



## **Transforming the Cancer Continuum in Asia - report on discussions**

### **Leaders unite to tackle third deadliest disease in southeast Asia**

Malaysian investors, philanthropists, policymakers, medical experts and academics joined forces this week in a fresh bid to tackle one of the leading causes of death on the peninsula: and across the rest of Asia.

As rising cancer mortality rates look set to double by 2040, becoming the third cause of most deaths in the last few years, senior leaders united from across academia, healthcare, government, policy, capital providers and healthcare investors to act.

In the first-of-its-kind strategic dialogue hosted by the University of Nottingham Malaysia, with strong support from APVN, the largest network of social investors in Asia, the mission brought experts together to focus on solutions.

Hosts were joined by Bintang Capital Partners Berhad, Cancer Research Malaysia, Citrine Capital, IOM, Ministry of Health Malaysia, National Cancer Society Malaysia, Securities Commission, University Malaya, National University of Malaysia, Xeraya Capital Sdn Bhd, Yayasan MySDG, Yayasan PETRONAS, and Yayasan Sime Darby. The discussion explored:

- the reasons behind rising mortality rates
- current approaches to cancer prevention, detection and treatment;
- healthcare disparities between communities and population groups
- systems challenges
- global comparisons
- proven models for reversing the rise, and
- innovative approaches to delivering cancer care across cultures, ethnicities and geographies

The session delivered deep research insights into breast cancer risk, one of the biggest killers of Asian women, from the University of Nottingham Malaysia's rising star, cancer researcher Professor Ho Weang Kee.

Malaysia's only recipient of the prestigious Wellcome Trust Career Development Award, Prof Ho Weang Kee, shared insights from her pioneering research on breast cancer risk stratification in multi-ethnic Asian populations, which is one of the largest genetic studies in the region.

Professor Ho Weang Kee said: "Breast cancer is a global burden. It affects women of all ages all over the world. Caught early it is treatable. Yet, in Asia, we are seeing a mortality rate of half the women diagnosed. We are diagnosing far too late. If we shift the system from sickcare to healthcare, using personalised risk scores, we could bring disease costs down from treating 10 cases to 1, for example. That's a huge system saving in cancer care. Savings at scale when you extrapolate across disease cases and the whole population.

"It's important to close the data gap. We have lots of data in Malaysia, but our systems don't talk to each other at the moment. We cannot manage things we don't measure. We need to build the data infrastructure and electronic health records that will reach into patient data to develop personalised treatment plans and lifestyle changes."



During the session, the healthcare leaders drew up a sixteen-point action plan to tackle cancer mortality across Asia and South East Asia:

- 1) **Collaborate:** Strategic cooperation across healthcare leadership to ensure greater visibility of healthcare research, activities and initiatives and to enable scale up
- 2) **Focus on early wins:** Identify the publicly-acceptable therapeutic options ready now that can be used within existing budgets to prove impact and win the strategic case
- 3) **Do more with what we have:** Greater use of AI and health informatics to harvest data on diseases, interventions and treatments to inform health research for public benefit
- 4) **Champion the science:** The system must pivot around genetics-informed, preventative healthcare with robust economic analysis and evidence-based policy making
- 5) **Prioritise public well-being:** Public affairs campaigns keeping cancer and other healthcare priorities at the top of the agenda for the public and Government, with clear messaging about the costs and failure rates involved
- 6) **Patient advocacy:** Empower people to understand preventative measures, care and treatments they can take to prolong their health
- 7) **Precision medicine:** Ensure we understand challenges on the ground: cocreating with communities to detect and get treatment to people early, prioritising screening for those who need it most based on genomic data
- 8) **Leave no one behind:** Migration has shaped the ASEAN region. A data-driven health care system will calibrate intersectionality of health and socio-economic determinants.
- 9) **Identify strategic research:** Strategic prioritisation of research gaps and needs empowering funders to drive resources into the programmes that will have the greatest return on investment.
- 10) **Business rigour in funding bids:** Improved business cases from the research community to enable investors to drive funding into the priority areas. Making better use of frameworks to standardise impact investment benchmarks to secure investment.
- 11) **Derisk the investment:** Public-private partnerships between government and philanthropists to plug the investment gap in strategic healthcare research – ensuring groundbreaking innovations reach clinical trial stage.
- 12) **Innovate with blended financing.** Collaborate to develop with innovative finance tools that address the disparity between what people want and what investors like.
- 13) **Shorten the batch-to-bedside journey:** A strategic, data-led and evidence-based approach, underpinned by private-public partnerships to bring forward patient care quicker
- 14) **Build capacity:** Through scholarships, investment in skills, and develop expertise.
- 15) **Standardise data sharing:** Strategic alliances to share and mine infrastructure, data and resources (human too) from now onwards.
- 16) **Look ahead:** Ensure we are using the data to look ahead and prepare for emerging trends.

The group endorsed a drive from the university to form a Cancer Research Consortium across ASEAN countries seeking to address disparities across the region and reduce treatment costs.



## **Event Highlights**

**Dr Adiratna Mat Ripen, the Ministry of Health Malaysia's Head of Cancer Research Centre,** championed the role of technology in accelerating cancer research. "Next generation sequencing will enable us to target and treat patients using personalised treatments and precision medicine. We can accelerate that further through AI, not just in imaging but for use in genetics and finding markers. It's the most exciting research area in cancer."

**Dr Hjh Yatela Zainal Abidin from philanthropic agency Yayasan Sime Darby** said research was vital for policy change and innovation. "But it is not cheap to support. It requires years of data collection and analysis before you get impact on the ground. Equipment must be paid for, staff must be paid for, and money must be found for running costs. Investment companies and government need something to see before they will invest. Philanthropy is the only intervention that can fill that gap. With so many competing priorities, and with cancer currently low down in the list for Asia, philanthropists like Petronas are catalytic to the betterment of our health and of us all. There need to be more of us. We bridge the gap."

**Dr Ghows Azzam, Senior Vice President of investment company Xaraya Capital,** agreed the misalignment between research and investment timescales is problematic. "Private investors need to derisk and we want returns on investment within 3-4 years. Cancer related work takes 6-10 yrs before research translates into spin out and commercialisation. Communicating patient capital will be a challenge. With a population of 700 million, southeast Asia makes business sense. But when you enter the market, you confront the reality of a regulatory landscape where 700 million people are segmented by 10 countries and their 10 regulatory bodies. Genome data can begin to derisk the investments – but data is currently based on European and North American genomes. Genome data from southeast Asia is important to bring capital into the region. The Covid Vaccine was brought to market at pace by pumping billions in overnight. We must find a sustainable way to shorten the time it takes to reach the clinical trials stage. Researchers can spend 5 years raising funds. From research to commercial can take another 10. Without funding for clinical trials, solutions get stuck at research level."

**Shariah Nelly Francis, CEO of Yayasan Petronas,** said the challenge for funders lay primarily in decision-making around where to invest resources. "Funders want to move the needle and will always ask why this area, why this research. Why not curative? Why not palliative? The challenge for researchers is the perception among funders that there is duplication everywhere. Researchers, philanthropists and the public alike would benefit if there were a single coordinating agency who knows who is doing what?"

**Anita Ahmed, CEO of Yayasan MySDG,** had witnessed traditional thinking holding back solutions: "With fresh thinking, we can mobilise the funding in Malaysia. We need cocreation, participation in ongoing strategic dialogue, collaboration to break down silos, and a commitment to bring together the skills and expertise needed for innovative funding models."

**Dr Lim Kue Peng, Head of Immunology at Cancer Research Malaysia** argued for a paradigm shift. "We have been really successful at handing out umbrellas. We need approaches that move the cloud away from you. We have interventions at our fingertips, from finding treatment for Malaysian cancers that help patients now, to use of data and digital apps."



**Jehan Omar, Malaysia Manager at APVN** said: Malaysia must strengthen its collective voice on cancer. It is too quiet on the incredible work we are doing. Our voice is being drowned out by better organised efforts. We need a better articulation of what we need to unlock international and local capital. There are too many good causes and not enough funding to go around. We must learn from our neighbours, like Singapore, who have lifted 60m out of poverty, through a strategic, centralised body to ensure the funding gets to where it is needed.”

**Prof Dr Mohd Shair Liew, PVC for research and knowledge exchange at the University of Nottingham Malaysia**, said: “Our aim was to catalyse multi-sector collaboration and initiate an ongoing regional dialogue towards meaningful, long-term impact in cancer care. We have seen today how much alignment there is among health leaders – both on the challenges and the potential solutions. A collaboration across South East Asia will enable us to drive forward the best of the solutions and speed up progress against the challenges.

“Nottingham’s leadership on cancer research will lead to advancements in cancer prevention and care; new approaches to overcoming regional disparities in access to cancer treatment; opportunities to scale early detection and intervention programmes; and a collective responsibility that redresses the missing Asia patient dialogue.”

The collaboration will unite research facilities across the region including Cancer Research Malaysia, 6 medical facilities in 5 countries across the ASEAN region, 5 industrial partners, and the State of Sarawak Cancer Research Centre. Sarawak will also run their own hospital. The collaboration is set to bring in Cancer Research in Philippines and Kanker Institut Indonesia.

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### **About Transforming the Cancer Continuum in Asia**

The leadership roundtable took place on Wednesday 23rd of July at The Ruma Hotel in Kuala Lumpur, Malaysia, hosted by University of Nottingham with support from AVPN. The session formed part of a series of events from the University of Nottingham, marking 25 years of its presence in the region. The University of Nottingham was the first UK university to open a full branch campus, in Semenyih, just outside the Malaysian capital.

### **About the University of Nottingham**

Founded by Boots the Pharmacist in the 1920s and the birthplace of MRI in the 1960s, the University of Nottingham’s health legacy is a century old. Ranked 12<sup>th</sup>, the University’s School of Pharmacy and Pharmacology remains one of the top schools in the world.

The University of Nottingham is a research-intensive institution, ranking among the world’s top 100 universities. It is home to the state-of-the-art Biodiscovery Institute, a world-class multidisciplinary centre of virologists, bioscientists, engineering biologists, vaccine development, disease testing, and drug development. The Nottingham Prognosis Index is used in cancer diagnosis for billions of women worldwide.

### **Stay engaged in the conversation**

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