



Management

Chief Executive Directors : Soichiro Tahara/ Seigo Nakamura Director of Secretariat: Seiko Kubo

JCCNB Website

- Our website is located at <http://www.jccnb.net>.
- We can be located by search for a keyword "JCCNB"
- The website includes uploaded Membership Application Form.

Members

Our membership can be available for by any corporation or individual supporting the objectives of Nonprofit Organization Corporation "Japan Comprehensive Cancer Network, Breast" and its activities as presented on its business plan. We also accept contributions from any corporation or individual sympathizing with our objectives.

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| 1) Membership Fee : Corporate Membership | Annual subscription: 500,000 yen per unit |
| Individuals | Annual subscription: 30,000 yen per unit |
| Patronage Membership (individuals) | Annual subscription: 10,000 yen
(per unit: 1 unit or more) |

2) Support JCCNB with Contributions

We accept contributions for general purposes at any time, as well as contributions for specific individual projects. We welcome participations by doctors and other medical experts.

Not being an advocacy group for patients with breast cancer, we do not offer any function such as consultation on breast cancer treatment, referral to a doctor or hospital, or lecture session focusing on patients.

Japan Comprehensive Cancer Network, Breast (JCCNB)

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www.jccnb.net

What is JCCNB (Japan Comprehensive Cancer Network, Breast)?

JCCNB (Japan Comprehensive Cancer Network, Breast) is not an advocacy group for patients with breast cancer. JCCNB aims to attain the world standard of breast cancer treatment by publishing various kinds of latest information on the therapy from all corners of the world for the medical experts and independent breast cancer patients by means of the Internet or study groups.

FY2009 Business Plan

(1) Testing Methods for Estimated Prognosis Following Breast Cancer Treatments

The progression of curative medicine for breast cancer has been so impressive that there are a series of reports from the Western countries on the improvement in the performance of the therapy including decreased mortality rate. On the other hand, the costs of new chemotherapies and molecular-targeted curative medicines such as Herceptin amount to astronomical figures, and the high drug costs contribute to the sharp gain in the medical costs.

Oncotype DX, developed in US, measures the expression levels of 21 genes of isolated tissues from hormone positive and node-negative patients, scores the risk of recurrence and identifies whether treatment effectiveness will be added by chemotherapies or not.

It has been reported that approximately 30 % of patients were able to avoid useless chemotherapies in comparison with the indications based on the previous guideline. On the other hand, Mammaprint developed in Netherland can divide patients into the high-risk group and the low-risk group based on the expression state of 70 genes more precisely than the previous standard. It has been reported that this test can decrease the high-risk group requiring chemotherapies by 25%. This test method was approved by FDA in February, 2007. Though these test methods are expensive at present due to necessity of analyses on a genetic level, if a patient proves to be at low risk, a drug therapy will become unnecessary for the patient.

As many people predicts that the medical services tailored to respective patients would result in major shifts in the diagnosis/treatment of diseases, impacts by the new technology on the oncology is yet to be clarified in details. Amid the trend where the novel targeted treatment is surpassing the chemotherapy to be a new standard treatment, the technology that is capable of precisely identifying the specific genes in tumors is extremely beneficial in line with the trend oriented to the individual care. JCCNB envisages clarifying the state of affairs of so-called personalized medicine where the therapy where the best treatment effectiveness can be expected is selected for each patient in the breast cancer treatment focusing especially on the one utilizing genetic analysis from clinical perceptive as well as the perceptive of medical economics.

The study on the prognosis estimation is currently scheduled to be implemented for three years.

Date : Sunday, October 18th

Venue : Hall D5 at Tokyo International Forum

Time : 9:30 - 15:30 (currently scheduled)

Admittance Fee: 10,000 yen

Co-host : NCCN/JCCNB

Target Participant: Doctors and General public (interested in the subject)

— Subject —

Testing methods for estimating prognosis and benefits of systemic treatment:
current status and future perspectives -Comparative review of Oncotype DX, Mammaprint etc.-

— Speakers —

NCCN : Joan S. McClure(Senior Vice President of NCCN)

Robert W. Carlson(Professor of Medicine in the Division of Oncology at Stanford University Medical Center)

Craig Allred (Professor, Pathology and Immunology at Washington University School of Medicine)

Japan : Seigo Nakamura (Chief Executive Director of JCCNB , Director of Breast Surgical Oncology, St.Luke' s International Hospital)

Masakazu Toi (Professor, Graduate school of Medicine, Kyoto University)

Yasuhiro Fujiwara (Chairman Department of Clinical Trial Coordination and Developmental Therapeutics National Cancer Center)

Oncotype DX : Steve Shak (Chief Medical Officer of Genomic Health)

Mammaprint : Laura van' t Veer, PhD (Head of Molecular Pathology TRNSBIG and Netherlands Cancer Institute, Amsterdam)

(2) JCCNB Seminar

The Seminar will give a brief presentation on the key agenda and other subjects from the minutes of the international conferences.

Time : 10:00 ~ 12:30

Venue : Teusler Memorial Hall on the 2nd Floor of the St. Luke's International Hospital

Speakers : Seigo Nakamura (JCCNB Representative Trustee/ Manager, Department of Mammary Gland Surgery, St. Luke's International Hospital)

Target Participant : Doctors and General public (interested in the subject)Limited to 35 people

Admittance Fee : 5,000 yen

① Debriefing session on Sankt Gallen/SSO

date : April 11

(The 62nd Annual Conference of the Society of Surgical Oncology, Pre-meeting Breast Cancer Workshop)

② Debriefing session on ASCO

date : June 6

③ Debriefing session on San Antonio

date : December 19

(3) Introduction to NCCN Breast Cancer Treatment Guideline With the support by NCCN, the project translates and introduces the Breast Cancer-related Guidelines and the Supportive Care Guidelines of the United States prepared by NCCN and all of their revisions.

LIST OF GUIDELINES (guidelines uploaded on our website)

NCCN Breast Cancer-related Guidelines

- Breast Cancer
- Breast Cancer Screening and Diagnosis
- Breast Cancer Risk Reduction
- Genetics / Familial High-Risk Assessment: Breast and Ovarian

NCCN Supportive Care Guidelines

- Adult Cancer Pain
- Antiemesis
- Cancer- and Treatment - related Anemia
- Prevention and Treatment of Cancer-Related Infections
- Myeloid Growth Factors
- Senior Adult Oncology
- Cancer-related Fatigue
- Venous Thromboembolic Disease
- Palliative Care
- Distress Management

(4) Implementation of the Trend Survey on the Networked Treatments in the Personalized Medicine Era