

# Key to the Success in Telemedicine

## - Possible expansion to Latin American and beyond -

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KYUSHU UNIVERSITY

# Specific characteristics/conditions in telemedicine

- High resolution
- Moving images
- Varieties at each hospital



Technically  
challenging

- \* Common videoconference
  1. Sit in front of monitor
  2. Slides at most
  3. Uniform equipment

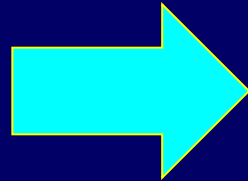
# What was achieved during 10 years in 2000s



**1990s:**

- Bad image
- High cost

REN



DVTS

**2000s:**

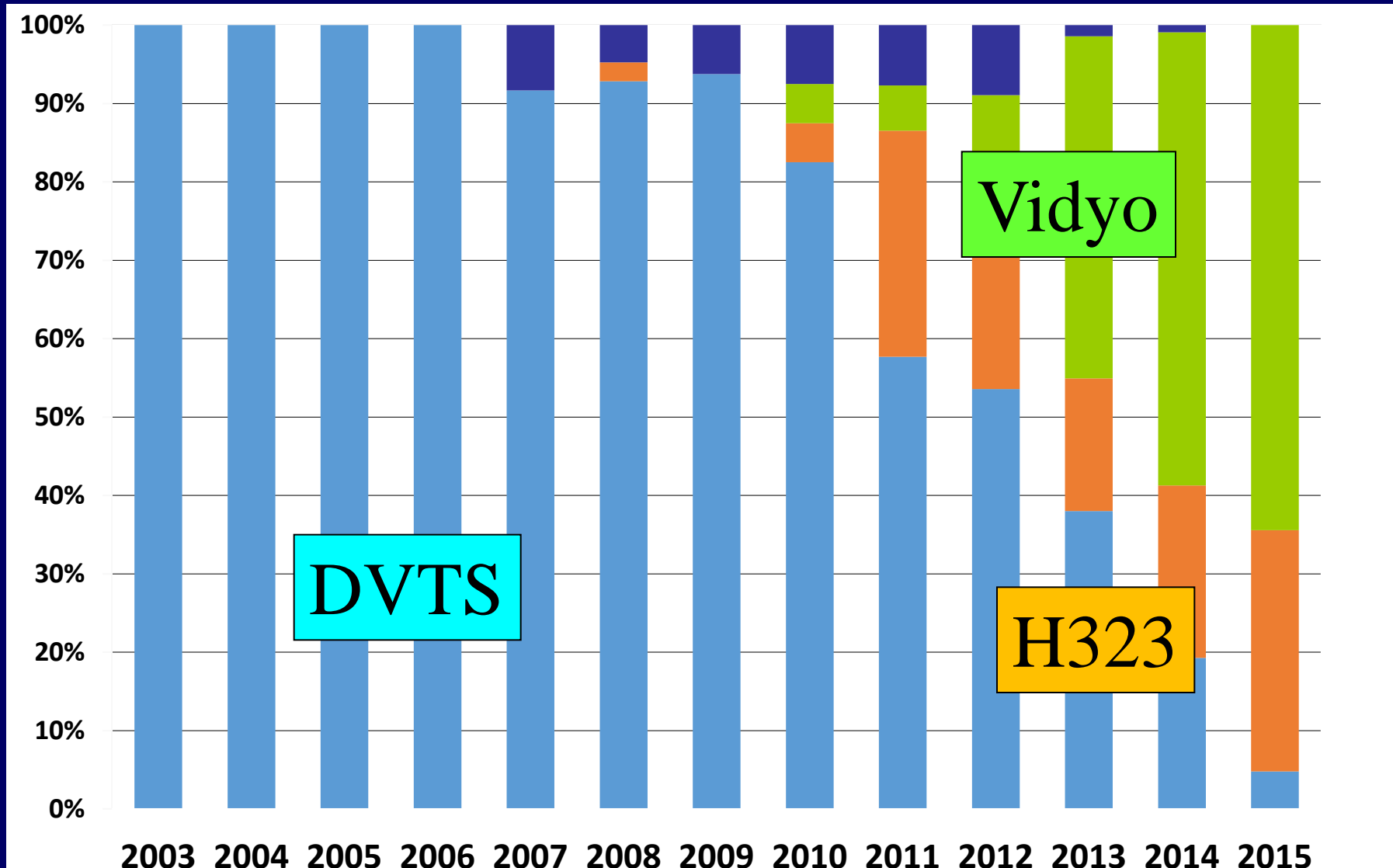
- Good quality
- Low cost

**\*REN: Research and education network**

**\*DVTS: Digital video transport system**

**< Telemedicine became practical. >**

# System: dramatic change in 2010s



< Telemedicine has been getting even easier and better. >

# Regular medical teleconference in Asia



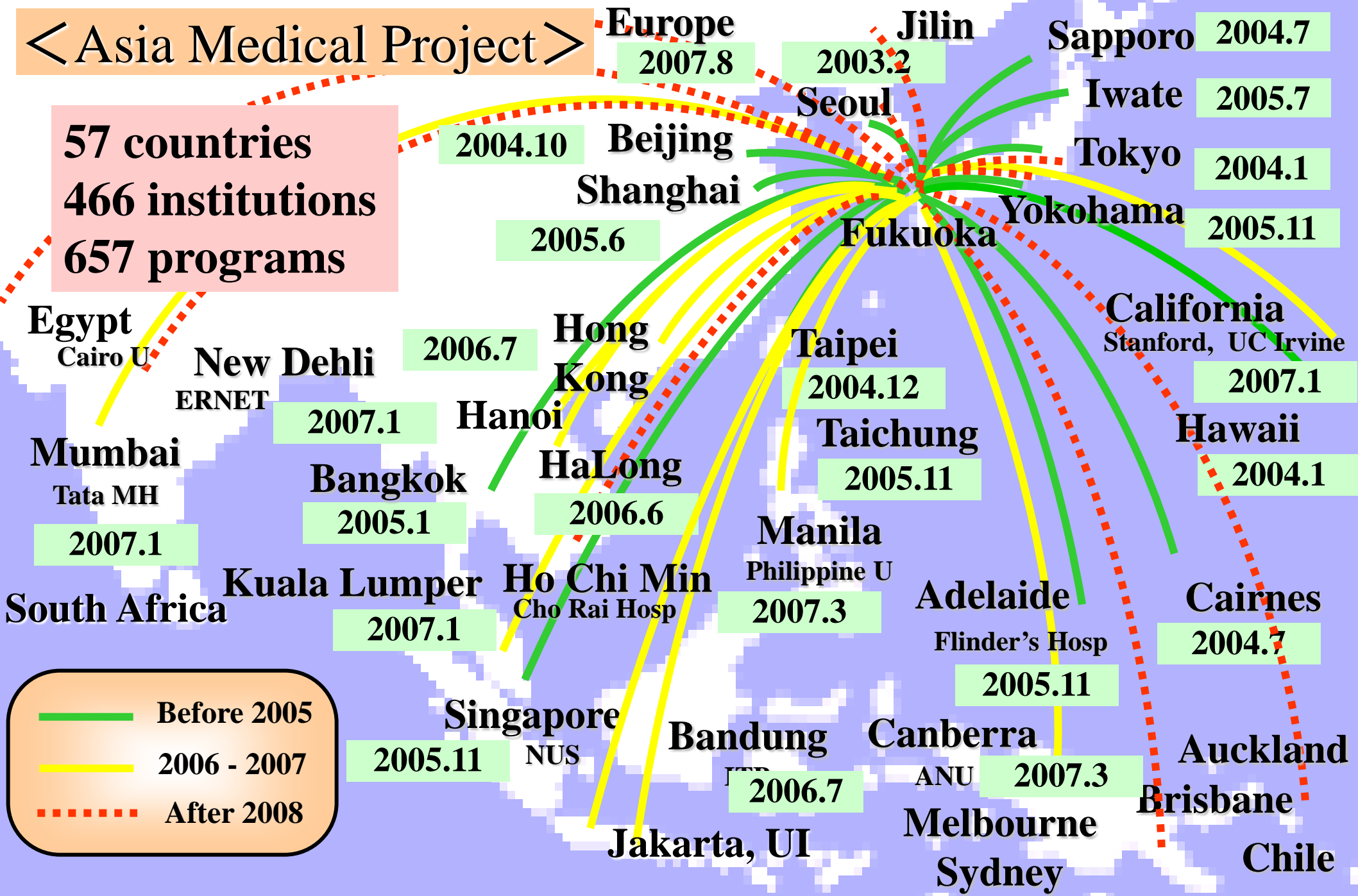
2012.8.28



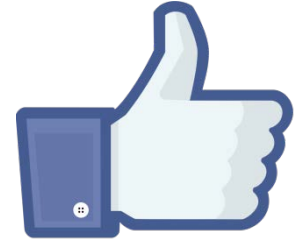


# <Asia Medical Project>

57 countries  
466 institutions  
657 programs



# Key to the success



- Medical Needs

- Training Hospital Engineers

# Gastric cancer

China

Taiwan

India

Thailand

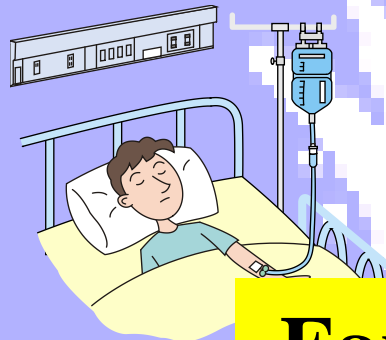
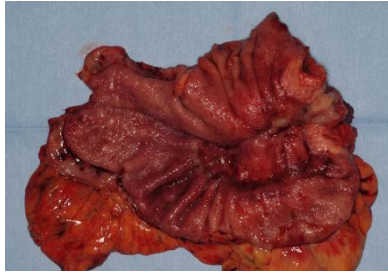
Vietnam

Malaysia

Singapore

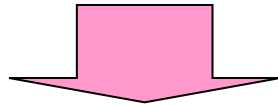
Philippines

Myanmar

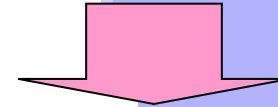


## Diagnosis and treatment

Advanced

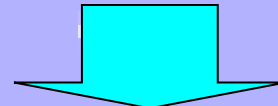


Ope

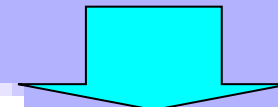


Admission  
Recurrence  
Death

Early



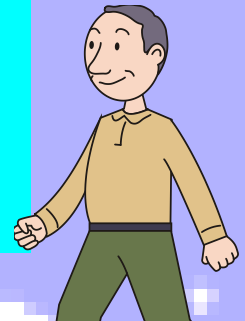
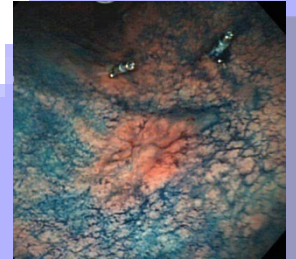
Endosc



Recovery  
Less cost  
Back to work

JP

KR

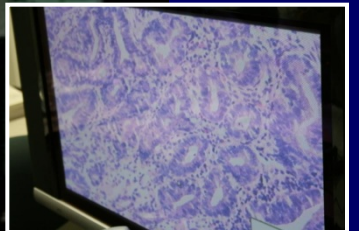


**Early detection is very important!**



# China-Japan Early Gastric Cancer Teleconference

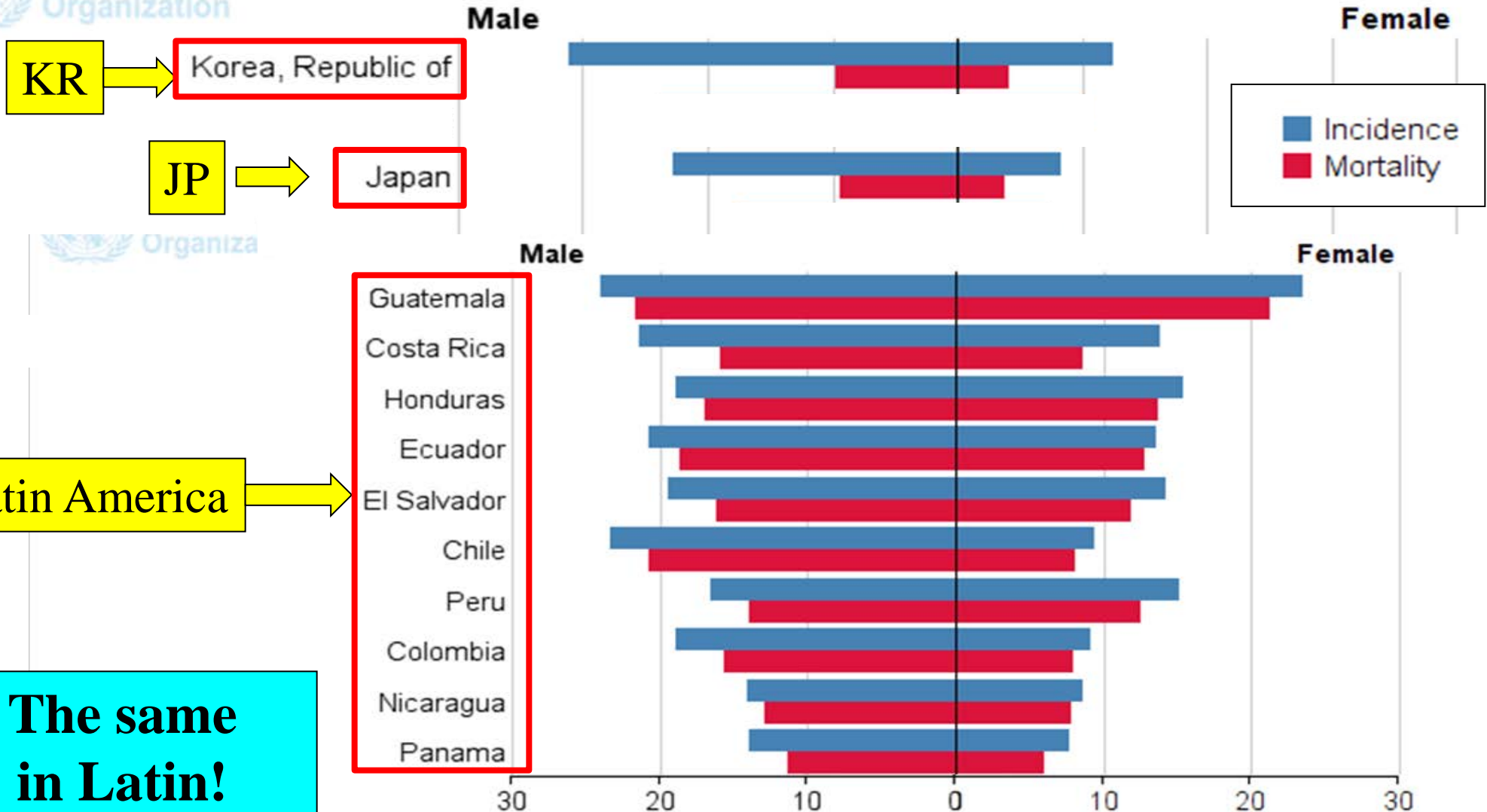
How to make an early diagnosis



Video

2011.11.15

# Gastric Cancer in Latin America: Incidence/ Mortality



# The 8<sup>th</sup> Teleconference with Latin America 2015.3



**Gastric Cancer Screening in a High-Risk Country**  
Department of Gastrointestinal Oncology,  
Osaka Medical Center for Cancer and Cardiovascular Diseases  
Noriya Uedo



2013.8.21  
Osaka MC for Cancer&CardiovascDiseases



**La Paz, BO**



**Osaka, JP**



**CR**



**Cali, CO**



**MX**



**KUH, JP**



**BR**



**INNCH, MX**



**Alemana, CL**

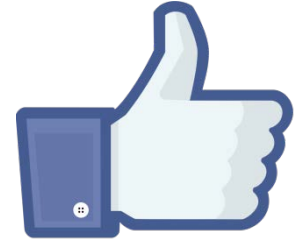


# Invited doctors from Latin America to Kyushu Univ.

	2010	2011	2012	2013	2014	2015	Total
Brazil	3	1	3		1	1	9
Colombia		1		1	1	2	5
Chile	1	1			1	1	4
Mexico	1				1		2
Uruguay	1	1					2
Costa Rica				1			1
Argentina	1						1
Dominica R						1	1
	7	4	3	2	4	5	25

Synergy between local and remote education

# Key to the success



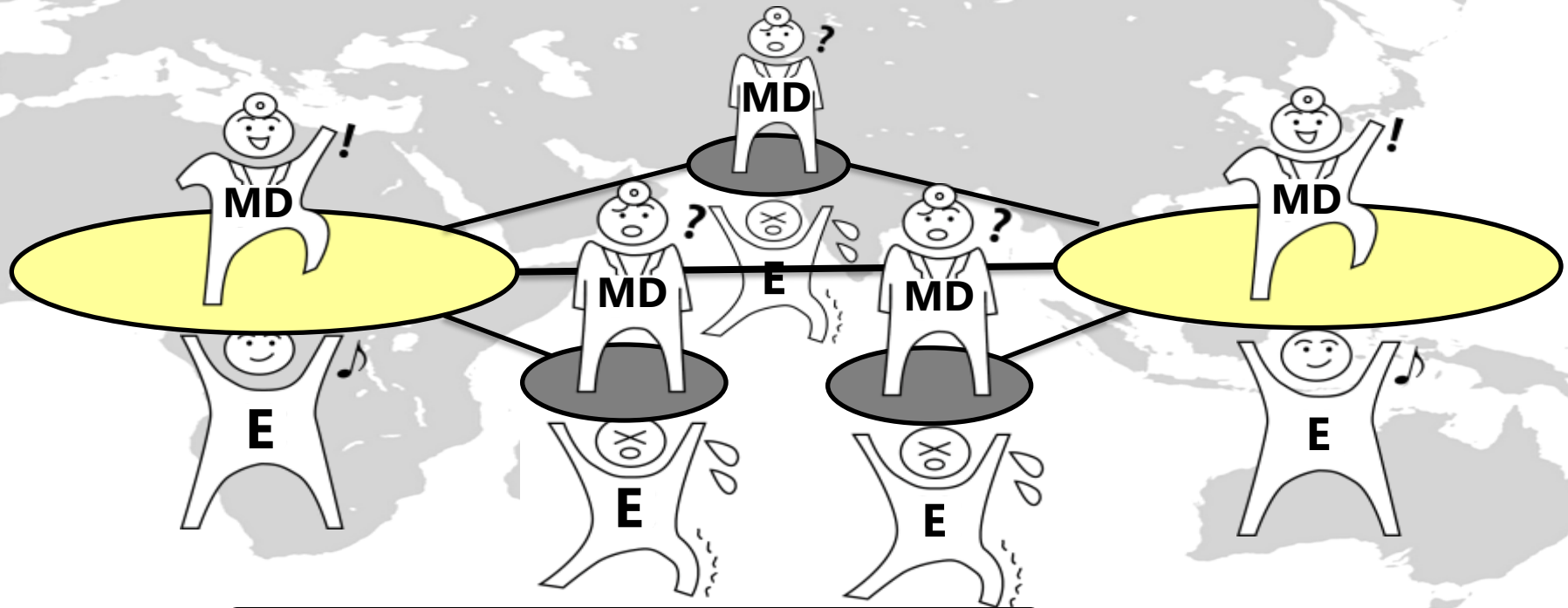
- Medical Needs
- Training Hospital Engineers



# Current status

## Problem 1: Medical staff

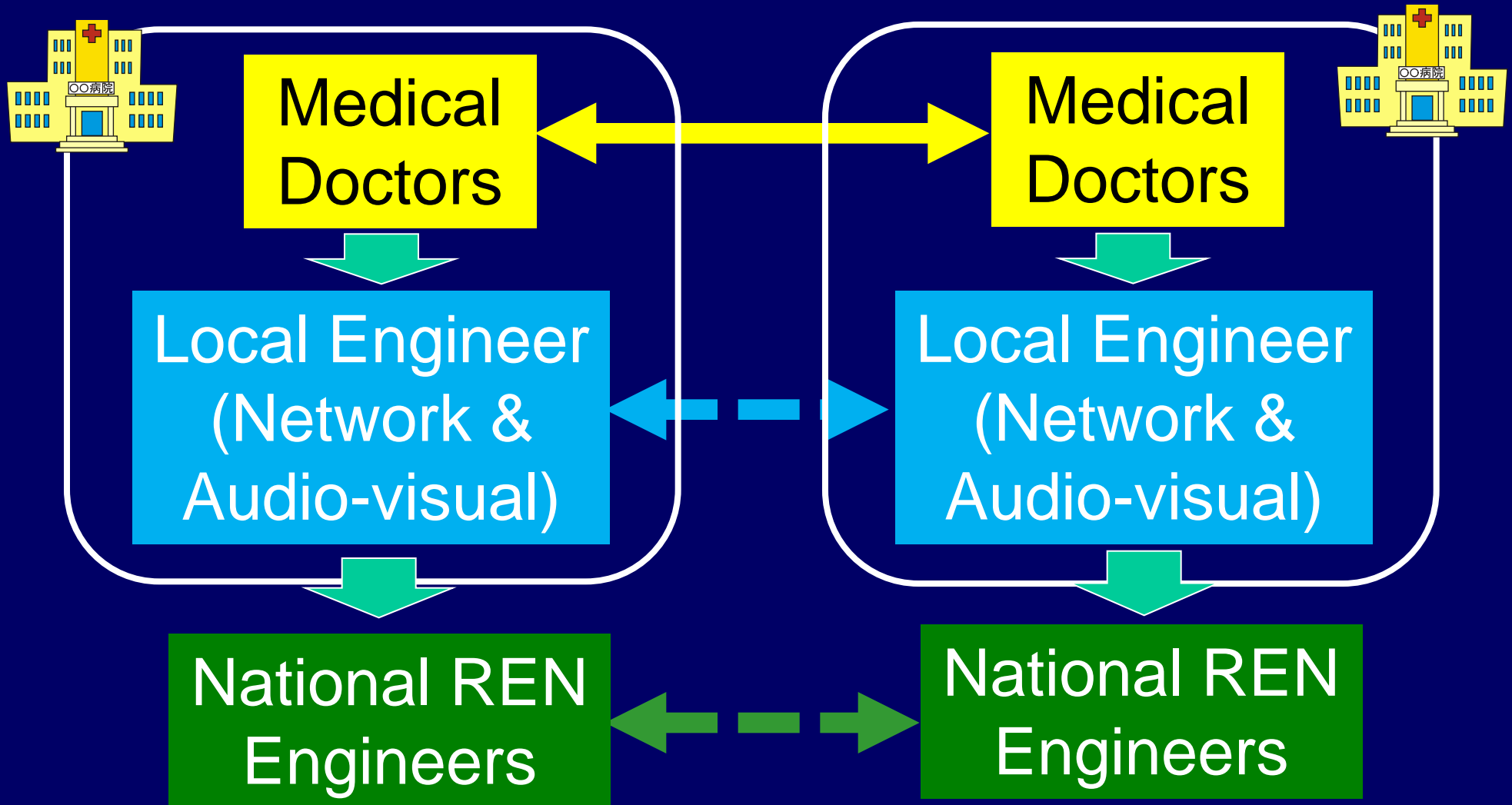
**Medical programs in limited fields and regions**



## Problem 2: Engineers

**Engineer's ability differs between hospitals**  
(Doctors do not know engineers)

# Team building



**The success depends on how good team you can make.**

# Invitees to Training at APAN & TEMDEC

	APAN (like TICAL)			TEMDEC	
Country	40@MY	41@PH	42@HK	1 month	Total
Thailand	2	0	2	3	7
Vietnam	6	3	5	5	19
Malaysia	local	1	3	1	5
Indonesia	2	4	2	3	11
Philippines	0	local	0	0	0
India	2	2	2	0	6
Nepal	1	2	1	1	5
Bangladesh	0	2	1	0	3
Sri Lanka	1	0	0	0	1
Total	14	14	17	13	58

\* In 2016, seven hospital engineers will be invited from Latin America.

# Engineers training







# #3: Doctors & Engineers together!

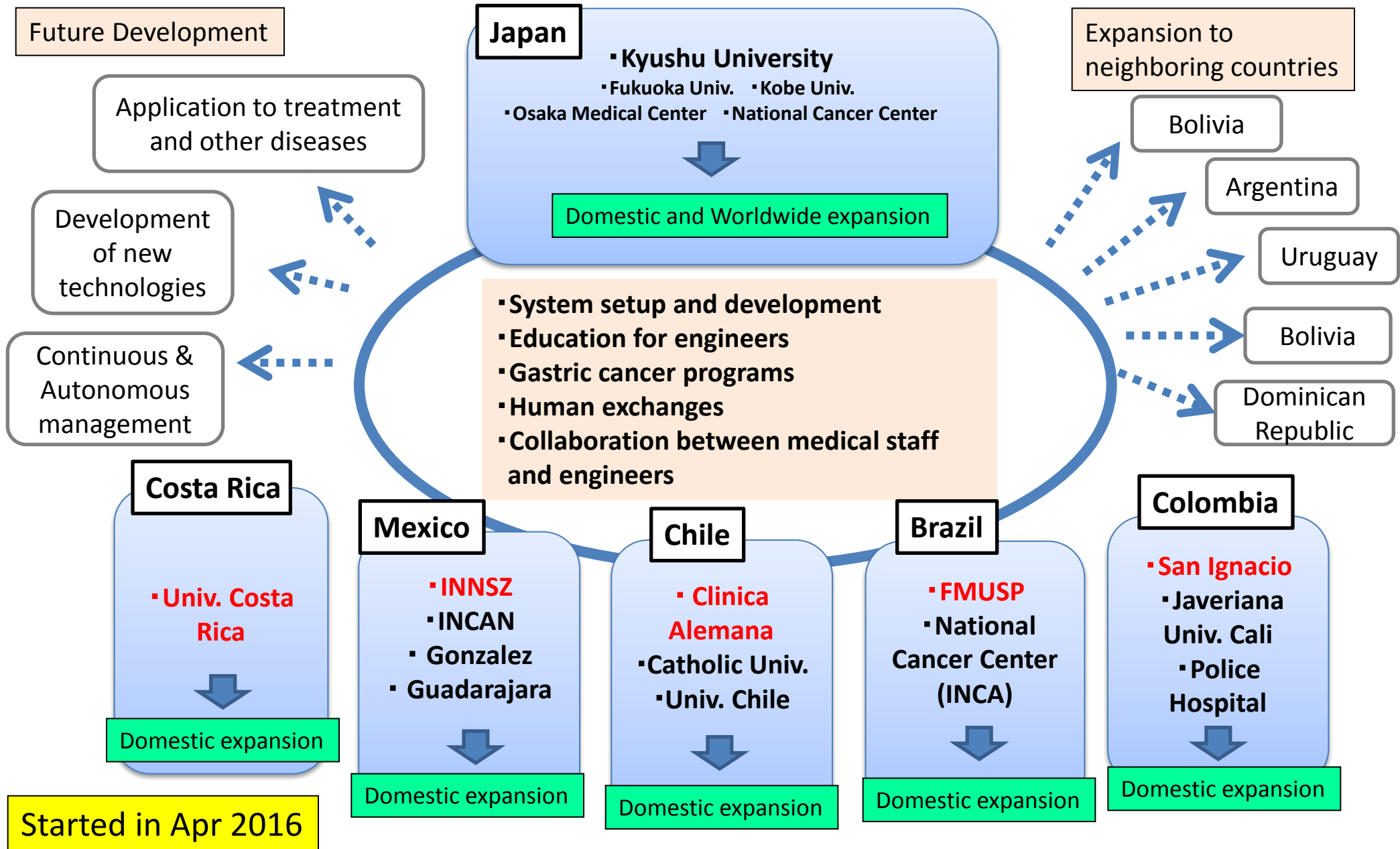


**Kyushu Univ. Hospital, Fukuoka**

**2014.12.12-13**



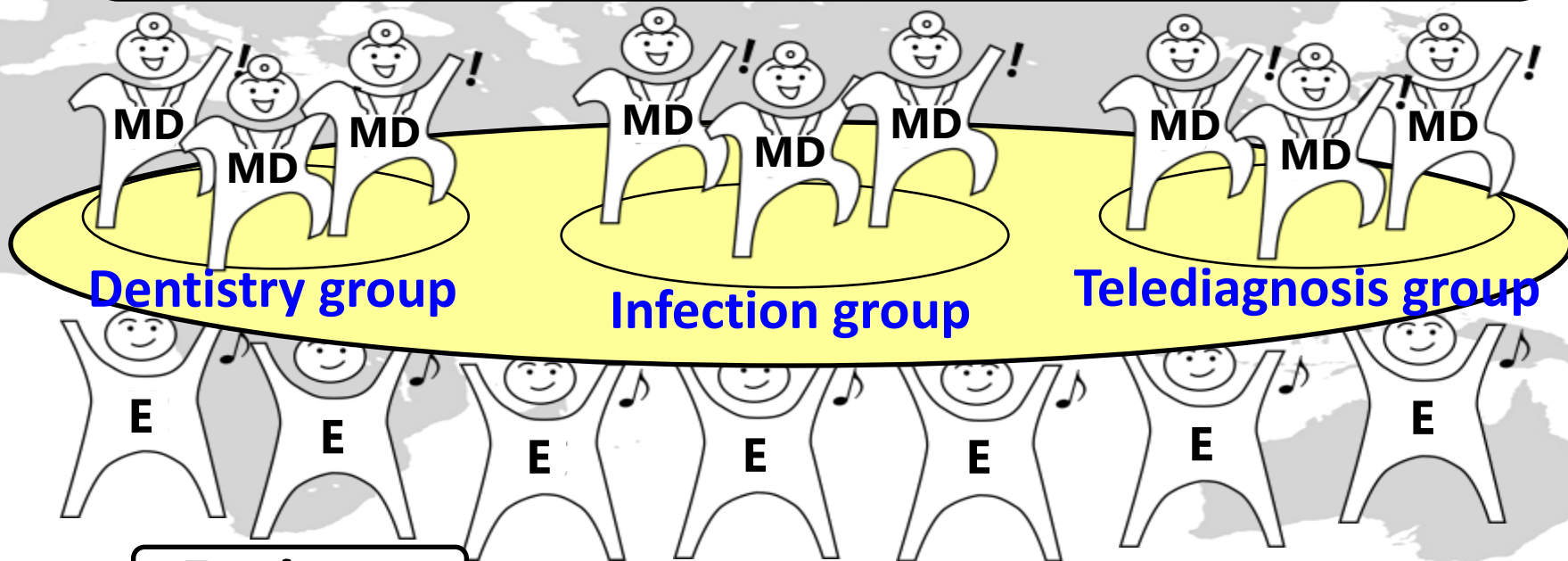
# Latin Remote Education Project for Early Gastric Cancer



# Future

## Medical staff

**Establishment of medical program in wider fields**



## Engineer

**Educated engineers in hospitals around the world**  
(Development of specialized human resources )