced in Malaysia.

Although Tottori is the smallest prefecture in Japan, it has a relatively high proportion of geriatric patients, who contributed to most of the urological workload in TUH. According to Professor Takenaka, Japan probably has the longest human life expectancy in the world and this is translated into the burden of healthcare that is unique to developed countries. Consequently, two things struck me regarding this unique situation. First, there is no discrimination against the elderly for the treatment of urological cancers. It is not uncommon to see patients in their late 70s, or even in their 80s, to undergo robotic-assisted cancer operations. Secondly, a good number of those patients had survived many non-urological primary cancers, only to live long enough to present with a new primary urological malignancy. This is a testament of an exemplary Japanese health care system. However, this achievement presents a new challenge to the urologists in ensuring that those elderly patients progress well peri-operatively, with good oncological and functional outcomes.

The Division of Urology deals with a repertoire of oncological cases. At least two days a week are reserved for robotic-assisted procedures. Here, I learnt a great deal about the basic principles of robotic surgery, the intricacies of nerve-preserving prostatectomy, the meticulous planning that goes into achieving the trifecta of partial nephrectomy, and the proper selection of urinary diversion after robotic total cystectomy. I was even allowed to practice on the simulator-console. With the aid of the da Vinci Si system, the team of urologists here have demonstrated their *finesse* in taking on every challenging urological cancers. In fact, with the liberalisation of national health insurance coverage for robotic-assisted surgery since April 2018, Professor Takenaka's department is already at the forefront of this advanced technology. The impact includes, having the largest series of

robotic-assisted radical cystectomy in Japan, introducing robotic surgery skills early in the Urology Residents training program and to top it all, acquiring the latest da Vinci Xi system. In fact, the Department's ethos, "think globally, act locally" is very relevant.



Left: A solid handshake with Professor Atsushi Takenaka. **Right:** Group photograph with TUH Urology Department team in Nagasaki

Coming from a country where the default MIS procedure is laparoscopic surgery due to cost issues, Professor Takenaka informed that there will be good news for developing countries like Malaysia in the near future, with the launch of new robotic platforms from Japan. Interestingly, endourology also contributes to a substantial workload in both our countries. However, the approach to urolithiasis, especially staghorn renal calculi, is rather different. Whilst I had learnt to approach these stones mainly via percutaneous nephrolithotomy, the team here preferred the endoscopic combined intra-renal surgery (ECIRS) technique. Although both techniques have their own merits, I found ECIRS to be rather elegant albeit taking a longer operative duration.

During the grand ward rounds and twice weekly departmental case review meetings, I am always impressed by the use of technology to replay recordings of surgeries, whilst accessing various patient information records. This often leads to lively peri-operative discussions and debates. This department also places a high value on evidence-based medicine through weekly journal club activity, presentation of research work by Residents as well as attendance of important scientific meeting. I am very grateful to Professor Takenaka and the JUA for inviting me to attend the 70th JUA Western Section Meeting in Nagasaki.

In addition, Japanese urologists play a great role in dealing with uro-oncological drugs. This observation was gleaned from ward rounds and departmental discussions on managing neutropenic sepsis, to selecting different lineage of drug therapy, and even to the point of debating the adverse events of costly check-point inhibitors, which are widely available here. Professor Takenaka

informed that due to a shortage of medical oncologists, most urologists have taken on this added responsibility, which is unique to Japan.

My secondary objective was to learn about Japanese working culture, particularly the application of the 5S system (*seiri, seiton, seiso, seiketsu* and *shitsuke*). This corresponds with Malaysia's Look East policy of emulating best work practices from Eastern Asian nations like Japan. The spirit of *kaizen* is very prevalent and there were many examples of work efficiencies I had observed in the Department, TUH and the Japanese society in general. As a result of team-working, I have forged many new friendships with the Urology team members here. I wish to thank them for helping me bridge the language barrier, sharing their knowledge and expertise as well as being such gracious hosts during my stay in Yonago.

受け入れた施設からの声

<受け入れてよかった点>

- ・ 友好関係を築き、今後の国際交流に繋がった
- ・ 外国の医療事情、泌尿器科の実状を知ることができた
- ・ 国際化に関して、当教室員のモチベーションの向上に繋がった
- ・ 医療面だけではなく、文化面も含めた国際交流ができた。
- ・ 本邦の診療体系/水準を理解してもらえた。
- ・ 英語を使う良い機会となった。

<困った点>

- ・ 困ったことではありませんが、事前に留学生が何をしたいのかを明確にしておけばよかったと思います（当該留学生はロボット手術に非常に興味があり、基礎研究には関心が少なかったように思えました）
- ・ 本学の受け入れ手続きの煩雑さ
- ・ 地方における留学生の交通手段
- ・ 連絡なしで休むことがあった。
- ・ 帰国する際の感謝の意がなかった、帰国する週から帰国後もメールをうっても連絡がなかった。

<期間についてご意見>

- ・ 期間が短かった
十分な臨床症例体験のみでも短く、臨床研究、トランスレーショナルリサーチなどの知見を得るにはもう少し時間が必要か。
- ・ JUA 総会と同時開催のアジア泌尿器科学に参加することもできたため丁度良かった。

留学生からの声

- ・ 手術室での見学、小原先生の段階的な指導はとても素晴らしい経験となった。医局の先生方は熱心に、根気よく教えてくれた。
- ・ 自身のロボット手術と泌尿器腫瘍のスキルが日本に来る前と比べ、格段に向上した。
- ・ スタッフ、研修医、秘書の皆さんは留学生に理解があり、面倒見がよかった。
- ・ 診断、治療、手術のテクニックについて意見交換ができたことはとても有意義だった。
- ・ 日本語ができないので、言葉の壁は感じた。
- ・ プログラムで得た、**male infertility** の知識は自国の、十分な行政サービスを受けていない人々に役立てるつもりである。
- ・ 3ヶ月間あれば特定のスキル・ジャンルに沿った成果が得られるのではと思う。最初の2週間は施設や滞在地域を知ることによって終わってしまう。
- ・ ホストにはとてもよくしていただいた。**Urology** だけではなく、日本の文化・医療についても教えてくれた。

- ロボット支援手術の様々な技法を見ることができたこと、日本語ではあったが臨床検討参加させてもらえたことは泌尿器科のメンバーとして受け入れられているようでよかった。
- 臨床医以外とのコミュニケーションは難しかった。日本人は非常に言語に誇りをもっているように感じた。
- 日本の高齢がん患者へのアプローチは他国も見習うことのできるものである。
- 帰国後、マレーシアのシニア顧問たちと、ロボット支援手術についての経験をシェアし、今後のスキルアップに向けての対応支援を依頼したところ、前向きに検討してもらえることになった。