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## **Tatsuro Ishibashi**

### **Kyushu University Hospital, Director**

### **Japan**

#### **Biography:**

Dr. Tatsuro Ishibashi, M.D., Ph.D. is currently Director of Kyushu University Hospital, and the Vice President of Kyushu University. He is also currently Professor and Chairman of Ophthalmology, Graduate School of Medical Sciences, Kyushu University, and President of the Japanese Ophthalmological Society.

Dr. Ishibashi received his M.D. from Kyushu University in 1975. After his training in Ophthalmology, he entered the Department of Pathology and had Ph.D. from Kyushu University in 1981. He became Assistant Professor of the Department of Ophthalmology at Kyushu University at 1986, and was promoted to Associate Professor at 1995 and then to Professor and Chair at 2001. Dr. Ishibashi conducted his ophthalmic practice and surgery at Kyushu University Hospital.

#### **Abstract :**

##### *Introduction of National University Hospital Council of Japan*

The National University Hospital Council of Japan was founded with the objective of integrating opinions and contributing to the progress and development of the study of medicine, dentistry, and health care services in Japan. In addition, the Council sponsors discussions on a variety of issues related to treatment, training, and research at national university hospitals, national university dental hospitals, and national university research institution hospitals, including deliberations on important related topics to deepen mutual understanding. Furthermore, the Council convenes a regular general meeting once a year (around June) and occasional general meetings as necessary.



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## **Shuji Shimizu**

### **Kyushu University Hospital, TEMDEC, Director**

### **Japan**

#### **Biography :**

Dr. Shuji Shimizu, M.D. Ph.D. is surgeon, majoring in endoscopic surgery, which is sometimes called “keyhole operation” and is patient-friendly. But currently Dr Shimizu works more in the project of telemedicine which started between Korea-Japan in 2002. This project is now wide-spread in Asia-Pacific regions and is extending into Europe and USA. Dr. Shimizu is Associate Professor of Department of Endoscopic Diagnostics and Therapeutics and Deputy Director of Telemedicine Development Center of

Asia at Kyushu University, Fukuoka, Japan. Dr Shimizu is currently co-chairperson of medical working group of APAN, and an executive committee member of International Association of Surgeons, Gastroenterologists and Oncologists, serving as chairman of telemedicine to connect worldwide centers of continuous medical education.



**Rungsun Rerknimitr**  
**Chulalongkorn University**  
**Thailand**

**Biography :**

*Rungsun Rerknimitr, MD*

*Professor of Medicine*

*Director of GI Endoscopy Excellence Center, Department Medicine, Chulalongkorn University*

Rungsun Rerknimitr graduated from Chulalongkorn University, Thailand with honor. He obtained his American Board of Internal Medicine from Rush Medical College, Chicago in 1996. Later, he pursued his Gastroenterology fellowship from Louisiana State University in New Orleans. Before he returned to Thailand, he obtained an ERCP fellowship from Indiana University. To date he has published 5 English-GI-Endoscopy Atlases and more than 70 articles in peer review GI journals. He is currently a Professor of Medicine and a Director of GI Endoscopy Excellence Center at Chulalongkorn University, Bangkok, Thailand. He is also a founding member of the Thai Association of Gastrointestinal Endoscopy (TAGE) and also a past chief editor of the Thai Journal of Gastroenterology. He is now the current president for TAGE (2014-2016). He recently won the award as the most achievement young internist (2013) from the Thai Royal College of Physicians. In 2014, he received the most achievement in research award from Chulalongkorn University. His main endoscopic interest is therapeutic ERCP with a special interest in metallic stent clinical application. His extra-endoscopy medical interest is telemedicine.



**Yongsung Lee**  
**Chungbuk National University**  
**Korea**

**Biography :**

**Yongsung Lee, MD, PhD** is a master professor of Graduate School of Health Science Business Convergence which inculcates scientists with business mind, and

has been leading the MedRIC (Medical Research Information Center), focusing on research and development in medical informatics, medical data visualization, telematics, virtual reality-based medical training, and health communication and promotion policies and programs. Dr. Lee is also a professor of College of Medicine, Chungbuk National University. He is currently serving as a board member of the Korean Society of Medical Informatics. He was a visiting scholar at Stanford University Medical Media and Information Technology, and was a member of Committee on Infrastructure Technologies, National Science and Technology Council, the Nation's highest decision making body on science and technology policies under the President of Republic of Korea.



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**Yao Fang**  
**Peking Union Medical College Hospital**  
**China**

**Biography :**

*Yao Fang, M. D.*

*Associate Professor*

*Department of Gastroenterology, Peking Union Medical College Hospital (PUMCH)*

Mainly focus on diagnosis and treatment of GI diseases, especially on early cancer of UGI and hepatobiliary pancreatic diseases. Experienced in advanced endoscopy procedures.

Membership:

Window person in China of EGC teleconference through APAN Chinese Medical Association Society of Digestive Endoscopy Youth Committee (5th, 6th)

Esophageal and Gastric Varicosity Endoscopic Diagnosis and Treatment Group

Vice president of Beijing Medical Association Society of Digestive Endoscopy Youth Committee:

Asian Narrow Band Imaging Group

editorial committee of Chinese Journal of Digestive Endoscopy

editorial committee of Chinese Journal of Clinical Gastroenterology

**Abstract:**

*Early gastric cancer teleconference, needs for expansion*

*Yao Fang, Lu Xinghua, Yang Aiming*

*Department of Gastroenterology, Peking Union Medical College Hospital*

*Beijing, China*

Gastric cancer is one of the leading causes of cancer related death in China, which remains the main health burden. To diagnosis and treat cases of gastric cancer in early stage is a big challenge of doctors. The endoscopic treatment of early gastric cancer is

blooming since 2006. On the other hand, the early diagnostic rate of gastric cancer remains fairly low comparing with Japan. Basing on the above situation, there are prominent increasing of communication about improving the diagnosis and treatment of EGC between Japan and China.

Our hospital, being one of the best Chinese hospitals and the national diagnostic and treatment center of complicated disease, started to study on improving the diagnosis and treatment of EGC and special education since 2010. The joint research project of establishing remote education system for endoscopic detection of early gastric cancer via APAN between Peking Union Medical College Hospital (PUMCH) and Kyushu University Hospital was carried out since 2010, by now we have organized 14 teleconferences. At the same time, we are trying to expand our experiences through training workshops, case discussion salons and oral presentations on different conferences, but it's far from meeting all the actual needings.

On demanding of clinical practice, more and more medical centers and hospitals are interested in the usage of remote education system. This year, two more hospitals applied for entering our group of teleconference for EGC, Tianjin University general hospital has prepared all the equipments and succeeded in linking, though there were something wrong with the sending of voice and image. The other station, Nafang Hospital, is still working for the preparation of the equipment and network. There are also other hospitals showing much interests.

Since the remote teleconference has obvious advantages comparing with traditional meeting which meets the demands of increasing communication of endoscopists, pathologists and surgeons, it does need for further expansion. The further development will focus on the following two aspects, to include more stations and to enrich the contents, which needs the joint efforts of both doctors and engineers.



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## **Ti-Chuang Chiang** **National Taiwan University** **Taiwan**

### **Biography :**

Mr. Ti-Chuang Chiang, B.Sc. was a Medical Physicist. He took 21 years to serve at Department of Radiotherapy, National Taiwan University Hospital. 13 years ago, he transfers to Division of Medical Informatics, College of Medicine, NTU as Senior Technician. Education Technology became his major interesting. There are many medical distant learning and Telemedicine's project at NTU was supported with his IT skill. Mr. Chiang is currently at International Medical Physics Certification Board, serving as Secretary General to assist the international medical community in achieving both performance excellence and contributions to health care.

**Abstract:**

*Taiwan: Expanding connections in Taiwan*

The popularity of telemedicine is growing in Taiwan. There is a great need for continuous medical education (CME). People work for Medical profession needs get CME credit, participate seminar is very common. For time saving webinar (internet meeting) can play a useful role. Many technical problems inside hospital local networking needs set-up, so that it can supporting good connections.

Some interesting events will be discussed. The experiences learned from Taiwan demonstrate that this technology can support the need for medical profession.



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**Thawatchai Akaraviputh**  
**Mahidol University**  
**Thailand****Biography :**

*Minimally Invasive Surgery Unit, Department of Surgery,  
Faculty of Medicine Siriraj Hospital*

Dr. Thawatchai Akaraviputh is a surgeon of the Department of Surgery, Siriraj Hospital. He received his undergraduate degree and surgical training from the Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand. In 1999, he received Germany Academic Exchange Service (DAAD) Scholarship. Two years later, he completed a postdoctoral fellowship in advanced surgical endoscopy and obtained “Doktors der Medizin” degree with professor Nib Soehendra at University Hospital Eppendorf, Hamburg, Germany. He continued his training in advanced laparoscopic surgery and subsequently in robotic surgery. He has many international publications in a variety of endoscopic and laparoscopic surgery. At present, he arranged many levels of hands-on workshops for surgical residents at Siriraj Hospital.

**Abstract:**

Nowadays, skill training in surgery is one of the highlighting issues among all medical schools. It is the tough situation for surgeons who have to teach their trainees while they commit to provide the best service for high-expectation patients at the same time. To achieve the successful training, variety of regimes were employed for trainee to overcome their surgical skills from basic to advanced procedures. To guarantee the success of training programme, both policy makers and operators have to think and work in concert.

Faculty of Medicine Siriraj Hospital commits to facilitate the best opportunities for all trainees as well as to pursue the international standard of education. According to the mission of the institute, recently, a new skill lab has been established so-called the Siriraj Training and Education Center for Clinical Skills or SiTEC. The SiTEC is a

special multidisciplinary center that dedicates for the use of fresh and soft cadavers as one of the most training tools. Soft cadavers are specially developed and prepared ready to undergo variety of surgical procedures. The soft tissue and internal organs are well-preserved suitable for manipulation resemble to living human body. The trainees can learn to perform any surgical procedures exactly in authentic anatomy. The bodies could be kept in room temperature or controlled condition and utilize repeatedly over 6 months. Apart from cadaveric model, other high-technology equipments including the units of simulators, manikin models and scenario-based or full-scale simulation training are also integrated into SiTEC. We believe that this comprehensive training center will create the enthusiastic environment of learning for trainees at present and future.



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## **Shiaw-Hooi Ho**

### **University of Malaya Medical Centre Malaysia**

#### **Biography :**

Dr. Shiaw-Hooi Ho is a Consultant Gastroenterologist and Senior Lecturer in the Department of Medicine, University of Malaya. Dr. Ho graduated from University of Science, Malaysia and obtained a Master's Degree in Internal Medicine from University of Malaya. He has a keen interest in GI therapeutic endoscopy, image-enhanced endoscopy and pancreato-biliary endoscopy. Following his attachment in Japan in the year 2010 (JSGE Research Fellowship Award), he began to promote the use of image-enhanced endoscopy and endoscopic submucosal dissection both in the detection and management of early GI neoplasia in his country. He is also one of the key coordinators in setting up telemedicine in UMMC which has since been actively participating in teleconferences organized by the APAN medical working group over the last few years.



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## **Le Thanh Ni**

### **Cho Ray Hospital**

### **Vietnam**

#### **Biography :**

Le Thanh Ni, MD. graduated from Pleven Medical University, Bulgaria. He is working at Cho Ray Hospital since 1991 as a physician of internal medicine and infectious diseases. While he was a deputy of general planning department and the head of the hospital information system, he was the key person in establishment of Cho Ray Hospital information system. Since 2009, he involved in the activities of telemedicine development in Vietnam. The current position is the head of department of media and clinical skills lab of Cho Ray Hospital and also a member of the Consultative Group for telemedicine development of the Ministry of Health of Vietnam. He is actively taken telemedicine into the continuous medical training programs of the hospitals in southern Vietnam.

#### **Abstract:**

*Continuous remote medical education in Ho Chi Minh City*

*Le Thanh Ni*

*Cho Ray Hospital, Viet Nam*

Continuous remote medical education is an opportunity and challenge for the leading hospitals in Vietnam today.

Cho Ray is a referral hospital of 22 provincial hospitals in southern Vietnam. Training and education is the second important mission. In 2013, 7135 physicians mostly from the provincial hospitals attend in 95 CME classes.

Remote education has the advantage of low cost, less time-consuming, easy to organize. Its development depends on the development of information technology infrastructure and organizational capabilities.

However, the quality of the information technology infrastructure is still not stable and high cost. Remote education is still unfamiliar to many physicians. Moreover, the habit of classroom studying under supervision still remain.

Currently, Vietnam Ministry of Health launched the "satellite hospital program" to promote Continuous remote medical education and improve service quality of front-line. This is a great program, beginning this year and lasting until 2020. The leading hospitals tasked to perform this program. In this number includes Cho Ray hospital.

Cho Ray Hospital has begun to deploy the "satellite hospital program", but there are not much activities.



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**Dinesh Kumar Taneja**  
**Institute of Liver and Biliary Sciences**  
**India**

**Biography :**

Dinesh Taneja, M.E. (Computers Technology and Applications) is a professional with 19 years of rich experience in spearheading and managing the IT/ Telecom operations for large-scale organizations. He is an IT infrastructure architect, strategist & implementer with demonstrated abilities in the implementation of IT infrastructure and new technology for streamlining IT related operations. He is presently working at Institute of Liver and Biliary Sciences, New Delhi, India as Sr. manager IT to assist the medical community for telemedicine and related activities.

**Abstract:**

*ILBS ECHO – Multiplying Capacities In Healthcare*

Reaching out to underserved populations in healthcare is a huge challenge for both developed and underdeveloped nations. Healthcare providers are unevenly distributed geographically, concentrating mostly in urban and metropolitan regions, leaving out vast gaps in semi-urban and rural areas. Providing specialist care is even more challenging than providing primary care, due to obvious reasons. This is despite the fact that the demand for specialist care is high even in underserved populations. Using state-of-the-art tele-health technology and clinical management tools ILBS-ECHO trains and supports physicians in the community to develop knowledge and self-efficacy on a variety of diseases not usually considered within their scope of practice. As a result, these physicians can deliver best-practice care for complex health conditions in community-based sites where this specialty care was previously unavailable. Using the technology developed Project ILBS ECHO aims to build on and successfully implement the ECHO model to the Indian scenario. In the presentation at 8th ATS in Kyushu University, We shall present how the model works, the technology used for the project, its advantages and limitations.



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**JungHun Lee**  
**Seoul National University Bundang Hospital**  
**Korea**

**Biography :**

Mr. Junghun Lee, is chief engineer MTC (Medical Tele Collaboration among TEIN members) team for tele-medical activities in SNUBH (Seoul National University

Bundang Hospital), Korea. Mr. Junghun Lee is currently member of Asian telemedical working group of APAN and play a key role in medical working group of Korea .

Currently works in the tele-medicine project which started in 2004. This project makes SNUBH as the most advanced group of in tele-medicine in Korea and worldwide as well. These activities are collaborated with many distinguished centers in Europe, USA, Central Asia and Russia etc.

He work for Professor Ho-Seong Han, M.D. Ph.D , who is co-chairman in Asian Telemedical Working group. He is well renowned surgeon, majoring in HBP surgery and currently vice director in Seoul National University Bundang Hospital and also a director of Cancer Center in this hospital.



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## **Ho-Seong Han**

### **Seoul National University Bundang Hospital Korea**

#### **Biography :**

##### **EDUCATION & DEGREES:**

1978-1984 M.D., Seoul National University College of Medicine

##### **POSITIONS:**

1984-1989 Intern, Resident, Department of Surgery  
Seoul National University Hospital

2003- Present. Professor of Department of Surgery

2011- Present. Director of Comprehensive Cancer Center

2012- Present. Director of Future Strategy Bureau

2013- Present. Vice Director in Cancer and Neuroscience  
Seoul National University Bundang Hospital  
Seoul National University College of Medicine

##### **MEMBERSHIP:**

President, Korean Study Group of Laparoscopic Liver Surgery (2008- Present)

President, Korean Study Group of Pancreatic Surgery (2012- 2014)

Chairman of Board of Committee, Korean Society of Surgical Oncology (2014 – Present)

President, Korean Society of Surgical Metabolism and Nutrition(2014 – Present)

Chairman of Scientific committee, Korean Society of Laparoscopic & Endoscopic Surgeons (2004 – 2006) (2010 – 2012)

Chairman of public relations committee, Korean Society of Hepatobiliary Pancreas Surgery (2009 – 2011)

Vice President, Korean Society of Traumatology (2011- Present)

**EDITORIAL BOARD:**

Editor in Chief, Journal of Korean Society of Traumatology (2003 – 2011)

Associate Editor, Hepatogastroenterology(2010 – Present)

Editor, Journal of HBPS (2012 – Present), World J Clin Oncology (2012 – Present),  
Surgical Oncology (2013- Present), World J of Gastroenterology (2013- Present),,  
World J of Gastrointestinal Endoscopy(2013- Present).

Scientific Advisory Board (Asian Pacific Region), Annals of Surgical Oncology  
(2011 – Present)



**Hiroshige Kusumoto**  
**Vidyo, Inc.**  
**Japan**

**Biography :**

Hiroshige Kusumoto joined Vidyo in May, 2008 and is country manager of Japan. Prior to Vidyo, Hiroshige was president of a US export company to the Ministry of Defense in Japan and country manager for Tandberg Japan. Prior Tandberg, Hiroshige was employed by KDDI, a leading global carrier in Japan. Hiroshige received a BA in Economics from Aoyama Gakuin University in Japan and studied at Master's Degree program in Public Administration from George Washington University in the US.



**Amnon Gavish**  
**Vidyo, Inc.**  
**Japan**

**Biography :**

Amnon brings more than 15 years of experience in the telecommunications market. Before joining Vidyo in October 2009, Amnon was the chief technology officer at Keisense Inc., an innovator in the field of textual user interface for computer electronics devices. Previously, he served as vice president of business development at radvision, where he was responsible for the company's strategic partnerships and for the definition of the company's product offering to the service providers market. Amnon was the CEO and co-founder of surf communications, where he was responsible for all company activities, from product inception, through go-to-market strategy, strategic partnerships and sales. Amnon holds a SC. D. degree in electrical engineering from the Technion, Israel institute of technology.



**Kiyohiro Houkin**  
**Hokkaido University Hospital**  
**Japan**

**Biography :**

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<b>EDUCATION</b>	<b>Doctor of Medicine</b>	1979
		Hokkaido University, JAPAN
	<b>Doctor of Philosophy</b>	1990
		Hokkaido University Graduate School of Medicine, JAPAN

<b>RESIDENCY</b>	<b>Neurosurgeon</b>	1979 - 1986
		Hokkaido University School of Medicine, Sapporo JAPAN
	<b>Postdoctoral Fellowship</b>	1986 - 1989
		Department of Neurology at University of California Davis, USA
	<b>Lecturer</b>	1992 - 2000
		Department of Neurosurgery at Hokkaido University, JAPAN
	<b>Associate Professor</b>	2000 - 2001
	Department of Neurosurgery at Hokkaido University, JAPAN	
	<b>Professor and Chairperson</b>	2002 - 2010
		Department of Neurosurgery at Sapporo Medical University, JAPAN
	<b>Director</b>	2013 April 1 <sup>st</sup> - present
		-Hokkaido University Hospital, Sapporo JAPAN

<b>AFFILIATION</b>	<b>Science Council of Japan</b>
	<b>The Japan Neurosurgical Society</b>
	<b>The Japan Stroke Society</b>
	<b>The Japanese Society of Cerebral Blood Flow &amp; Metabolism</b>
	<b>American Association of Neurological Surgeons</b>
	<b>American Heart Association</b>
	<b>American Academy of Neurological Surgery</b>
	<b>Congress of Neurological Surgeons</b>

<b>OVERSEAS RESEARCH</b>	<b>National Hospital for Neurology and Neurosurgery</b>	1998
		London, UK
	<b>Hannover University</b>	1998
		Hannover, GERMANY
	<b>Stanford University</b>	1998
		California, USA
	<b>Northwestern University Chicago</b>	1998
		Illinois, USA

**MAJOR GRANTS**

Principal Investigator	1996-2002
Gene Survey of Moyamoya Disease	
Risk Communication for Unruptured Cerebral Aneurysm	2005 - 2008
Regeneration Therapy for Cerebral Infarction using Bone Marrow Stem Cell	2012 - 2016

**HONORS / PRIZES**

Suzuki Prize
1998
Japan Cerebrovascular Disease Society
Mihara Prize
2012



**Jae Woon Choi**  
**ChungBuk National University Hospital, Director**  
**Korea**

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**Wang Xingpeng**  
**Shanghai General Hospital, Dean**  
**China**

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**Ming- Tsan Lin**  
**National Tiwan University Hospital,**  
**Vice Superintendent**  
**Taiwan**

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**Pravit Asaanonda**  
**Chulalongkorn University Hospital,**  
**Associate Dean for Planning and Development**  
**Thailand**

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**Nguyen Truong Son**  
**Cho Ray Hospital, Director**  
**Vietnam**



**Czeresna Heriawan Soejono**  
**Cipto Mangunkusum Hospital, CEO**  
**Indonesia**



**Tran Binh Giang**  
**Vietduc Hospital**  
**Vietnam**

**Biography :**

Graduated from Hanoi medical university 1985, follow internship 1985-1988. Post-graduated training in Cochin hospital, Paris VI University 1990, Saintroch hospital, Nice-Antipolis University, France 2004-2005, Hospital Royal Northshore hospital, North Sydney University 2002.

Present Professional Status: Associate Professor. Vice Director of Vietduc university

hospital, Director of the laparoscopic center, chief of the department of abdominal surgery. President of the Vietnam association of endolaparoscopic surgeons, Secretary general of Vietnam Association of Surgery, member of the Board of Governor of ELSA.



**Christopher Khor**  
**Singapore General Hospital**  
**Singapore**

**Biography :**

*Dr Christopher Jen Lock Khor*

*MBBS, FRCP (Edin), FAMS, FASGE*

*Senior Consultant, Department of Gastroenterology & Hepatology*

*Director, Endoscopy Centre*

*Singapore General Hospital*

Dr Christopher Khor attended medical school at the National University of Singapore, and completed clinical fellowships in ERCP and in Endoscopic Ultrasound (EUS) at the Medical University of South Carolina and Indiana University Medical Center respectively. More recently, he trained in Endoscopic Submucosal Dissection in Japan. His main practice areas are in pancreato-biliary disease (ERCP and EUS), endoscopic resection and general gastroenterology. Dr Khor has more than 20 peer-reviewed papers to his name, serves on the editorial board of Endoscopy, and is a reviewer for a number of other endoscopy and GI journals. He has a keen interest in endoscopic quality and education, and in promoting cross-border co-operation among the regional endoscopic community. His regional work includes regular faculty invitations to demonstrate and teach endoscopy. Dr Khor currently co-chairs an Asia-Pacific group focused on EUS education. He was Vice-President of Asian-Pacific Digestive Week 2011 in Singapore, for which he directed Endoscopy programming, and is a past President of the Gastroenterological Society of Singapore.

Publications:

<http://www.ncbi.nlm.nih.gov/pubmed/?term=khor+c+j+or+christopher+khor>



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## **Rajvinder Singh**

### **University of Adelaide, Lyell McEwin Hospital**

### **Australia**

#### **Biography :**

A/Prof. Rajvinder Singh MBBS MRCP MPhil FRACP AM FRCP is the Head of Endoscopy at the Lyell McEwin Hospital, South Australia and a Clinical Associate Professor at the University of Adelaide, South Australia, Australia. Upon completion of his GI training, he received the Lancet International Fellowship which enabled him to undertake a higher research degree on Narrow Band Imaging in Barrett's Oesophagus at the University of Nottingham, UK. He has a keen interest in Endoscopic research focusing mainly on Advanced Endoscopic Imaging Techniques and Endoscopic Treatment of premalignant and malignant lesions in the gastrointestinal tract. He has published more than 100 papers/abstracts and is frequently invited locally and overseas to lecture on this topic. He has been successful in obtaining various grants nationally to further investigate the utility of novel endoscopic imaging techniques in the detection of dysplasia and early cancer. Present ongoing research includes multicentre national and international collaborative studies detection, characterisation and treatment of Colon Polyps, Early Gastric Cancer and Barrett's Oesophagus.

He is presently a Fellow of the Royal Australasian College of Physicians (Australia), a Fellow of the Royal College of Physicians (Glasgow, Scotland), a member of the Royal College of Physicians (London, United Kingdom) and a member of the Academy of Medicine, Malaysia. He is an Editorial Board member of Endoscopy, a Co Editor of Endoscopy International Open, the Contributing Associate Editor in Chief of the World Journal of Gastroenterology and an Editorial Board member of the World Journal of Gastrointestinal Endoscopy. He also sits on the council of the Australian Gastroenterology Endoscopic Association.

#### **Abstract:**

##### *Early experience and problems with setting up of a telemedicine link*

Multiple hurdles of setting up an appropriate high quality network from its inception will be discussed. This will include but not limited to assessing the appropriate channels to support a video and audio platform and ensuring available local support to achieve this. Acquiring administrative backing from the hospital is paramount. In addition, local engineers and IT experts and support from the University are essential. Various modalities including the Vidyo network, AARnet and other links will be elaborated further. It is then essential that these be tested to ensure optimal quality is achieved before the actual transmission of information. Patients will also be advised and consented if live endoscopy is to be transmitted to other sites. Once the process is

streamlined, benefits of sharing medical information across sites and the potential to learn from different experts will ultimately result in better patient care and outcomes.



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**Hiroaki Shimizu**  
**Chiba University Hospital**  
**Japan**

**Biography :**

*Hiroaki Shimizu, M.D.*

Present:

2012 - Associate Professor, Department of General Surgery,  
Chiba University, Japan.

Previous Employment:

1986-1987 Resident, First Department of Surgery, Chiba University, Japan.

1987-1992 Staff, Affiliated hospital in First Department of Surgery,  
Chiba University, Japan.

1992-1994 Research fellow, Department of Surgery, University of Toronto,  
Canada, and Cedars-Sinai Medical Center, LA, USA

1995-2012 Assistant Professor, Department of General Surgery,  
Chiba University, Japan.

**Abstract:**

*What we learned from our first experience*

National University Hospital Council of Japan leads the Globalization of National University Hospitals. The globalization section of the Standing Committee promotes establishing the telemedicine system in each hospital. Our activities have been expanding to the world.

I am going to explain according to procedures of HPB session, the people involved and difficulties. Our first experience may give some hints to new organizer.



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## Hiroshi Shigeto Kyushu University Hospital Japan

### Biography :

*Hiroshi Shigeto, MD., PhD.*

*Department of Neurology, Neurological Institute, Graduate School of Medical Sciences, Kyushu University*

Graduated from Faculty of Medicine, Kyushu University		1989
Residency:	Kyushu University	1989-1991
Clinical fellowship:	Kyushu Rosai Hospital	1991-1992
Staff Neurologist	Kyushu University Hospital	1992-1998
Assistant Professor	Kyushu University	1998-1998, 2001-2001, 2003-2005
Staff Neurologist:	National Center Hospital	1998-2001
Research Fellow	Epilepsy and Sleep Center, Cleveland Clinic Foundation, USA	2001-2003
Lecturer	Kyushu University	2005-2012, 2013-
Head of Center	Epilepsy and Sleep Center, Fukuoka Sanno Hospital	2012-2013

### Membership:

Japanese Society of Neurology, Japan Epilepsy Society, Japanese Society of Sleep Research, Japan Society of Dementia Research, Japanese Society of Clinical Neurophysiology

### Abstract:

*Hiroshi Shigeto <sup>1)</sup>, Taira Uehara <sup>1)</sup>, Hiroo Yamaguchi <sup>1)</sup>, Shozo Tobimatsu <sup>2)</sup> and Jun-ichi Kira <sup>1)</sup>*

*Departments of Neurology <sup>1)</sup> and Clinical Neurophysiology <sup>2)</sup>, Neurological Institute, Faculty of Medical Sciences, Kyushu University*

We hosted two sessions of telemedicine on epilepsy and involuntary movement disorders as the international sessions of the 55th Annual Meeting of the Japanese Society of Neurology in a great cooperation with Telemedicine Development Center of Asia, Kyushu University on May 23, 2014. The slides of patients' clinical information and movies of symptoms were presented to the staffs of Seoul National University Hospital, Chulalongkorn University Hospital, National Taiwan University Hospital and venue at Fukuoka International Congress Center. For the epilepsy

session, EEG observations were presented additionally. Because the diagnoses of epilepsy and involuntary movement disorders are dependent on the movement symptoms, video presentations were especially useful for making a satisfactory discussion. High resolution movies demanded high speed internet and DVTS worked well enough throughout the sessions. Understanding of participants' circumstance beyond monitor is important for these kinds of communications. Success of telemedicine also depends on the cooperation of skilled engineers. I will talk some experiences and lessons learned from these sessions.



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## **Motoyoshi Kawataki**

### **Tohoku University**

### **Japan**

#### **Biography:**

Dr. Motoyoshi Kawataki M.D. is a neonatologist and pediatric cardiologist, majoring in neonatal and fetal cardiology and also called a teacher of fetal echocardiography. He has worked at Kanagawa Children's Medical Center for twenty eight years and established the fetal screening system in Kanagawa Prefecture. He moved to Tohoku University this April to promote the fetal screening in Tohoku District. He is only one neonatologist in Japan who belongs to the Department of Obstetrics and Gynecology. He has started new projects of tele-seminar and tele-conference cooperated with TEMDEC.

#### **Abstract:**

Teleseminar of the fetal cardiology

Motoyoshi Kawataki

Depart. Of OBGY, Tohoku University

Fetal diagnosis of congenital heart disease has been developed recently in Japan. The detection rate of congenital heart defects with single ventricle is as high as 80%. But that of two ventricles, especially Transposition of Great Arteries(TGA) and Total Anomalous Pulmonary Venous Return(TAPVR) are still low in Japan. Education and training for the obstetricians and the sonographers are necessary to promote the fetal screening. For this purpose, we have started the teleseminar of fetal cardiac screening since last year. I would like to introduce our tele-system and activities and effectiveness.



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**Satoshi Ishiko**  
**Asahikawa Medical University Hospital**  
**Japan**

**Biography:**

Dr. Satoshi Ishiko, M.D., Ph.D. is a professor of Department of Medicine and Engineering Combined Research Institute in Asahikawa Medical University. He is an ophthalmologist, majoring in medical retina. He visited the Schepens Eye Research Institute, Harvard Medical School, USA to research for a medical retina field as a research fellow in 1998, and a visiting assistant scientist in 2000, and Department of ophthalmology, Harvard Medical School as a visiting instructor in 2001. He has been working on the Telemedicine project in Asahikawa Medical College started from 1994. He organized the Japanese Telemedicine and Telecare Association 2011 as a secretary. His current research interests are medical retina in ophthalmology, and also developing a telemedicine system and practicing a clinical application.

**Abstract:**

*Telemedicine in Asahikawa Medical University*

In 1994, we developed a tele-ophthalmology network in Japan. We have investigated the image transmission system and developed the system that transmits three-dimensional high-definition (3D-HD) images of vitreoretinal disorders. We started to perform international telemedicine in 1996 between our department in Japan and Schepens Eye Research Institute in Boston. In 1998, we connected to Nanjing University of Traditional Chinese Medicine in China. We transmitted live surgeries in 3D-HD for a symposium that took place simultaneously in Singapore, Thailand, and Japan using Japan's Asia Broad Band Network in 2007. In 2012, we made our network between our telemedicine center and four hospitals in China, Beijing, Shanghai, Shaanxi, and Sichuan, by using our 3D-HD system. With high-quality international transmissions, ophthalmologists can have useful discussions internationally.



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**Hisatoshi Baba**  
**University of Fukui Hospital**  
**Japan**

**Biography:**

*Hisatoshi Baba, MD, DMSc*

*Professor and Chairman, Department of Orthopaedics and Rehabilitation Medicine, Fukui University Faculty of Medical Sciences, Eiheiji-Matsuoka, Fukui 910-1193, Japan*

Born in 1951, Dr. Hisatoshi Baba, graduating from Kanazawa University Medical School in 1977, has been working mostly in University Hospital as an orthopaedic as well as spine surgeon. He has operated on more than 3,900 patients for these 33 years and published 243 English articles and monographs. In 1998 he was assigned as Professor in Fukui University Medical Faculty, and in 2004, he started to be collaborated with Makerere University in Uganda in order for facilitating educational activities of traumatology in East Africa. He is now a Senior Advisory Board of the centre in Uganda.

**Abstract:**

In 2004, we have visited Makerere University, located at Kampala, the capital city of Uganda, for discussing international collaboration in terms of orthopaedics and traumatology, and then in 2006, memorandum and medical student exchange agreement were assigned between Fukui University and Makerere University. For encouraging the educational collaboration, we offered fellowships (US\$ 1,000.00 per year and round trip air fee) and gained JICA (Japan International Cooperation Agency) fellowships. For these 10 years 47 African doctors, mostly orthopaedic surgeons and from Uganda, were awarded for these fellowships. In 2006, we started to constitute traumatology education centre in Makerere University in association with Japanese Government and, as a result, in October 2013, we launched SICOT-Japan Traumatology Education Centre in Makerere University. This centre is managed by Ugandan surgeons, European professionals (SICOT) and Japanese orthopaedic surgeons mostly from governmental University medical faculties. In the International Symposium, we will talk about this collaboration among universities.



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**Norifumi Nakamura**  
**Kagoshima University**  
**Japan**

**Biography :**

Dr. Norifumi Nakamura, DDS, Ph.D. is oral and maxillofacial surgeon, majoring in comprehensive management of cleft lip and palate, which is consisted of primary and secondary lip and palate repairs, management of feeding of newborn babies, speech, and maxillofacial growth from babyhood to adolescence. Dr. Nakamura is Professor of Department of Oral and Maxillofacial Surgery, Kagoshima University Graduate School of Medical and Dental Sciences, Japan. Dr. Nakamura has engaged in international volunteer activities for cleft lip and palate treatment in Asian and African countries since 1995.

**Abstract:**

*Norifumi Nakamura<sup>1</sup>, Masaaki Sasaguri<sup>2</sup>, Takeshi Mitsuyasu<sup>3</sup>, Seiji Nakamura<sup>3</sup>*

*<sup>1</sup> Department of Oral and Maxillofacial Surgery, Field of Maxillofacial Rehabilitation, Kagoshima University Graduate School of Medical and Dental Sciences*

*<sup>2</sup> Department of Oral and Maxillofacial Surgery, Kyushu Dental University*

*<sup>3</sup> Section of Oral and Maxillofacial Oncology, Division of Maxillofacial Diagnostic and Surgical Sciences, Faculty of Dental Science, Kyushu University*

The departments of Oral and Maxillofacial Surgery of Kyushu University and Kagoshima University, Japan have been engaging in collaborative works with Indonesian institutions to establish comprehensive treatment for cleft lip and palate (CLP) since 1994. From 1995 to 1999, two oral surgeons were dispatched to Harapan Kita Children and Maternity Hospital for 2 years each, and the project has now led to the successful development of one of the biggest CLP centers in Indonesia, managed by an integrated team comprised of various specialists.

At the Dental Session of APN-37 in 2014, the first network meeting was held by connecting seven institutions in Japan and Indonesia, and we discussed the ideal situation regarding international assistance for CLP. In this Telemedicine Symposium, we will introduce our experiences and discuss future contributions for the improvement of CLP patients' quality of life using telemedicine.



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**Naoki Nakashima**  
**Kyushu University Hospital**  
**Japan**

**Biography :**

Naoki Nakashima MD PhD is the Director/Professor (2014-) of the Medical Information Center of Kyushu University Hospital, and also a visiting professor of National Institute of Informatics, Japan. He has been a specialist of diabetes mellitus for 25 years and simultaneously worked as a specialist of medical informatics for 13 years. He is a councillor member of Japanese Society of Diabetes Mellitus and the vice-president of Japan Association for Medical Informatics (JAMI). He focuses on the disease management methodology of chronic diseases from primary to tertiary prevention with sensor networking technology.

He is also a founding member (2003-)/vice director (2012-) of “Telemedicine Development Center of Asia (TEMDEC)” in Kyushu University. TEMDEC is the most active institute for international telemedicine in Asia-Pacific area. He is recently conducting cost-effective health check-up by sensor network and telemedicine with Grameen group in Bangladesh (2012-).

**Abstract:**

*eHealth check-up and tele-consultation program in Bangladesh*

*Naoki Nakashima MD PhD*

To conduct a study of a preventive medical service in a developing country, combining e-health checkups and tele-consultation as well as assess stratification rules and the short-term effects of intervention. The first checkup was provided to 16,741 subjects. After 1 year, 2361 subjects participated in the second checkup, and the blood pressure of these subjects was significantly decreased ( $P < .001$ ). Based on these results we proposed a cost-effective method using a predictor, to ensure sustainability of the program in developing countries. Conclusions: The results of this study demonstrate the benefits of an e-health checkup and tele-consultation program as an effective healthcare system in developing countries.



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## **Harold de Dios Tovar**

### **University of Guadalajara**

### **Mexico**

#### **Biography :**

*Mr. Harold de Dios Tovar has a bachelor in informatics, with a master degree in learning technology by the University of Guadalajara.*

Currently Mr. Harold de Dios works for the University of Guadalajara, in the General Coordination of Information Technology as a leader of the information security project. Besides that, Mr. Harold de Dios as a coordinator of the multicast technical working group of the National Research and Education Network of México, the University Corporation for Development of Internet (CUDI), has a close collaboration with the institutions members of CUDI (Universities, research institutions, medical institutions, Hospital schools, and other entities that belongs to CUDI), in where in collaboration with the health community of CUDI works collaborative way in order to promote Telemedicine activities.

Mr. Harold de Dios was one of the main persons who promoted and got the establishment of the Memorandum of Understanding for the multipoint control unit (MCU) system software for a digital video transport system (DVTS), between CUDI and University of Kyushu; in order to promote and to strengthen the Telemedicine activities between medical institutions around México, and Latin America with the network Telemedicine of TEMDEC and the APAN health community. Likewise, he is the coordinator of the Teleconference for the “live cases video forum” inside the Mexico Digestive Disease Week 2014 “Early gastroenterological cancer symposium”-ESD master Mexico-Japan-.

Lately he has been an active collaborator in the APAN Medical latin sessions activities, during the APAN 38 latin session he was named by TEMDEC as a Latin Remote chief engineer.

He is owner member of the Task Force IPv6 México, a non-profit organization that has the aim of the promotion of IPv6 in México through diferents mechanisms that help drive the deployment of IPv6 in México, well as the organization and execution of the “Global IPv6 Summit México” events.

Mr. Harold is happily married and is an entrepreneurhip involved in professional projects of personal interest.

#### **Abstract :**

The successful participation of the Mexican collaboration in the 36th Asia Pacific Meeting framed the new beginning of a continuous and progressive collaboration between Mexican entities with Telemedicine Development Center of Asia (TEMDEC).

This continuous collaboration enabled us to perform transfer of technology and

knowledge for Telemedicine activities in an uninterrupted way with entities in Mexico and some others institutions in Latin America.

Recognizing the vision and leadership of Dr. Shimizu as a chairman of telemedicine to connect worldwide centers of continuous medical educations, it is a pleasure for us as University of Guadalajara to collaborate closely with him and his expert working group, in the promotion of telemedicine activities in our region (Latin America and Caribbean) in several and fruitful ways in order to strengthen the objectives of the Medical Working Group of APAN, by taking the advantages of Advanced research and academic networks.



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**Yasuichi Kitamura**  
**APAN-JP**  
**Japan**

**Biography :**

Yasuichi Kitamura, Ph.D. is the researcher, majoring in Internet communication technology. He is the researcher of the National Institute of Information and Communications Technology (NICT) since 1988 and is one of the engineers at the Asia-Pacific Advanced Network (APAN) since 1997 and one of the board members since 2013. He has been working for getting the high performance communication real with using the network monitoring technology.

He is also one of the officers of Internet Society Japan Chapter since 2013.

He is encouraging all of the ATS attendees to attend the APRICOT-APAN2015 in Fukuoka and to find the opportunities of advanced Internet technologies for the medical activities.

**Abstract:**

*Title: Invitation to APRICOT-APAN2015*

*Authors: Yasuichi Kitamura (NICT/APAN), Koji Okamura (Kyushu University)*

Next year, at the Fukuoka Convention Hall, APRICOT-APAN2015 will be held.

APAN is the conference for the Internet operators who are working for managing the commercial Internet services. At the telemedicine activity, sometimes, the medical experts have to use the commercial Internet service because the REN service is not available in some places. At the last APRICOT-APAN conference which was held in Hong Kong in 2011, some operators got great impression about the telemedicine activities. Because this community's activity looked a little bit different from the regular "telemedicine" and it looked the real medical activities. In this proposal, we will introduce you the abstract of the APRICOT-APAN2015 both about the conference facility and about the program. Finally, we will request you how to give another sharp impression to those operators again.



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**Ryoko Yoshida**  
**Kyushu University Hospital**  
**Japan**



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**Miguel Tanimoto**  
**National Institute of Medical Sciences and**  
**Nutrition**  
**Mexico**

**Biography :**

National Institute of Medical Sciences and Nutrition “Salvador Zubirán”

Gastroenterology department staff member

General Gastroenterology outpatient clinic coordinator

Email: matanimoto@hotmail.com Phone: 5573-34-18

1980 - 1984 Bachelor in Computer Science

Anahuac University (Mexico City)

1988 - 1994 Medicine (graduated with Honors)

National Autonomous University of Mexico

1995 - 1999 Gastroenterology and Endoscopy

National Institute of Medical Sciences and Nutrition “Salvador Zubirán”

1999 - 2004 Gastroenterology and Endoscopy Boards

Mexican Counsel of Gastroenterology

1999 - 2001 Postgraduate in Diagnostic and therapeutic endoscopy

(Endoscopic early gastrointestinal cancer diagnosis and treatment)

Showa University, Fujigaoka Hospital Yokohama, Japan

2003 -to date Staff Gastroenterologist

General Gastroenterology Outpatient Clinic Coordinator

National Institute of Medical Sciences and Nutrition “Salvador Zubirán”

2005 - 2006 Ethics Committee Member

Asociación Mexicana de Endoscopia Gastrointestinal

2005 - 2010 Recertification from Gastroenterology and Endoscopy Boards

Mexican Counsel of Gastroenterology

- 2005 -2009 Profesor titular del curso de pregrado en Gastroenterología  
Facultad Mexicana de Medicina de la Universidad La Salle
- 2008 -to date “ AGAF ”  
American Gastroenterological Association Fellow
- 2008 -to date Associate Professor  
World Gastroenterology Organisation training center at INCMNSZ
- 2009 - 2010 Admission Committee Member  
Mexican Association of Gastroenterology
- 2009 -to date Editorial Committee Member  
Mexican Association of Gastroenterology
- 2011 Abr-Sep Japan Association for Research and Development of Endoscopy Grant  
Advanced clinical training research fellow in Endoscopic submucosal  
dissection Kobe University Hospital  
Kobe,Japan
- 2012 - 2017 Recertification from Gastroenterology and Endoscopy Boards  
Mexican Counsel of Gastroenterology

**Abstract:**

*Telemedicine in an Endoscopy Live Demonstration Japan-Mexico*

The list of risks for telemedicine projects can be long and varied, but here are a few of the contenders we had encountered during the Endoscopy Live Demonstration Japan-Mexico. One of the challenges with the growth, adoption, effectiveness, and sustainability of telemedicine comes from an almost impossibly wide scope and breathtakingly rapid evolution of medical technology. The problems for a telemedicine project are a failure to identify and mitigate three fundamental kinds of interdependent risks as: 1) Technical Risks 2) Organizational Risks and 3) Business Risks. These three risk categories are omnipresent in telemedicine implementation.



**Yasuaki Antoku**  
**Kyushu University Hospital**  
**Japan**

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**Biography :**

Yasuaki Antoku is an engineer at Kyushu University Hospital in Japan. He majored in Information Engineering for his Bachelor's degree, and in Design Engineering for his Master's. He is chiefly involved in the management and operation of the computer network at Kyushu University Hospital. He is one of the members of the Medical

Information department at the hospital. Moreover, he is participating in Telemedicine activity as one of the local engineers at Kyushu University.



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**Kuriko Kudo**  
**Kyushu University Hospital**  
**Japan**

**Biography :**

Kuriko Kudo, Ph. D studied virtual human representation by using 3DCG and animatronics at Kyushu University Graduate School of Design Genda Lab. Her major is digital archiving focused on Japanese traditional performing arts such as kabuki (especially its make-up). She used the 3DCG system to represent faces of kabuki actors and replicas, based on physical measuring and modeling that accounts for human motion, human shape, lighting, and the spectral reflectance of cosmetics. After she presented her work several times, including at the "Great Robot Exhibition" at the National Museum of Nature and Science Tokyo and SIGGRAPH 2008, she receive a doctorate in design. Since August 2011, she has worked as an engineer at the Telemedicine Development Center of Asia in Kyushu University Hospital.



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**Yoshiko Houkabe**  
**Kyushu University Hospital**  
**Japan**

**Biography :**

Yoshiko Houkabe has worked as an engineer for the Telemedicine Development Center of Asia at Kyushu University Hospital in Fukuoka, Japan since April in 2014. She holds a Bachelor of Design and a Master of Design Strategy. Her major is a design research to apply a traditional pottery in Fukuoka to modern life and she collaborates with traditional potters and an industrial designer since 2007. They developed the "COCCIO", a series of tableware and held some exhibitions in Fukuoka and in Tokyo.



**Takeshi Naitoh**  
**Tohoku University Hospital**  
**Japan**

**Biography :**

Dr. Takeshi Naitoh graduated from Tohoku University, School of Medicine in 1990. After completing residency in the First Department of Surgery, Tohoku University, School of Medicine, he visited the Minimally Invasive Surgery Center, Cleveland Clinic Foundation in 1995 as a research fellow, where he spent his most time in clinical cases and animal research regarding endoscopic surgery. After finishing fellowship, Dr. Naitoh came back to Japan, and he has been doing mostly colorectal cancer surgery, bariatric surgery and biliary surgery laparoscopically. Dr. Naitoh is currently an associate professor of Department of Surgery, Tohoku University, Graduate School of Medicine, and he is working on establishing the teleconference center in Tohoku University Hospital.



**Hosoon Choi**  
**Hanyang University Hospital**  
**Korea**

**Biography :**

Dr. Hosoon Choi is Professor of Department of Internal Medicine at Hanyang University Hospital and a hepato-biliary-pancreas specialist. He is a director of the global telemedicine committee (GTC) of Korean Society Gastrointestinal Endoscopy (KSGE) and is serving as a board member of the Korean Society of Gastroenterology. He has been leading group of Telemedicine in Korea.

He is interested in adult stem cell, cholesterol transporter, carcinogenesis, and especially endoscopic live demonstration using telemedicine network system. He is also promoting a project of HDTS telemedicine network by IPv6/Qos using KOREN.

**Abstract:**

*Experience of real-time endoscopic tele-conference by software based full HD video conference system (Tomms Factory) of KSGE (Korean Society of Gastrointestinal endoscopy).*

*Hosoon Choi, Hanglak Lee, Joonsoo Hahm, Ohyoung Lee, Myunggyu Choi . Global Telemedicine Committee of KSGE & Hanyang University College of Medicine, Seoul, Korea.*

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KSGE performed 1st ESD live demonstration composed of tele-endoscopy by DVTS and satellite system in 2008, and regular live demonstration such as ESD, ERCP, EUS, and NOTES have taken place by KOREN. Nowadays, we expanded our KOREN over 18 university hospitals to perform endoscopic telemedicine activities.

Conventional telemedicine by DVTS through broadband cable system as KOREN has some limitations; limited broadband, accessibility, and multicasting, required equipment. To improve these limitations, we used Software based full HD video conference system platform (Tomms Factory). KSGE performed 2 times real-time endoscopic tele-conference by Tomms Factory which has load balancing, voice activity switching, multicasting functions.

Global telemedicine committee (GTC) of KSGE have plan live demonstration and regular domestic & international endoscopic tele-conference used by this system in 2015.



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**Irina Menshikova**  
**Kazak state institute of Cardiology and Internal Diseases**  
**Kazakhstan**

**Biography :**

Irina Menshikova, M.D. Dr Menshikova graduated from Almaty State Medical Institute, Kazakhstan in 1988 and had superior qualification in endoscopy. Made here PHD thesis in 1997. She is working as chief specialist in endoscopy department at Research institute of cardiology and internal diseases, Almaty, Kazakhstan and as associate professor on gastroenterology department for post graduates. Her special field is diagnostic and therapeutic endoscopy.

During her career she has taken several international courses: 2013 - EUGW Postgraduate teaching, Berlin 2012 - Tokyo medical university ERCP course, 2010 - EUGW Postgraduate teaching, Barcelona, 2008 - EUGW Postgraduate teaching, Vienna, 2006 - Russian state Scientific Research Oncology Center, Endoscopy, 2002 - Almaty medical post graduate educational center, Coloproctology, 1990 - Sankt Petersburg medical postgraduate educational center, Endoscopy

Dr Menshikova is an author of 1 scientific monography and co-author in more than 60 scientific research articles. She is a member of ASGE and the president of Kazakhstan endoscopy association.

**Abstract:**

Endoscopy is the new rapidly developing area of medicine in Kazakhstan. Only 5 years ago there were not even one videoscope in the country. Total amount of endoscopy doctors are 250 people but there are some doctors from other majority

( mainly surgery) who performs endoscopy procedures ad hook. Last 5 years there were a lot of video stands purchased and installed there are still lack of endoscopy equipment and instruments. Never the less innovative endoscopy procedures such as stent installment, EMR, bleeding stopping etc. start to use very widely. Currently there are endoscopy association in the country. A lot of master classes with international participation are performed. Within last two years start to develop infection control issues and correct reprocessing with the AERs. Currently two state programs on colorectal and esophagus and gastro cancer screening is beginning.



## **Agung Budi Sutiono Padjajaran University Indonesia**

### **Biography :**

*Agung Budi Sutiono, MD, PhD, DMSc*

He works as neurosurgeon at department of neurosurgery Hasan Sadikin hospital Padjadjaran University. From almost 6 years he spent for clinical fellow of skull base neurosurgery as well as doctoral course in microanatomy skull base surgery at department of neurosurgery Keio University Japan. At the same time, he also joins the doctoral program in medical social informatics at Tokyo University of Electro Communications, Japan. By combining the two major of medical ICT and neurosurgery, now he focus his work for the social welfare for the people in Indonesia. Many publication and books have been written for academic contribution nationally and internationally.

### **Abstract :**

*The First Teleconference of Padjadjaran University Hospital in Indonesia with Gunma University in Japan*

Telemedicine is one of the facilities that can be used for medical science sharing knowledge. This is very useful since it will have cost effective without any border in time and distance. In this paper, we will share our first experience between Gunma University Japan and Padjadjaran University Bandung Indonesia. During teleconference we use Vidyo application supported by TEMDEC Kyushu University. For the video and voice streaming we have no obstacles, however if we share our slide in PPT format, our slide could not be sent properly since the bandwidth in Indonesia is less than 2 MB mostly. Nevertheless we will keep trying to improve our bandwidth in order to be able joint the exchange science and experience from all over the world.

*Keyword: Bandwidth, TEMDEC, telemedicine*



**Ahmad Faried**  
**Padjadjaran University**  
**Indonesia**

**Biography :**

He completed his medical school at Padjadjaran University Bandung Indonesia on 2001. On 2003 he continued his study at Gunma University Japan and awarded PhD degree as well as his post doctoral fellow in molecular biology from JSPS (Japan Society for the Promotion of Science). At the same time he also joint clinical fellow in neurosurgery at The University of Tokyo, Japan. Now he works as staff at department of neurosurgery Hasan Sadikin hospital Padjadjaran University Bandung Indonesia.



**Mir Misbahuddin**  
**Bangabandhu Sheikh Mujib Medical University**  
**Bangladesh**

**Biography :**

Mir Misbahuddin received his MBBS (1979) from the Mymensingh Medical College under The University of Dhaka, and PhD (1988) from The University of Tokushima School of Medicine, Tokushima, Japan. He joined as Associate Professor at the Institute of Postgraduate Medicine and Research, Dhaka in 1993 and was promoted to Professor in Bangabandhu Sheikh Mujib Medical University in 2001. His research interest is to find out the drug for the treatment of arsenicosis. In addition, he is conducting clinical trials and bioequivalence study. He is, currently, the editor of Bangladesh Journal of Pharmacology. He was the editor of Bangladesh Medical Research Council Bulletin, Bangladesh Journal of Physiology and Pharmacology, and Teachers' Association Journal. His keen interest is in the field of both asynchronous and synchronous virtual pharmacology. In asynchronous teaching, a student can use the teaching contents from a website at anytime, from anywhere and several times. In the synchronous teacher, he is trying to arrange live lectures for students of Pharmacology at under- and post-graduate level from home and abroad. He edited six books on his subject.

**Abstract:**

*Telemedicine activity in Bangladesh: Current problems and future plans*

Inadequate number of teachers (only 120) and lack of uniform teaching are becoming obvious in basic medical science education (85 medical colleges with yearly entry of

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9,000 students) in Bangladesh. Our focus on telemedicine is to teach medical students studying pharmacology in Bangladesh. At present we have synchronous teaching with 32 medical colleges, a website for teaching materials, download the teaching contents and appear in self-assessment. They can answer MCQ, fill-in the blanks, true-false, problem-based and analytical questions and interpret illustrations as assignments.

Since my involvement in the field of telemedicine for more than four years, I have identified the following problem: a) Misconception: Our doctors have wrong concept about the word “telemedicine”. It means the patient will take advice from a doctor staying away from him through internet; b) worried: Our teachers think that they will lose job if we continue to teach students by internet; c) unskilled in using computer: Eighty percent medical students can use laptop or smart phone whereas 80% teachers cannot; d) low internet speed: There are a few medical colleges outside Dhaka (capital city) where internet connection are there or inadequate speed for video conferencing.

As a future plan, I am trying to involve pharmacology teachers more in this project for increasing their awareness about telemedicine. I am involving students to use the setup for video conferencing. About internet speed, I have nothing to do except wait. However, I am checking the software which one is the best at low internet speed for video conferencing. In addition, preparation of high quality teaching materials is also important.



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## **Saroj P Dhital**

### **Kathmandu Model Hospital**

### **Nepal**

#### **Biography :**

Dr. Saroj P. Dhital is a general surgeon with interests beyond clinical surgery. One of the founders of Public Health Concern Trust- Nepal (PHECT), he has recently retired as the Chief of the Department of Surgery in Kathmandu Model Hospital and as the Director of Academic Affairs, PHECT. He still accepts two surgical residents every year. Interest in ‘Demystification of Knowledge for Empowerment of People’ has led him to work for promoting rural surgery.

He is currently holding the responsibility of Director of Health Sciences and Telemedicine in NREN, Chairman of the Telemedicine Society of Nepal and Coordinator of Rural Surgery Project under the department of General Surgery, Kathmandu Model Hospital. Besides this, he is also a writer and columnist.

#### **Abstract:**

*Telemedicine in Nepal: Ups and Downs*

*Saroj Dhital M.D. , D. Med. (Surg)*

Development of a nation should be understood beyond the accumulation of wealth, construction of infrastructure or access to technology. Human health and happiness are an integral part of meaningful development. They make the very purpose of development and bring into the scenario - social justice, environment, human rights etc. Talking about ICT for development without mentioning ICT for health doesn't carry much sense.

Huge inequality in healthcare affordability is present in the world today. This gap continues to widen. ICT is the only 'thing' that is getting cheaper, accessible and efficient. And, fortunately, it has important usefulness in healthcare.

Telemedicine in Nepal is being practiced to different extent by different sectors for a decade now. Not all of these efforts have always been successful. The opportunities and challenges unveiled while practicing telemedicine has been discussed and some remedial strategies discussed.



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**Shinichi Egawa**  
**Tohoku University**  
**Japan**

**Biography :**

Current Position: 2012 Professor, Division of International Cooperation for Disaster Medicine, IRIDeS, Tohoku University. 2006 Associate Professor, Division of Hepato-Biliary-Pancreatic Surgery, Tohoku University, 1999 Visiting Research Fellow, Division of Surgical Oncology and Biological Therapy, University of Pittsburgh Cancer Institute, 1995 Ph. D., Tohoku University, 1993 Staff Scientist, Growth Factor Division, National Cancer Center Research Institute, 1987 Graduated Tohoku University School of Medicine, Born 1962.

Awards and Honors:2010 Best Doctors in Japan, 2009 Educational Award, Tohoku University Graduate School of Medicine

Memberships: Japanese Association for Disaster Medicine, American College of Surgeons, International Association for Pancreatology:

**Abstract**

*Telemedicine network as a disaster risk reduction*

*Shinichi Egawa, Hiroyuki Sasaki*

*Div. International Cooperation for Disaster Medicine, International Research Institute of Disaster Science (IRIDeS), Tohoku University, JAPAN.  
egawas@surg1.med.tohoku.ac.jp*

The world is now facing to the increased threatening of disasters. Asian is the disaster prone area and the appropriate medical preparedness and response is required

domestically and internationally. In the coming Hyogo Framework for Action 2 in 2015 UN World Conference in Sendai, health providers and people who need special assistance are more required to be involved in the process of risk reduction.

Telemedicine networking could be a useful and vital tool for communication and coordination and increase the help-receiving capacity of hospitals in large scale disaster such as Great East Japan Earthquake and Typhoon Haiyan. In order to use as a tool in disaster, training and usage of ordinary time as well as the human network are essential. The changing trend of medical and public health needs in large scale disaster and a simulation model of medical and logistical coordination will be presented.



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## **Naoki Matsumaru**

### **Gifu University**

### **Japan**

#### **Biography :**

Naoki Matsumaru (Dr. rer. nat.) works currently for Innovative and Clinical Research Promotion Center at Gifu University Hospital in Japan as a technical staff. His first academic degree is Bachelor degree in Computer Science and Engineering from University of Aizu, Fukushima, Japan. Then, he moved to USA and received Master of Science degree from Wayne State University in Detroit, USA. His doctoral degree is from Friedrich-Schiller-University Jena, Germany. In 2009, he moved back to Japan and worked on a project to develop real-time sepsis monitoring system in Gifu University Hospital in Japan as a researcher. He exercised the analysis of temporal data indicating the vital condition of critically ill patients in ICU. His interests include molecular computing to elucidate principles of biological information processing and to utilize them for information systems.

#### **Abstract:**

*Title: System Development for Informational Support in Emergency Medicine, Quickly Transporting Intelligence for Medical Services Required*

Prehospital care in emergency medicine can be also categorized as Telemedicine because the medical intervention starts at the distanced location such as the scene of the accident. For this purpose, an IC card called “MEDICA” has been developed. This card contains medical information crucial for the emergency treatment so that the paramedics and doctors will be informed properly even if the patient is unconscious or unable to speak. The IC card was introduced in 2009 and distributed already to more than 12000 people in Gifu prefecture.

Setting this MEDICA as the central key, a system named GEMITS, global emergency medical supporting intelligence transport system, has been constructed to supply

informational support from pre-hospital, in-hospital, among-hospitals, to post-hospital care. Among hospitals, our doctors discuss with other doctors via TV conference system about symptoms and treatment plans. That system is also utilized for the consultation whether the helicopter should be launched to transfer the patients.



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## **Abdel-rahman Bassal**

### **SA Health**

### **Australia**

#### **Biography:**

*ABDEL-RAHMAN BASSAL, Bachelor of Engineering (Hons)(Computer Systems)*

Abdel-rahman Bassal is the Manager of South Australia's Digital Telehealth Network. Abdel has been involved in the development of the network since inception. His work with clinicians has focused on building a service that supports remote clinical assessment. Abdel is passionate about improving clinical outcomes especially for rural and remote consumers of health services.

Abdel is a graduate of The University of Adelaide with a degree in Computer Systems Engineering. He has been working in the health industry for over five years in various roles including Business Analysis and Project Management. He has worked on IT implementation projects in the areas of patient administration, patient identification, radiology, security and most recently Telehealth.



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## **Philip Ancell**

### **SA Health**

### **Australia**

#### **Biography :**

*PHIL ANCELL, B.A.S. (Ag), G.D.E., Assoc. Dip. Inf. Systems*

A graduate of the University of Adelaide, Phil has spent 32 years applying the sciences in the areas of Agriculture, Education and Healthcare. The last 12 years have been spent in healthcare IT, as a Systems Engineer, IT Regional Manager, Solutions Analyst and more recently working in a specialist role for the Digital Telehealth Network (DTN) with SA Health, Adelaide, South Australia.

Phil's focus has been the appropriate application of technology to customers, ensuring business fit, simplicity and excellence in supporting services. Telehealth is relatively new in South Australia, having been proven elsewhere in Australia for a

number of years. Phil has been a key supporting resource in the development, promotion and adoption of the DTN which now provides patients and clinicians with a service that reduces the need for travel and brings timely clinical services to remote locations that would otherwise not be available in a highly dispersed region of Australia.

**Abstract:**

*Growing a State-wide Telehealth Service – From the ground up.*

The Government of South Australia, Department of Health has invested over the past three years into building a state-wide public health Telehealth service. This investment is ongoing with Telehealth being recognised as a viable method of delivering clinical services to approximately 500,000 consumers across 1,000,000 km<sup>2</sup> of country South Australia (SA).

This presentation covers how the SA Digital Telehealth Network was developed. Specifically it will discuss the initial catalyst to implement a service being the need to deliver mental health assessments to rural and remote consumers. This will then discuss how other clinical services, for example cancer services, are using the same foundation to expand service delivery bringing clinical care closer to remote consumers. Next some results and lessons learnt will be discussed. Finally, the planned future activity will be presented with a conclusion including actual consumer quotes of the service.



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**Paola Sanoni**  
**University of Tsukuba**  
**Japan**

**Biography :**

Third year Ph.D. candidate in International Public Policy at the University of Tsukuba; MA in International Studies from Tsukuba University, B Arts & Humanities and Business Administration from the Pontifical Catholic University of Peru (PUCP). Her current research is related to a multidisciplinary analysis of health policy for the regulation of Telemedicine and ICT for facilitating health access in rural areas of developing countries.

She is an Honorary Research Fellow of The Centre for Online Health of the University of Queensland (Australia), and research partner for The Group of Rural Telecommunications (GTR-PUCP) from 2006. She is also a research fellow and collaborator of Fundacion EHAS (Hispano-American Health Link) which is a recognized institution for their work on Telehealth in Latin America.

*Paola Sanoni*

*psanoni@gmail.com*

*phone in Japan : +81 80 4090 6434*

**Abstract:**

*Presentation Title:*

*Accountability of Government Institutions in ICT for e-health in Peru*

*Author: Paola Sanoni<sup>1</sup>*

**Background:** In Peru, the use of Information and Communication Technologies (ICT) offers a platform for interaction of citizens and their representatives to promote participative decision making and overcome the barriers of access to medical services. Telemedicine offers a solution for improving health delivery services for rural populations.

**Purpose and approach:** This study examines the role of governmental institutions on formulation and monitoring of regulation related to ICT for social inclusion through telemedicine. Analysis focuses on mechanisms of government institutions, strategies, results and accountability toward stakeholders of the policy making process.

**Methods:** Qualitative methodology for the analysis of empirical data about regulation and policies approved in Peru in 2006-2013 regarding to ICT and telemedicine. Analysis of data from three cases of telemedicine in rural areas of Peru used as evidence the study.

**Results:** Analytical framework for identifying the functional gaps of government institutions in the policy cycle including a discussion about dynamics of policy and politics in Peru.

**Conclusion:** Institutional accountability in Peru responds to the dynamics of politics more strongly than to the urgent needs of populations. Regulation for ICT represents the tendency toward e-government and political campaigns, but limited evidence has been found about use of ICT for public consultation and feedback processing in rural health.



**Albert Au**  
**University of Hong Kong**  
**China**

**Biography :**

Mr. Albert Au, M.Sc. M.Phil. MIET is Senior I.T. Manager in the Faculty of Medicine, The University of Hong Kong. He has been working for the Faculty for more than 17 years. He has more than 10 years experience in telemedicine. Microwave, free space optics, fibre optics, and internet were adopted in doing telemedicine. Mr Au leads a team of nine persons to provide technical support for the Medical Faculty and the Laboratory Animal Unit. Currently, Mr Au works more in the projects of audio-visual systems and web-based applications.



**Chakaphan Sookcharoen**  
**Chulalongkorn University**  
**Thailand**

**Biography :**

Mr. Chakaphan Sookcharoen is a Head of Computer and Network System at the Information Technology Centre, Thai Red Cross Society Thailand. Responsible for network system, technical of telemedicine to connect national medical education and research, which started in the project of telemedicine experiment of Asia Broadband Program between Thailand-Japan in 2005, and all telemedicine activities of the King Chulalongkorn Memorial Hospital Thai Red Cross Society and country.



**Mohamad Zahir Ahmad**  
**University of Malaya Medical Center**  
**Malaysia**

**Biography :**

Mohamad Zahir Ahmad is a Head of Department, managing the Information Technology Department for the University Malaya Medical Center (UMMC). Actively involved in teleconferencing activities at University of Malaya since 2010. He led a Telemedicine team to assist the surgeon, gastroenterologist, oncologist and doctors to plan, manage and coordinate the teleconferencing activities in UMMC. He had vast experience conducting various teleconferencing activities using few technologies including DVTS, DVTS Plus, Vidyos and H323 system.

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**Abstract:**

*New endoscopic suite and new system setup in University of Malaya*

The new Endoscopy suite is ready and in use since 13 Jan 2014. This new suite is a totally new setup and is built at the new building. The size of the new suite is about double of the previous endoscopy suite and there are six OT in total. All of the OT equipped with AV connectivity infrastructure to have fast and easy setup for telemedicine activity. There is also a dedicated room being setup for permanent tele-conferencing facility and a video room where a comprehensive and complicated setup required for big event use. This new endoscopy suite currently being use for Malaysian Endoscopy Conference 2014 on last March 2014 and connected to MYREN using fiber connection for fast and smooth video transmission.



**Aria Kekalih**  
**University of Indonesia**  
**Indonesia**

**Biography :**

I have 5 years experiences of working in the information technology management and development in health and education sector in Indonesia especially in the field of community health, epidemiology and research data management. Eight years experienced in individual or team work project for various national and international agencies, as a researcher and data analyst. As research consultant, active in providing consultancy for medical professional institute, hospitals and industry in area of community health monitoring and evaluation.

I have combination of epidemiology, biostatistics and information technology knowledge to provide comprehensive data management and research analysis. As a lecturer, actively involved in the Research Unit, Editor of Medical Journal of Indonesia, besides giving lecture, conduct research, providing community health services and being an advisor for many research projects.

Since 2 years ago, I have received scholarship under SEAMEO –UI-Harvard cooperation for Community Nutrition. My interest is in analysis of child morbidity and mortality related to nutrition, feeding practice and parents working condition.



**Wiraphon Manatarinat**  
**Faculty of Medicine Siriraj Hospital,**  
**Mahidol University**  
**Thailand**

**Biography :**

Wiraphon Manatarinat is a Engineer. Information Technology Department, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand.

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## **Chui Wei Jie Alex**

### **National University of Singapore**

### **Singapore**

#### **Biography:**

Mr Chui Wei Jie Alex is an Audio Visual specialist at Yong Loo Lin School of Medicine, National University of Singapore (NUS) and currently stationed at Khoo Teck Puat Advanced Surgery Training Centre (ASTC) in National University Hospital (NUH). He graduated from NUS in July 2013 with a degree in Information Systems from the School of Computing, and is the key person in charge for coordinating and establishing live connectivity from Operating Theatres, teleconferences and video conferencing both locally and abroad. He is currently spearheading projects for improvements made to the training centre and is in the midst of introducing systems which can help to enhance users' experiences. He was also previously involved in events such as Asian Pacific Digestive Week (APDW) 2014, Korea-Singapore Japan (KSJ) teleconference, Singapore Hands-On Live Endoscopy Course (SHOLEC) 2014 and International Hub in Advance Endoscopy.

#### **Abstract:**

*Topic: Advanced Surgery Training Centre: Current Problems and the Future*

Khoo Teck Puat Advanced Surgery Training Centre (ASTC) is established as a prestigious and world class training centre that will put the National University of Singapore (NUS) and NUHS on the global stage as a world-class medical training and teaching institution. Khoo Teck Puat Advanced Surgery Training Centre (ASTC), as one of the most technologically advanced training centre in the world, will conduct collaborative activities with overseas institutions and start research programs to develop new technologies for surgical training and clinical practices.

Its 1000 sqm area is equipped with cutting edge facilities such as 3-D virtual reality, sophisticated surgical simulators, HD endolaparoscopic sets, neurosurgical operative microscopes and more state-of-the-art technology devices to create and organize outstanding educational programs for junior and advanced surgical trainees. As a centre for surgical excellence for education, ASTC is committed to and open to various technologies that could enhance and allow NUS to stay ahead and interconnected with other educational institutes and medical facilities.

Together with such technology within the campus and hospital, the systematic educational programs will allow the centre to better define the standards of surgical training and the needs of our continuous evolving medical professionals and ultimately, for the benefit of our patients.



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**Saroj Kanta Mishra**  
**Sanjay Gandhi Postgraduate Institute of Medical Sciences**  
**India**

**Biography :**

Saroj Kanta MISHRA is a full time professor and Head of Department of Endocrine Surgery at Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India. Born in 1956 at Cuttack, Odisha state where he did his basic medical education and later did his Masters in General Surgery (1983) at Postgraduate Institute of Medical Education and Research, Chandigarh. Founder and Head, Department of Endocrine Surgery at SGPGIMS, Lucknow since September ,1989. Got involved in application oriented Telemedicine Research and Development Projects since 1999. Principal Investigator & Research collaborator in various National and International e-health projects. Member of National Task Force on Telemedicine, Member and Chair of various national E-health Project review committees. Dr. Mishra has several research publications peer reviewed journals and contributed chapters in books in both the subjects of Endocrine Surgery and Health IT. He has been an e-health and Telemedicine Expert and undertaken assignments overseas as a Consultant for ITU, WHO and other international development agencies. Founder Member and Secretary of Telemedicine Society of India and currently it's President. He is instrumental in setting up a School of Telemedicine and Biomedical Informatics which is recognized as National Resource Center for Telemedicine and Biomedical Informatics by both Ministry of Communication & Information Technology and Ministry of Health & Family Welfare, Government of India. He was nominated as a Member of e-Health Technical Advisory Group set up by WHO, Geneva in 2013.

**Abstract:**

*Collaborative Learning Technologies over National Knowledge Network (NKN)*

*S. K. Mishra, MS, FACS*

*Professor & Head, Department of Endocrine Surgery & School of Telemedicine & Biomedical Informatics,*

*Sanjay Gandhi Postgraduate Institute of Medical Sciences, SGPGIMS, Lucknow, India*

*skmishra@spggi.ac.in,skmishra\_1956@yahoo.com*

National Knowledge Network (NKN) is a state-of-the-art multi-gigabit pan-India network for providing a unified high speed network backbone for all knowledge related institutions in the country funded by Department of Science and Technology, Government of India. Capability of NKN to handle high speed bandwidth with low latency thus supports lots of medical applications where bandwidth is the key factor for implementation. Telepresence technology in telemedicine has brought sharing of

surgical skill transfer to outside world through interactive videoconferencing/ real time streaming/Video on Demand (VOD). Entire video from the operation theatre was streamed to public as well as local network for simultaneous viewing from various parts of hospitals through existing hospital HIS Network. The shortage of medical professors at various level of hospitals (medical colleges, tertiary level hospitals etc) of developing countries can be filled by conducting continuous medical education (CME), workshops and Surgical skill sharing by adopting advance information and communication technologies, High Definition (HD) Displays & capture devices. Various workplaces like Integrated Operation Theatre for sharing live surgical operations, Surgical Telepresence room with large digital wall with HD videoconferencing & streaming technologies for conducting surgical skill workshops, Integrated Lecture theatre for sharing live surgery with conference participants, Telepresence Suites for live interactive sessions with multimedia data transfer with remote participants & Knowledge management suites for surgical skill capture, edit and archival for future reference needs to be designed keeping in mind the need of the doctors.



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**Masaru Sanuki**  
**Tsukuba University**  
**Japan**

**Biography :**

Masaru Sanuki, Ph.D., studied computational mathematics at Graduate School of Comprehensive Human Sciences, University of Tsukuba. His major is hybrid computation of “symbolic and numeric”, and also, mathematical history and mathematical education using ICT has been studied. Since July 2011, he has worked as a researcher at Faculty of Medicine, University of Tsukuba, and studied the use of teleconference system and e-learning system for medical education and its activities. Also, he is involving in the management of the educational system in University of Tsukuba Hospital.

**Abstract:**

*Title: Extension to teleconference systems using freeswitch*

*Author: Masaru Sanuki (Faculty of Medicine, University of Tsukuba)*

*Takahiro Naito (Faculty of Medicine, University of Tsukuba)*

The teleconference though H.323 protocol is as very nice quality as images and sounds, and. However, the cost for above system is very expensive and the global IP address is required to construct the system. So, their systems are used only large hospitals and large organizations. Recently, several Gateway systems (protocol

transfer system) have been developed in order to connect with H.323 protocol, such as “Vidyo Gateway”, which is able to transfer H.323 and H.264 codecs each other. Therefore, in “Vidyo” applications, since there is free software to be installed in the computer, we can connect other organizations with teleconference system easily.

On the other hand, there is no system to connect in small hospital. Also, investigating tools about long distance system for small hospital, Skype is often used because it is one of free stable software and every people have skype ID. However, Skype is dislike in System engineers of large hospital and its connection are rejected by firewall.

In this talk, we introduce the system in order to connect H.323 and VoIP. As the system, we use a Linux installed freeswitch, which is the application to transfer protocol and signal and open source package. And also, we show several experiments.



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## **Panjai Tantatsanawong** **Silpakorn University** **Thailand**

### **Biography :**

*Assoc.Prof. Dr. Panjai Tantasanawong*

He obtained his Doctoral degree in Computer Science from Asia Institute of Technology (AIT), in Thailand, in the year 2000. His major area is in networking and software engineering. He received his M.S. degree in Computer Science from Chulalongkorn University, Bangkok, Thailand in 1992 and B.S. degree in Public Health from Mahidol University, Bangkok, Thailand in 1984, respectively. Currently, he is an Associate Professor at the Department of Computing, Faculty of Science and Dean of the Graduate School, Silpakorn University, Bangkok, Thailand. He has publications in national and international conference proceedings.

### **Abstract:**

*Development of Tele-Medicine Robot System*

*Panjai Tantatsanawong Ph.D<sup>1</sup>, Jackrit Suthakorn Ph.D<sup>2</sup>, Supaporn Kiattisin Ph.D<sup>3</sup>,  
Wutjanun Muttitanon Ph.D<sup>4</sup>, Prasertsak u-Aroon Ph.D<sup>5</sup>, Suwachai Srion<sub>1</sub>*

*Email: panjai@gmail.com*

To improve healthcare services with the limitations of the medical staffs, a tele-medicine robot system serves as remote consultation (tele-diagnosis) by specialist doctors in large hospitals. It can also be linked to the system to forward the patient data using the robot. This research proposed the new integrated model to introduce the concept of an information system and a tele-medicine system to further

develop a prototype robotic system for remote medical treatment and care to patients. It consists of 3 main parts including: 1) a system to provide basic diagnosis in the robot with the health check and vital sign of the patient's including Electrocardiography, blood pressure measurement and temperature measurement devices. These data will link to local Hospital Information System for local doctors and transmitted to the cloud 2) Robotic Controlling System, and 3) Tele-diagnosis and consultation from remote specialist doctors for diagnosis and treatment, which used patients records from the cloud.

<sup>1</sup>*Computing Department, Faculty of Science, Silpakorn University, Nakhon Phathom, Thailand*

<sup>2</sup>*Biomedical Engineering Department, Faculty of Engineering, Mahidol University, Thailand*

<sup>3</sup>*Information Technology Management, Faculty of Engineering, Mahidol University, Thailand*

<sup>4</sup>*Civil and Environment Department, Faculty of Engineering, Mahidol University, Thailand*

<sup>5</sup>*Faculty of Liberal Arts and Science, Kasetsart University, Thailand*



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## **Cavit Avci** **The Turkish Association of Endoscopic Laparoscopic Surgery** **Turkey**

### **Biography :**

Dr Cavit Avci graduated from İstanbul University Faculty of Medicine in 1968, and finished his residency from the Department of Surgery in 1974. He became an Associate Professor in 1980 and a Professor Titular in 1988 from the Department of Surgery of Istanbul Medical Faculty. He worked in Paris at the V. University Hospital, Department of General Surgery and Research from 1977 to 1979. He is a Foreign Professor in Paris VI. Medical Faculty, (Ecole de Chirurgie) Surgery, Microsurgery Program since 1986.

He is a leader of videoscopic surgery in Turkey. After learning videoscopic surgery at its beginning, in France, in 1988-89 and obtain a Laparoscopic Surgery Diploma in Paris XI's Medical University he has returned to Turkey, and started in 2000, for the first time in Turkey, laparoscopic surgery in the Department of Surgery of Istanbul's Medical Faculty.

The Telemedicine, The Education at distance and The Continuous Medical Education takes a great place in Dr. Avci's life. He also has interest in telesurgery and performed

many tele-live surgeries and many activities of surgical education at distance. He proposed a tele educational Project to MMESA ( Mediterranean and Middle Eastern Endoscopic Surgical Association - 36 Countries) in which he was the founder member and President in 2009 and 2010. Dr. Avci has created in 2010 a "Webtelesurgery Platform", an online free platform for training, education, communication of surgery, based on a low-bandwidth system Its main objective is the editing and the dissemination of medico-surgical knowledge in collaboration with some centers of Excellence in Europe and other countries. 18 Courses are organised per year, European School of Laparoscopic Surgery at St Pierre University-Brussels retransmit regularly by this platform for 2 years now.

Dr Avci is a member (Then administrative member in 2013) of European Society of Telemedicine And e-Health ( ESTeH) and will later be in collaboration with "Asia-Pasifique Telemedicine Group and TEMDEC".

**Abstract :**

*First Experience of Telemedicine Between Turkey and Azerbaijan*

*Levent Avtan<sup>1,2</sup> Cavit Avci<sup>2,1</sup> \**

*1-İstanbul University Continuing Medical Education and Research Center, İstanbul Medical Faculty, İstanbul, Turkey*

*2-The Turkish Association of Endoscopic Laparoscopic Surgery, İstanbul, Turkey*

*\*Corresponding author: Cavit Avci, İstanbul Tıp Fakültesi, Cerrahi Monoblok, Poliklinik Giriş Üstü-İSTEM Merkezi, 34390 Çapa- İstanbul, Turkey. Tel: 0090 532 213 19 88, Fax: 0090 212 534 16 05, E-mail: cavitavci@gmail.com*

Courses on bariatric surgery with "live surgery" was organized by the team of ELCD (Turkish Association for Endoscopic Laparoscopic Surgery) in İstanbul University Hospital 's and broadcast through the internet at Medical University of Azerbaijan Baku, on 30 and 31 May 2014.

22 Turkish surgeons on site in Istanbul and more than a hundred Azeri surgeons participated online in Baku

The audio-video connection between the operating room and the conference room in Istanbul was made by the hospital's intranet.

Retransmission of course content (operations and discussions) was carried out with the internet in real time with our system of teleconference (Portable Wireless Live Video/Audio Transmission System-IMD).

The delays was relatively high but the quality of picture and sound was satisfactory.

The return of video and audio from Baku to Istanbul was realized through skype.

This experience of telemedicine between Istanbul and Baku was encouraging for us to continue collaboration through telemedicine with the Azerbaijan and subsequently with other Turkish-speaking countries, of course technically by improving our system of transmission.



**Cao Duc Minh**  
**Vietnam National Agency for Science and  
Technology Information**  
**Vietnam**

**Biography :**

Cao Duc Minh is a computer engineer, currently working in Vietnam research and education network centre which was established in 2007. His main job is network management, manage and support member's activities. With experience in the field of audio-visual, he is currently involved in organizing of telemedicine in Vietnam, under the role as a member of medical working group of APAN. He is also an IT engineer at Vietnam National Agency for Science and Technology Information, working as a computer systems manager, organizing activities in science and technology.



**Bani Lara**  
**Advanced Science and Technology Institute**  
**Philippines**

**Biography :**

Bani Lara, a science research specialist at the Advanced Science and Technology Institute (ASTI), leads the network operations group of the Philippine Research, Education and Government Information Network. He has nine years of experience in working on Internet routing, IPv6 and multicast technologies in research networking. He also takes care of the routing infrastructure of the Philippine Open Internet Exchange (PhOpenIX).

He earned his degree in Computer Science at the University of the Philippines, Los Banos.

**Abstract :**

PREGINET is the NREN that is operating in the Philippines. It is currently laying its own mix of wired and wireless networks in urban and rural areas in the country, with the goal of reaching private and public hospitals, health centers and medical teaching institutions. We hope to improve their facilities thru information and communications technology. The talk will give an update on the current and future initiatives of the group.

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## **Arman Zhapar**

### **Kazakhstan Research & Education Networking Association**

### **Kazakhstan**

#### **Biography :**

Arman Zhapar graduated from the Faculty of Marketing & Commerce of Turan University (Almaty, Kazakhstan), received Masters Degree from the Institute of Economics & Business of Kazakh National Technical University. In 2004 joined KAZRENA – Kazakhstan Research & Education Networking Association, that provides research and educational organizations of the country with advanced network services, he is in charge of international relations, has been involved in international projects such as Virtual Silk Highway, OCCASION (Organizing Caucasus and Central Asian Services for Internet Offerings to NRENs), CAREN (Central Asian Research & Education Network).

#### **Abstract :**

##### *Kazakhstan Research & Education Networking Association*

KAZRENA – Kazakhstan Research & Education Networking Association – was founded in 2001. It is a non-government and non-commercial association of legal entities. The mission of the Association is to facilitate the resolution of the digital divide problem in Kazakhstan through the development of a unified infrastructure of the research and education network, provide the growing set of major science projects, initiatives and experiments with the dedicated bandwidth, and other advanced network capabilities, and transfer new network services and applications to all levels of educational use, and eventually the broader Internet community.

KAZRENA provides Universities, colleges, science & research centers, libraries, hospitals, museums with the high-speed Internet access and other network services through dedicated lines.

As the national research & education network (NREN) of the Republic of Kazakhstan, KAZRENA takes part in the European Commission's CAREN Project (Central Asian Research & Education Network). The project's aim is to establish and operate a high-capacity regional research and education network in Central Asia based on broadband Internet interconnecting researchers, academics and students in Kyrgyzstan, Tajikistan, Turkmenistan and Kazakhstan, with Uzbekistan also a candidate country. CAREN also provides a direct channel to GEANT – pan-European research network, giving the region's research community an opportunity of global research collaboration.



**Basuki Suhardiman**  
**Information Resource Center**  
**Indonesia**

Basuki Suhardiman is the leader of Computer Network Research group in ITB, he was also the TEIN3 coordinator for Indonesia and one of the Inherent board's member .



**A K M Habibur Rahman**  
**BdREN**  
**Bangladesh**

**Biography :**

Graduated from Bangladesh University of Engineering and Technology in Electrical and Electronic Engineering in 1988. Obtained Master of Business Administration degree from Institute of Business Administration, University of Dhaka in 1992. Entered Bangladesh Civil Service (Telecommunication) in 1991 and served for 21 years in Bangladesh Telegraph and Telephone Board/Bangladesh Telecommunications Company with different capacities in Telecommunication Staff College, Digital Telephony System, Internet and Data Communication System, Planning and foreign-funded projects.

Obtained training on Telecommunication Engineering, Satellite Communication, Digital Transmission System, Digital Switching System, IP Network, ISP setup, Data Communication and Convergence in Communication in home and abroad. Participated in overseas seminars/Conferences/Exhibitions on Broadband, GSM, Video Conference Systems, Telecommunication and IT systems.

Now working as Chief Executive Officer, Bangladesh Research and Education Network (BdREN) since 03 January 2013 and engaged in implementation of BdREN.

**Abstract:**

*BdREN: Enabling Smarter Telemed in Bangladesh*

Bangladesh Research and Education Network (BdREN) is a high-speed data-communication network being established under Higher Education Quality Enhancement Project sponsored by Ministry of Education, designed to meet specialized requirements of the academic and research communities. The network is connected with Trans-Eurasia Information Network (TEIN) to exchange research and

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education data among the connected institutions.

BdREN is being established with a strong backbone constructed over more than 3200km of Optical Ground Wire (OPGW) of Power Grid Company of Bangladesh (PGCB) distributed throughout the country. As the first phase, a pilot network with connectivity to six different universities and University Grants Commission (UGC) and Video conferencing system in Bangabandhu Sheikh Mujib Medical University, Sher-e-Bangla Agricultural University and UGC for distance learning is running since 2012 under license of Internet Service Provider (ISP). The pilot network has 45 Mbps connectivity with Trans Eurasia Information Network for Research and Education purpose, 125 Mbps from Bangladesh Telecommunication Company Limited (BTCL) and 40 Mbps from Bangladesh Submarine Cable Company Limited for commercial Internet.

Kent State University, USA along with Ohio Academic Resources Network (OARNet) and Ireland's National Research and Education Network is working as International Partner of BdREN to provide necessary guidance and advices in establishment of BdREN as a professional Research and Education Network.

In the second phase, full BdREN consisting of connectivity to 34 public universities will be operational by May 2015. The private universities will be connected to the network in course of time. In the third phase, medical colleges and research institutes will be connected with full support from the project to facilitate smarter telemedicine in Bangladesh.



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## **Rajan Parajuli**

### **Nepal Research and Education Network**

### **Nepal**

#### **Biography:**

Mr. Parajuli is a manager of Nepal Research and Education Network and a rural telemedicine researcher. He has engaged himself in different ICT related projects and rural telemedicine activities in Nepal and facilitated national and international knowledge sharing. He has graduated from Tribhuvan University and currently pursuing PhD in Asian Institute of Technology (AIT). His research focus on gender and rural telemedicine in Nepal.

#### **Abstract:**

*NREN in Nepal: Building national and international telemedicine collaboration*

Establishment of Nepalese REN was hugely inspired by the possibilities of doing remote health care in Nepal. It was founded as a non-profit organizations by enthusiastic efforts of academicians and peoples working on internet technology

which aimed to connect Nepalese academic communities to the global academic network. From that point of time, NREN has been engaging in connecting and progressing telemedicine in Nepal through providing technical expertise in terms of creating network, connectivity and coordination. It has joined hand in hand with other NRENs at global level through APAN and TEIN network. Furthermore, growth of regional network like APAN and TEIN are making ease in local and global telemedicine practices which has significantly speed up international medical collaboration between and among partner countries, at the same time, recognizing as a better platform to share our clinical difficulties in a very speedy manner.



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## **Joseph Kimaili**

### **UbuntuNet Alliance**

### **Malawi**

#### **Biography:**

Mr. Joseph Kimaili has been the Technical manager of UbuntuNet Alliance since August 2011. He is responsible for the design, procurement and management of the Alliances network resources, negotiation and management of contracts with suppliers, and management of service level agreements. Mr. Kimaili is also in-charge of the Alliances capacity building program.

Before Joining UbuntuNet Alliance, Mr. Kimaili was the Chief Network Development Officer at RENU, the NREN for Uganda, the Network Manager at Makerere University Kampala and Technical Manager at the Ugandan branch of Africa online, a regional ISP.

Mr. Kimaili holds a BSc. in Electrical & Electronic Engineering from the University of Nairobi and a MSc. In Data communications Engineering from Makerere University.

#### **Abstract:**

Historically, for various reasons, bandwidth to African Universities used to cost many times what Universities elsewhere paid. Over the last five years, a combination of factors has caused prices to drop from a typical \$4,000 per half-duplex Mbps per month delivered via VSAT to a current \$130 per full-duplex Mbps per month at UbuntuNet Alliance inland points of presence (POPs), delivered via optical fibre. The factors include: the work of the UbuntuNet Alliance in stimulating National Research and Education Network (NREN) activity along with lobbying, with others, for policy and regulatory changes to liberalise markets; economies of scale and increased negotiating ability resulting from consolidation of bandwidth needs in the research and education sector; the roll out of national optical fiber backbones and access to

these by NRENs; the bringing of optical fiber owned by utilities on to the market; new procurement approaches brought on board by experienced organisations like DANTE2; and the direct support to NRENs by governments that now appreciate the research development dividend.

Unfortunately, some of the NRENs, particularly those that are land-connected, have not yet benefited from the price drop because of limited competition in backhaul capacity and/or restrictive regulations in their countries or other countries that must be transited. The Alliance will not be satisfied until the prices paid are at par with the rest of the global research and education networking community, with a new target of \$85 per Mbps per second at UbuntuNet Alliance inland POPs by the end of the 2014 – 2018 planning period. The UbuntuNet Alliance is driven by a vision of securing affordable high bandwidth connections (gigabits speeds) that interconnect African National Research and Education Networks (NRENs) regionally and globally, and to the Internet generally. The Alliance seeks equality, not just equity, for researchers and educators in Africa. As penetration and costs go down, the Alliance is giving increasing attention to collaboration with communities of practice and rolling out applications and services.

This pamphlet gives information about the UbuntuNet Alliance as an organisation, describes progress towards achieving the organisational vision, and explains some of the strategies being followed.

For more details

<http://www.temdec.med.kyushu-u.ac.jp/data/whatisUbuntuNet.pdf>