Directions

- Approx. 4 minutes on foot from Kokusai-tenjijo Station on the Rinkai Line
- Approx. 2 minutes on foot from Ariake Station on the Yurikamome Line



がん研有明病院 THE CANCER INSTITUTE HOSPITAL OF JFCR

健診センター CANCER SCREENING CENTER

がん研究所 THE CANCER INSTITUTE OF JFCR

がん化学療法センター THE CANCER CHEMOTHERAPY CENTER OF JFCR

がんプレシジョン医療研究センター CANCER PRECISION MEDICINE CENTER

3-8-31, Ariake, Koto-ku, Tokyo 135-8550, Japan

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https://www.jfcr.or.jp https://www.jfcr.or.jp/hospital-en/index.html



Kaniko-chan, JFCR' s mascot character



Japanese Foundation For Cancer Research



Basic Philosophy

The Japanese Foundation for Cancer Research aims to improve the well-being of people everywhere by achieving better cancer control.

For the purpose of fulfilling this basic philosophy, the Japanese Foundation for Cancer Research harnesses its Cancer Institute, Cancer Institute Hospital, Cancer Chemotherapy Center and other facilities to:

Elucidate the fundamental mechanisms and distinctive properties of cancer in order to contribute to its diagnosis, treatment and prevention, and spearhead the development of life science;

- 2 Perform excellent diagnoses and treatments to cure cancer;
- **3** Develop novel drugs, diagnostic and therapeutic methods for cancer;
- 4 Conduct cancer prevention studies and implement primary and secondary prevention into practice to reduce cancer incidence and deaths; and
- 5 Promote domestic and international exchange of professional knowledge and experience for cancer research, diagnosis, treatment and prevention.

Our Mission, Core Values and Vision

Mission

To improve the well-being of people everywhere by achieving better cancer control

Core Values

Creativity; Innovation; Quality; Sincerity; and Cooperation

Vision

To become a world-leading hospital and institute for cancer diagnosis, treatment and research

Our Logo

This crab is the logo used by JFCR.



The Greek word for crab is karkinos, which also means cancer in English. The pattern of the symbol is taken from the sword guard (tsuba) made by a Japanese master swordmaker in Owari Nagoya in around 1570. The original sword belongs to the Tokyo National Museum. The crab is considered to be of the species Uca lactea (Milky Fiddler Crab), which inhabits Honshu, the largest island of Japan. Originally, this logo was used for the Ninth Union for International Cancer Control (UICC) World Cancer Congress, which was held under president Tomizo Yoshida, M.D., in Tokyo in 1966. Later, with approval from the academic society, the design was adopted by JFCR as its logo.

Message

Controlling cancer by integrating tradition and innovation

Hajime Bada

Chairman of the Board Representative Director Japanese Foundation for Cancer Research

The Japanese Foundation for Cancer Research (JFCR) was founded in 1908 as the first organization in Japan to specialize in cancer. For over a century since then, JFCR has been playing a leading role in cancer care and research in Japan, upholding its philosophy of seeking "to improve the well-being of people everywhere by achieving better cancer control."

Notably, JFCR's strength lies in the fact that its clinical practice and research institution share the same premises, which provides us with a great advantage in implementing the latest research outcomes into clinical practice. I believe this environment has helped us deliver genuinely patient-centered medical care, and allowed us to make a significant contribution to the advancement of cancer care in Japan.

Today, it is said one out of two people will develop cancer at some point in his/her life. In today's super-aged society, the number of cancer patients has been increasing with accelerated speed. Against this backdrop, if we are to reduce deaths caused by cancer, it is critically important to further advance cancer diagnostics and therapeutics as well as ensure early detection and treatment.

Rising to the challenge, JFCR realized its long-held dream of opening a new building in 2016. With four stories above ground and one below, the building houses an expanded spectrum of radiation therapy devices and newly introduced diagnostic imaging devices, setting the stage to offer cancer treatment of an even higher level. In addition, we also opened our redesigned Cancer Screening Center, which is twice its previous size and equipped with a range of new screening devices. The Center has without a doubt reinforced our capacity to detect cancer at an early stage.

Furthermore, we also established the Cancer Precision Medicine Center in 2016. Forging close ties with the Cancer Institute Hospital of JFCR, the Center aims to provide personalized medical care for each and every patient based on information obtained through advanced genome analysis of cancer.

As a private organization vigorously engaged in both clinical practice and research, we are thus making dedicated efforts to achieve innovative and patient-centered cancer care toward our ambitious vision of controlling cancer.



Our History

1908	Japanese Foundation for Cancer Research (JFCR) founded as the first Japanese organization specializing in cancer. First Director-General: Taro Katsura; Deputy Director-General: Eiichi Shibusawa; President: Tanemichi Aoyama	
1923	Tumor care clinic opened at the branch hospital of Tokyo Imperial University Hospital	
1933	Transitioned into a zaidan hojin (incorporated foundation)	
1934	Research Institute and Hospital of JFCR established in Otsuka, Tokyo	
1945	All facilities destroyed in World War II	
1946	Cancer Institute Hospital of JFCR restored in Kobikicho, Kyobashi in Tokyo	
1949	Part of research institute restored on Hospital rooftop	
1953	<image/> <image/> <image/> <image/>	

New modern-equipped hospital completed in Otsuka, Tokyo

- 1966 Cancer Research Institute completed 1968 General Hospital accreditation received 1973 Cancer Chemotherapy Center established Hospital's south building completed Successfully isolated interferon β gene, a world first 1990 10,000 gastrectomy cases performed, a world first 1991 Successfully isolated colon-cancer-causing gene, a world first 1992 Cancer Institute highly rated by U.S. journal Science 1993 Designated as a clinical training hospital 1995 Prince Hitachi Prize for Comparative Oncology established Clinical research on gene therapy for breast cancer implemented Genome Center established Position of Honorary President of the Cancer Institute accepted by His Imperial Highness Prince Hitachi Authorized as a designated regional cancer hospital JFCR's relocation to Tokyo Bay Area (Ariake) completed 2006 Authorized as a designated disaster hospital JFCR celebrates its Centennial Anniversary Apr. 1: Certified as koeki zaidan hojin (public interest incorporated foundation)
- Oct. 1: Certified as an advanced treatment hospital
- 2014 Cancer Research Institute/Cancer Institute Hospital celebrates 80th Anniversary
- 2015 ISO 15189 certification obtained (Certification number: RML00930)
- New building (4 stories above ground and 1 below) housing radiation therapy facilities and diagnostic imaging facilities, and Cancer Screening Center completed and opened



Cancer Precision Medicine Center opened (Renamed from Genome Center)

Organizational chart



General Affairs; Fund-Raising; Management Planning; Finance & Accounting; Human Resources; Purchasing & Facility Service; Information Technology; Public Relations; Medical Affairs; International Patient Services; Cancer Screening Center Administration

•••	Cancer Clinical Treatment	Thoracic Center; Gastroenterology Center; Breast Oncology Center; Gynecologic Oncology; Head and Neck Oncology; Orthopedic Oncology; Genitourinary Oncology; Hematology Oncology; Medical Oncology; Sarcoma Center: Immunotherapy & Gene Oncology		
	Non-Cancer Sections	General Medicine; Anesthesiology/Pain Service; Cancer Pain Service; Psycho-Oncology; Plastic and Reconstructive Surgery; Ophthalmology; Infectious Diseases; Dermatology; KAMPO Support (Japanese Herbal Medicine); Dentistry		
	Central Diagnostic and Treatment Sections	Palliative Care Center; Radiation Oncology; Diagnostic Imaging Center; Endoscopy; Comprehensive Medical Oncology; Clinical Genetic Oncology; Surgical Operation Service; Oncologic Emergency & Disaster Center (OEDC) (ICU, Emergency Medicine, Disaster Medicine); Rehabilitation; Clinical Examination Center; Blood Transfusion; Clinicopathology Center; Clinical Nutrition; Sterile Supplies; ME Center; Bed Control Center; Patient Services; Photo Center; Volunteer Support		
• •	• Nursing			
• •	Pharmacy			
• •	Medical Quality Management Center	Medical Safety Management; Infection Prevention; Quality Improvement; New Medical Technology Management; Unapproved Pharmaceuticals Management		
••		Clinical Training Center		
••	Clinical Research and Development Center	Clinical Trial Support; Clinical Trial Planning and Management; Translational Research Support; Medical Device Research & Development Center; Database & Biobank Center		
• •		School of Cytotechnology		
•••	Cancer Screening Center			
• • ••		Résearch Management		
	Pathology; Experimental Pathology; Cell Biology; Cancer Biology; Project for Cellular Senescence; Biochemistry; Project for Cancer Epigenomics; Radiation Physics; Genetic Diagnosis; Carcinogenesis; Epigenetic Carcinogenesis; Protein Engineering; Chemotherapy; Cancer Genomics; Cooperative Center; Pathology Project for Molecular Targets; Library; Animal Facility			

Experimental Chemotherapy; Molecular Pharmacology; Molecular Biotherapy; Gene Therapy; Genome Research; Clinical Chemotherapy; Anticancer Drug Information Office

Project for Development of Genomics-based Cancer Medicine; Project for Development of Innovative Research on Cancer Therapeutics; Project for Realization of Personalized Cancer Medicine; Project for Liquid Biopsy Diagnosis Development; Project for Immunogenomics

Cancer Institute Hospital of JFCR

Message

Reinventing Ourselves in Step with Evolving Cancer Treatment

Takeshi Sano, M.D., Ph.D., FRCS

Representative Director / Executive Director Hospital Director, Cancer Institute Hospital Japanese Foundation for Cancer Research



Cancer Institute Hospital of JFCR is committed to providing cutting-edge care for cancer patients. We often ask our patients their reasons for choosing our hospital. While many were referred by the doctor who found their cancer, many also remarked that they had researched various options and selected us on their own, with others coming to the decision following strong recommendations from family and friends. Every member of our team at JFCR is fully driven to fulfill his/her respective responsibilities to meet these high expectations.

The treatment of cancer is constantly evolving. Clinical research is conducted worldwide with the cooperation of many cancer patients, and better treatments are quickly adopted as the new standard. This Hospital stays abreast of the latest knowledge and thinks about how to make the most of it for the patient in front of us. We invest a lot of manpower and time to lead our own clinical research ahead of the world. "To improve the well-being of people everywhere by achieving better cancer control" is the fundamental principle of JFCR and it is our realistic goal.

At Cancer Institute Hospital of JFCR, we are dedicated to our mission to serve as many patients with cancer as possible by maximizing the use of limited personnel and facility space, and tirelessly working to improve efficiency. We are also attributing importance to ensuring safety against various dangers inherent in cancer treatment.

We sincerely ask for your kind cooperation and support as the Hospital continues to strive to deliver excellent cancer care that better meets your expectations.

Feature of Hospital

Team-based Medical Care

At Cancer Institute Hospital of JFCR, a variety of specialists come together as a team to discuss and provide the optimal combination of treatments for each patient. This team-based medical care spares patients the stress of having to seek help from different specialists individually.

For example, surgery, radiation therapy or chemotherapy would be positioned as the core treatment modality, around which medical oncologists, surgeons and experts from Radiation Oncology and Comprehensive Medical Oncology form a unified team to respectively select the most suitable treatment method for a patient.

Furthermore, nurses, pharmacists, registered dieticians and other experts participate in all stages of medical care, playing their respective roles in facilitating treatments and enhancing their quality.

Cancer Board

As part of its team-based medical care, the Hospital established an organ-by-organ case study meeting before any other institution in Japan. Named the Cancer Board, the meeting gathers specialists from different clinical departments including surgeons, medical oncologists, radiation oncologists, diagnostic radiologists and pathologists to decide on treatment policies. The attendees engage in a lively exchange of opinions toward their shared goal of providing the best possible treatment for each patient, practicing patient-centered medical care on an ongoing basis.

International Patient Services

Your care, safety and comfort are our top priorities.

From your first inquiry to the follow-up treatments, International Services provides comprehensive support to our international patients so that they can focus on their treatment without any strain or confusion due to the language/ cultural differences.

If you are an international patient or family members who wish to visit the hospital or schedule a consultation, please feel free to contact International Services.

Our team is committed to supporting your treatment by: receiving your application, helping to schedule your first appointment, providing information on estimated cost for treatment, introducing companies that handle application for medical visa and arrange translation services, etc. We will serve as a liaison to ensure effective communication between you and our medical team.





Weekdays 9 am to 5 pm (Closed on Saturdays,Sundays,and Holidays)

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Surgery

Minimally invasive surgeries performed by specialists to reduce patients' burden

Surgery as a cancer treatment modality constitutes resection of cancer tissues with a scalpel. It is the first treatment option for all types of cancers with the exception of blood cancer such as leukemia and lymphoma.

During surgery, some normal tissues around the cancer will be removed along with the tumor to make sure that there are no cancerous tissues left behind. As long as the cancer remains in its site of origin, it can be completely cured by removing it entirely from the body. It can therefore be said that surgery is the most direct way of treating cancer.

The Cancer Institute Hospital of JFCR promotes minimally invasive surgery by adopting team-based medical care. In addition to each patient's attending team of experts, specialists



in different fields become engaged so that multidisciplinary opinions can be incorporated into treatment plans.

Furthermore, it is not uncommon for the Hospital to be able to perform a cancer surgery that would be beyond the power of most other medical institutions. Such unrivalled capacity is attributable to our untiring efforts to explore and practice new surgical techniques and methods.

The number of surgeries annually performed at the Hospital exceeds 8,700. Each surgical department accumulates experience in the organ(s) or symptom(s) it specializes in. The specialist surgeons provide each and every patient with the most suitable treatment from among endoscopic, laparoscopic and thoracoscopic surgeries, laparotomy and more.



Our pathologists acquire experience and skills with a focus on their respective organ specialty. They make a prompt diagnosis as to whether a lesion is malignant or not and determine the extent of resection while surgeries are in progress. The pathologists significantly contribute to preserving patients' quality of life (QOL) by sparing them needless surgeries and decreasing the length of their hospital stay.

Laparoscopic and thoracoscopic surgeries

In these surgeries, several small incisions are made in the abdomen or chest, through which a camera and other instruments are inserted to remove the cancer. As these minimally invasive surgeries are performed with tiny cuts, patients tend to experience less pain, hemorrhage and postoperative infection.

As these highly specialized surgeries require advanced skills, they are performed by surgeons qualified as instructors for these surgeries in order to ensure complete cure and safety.



Robotic-assisted surgery

We have introduced surgical robot systems that enable surgeons to perform meticulous operations under very clear vision of the surgical plane. Robotic surgeries can be performed with very small incisions compared to open abdominal surgery, reducing postoperative hemorrhage and pain. This helps patients resume their normal social life at an earlier timing than before.

Robotic-assisted surgeries are currently performed on prostate cancer at the Hospital, and the use of surgical robot systems will be expanded to other fields going forward.



Surgery / Endoscopic Treatment

Reconstructive surgery

Cancer starts as a small lump, which, in its early stage, can be completely resected to achieve a cure. When cancer progresses or recurs, it expands into the surrounding tissues. Resection of the cancer in such cases results in a significant defect in those tissues. In reconstructive surgery, the deficient or absent tissue is reconstructed by transplanting a graft removed from another part of the body that can replace the absent function. Reconstructive surgery is especially essential in regions of the body that are usually not covered by clothes, such as the head and neck and areas associated with orthopedic conditions.

At this Hospital, reconstructive surgeries are performed by the surgeons in Department of Plastic and Reconstructive Surgery, with the exception of those on the head or neck, which require high levels of specialized expertise and therefore are provided at the Department of Head and Neck Oncology. Approximately one out of ten reconstructive surgeries are performed jointly with other surgical departments through a team approach. Reconstruction requires the surgical technique of joining blood vessels with diameters of 0.5 to two millimeters under a microscope. Known as microsurgery, the technique is also used in surgical procedures for the esophagus and liver.

In 2013, silicone implant was approved for use in breast reconstruction. Patients undergoing mastectomy can, under insurance coverage, start their breast reconstruction procedure at the same time as they receive the breast surgery. Breast reconstruction with silicone implant is highly popular among patients because it alleviates the sense of deprivation caused by mastectomy and avoids incisions in other parts of the body.

Endoscopic Treatment

Endoscopic techniques allow early diagnosis and treatment of gastrointestinal cancer

Endoscopists at the Hospital diagnose cancers of the esophagus, stomach, duodenum, small intestine and large intestine. They also provide endoscopic treatment for a large number of early stage cancers. On an annual basis, approximately 200 cases of esophageal cancer, 500 cases of stomach cancer and 450 cases of large intestine cancer (2,800 cases of polyp) are treated with an endoscope. In total, approximately 24,000 cases of endoscopic procedures are performed, including those for post-treatment surveillance and screening. As a hospital specializing in cancer care, we treat patients with all stages of cancer including those requiring surgery and chemotherapy. Our endoscopists therefore engage in a wide range of tasks: Diagnosing the stage of cancer, determining treatment effects, conducting biopsies, endoscopically treating early stage cancers (endoscopic mucosal resection [EMR], endoscopic submucosal dissection [ESD], polypectomy), performing hemostasis on gastrointestinal hemorrhage, removing foreign bodies, inserting stents and tubes to eliminate strictures, performing gastrostomy, removing stones, and more. They also host many trainees from across Japan and around the world, taking on the role of an international educational institution.





Chemotherapy

Treating patients with anti-cancer drugs

Each day, an average of 120 patients receive chemotherapy at the Hospital's Ambulatory Treatment Center (ATC), one of the first large-scale outpatient chemotherapy centers in Japan. ATC is equipped with 60 reclining chairs for infusion, allowing patients residing in the Greater Tokyo Area to receive chemotherapy on an outpatient basis. For some types of cancers, more than 90% of the chemotherapy required can be offered at ATC to enhance patients' quality of life (QOL). All medical professionals involved in a patient's treatment, including doctors, nurses and pharmacists, participate in the Cancer Board meeting right from the start, when the treatment policy is determined. This ensures that everyone is kept on the same page, helping them undertake the treatment as a team for the patient's safety and comfort. Patients who are treated with anti-



cancer drugs that can cause severe side effects (e.g., low white blood cell counts) are usually hospitalized for chemotherapy, as they need medical care to alleviate the pain caused by cancer in coordination with the palliative therapy team.

The Hospital also engages in early phase clinical trials of new drugs, collaborating with pharmaceutical companies as well as the Cancer Research Institute and Cancer Chemotherapy Center of JFCR.

Radiation Therapy

Delivering an extensive array of radiation therapies



Remarkable progress in radiation therapy has made it a highly accurate, effective and safe way of treating cancer.

To deliver radiation to the cancerous lesion from outside the body (external beam radiation), we use intensitymodulated radiation therapy (IMRT). IMRT is a radiation technique that conforms the radiation field to the exact shape of the tumor, thereby minimizing the exposure of normal tissue. In IMRT, radiation is targeted from several angles, requiring a long time for treatment. However, with the introduction of volumetric-modulated arc therapy (VMAT), a new rotating-type IMRT, the treatment time has been shortened considerably.

Another technique we use is image-guided radiation therapy (IGRT), which allows radiation to be accurately delivered to lesions in parts of the body that move by adjusting to the small movements.

Brachytherapy, a form of radiotherapy where a small radiation source is temporarily placed inside the body, has also evolved with the introduction of CT/MRI-based imageguided brachytherapy (IGBT). In an effort to offer the most advanced radiotherapy available, the Hospital is expanding its facilities in an effort to constantly introduce high-precision radiation therapy devices equipped with higher functions. Our dedicated radiation therapy team consisting of radiation oncologists, radiotherapy technologists, medical physicists, nurses and medical clerks is working hard to achieve higher cure rates, increased safety and lower toxicities.

Diagnostic Imaging / Gene Therapy

Diagnostic Imaging

Diagnostic imaging and IVR, essential components of cancer treatment



Diagnostic imaging plays a critical role in cancer staging, including assessment of local extent and presence of metastasis. Diagnostic imaging is also widely utilized in cancer care, for example, to detect cancer as early as possible, determine treatment modalities, evaluate the effectiveness of treatment, and identify the presence of recurrence

At the Cancer Institute Hospital of JFCR, the Diagnostic Imaging Center carries out the diagnostic imaging work at its Department of Diagnostic Imaging and Department of Nuclear Medicine, which are respectively equipped with CT/ MRI and positron emitted tomography (PET)-CT. Using these leading-edge diagnostic imaging devices, both departments offer optimal and high-quality examinations. The result of an examination is promptly evaluated by a diagnostic radiologist and uploaded to the patient's electronic medical record in

Gene Therapy

Working for a better future for patients and their families



the form of a diagnostic imaging report within a few hours of completing the examination. CT, MRI and PET-CT can display a variety of cross-sectional, three-dimensional images of inside the body, providing a clearer picture of the extent of lesions and allowing the identification of the locations of lesions. In addition, by using contrast media and special scanning techniques, we are now able to assess the degree of tumor malignancy to a certain extent. The Department of Diagnostic Imaging has also been actively practicing interventional radiology (IVR), a range of techniques developed to apply diagnostic imaging technology to cancer treatment. IVR is effectively utilized to diagnose cancer (e.g., percutaneous biopsy), treat cancer (e.g., direct percutaneous therapy, vascular embolization), support treatment (e.g., placement of central venous port) and control symptoms (e.g., percutaneous drainage).

The Department of Clinical Genetic Oncology offers cancer genetic counseling on hereditary and familial cancer, genetic testing, and management of cancer screening plans after diagnosis.

Genetic counseling is offered by clinical genetics specialists and certified genetic counselors, who provide patients with appropriate information and psychosocial support in decision-making.

The department, which has a gene analysis unit capable of analyzing almost all types of hereditary tumors, also offers some genetic testing as senshin iryo (advanced medical care certified by the government).

Palliative Therapy & Care

The objective of palliative therapy and care is to eliminate the suffering brought about by cancer and give patients and their families peace of mind right from the initial diagnosis phase. At the Cancer Institute Hospital of JFCR, palliative therapy/care is positioned as an independent cancer therapy alongside surgery, chemotherapy and radiation therapy. Palliative therapy/care has the longest duration of all cancer therapies, covering the entire continuum of care from initial diagnosis to the end of life, including grief care for bereaved family members.

Multidisciplinary teams of specialists respect patients' autonomy and provide palliative care for their physical, psychological, social and spiritual pain.



Division of Palliative Therapy

We perceive a patient's physical, mental, social, and spiritual pain associated with cancer as "total pain," and thereby take a multidisciplinary, team-based approach to treat these pains. Our team consists of physicians and nurses specializing in palliative therapy and care, registered dietitians, physical therapists and other specialists. Our goal is to achieve "zero" cancer pain for patients throughout the entire course of their treatment, under our policy of "staying by their side every step of the way." The holistic care is provided at the outpatient clinic of the Division of Palliative Therapy and the palliative care ward, occasionally in cooperation with other hospitals and clinics.



Treatment of Cancer Pain and Psychiatric Disorders

Division of Cancer Pain Service

This division provides specialized treatment for cancer pain, which is an obstacle for the treatment of cancer and palliative care.

When it is considered that an analgesic prescribed by a patient's attending doctor is insufficient to control pain, our specialists use spinal analgesia, which controls pain with a small amount of medical narcotics.



Division of Psycho-Oncology -----

This division specializes in clinical care for cancer patients and their families who suffer from psychiatric problems.

Many cancer patients experience "psychological pain." To relieve this type of pain, psycho-oncologists, clinical psychologists and nurses specializing in psychiatric nursing provide counseling while specialized pharmacists offer drug therapy and administration guidance to meet patients' mental health needs.

Patients' families suffering from stress or other mental concerns are also welcome to seek support at this division.

Nursing / Pharmaceuticals

Nursing

Dedicated to each and every patient



The Cancer Institute Hospital of JFCR has long valued the spirit of delivering holistic health care by treating each patient as a whole person, and not merely treating the cancer itself. Nursing care is provided based on the Primary Nurse System, where each patient is cared for by the same attending nurse throughout his/her entire hospital stay. In

Pharmaceuticals

Supporting effective drug therapies

Our Pharmacy undertakes the following initiatives to support appropriate drug therapies.



Auditing prescriptions (regimens)

More than one pharmacist checks whether the dose and administration schedule of prescribed anti-cancer drugs are appropriate, whether drugs to reduce or prevent side effects have been prescribed, whether there are possible drug interactions, and so forth.

Dispensing drugs

Pharmacists check and prepare anti-cancer drugs and other medications in a well-controlled, aseptic environment and deliver them to patients' bedsides.

Providing pharmaceutical information

Information on appropriate use of drugs issued by pharmaceutical companies and authorities is updated on a daily basis. Pharmacists are responsible for conveying the updated information to medical staff and patients who need it.



addition, nursing teams, each led by a team leader, are formed to offer patients a continuum of care provided by fixed members, who support one another within their teams.

The aim of the fixed-member continuum nursing care system is to clarify nurses' scope of responsibility and deliver high-quality patient-centered care.



Providing instructions to patients and confirming side effects

Pharmacists instruct patients on the action of their drugs, how to take them, their foreseeable side effects, and how to deal with them. They also ask patients whether they are taking the prescribed medications as instructed and what side effects have occurred, and communicate with doctors in order to facilitate effective, safe and secure treatment.



Educational Training / Clinical Study & Clinical Research

Educational Training

Hospital-wide training for the next generation of cancer specialists

In fiscal 2013, the Cancer Institute Hospital of JFCR launched a three-year course program for doctors with at least two years of clinical experience. Program trainees are provided with the opportunity to rotate through multiple clinical departments related to their selected program over a period of three to 12 months.

The training program is overseen by an education manager and taught by a team of qualified instructors who are registered with a specialty association and/or certified as a specialist doctor.

As part of clinical education, a wide range of specialists are invited to deliver academic lectures on a monthly

basis. In addition, trainees have the chance to observe the monthly multidisciplinary team meeting (MDT)referred to as the "grand conference," hosted by alternating clinical departments. Medical and allied healthcare professionals come together to discuss clinical cases chosen by the host department, focusing on the continuum of care encompassing diagnosis, preoperative pathological findings, treatment, postoperative pathological findings, and results (prognosis).

Trainees also participate in the Cancer Board meetings, which help them gain practical experience in team-based medical care.

Clinical Research

To establish new cancer therapies

In our effort to promote clinical studies (trials) for new drug discovery and clinical research leading to new therapies, we are strengthening the support provided by our Clinical Research & Development Center. In April 2017, the Medical Device Research & Development Center and the Database & Biobank Center were integrated into the Center, which further reinforced its support system. Diverse staff including doctors versed in clinical trials for cancer and clinical research, clinical research coordinators (CRCs), biostatisticians and data managers actively conduct and assist clinical trials and research.











Cancer Screening Center

Periodic screening is the best way to defeat cancer

The mission of the Cancer Screening Center is to protect medical examinees from cancer through early detection and prevention. To achieve this goal, our checkup services aim for early detection of all types of cancers, especially gastrointestinal, lung, cervical and breast cancers.

Most cancers can be completely cured if caught early enough. We encourage you to receive periodic screening before you become aware of any symptoms.



Collaboration with Hospital

The medical checkup at the Cancer Screening Center is performed by specialized physicians, technicians and other experienced experts working at the Cancer Institute Hospital of JFCR, who boast highly accurate diagnostic skills underpinned by their abundant experience at the specialist cancer hospital. A large number of examinees receive screening every year, which we believe attests to their satisfaction with our checkup service. In the event that a cancer is suspected or detected through the screening, examinees can undergo further examinations and treatment at the Hospital. Examination results are shared between the Cancer Screening Center and the Hospital, allowing patients to seamlessly transition from checkup to medical treatment.



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Examination services

High-quality screening services for early detection and treatment

Single-day Checkup Courses

Standard Cancer Checkup Course for Men and Women

Interview; electrocardiogram (ECG); chest helical CT scan; gastroscopy; abdominal ultrasound; blood test; urine test; ophthalmoscopy & intraocular pressure test; hearing test; occult blood test; sputum test

Standard Cancer Checkup Course for Women

Interview; electrocardiogram (ECG); chest helical CT scan; gastroscopy; abdominal ultrasound; blood test; urine test; ophthalmoscopy & intraocular pressure test; hearing test; occult blood test; sputum test; breast examination; gynecological examination; thyroid examination; bone densitometry

Basic Checkup Course for Women

Interview; blood test; chest helical CT scan; sputum test; breast examination; gynecological examination; thyroid examination; bone densitometry

Single test items

Gastroscopy; Colonoscopy; Breast examination; CT Colonography; Uterus/ovaries examination; Chest helical CT scan; PET-CT

Overnight Checkup Course

• One night / two days (Reservation required)

Research Unit; The Cancer Institute of JFCR

Collaboration between Hospital and Cancer Institute

The biggest distinguishing feature of JFCR is that its hospital and research institute are located on the same premises. This enables diverse research activities, ranging from basic to biological, to be integrated with clinical care, strongly supporting our effort to establish leading-edge cancer treatment. The information obtained in clinical trials at the Cancer Institute Hospital is sent to the Cancer Institute for incorporation into its basic research, while new therapies developed at the Institute are proposed to the Hospital for clinical application.

For example, the Institute's Division of Pathology is located on the same floor as the Hospital's operating rooms, enabling researchers to diagnose tissues resected in operations with higher speed and accuracy. In addition, the Cancer Chemotherapy Center and the Cancer Precision Medicine Center, which respectively conduct research on drugs and genetics, play translational research roles to serve as bridges between the Hospital and the Institute.

To achieve our mission, "To improve the well-being of people everywhere by achieving better cancer control," the Hospital and the Institute are making unified efforts to provide patients in need of cancer treatment with the highly reliable fruits of research and their clinical practice. As one example, our Hospital is collaborating with the Cancer Precision

Medicine Center to start offering genomic cancer medicine.







Message

For Patients Today and Tomorrow

Tetsuo Noda, M.D., Ph.D.

Representative Director / Executive Director Institute Director, Cancer Institute Japanese Foundation for Cancer Research

Cancer research institute for patients

The history of the Japanese Foundation for Cancer Research (JFCR) goes back to 1908, when it was founded in response to a call for Japan to join the international momentum to promote cancer research on the back of heightened global interest in cancer.

In 1934, JFCR established Koraku Hospital in Otsuka in northern Tokyo as Japan's first hospital specializing in cancer, along with a research institute. From the very start, we have placed importance on not only providing the best medical care available at the time, but also looking ahead to constantly develop and deliver pioneering therapies to patients.

As researchers, we firmly believe that research should not be seen as an end in itself, but should be pursued for the sake of patients. The goal of our untiring research is to cure the numerous cancer patients suffering from the disease and prevent cancer in future generations.



Knowing about cancer to control it

JFCR's Research Unit is composed of the Cancer Institute, the Cancer Chemotherapy Center, and the Cancer Precision Medicine Center, all of which collaborate with the clinical practice of the Cancer Institute Hospital to deliver optimal cancer medicine to patients.

The Cancer Institute has been primarily undertaking basic research on cancer in an endeavor to develop revolutionary therapeutics. Today, we are striving to further our research by boldly adopting new innovative life science technologies such as genomic research, proteomics, bioinformatic engineering, and molecular imaging.

Moreover, given the increasing death rates from cancer in the super-aged society of Japan, we are faced with the ever-growing need to prevent cancer in addition to curing the disease. Our researchers at the Research Unit believe that it is crucial to elucidate the mechanism of cancer in further detail and with higher precision in order to develop effective ways to prevent cancer.

The Cancer Institute of JFCR Laboratories

Division of Pathology

At this division, we perform highly advanced pathologic diagnoses for the Cancer Institute Hospital, while also conducting research mainly on cancer diagnostics and prevention. Our particular focus in recent years has been on the Ganken Genome Project aimed at achieving personalized cancer care. Under the Project, we are carrying out research to discover fusion genes, elucidate the nature of tumors that have the genes, and explore the diagnostics for fusion gene cases. Further, we are also helping patients make informed decisions on the best post-operational therapies by providing advanced diagnoses of small resected pieces obtained through segmentectomy, endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD). In addition, the correlation between causal factors of cancer, such as asbestos and tobacco, and genetic change is being explored for genetic diagnosis of carcinogenic factors.



Division of Experimental Pathology

Loss or gain of chromosomes occurs with many cancer cells every time they divide. This property, called chromosome instability, is known to be associated with the malignancy of cancer. However, despite its significance, the causes of chromosome instability have not been fully clarified. We aim to understand how normal cells achieve accurate chromosome segregation and why cancer cells cannot. By exploring the mechanism behind the process of "creating" chromosomes and "dividing" them, we are striving to draw closer to the answers.



Division of Cell Biology

Genetic alteration is one of the major factors causing cancer to initiate and to subsequently progress as genetic alterations accumulate. We are exploring how genetic alterations trigger the onset of cancer, and how the progression of cancers can be halted. Mouse models of human cancer bearing the same gene mutations are extremely useful for in vivo analysis of cancer. Furthermore, tumor tissues removed from patients are cultivated and analyzed to investigate their response to various drugs. Our ultimate goal is to develop unprecedented curative and preventive therapies for cancer.



Division of Cancer Biology

In eukaryotes, genomic DNA is stored in the three-dimensional space of the cell nucleus in the form of a highly folded structure called chromatin. It has been discovered that not only the mutations of DNA itself, but also the epigenetic alterations controlled by chromatin and nuclear structures are deeply involved in the onset and progression of cancer. The goal of our studies is to elucidate how chromatin and nuclear structures function and how they contribute to cancer regulation in the hope of contributing to the discovery of new diagnostics and therapeutic targets.



Project for Cellular Senescence

Cellular senescence is the state of irreversible cell cycle arrest provoked by a variety of potentially oncogenic stimuli, such as telomere shortening, DNA damage or activation of certain oncogenes. Cellular senescence appears to be acting as a barrier to cancer, preventing damaged cells from undergoing aberrant proliferation. On the other hand, it has been proven that senescent cells are accumulating during the aging process throughout the living body and secrete many inflammatory proteins into the surrounding extracellular fluid. This phenomenon is called senescence-associated secretory phenotype (SASP), suggesting that SASP factors promote some age-associated diseases such as chronic inflammation and cancer. We have tried to reveal the molecular mechanisms as to why SASP factor gene expressions are upregulated in senescent cells. In our laboratory, we are aiming to understand the molecular mechanisms of cellular senescence and SASP. Our research will provide valuable new insights into the development of age-associated pathology including cancer and provide us with new possibilities of its control.

Project for Cancer Epigenomics

Genomic abnormalities are the primary cause of cancer, but significant epigenomic changes are also observed during cancer initiation and progression. Our research under this project aims to understand how and why the genomewide epigenetic states change during the course of carcinogenesis and cancer development, as well as the detailed molecular mechanisms behind the change, in an effort to discover findings that could help treat cancers. To this end, we are leveraging all kinds of techniques to capture the overall picture of genomic and epigenomic changes in cancer, understand their generality and vulnerability, and apply the findings in clinical settings.

Division of Genetic Diagnosis

At this division, we focus on breast cancer to investigate the molecular mechanism of its onset with the aim of finding applications for diagnostics. Heritable factors are especially strongly associated with the initiation of breast cancer, and the genetic testing of the BRCA1 and BRCA2 gene mutations that cause hereditary breast cancer is a vital part of genetic medicine. However, there are still many types of hereditary breast cancers caused by unidentified causative genes. We have therefore recently started exploring new causative genes using revolutionary genome analysis technology with the aim of delivering better genetic medicine.

Division of Carcinogenesis

Which normal cell becomes the origin of cancer? Why are different types of cancers caused by mutations of completely different genes? Although we think we know the rough mechanism of the onset of cancer, there are many more elements that need to be clarified. In this division, we use animal models of leukemia and sarcoma to investigate the mechanism of carcinogenesis with the aim of identifying the gene networks needed by cancer to progress in the living body, hopefully contributing to the next generation of cancer treatments.









Division of Protein Engineering

Cancer cells, as well as normal cells, release numerous pieces of minute vesicles known as exosomes to send out signals for intracellular communication. This division conducts research using nano-biotechnology with the aim of using exosomes circulating within the body to diagnose cancer.



Division of Cancer Genomics

In collaboration with the Cancer Precision Medicine Center and the Cancer Chemotherapy Center of JFCR, the division has been working toward the goal of achieving personalized medicine for cancer patients. Specifically, based on a huge database of genomic and epigenomic information and gene expression information derived from analyses of cancer tissues by using next-generation sequencer, microarray and mass spectrometry, we have been developing systems to predict metastasis, recurrence and responsiveness to anti-cancer agents while promoting research for genomic drug discovery. Furthermore, we have also been developing bioinformatics methodologies and supporting biostatistical analysis for clinical research.



Pathology Project for Molecular Targets

This project aims to investigate human cancers focusing on the four Ds: Discovery of Diseases and Development of Diagnostics. We preferentially deal with research subjects that will lead to the development of novel therapeutics. We examine topics that will stimulate new developments in the fields of basic research and clinical medicine through the microscope, using morphological and histopathologic methods.

To doctors and medical researchers, every patient is a teacher, and every clinical sample is a valuable teaching material. Discoveries that can be used to save patients are waiting to be made within patients themselves. We conduct research not for the sake of research itself, but for patients.

Message

Uncovering Mechanisms of Drug Resistance and Metastasis to Develop Drugs

Naoya Fujita, Ph.D.

Center Director The Cancer Chemotherapy Center of JFCR

Developing safe and effective anti-cancer drugs for patients

Cancer is mainly treated through surgery, radiation therapy and chemotherapy. When this Center was established 45 years ago, Dr. Tomizo Yoshida, who played a pivotal role in its establishment, stated that chemotherapy was essentially the last resort for patients with cancer cells scattered throughout the entire body. Driven by this belief, we have devoted ourselves to research and development in this field.

Basic research on cancer has progressed remarkably in recent years. Notably in the past decade or so, research on the human genome has gradually revealed new findings on cancer cells. Progress has been made in the development of molecular-targeted drugs, which target abnormalities unique to cancer cells, and immune checkpoint inhibitors, which help the immune cells attack cancer cells, leading to anti-cancer drugs with markedly reduced side effects and stronger efficacies compared to conventional drugs.

Research for preventing drug-resistance and metastasis

Cancer cells may become resistant to effective drugs and metastasize to other parts of the body. Drugs are less effective on such recurrent cancers. Drug resistance and metastasis are major obstacles faced in cancer treatment.



The concept of cancer stem cells (CSCs) has been advocated lately as being deeply associated with drugs resistance and metastasis, driving related basic research. The Cancer Chemotherapy Center of JFCR has consolidated its research activities for anti-cancer drug discovery to focus on the CSC concept with the ultimate aim of delivering therapeutic benefits to patients. Needless to say, our research is undertaken in collaboration with the Cancer Institute of JFCR, which engages in basic research on cancer focusing on genes, and the Cancer Institute Hospital of JFCR, which provides leading-edge cancer care. The teamwork is providing us with a tremendous advantage in furthering our research.

Ever since its establishment, the Cancer Chemotherapy Center has consistently taken leadership in the development of therapeutic drugs for cancer in Japan. We provide universities and private entities with a drug-screening service using our cancer cell panel, underpinning their anti-cancer drug development. Furthermore, developments of low molecular weight compounds and antibody preparations are underway at different divisions of the Center, based on our proprietary basic research findings. Organizing the annual JFCR-International Symposium on Cancer Chemotherapy is another task assumed by the Center to accelerate corporate alliances and information sharing in an effort to promote chemotherapy research.

The Cancer Institute of JFCR Laboratories

Division of Experimental Chemotherapy

In recent years, many different genetic abnormalities have been identified as the causes of cancer, leading to the clinical use of molecular-targeted drugs, which have proved remarkably effective. Yet metastasis and drug-resistance still stand in the way of treating advanced cancers.

At this division, we promote research on the mechanisms of resistance to molecular-targeted therapy and tumor metastasis by using clinical specimens as well as conventional cancer cell lines, based on the latest molecular-biological and pharmacological methods. Our ultimate goal is to develop drugs to overcome the resistance and suppress tumor metastasis



Division of Molecular Pharmacology

The mission of this division is to contribute to the advancement of cancer therapy by creating new molecular-targeted anti-cancer drugs. We have established a panel of cancer cell lines (JFCR39), which is a unique research platform that strongly supports research concerning the development of molecular-targeted therapies from basic research to applied science. It is particularly useful in drug discovery and identification of compounds with unique anticancer properties and their molecular targets. Based on the platform, we support academic researchers across Japan and also conduct joint research with several pharmaceutical companies.



Anti-cancer drugs are useful for attacking advanced cancers that cannot be treated surgically. However, they are still not perfect solutions for the disease due to various shortcomings including their side effects on normal tissues and drug resistance. To establish excellent therapeutics capable of attacking cancer in a pinpoint manner, we critically need to elucidate how cancer cells develop and to identify their Achilles' heel at the molecular level. This division seeks to discover "seeds" for innovative anti-cancer molecular-targeted drugs through basic research focusing on telomeres, the end parts of chromosomes that determine cellular replicative senescence, and cancer stem cells, which cause metastasis and relapses of cancer.



Division of Genome Research

Cancer cells are often surrounded by a stressful environment where the supply of oxygen and nutrients is limited. To adapt to such microenvironment, cancer cells possess a metabolic system different from that of normal cells and proliferate even under the stressful conditions. By utilizing the techniques of genome science, we are conducting research to clarify the molecular mechanisms of the adaptive responses of cancer cells and to discover clues that will lead to the development of novel anti-cancer drugs.



Mitochondria (red) and endoplasmic reticulum (green) in cancer cells under glucose-deprived conditions. Cell nuclei were stained in blue.

Division of Clinical Research

Under joint research with the Hospital, the division uses drug-resistant clinical specimens to elucidate the mechanism of drug resistance by exploring whether the resistance was caused by mutations of cancer cells themselves, or by interactions with tumor host cells such as fibroblasts and immune cells. Specifically, the division is advancing gene mutation analysis based on next-generation sequencing (NGS) of cancer cells derived from clinical specimens and the analysis of the drug resistance mechanism based on coculture with host cells, while also striving to develop therapeutics and biomarkers based on the resultant findings.

Message

To Get Smiles Back on the Faces of Patients and Families

Yusuke Nakamura, M.D., Ph.D.

Center Director Cancer Precision Medicine Center

The term "cancer precision medicine" may not be familiar, but it is very similar to "tailor-made" medicine, a concept I have been advocating for over 20 years. The term became widely known following former President Obama's announcement of the launch of the Precision Medicine Initiative in his State of the Union address in 2015. Its goal was to deliver "the right treatments at the right time, every time, to the right person." This is exactly what I have upheld as "tailor-made medicine."

As shown in the diagram below, "cancer precision medicine" encompasses an extensive range of fields, from prevention and diagnosis of cancer to newly-developing immunotherapy. In this super-aged society, it is critically important to prevent cancers in consideration of cancer predisposition. In addition, cancer screening and relapse monitoring using the advanced genome



Next-generation sequencer accelerates personalized medicine with its overwhelming capacity to do DNA seauencina

JAPANESE FOUNDATION FOR CANCER RESEARCH



technology lead to early detection of cancer, increasing the chance to cure cancer. We must make sure that patients do not suffer from side effects of therapies without any benefit while allowing cancer to progress in the meantime. To this end, it is essential to fully understand the characteristics of individual cancers by analyzing their genome, epigenome, proteome, microenvironment and so on, so that right therapies with no or minimum side effects can be selected for each patient. Furthermore, we also conduct research on highly promising immunotherapy, including personalized vaccination based on gene abnormalities and personalized T-cell therapy.

We engage to do research not for the sake of research itself, but for the sake of giving hope to patients. Our ultimate goal is to get smiles back on the faces of patients and their families.



Education of up-to-date medical information to patients, doctors and other medical professionals Establishment of an easy-to-understand interactive system for providing information to patients

Latest Research Update

Cancer Precision Medicine Center Laboratories

Project for Development of Genomics-based Cancer Medicine

The aim of this project is to develop advanced cancer genomics-based medicine through an endeavor to effectively provide genomic information to clinical settings by close collaboration with the Cancer Institute Hospital, which boasts the largest number of patients in Japan. Specifically, we take advantage of the high-quality patient-derived specimens accompanied by detailed clinical information to generate comprehensive genomic and epigenomic data and explore novel molecular targets. At the same time, we also construct xenograft models and patient-derived cell line models. The goal of these efforts is to develop the foundation for offering precision medicine.

Project for Development of Innovative Research on Cancer Therapeutics

This project involves research aimed at establishing definitive therapeutics for treating intractable cancer patients with metastasis, relapse and chemotherapy-resistance based on molecular profiling of genomic information using high throughput sequencing technology. Jointly with the clinical departments of the Cancer Institute Hospital, we sequence the genome, exome and RNA derived from cancer samples obtained from the Hospital and other medical institutions. Based on the resultant genomic and epigenomic information, we are striving to elucidate the heterogeneity and complexity between and within cancers and explore clinically useful biomarkers and molecular targets as part of our research to achieve what can be described as a development platform for clinical sequencing.

Project for Realization of Personalized Cancer Medicine

Under this project, we are developing novel diagnostic technologies and therapeutic strategies to provide safer and more effective therapies finely tailored to each cancer patient. Properties of cancers, such as their genomic mutation patterns, progression speed, and drug responses, differ from person to person even if the cancers develop in the same organ. Therefore, to realize precision medicine, we critically need to develop precise biomarkers capable of defining these clinical features based on molecular biology.

Toward this goal, we conduct comprehensive protein expression analyses and create a database based on cancer tissues and blood samples obtained from a large number of patients with their consent by using leading-edge mass spectrometry technologies. Such information is integrated with DNA/RNA analysis data to identify key factors, namely biomarkers, that indicate the presence of cancers and their biological characteristics.

Project for Development of Liquid Biopsy

Liquid biopsy is a novel diagnostic modality, which enable us to detect the cancer in ultra-early stage and judge the response to cancer treatment by using the bodily fluid including bloods. We aim to provide the precision medicine to all patients with cancer by developing and establishing the liquid biopsy diagnosis for prediction of the recurrence and personalized cancer therapy by analyzing the cell-free DNA in bodily fluid (blood etc.) derived from cancer cells.

Project for Immunogenomics and Immunotherapy

Recent advancements in immune checkpoint inhibitors have established immunotherapy as one of the standard cancer treatments. It is clear that patients' own immune activity is related to clinical effects of chemotherapy and/or radiation therapy. Better understanding of patients' immune systems is therefore crucial for development of new types of anti-cancer therapies. Under this project, we use genome analysis and T-cell receptor analysis technologies to obtain a deeper understanding of the patients' immune system, while also working to develop new therapies such as cancer-specific vaccine (neoantigens) therapy and neoantigen-specific T-cell therapy.

Development of Blood Test for Early Detection of Renal Cancer

Koji Ueda

Project Leader, Project for Realization of Personalized Cancer Medicine Cancer Precision Medicine Center

Capturing exosomes, replicas of cancer cells released in bloodstream

Cancer has been the most common cause of death in Japan since 1981, with the number of cancer patients and deaths from the disease perpetually rising. Development of innovative therapeutics and diagnostics is imperative. If cancer can be detected at an early stage, therapeutic outcomes and prognoses are sure to be improved for all types of cancers.

Renal cancer, for example, is diagnosed in approximately 25,000 individuals each year in Japan, and is responsible for around 9,000 deaths. The five-year survival rate of patients diagnosed with clinical stage 1 renal cancer is 97.1%, but the corresponding figure for stage 4 renal cancer declines to 16.4%. Around 80% of renal cancer cases are identified by chance through ultrasonography or other tests for other purposes, and not a single blood tumor marker that can be used to diagnose a malignant tumor has been discovered.

Meanwhile, ever since the Nobel Prize in Physiology or Medicine in 2013 was awarded to research producing "discoveries of machinery regulating vesicle traffic, a major transport system in our cells," exosomes, one of the discoveries emerging out of the research, have been attracting attention. An exosome is a tiny vesicle secreted from a cell into the bloodstream and elsewhere, encapsulating a part of the components of the cell itself. Our research team used a protein mass spectrometry device featuring world-class sensitivity to examine in detail the protein composing exosomes secreted





Electron-microscopic image of exosomes derived from renal cancer cells (Diameter of an exosome is approximately 100 nano-meters.) The black spots indicated by arrows are the protein A7U1



from renal cancer tissues of patients.

The resultant findings showed that extremely high amounts of a protein called azurocidin (AZU1) were found in the exosomes derived from renal cancer cells (30 times the level in healthy renal-cell-derived exosomes). AZU1 was found to be detectable in 75% of serum obtained from patients with renal cancer at clinical stage 1a, a very early stage. If blood test diagnostics for measuring AZU1 in exosomes can be put into practice, we can expect a considerable improvement in the early detection rate of renal cancer and a marked reduction in the number of deaths from the disease.

Furthermore, we are continuing with our efforts to develop novel cancer diagnostics technology for early detection of many other types of cancers through simple blood and urine tests

In the near future, doctors will be able to diagnose renal cancer through a blood test by extracting exosomes from blood and measuring the amount of AZU1 contained in them

Facility Floor Guide



Designated areas for cell phone calls [Calls permitted from 6:00 to 21:00.]

Cell phone calls are only permitted in areas colored on the floor maps. Please be considerate of others when making calls. When using cell phones for purposes other than making calls, please follow the instructions posted within the hospital.



- ♦ Cell phones can be used for calling, texting and using the internet in areas where the above signage is posted.
- ◆ Do not speak in a loud voice or walk while using your cell phone.
- ♦ For privacy reasons, do not take photos or videos or record any voices or sounds within the hospital. ♦ You may be asked to refrain from using a cell
- phone when close to a patient using an electric medical device or if required to do so due to medical reasons. In such cases, please follow the instructions provided by hospital staff.





1 Reception for First Visit 2 Reception for Return Visit Reception for Outpatients 3 Insurance Check & Certificates Ophthalmology 4 Cashier Counter 2 General Medicine; Anesthesiology and Pain Clinic; Plastic Surgery; 5 Pharmacy Counter Palliative Care; Dermatology; Cardiovascular Clinic Payment (Medical payment machine); 13 Restaurant Return visit self-check-in machine; Psychiatric Oncology Information counter

6 Office

8 Patient Services

9 Reception for Hospital Admission 15 Gastrointestinal Medicine; KAMPO Support (Japanese Herbal Medicine); Dentistry; Regional Care Support 6 Out-of-hours Emergency 17 Out-of-hours Pharmacy Breast Medicine; Clinical Genetic

Oncology; Ultrasound-guided Biopsy Room; Lymphatic Care Room

	Hospital Building	Research Building
Rooftop	Heliport	
PH2F	Machine Room	
PH1F	Machine Room	
12F	Special Private Room Ward; Palliative Care Ward	
11F	General Ward	
10F	General Ward	
9F	General Ward	
8F	General Ward	
7F	General Ward	
6F	General Ward	
5F	General Ward; shop; hair salon; rooftop garden/terrace	Animal testing facility; machine room; electric appliance room
4F	Business Administration Center; medical offices; staff cafeteria; Central Supplies; OR (locker room, etc.); Cancer Screening Center	Library; Cancer Institute; Cancer Chemotherapy Center
3F	Hospital Pathology; blood transfusion; cell-based therapy; OR; ICU; Cytology Dept.; Clinical Genetic Oncology; Cancer Screening Center	Cancer Institute; Cancer Precision Medicine Center
2F	Disease-based outpatient departments; Ambulatory Treatment Center (ATC); ultrasound; endoscopy; diagnostic imaging; physiological testing; blood/urine sampling	Administration offices; Cancer Institute
1F	Restaurant; convenience store; Medical Affairs; Pharmacy; Non-cancer outpatient departments; sample testing; blood/urine sampling; Emergency; Cancer Support Center; Regional Care Network & Alliance	Tomizo Yoshida Memorial Hall; seminar room; common conference room; medical association affairs; UICC; administrative affairs
B1F	Radiation Oncology; Nuclear Medicine (PET); Photo Center; SPD (central storage, medical electronics, beds); Pharmacy; kitchen; morgue; necropsy examination room; machine room	
B2F	Visitors' parking; emergency storage; RI wastewater processing	

2 F



20 Outpatient Reception

2 Head and Neck Oncology; Orthopedic Oncology; Rehabilitation 1 Z Thoracic Center; Head and Neck Oncology S Breast Oncology Center; Benitourinary Oncology; Radiation Oncology

3 Gynecologic Oncology Breast Oncology Center mammography



Outpatient Reception

40 Ambulatory Treatment Center (ATC)

- 50 Outpatient Reception
- Gastroenterology Center; WOC
- 52 Gastroenterology Center; Hematology Oncology; Medical Oncology