

**Luncheon Seminar
Evening Symposium**

Luncheon Seminar 1

THURSDAY · MARCH 23

12 : 30 - 13 : 20

Room 2 (Hall B5-1)

LS1 BCG vaccination in Japan; the past, the present and the future

Summary

In Japan, universal BCG vaccination program was started in 1948 as a part of national immunization program, and this program has been continued until now, modifying its method of vaccine delivery, recommended number of immunization and recommended schedule. The BCG vaccination program has made a significant contribution to the excellent control of TB disease in Japanese children.

In this seminar, I would like to review its history, its contribution to pediatric TB disease control in Japan, and some issues in the present and the future vaccine program.

The Past; The administration route of BCG vaccine was changed from intradermally to percutaneously, using a multipuncture injection device, in 1967. Since then, multiple vaccination policy, with initial vaccination until 4 y.o. and booster vaccinations at 7 y.o. and 13y.o., to children with negative TST reaction, had been adopted. The booster vaccination policy was ceased in 2003, and the direct BCG vaccination (=BCG vaccination without confirmation of negative TST reaction) policy in early infantile period was adopted in 2005.

The BCG vaccination program has contributed greatly to the excellent control of TB disease in Japanese children and the incidence rate of childhood TB disease in Japan (0.3/100,000) is now the lowest in the world, though the TB incidence rate of all ages has not reached "low prevalent" level.

The Present; At present, universal BCG vaccination in infantile period is recommended by the government and the BCG vaccine coverage rate at 1 y.o. remained stable around 97%. Since the direct vaccination in early infantile period (between 3 mo. and 6 mo. after birth) has started in 2005, we have encountered two big issues about BCG vaccination, one is the detection of babies with TB infection/disease by Koch's phenomenon after BCG vaccination, and the other is the increasing trend of the vaccine adverse events, especially BCG osteitis/osteomyelitis and tuberculoid skin lesions.

Koch's phenomenon after BCG vaccination, the strong local reaction at the injected site appearing 1~3 days after vaccination, are found in babies who have already infected with TB at vaccination. Through detecting this phenomenon after vaccination, about 100 babies are diagnosed with TB infection and 1~2 babies are diagnosed with TB disease every year.

Relationship between the increasing trend of BCG osteitis/osteomyelitis since 2005 and the change of the recommended vaccination schedule in 2005 (from "3 mo.~4 y.o." to "3 mo.~6 mo.") were suspected, and the recommended vaccination schedule has changed again in 2013. It is recommended to give BCG vaccination to babies between 5mo. and 8mo. now. We should monitor closely the trend of the adverse events after the change of the recommended vaccination schedule.

The future; It is expected that the TB incidence rate of Japan will go down below 10/100,000 in these 5 years. Some countries have already ceased universal BCG vaccination program and switched to selective vaccination to the high-risk children group for TB infection, when they have changed to "low TB prevalent" countries. Now, we should start to prepare to discuss the future di-

rection of BCG vaccination program in Japan.

Chair: Ben J Marais

(The Children's Hospital at Westmead and the Marie Bashir Institute for Infectious Diseases, University of Sydney, Australia)

Speaker: Osamu Tokunaga

(Department of Pediatrics, National Minami Kyoto Hospital, Japan)

*Co Sponsored by
Japan BCG Laboratory*

Luncheon Seminar 2 and Evening Symposium

Summary

SANOPI and QIAGEN are pleased to invite you to a two-part lunch and evening symposium to be held on the 23rd March 2017 and 24th March 2017. The symposium will address the Three T'S of TB Prevention: Test, Treat and Track. A panel of experts will present and discuss practical steps required to implement the 3T's (Test, Treat and Track) of LTBI management in the Asia Pacific region and will be exploring pragmatic ways of ENDING TB.

Luncheon Seminar 2

THURSDAY · MARCH 23

12 : 30 - 13 : 20

Room 3 (G502)

LS2 TB Prevention with 3T's: Test, Treat, Track (Part 1)

Chairs: Justin Denholm

(University of Melbourne and Peter Doherty Institute for Infection and Immunity, Australia)

Masahiro Narita

(Tuberculosis Control Program, Public Health for Seattle & King County, USA)

Speakers:

1. The TB taboo

Lee Reichman

(The New Jersey Medical School Global Tuberculosis Institute, USA)

2. QuantiFERON® Plus the most accurate test for TB infection.

Masae Kawamura

(Medical and Scientific Affairs, QIAGEN, USA)

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Evening Symposium

FRIDAY • MARCH 24 17 : 00 - 18 : 30
Room 2 (Hall B5-1)

ES TB Prevention with 3T's: Test, Treat, Track (Part 2)

Chairs: Lee Reichman
(The New Jersey Medical School Global Tuberculosis Institute, USA)
Masae Kawamura
(Medical and Scientific Affairs, QIAGEN, USA)

Speakers:

- 1. To screen or not to screen**
Christopher Devasahayan Jesudas
(Christian Medical College (CMC) Vellore, India)
- 2. TB prevention strategies in high burden countries**
Aamir Khan
(Interactive Research & Development (IRD), Pakistan)
- 3. Is it time for universal treatment of contacts?**
Jann-Yuan Wang
(National Taiwan University, Taiwan)

Panel Discussion: Panel discussion: Back to the Patient

Moderator: Masae Kawamura
(Medical and Scientific Affairs, QIAGEN, USA)

Panelist: Lee Reichman
(New Jersey Medical School Global Tuberculosis Institute, USA)
Christopher Devasahayan Jesudas
(Christian Medical College (CMC) Vellore, India)
Jann-Yuan Wang
(National Taiwan University, Taiwan)
Aamir Khan
(Interactive Research & Development (IRD), Pakistan)

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Luncheon Seminar 3

THURSDAY • MARCH 23 12 : 30 - 13 : 20
Room 4 (G510)

LS3 How best to manage EGFR-TKI resistance?

Summary

This seminar highlights treatment strategy for EGFR tyrosine kinase inhibitors (TKIs) resistance. Osimertinib is an oral, irreversible EGFR-TKI that is selective for both EGFR and T790M resistance mutations with activity in the central nervous system (CNS). AURA3 (phase 3 trial) demonstrated osimertinib was more effective than combination platinum-based chemotherapy in patients with T790M-positive non-small-cell lung cancer (including those with CNS metastases) after disease progression with first-line EGFR-TKI therapy. Author of AURA3 in NEJM, Professor Mok Shu Kam, Tony, will lecture with the latest data and interpretation in clinical setting under the title "How best to manage EGFR-TKI resistance".

Chair: Makoto Maemondo
(Respiratory Oncology, Miyagi Cancer Center, Japan)

Speaker: Mok Shu Kam Tony
(Department of Clinical Oncology, The Chinese University of Hong Kong, Hong Kong)

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Luncheon Seminar 4

FRIDAY • MARCH 24 11 : 40 - 12 : 30
Room 2 (Hall B5-1)

LS4 Current topics on pharmacotherapy in COPD

Summary

Chronic Obstructive Pulmonary Disease (COPD) is a common, preventable and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases (GOLD 2017). Long-acting bronchodilators such as a long-acting muscarinic antagonist (LAMA) and a long-acting β_2 -agonist (LABA) play a central role in the maintenance treatment of COPD to achieve the goal of effective COPD management; improvement of breathlessness, exercise tolerance, daily activities and overall health status, and reduction of future risks such as exacerbation, disease progression and mortality. GOLD strategy classified COPD patients into GOLD groups into A, B, C, and D based on individual risks such as symptoms and exacerbation history and recommend initial treatment for patients based on this classification. In this symposium, we will introduce the recent data on initial pharmacotherapy for management of COPD and discuss the future direction of it.

Chair: Shoji Kudoh
(Japan Anti-Tuberculosis Association, Japan)

Speaker: Shu Hashimoto
(Division of Respiratory Medicine, Department of Internal Medicine, Nihon University School of Medicine, Japan)

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Luncheon Seminar 5

FRIDAY • MARCH 24

11 : 40 - 12 : 30

Room 3 (G502)

LS5 Progress and perspective in treatment of lung cancer**Summary**

Lung cancer is the leading cause of cancer related death all over the world. Chemotherapy remains standard treatment for most metastatic lung cancer patients. Recent years, there was two crucial discoveries in treatment of lung cancer. One is immune checkpoint inhibitor (ICI) that modulate mechanisms of tumor to avoid host immune system, the other is a third-generation EGFR tyrosine kinase inhibitor (EGFR-TKI) to overcome resistance due to resistant T790M mutation. Subgroup analyses of phase III study of ICI showed ICI didn't have enough efficiency on EGFR-mutated lung cancer. Now, Indication of ICI has few overlap with of EGFR-TKI. In this lecture, I will present new paradigm of treatment of lung cancer.

Chair: Toshihiro Nukiwa
(Japan Anti-Tuberculosis Association, Japan)

Speaker: Makoto Maemondo
(Dept. of Respiratory Medicine Miyagi Cancer Center, Japan)

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Luncheon Seminar 6

FRIDAY • MARCH 24

11 : 40 - 12 : 30

Room 4 (G510)

LS6 Clinical Advances in Idiopathic Pulmonary Fibrosis**Summary**

Pulmonary fibrosis (PF) develops by various factors. Disappearance of the epithelium accompanying inflammation eventually induces fibrosis. The cause of inflammation varies, but the loss of epithelium without inflammation leads to idiopathic pulmonary fibrosis (IPF). In recent years, due to the development of antifibrotic agents, IPF has become a treatable disease. How to guide accurate diagnosis of IPF based on international guidelines is an important issue in the clinical practice. It is an only method that can lead a patient with progressive PF to survival prolongation by making a reasonable diagnosis as soon as possible. In this lecture, I will introduce the latest information and treatment strategies of the pathogenesis/pathology of IPF.

Chair: Yukihiko Sugiyama
(Jichi Medical University and Nerima Hikarigaoka Hospital, Japan)

Speaker: Arata Azuma

(Department of Pulmonary Medicine and Oncology, Graduate School of Medicine, Nippon Medical School, Japan)

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Luncheon Seminar 7

SATURDAY • MARCH 25

11 : 45 - 12 : 35

Room 2 (Hall B5-1)

LS7 Sustainable End TB strategy with application of new technology in Thailand**Summary**

Tuberculosis is one of the sustainable development goals that the United Nation recommended all countries. In End TB strategy, implementation of new technology is the target that all nations should achieve to End TB in their countries. Thailand has been an upper middle income country since 2014 and the country aims to develop new technology to sustain the EndTB with universal health coverage. New technology applicable in Thailand is discussed and several technologies are surprisingly affordable, especially the genotyping and sequencing of pathogen. With rapid implementation cycle by the policy innovation, End of tuberculosis is achievable.

Chair: Hideki Yanai
(Department of Clinical Laboratory, Fukujuji Hospital, Japan Antei-Tuberculosis Association, Japan)

Speaker: Surakameth Mahasirimongkol
(Medical Genetics Center, Medical Life Sciences Institute, Ministry of Public Health, Thailand)

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Luncheon Seminar 8

SATURDAY • MARCH 25

11 : 45 - 12 : 35

Room 4 (G510)

LS8 An account of clinical experience in treating MDR-TB patients in Korea with Delyba, a new anti-tuberculosis drug**Summary**

Prof. Jeong Ha Mok of Pusan National University Hospital has treated more than ten MDR-TB patients with Delyba in Korea since its launch in 2015. He will present an account of his actual field experience in treating those patients and a summary of the safety and efficacy in 27 cases treated in the Busan area. Prior to Prof. Mok's presentation, Dr. Lawrence Geiter of Otsuka Pharmaceutical Development and Commercialization will first introduce

Delyba citing clinical trial data.

Chair: Won-Jung Koh
(Samsung Medical Center, Korea)

Speaker: Jeong Ha Mok
(Pusan National University Hospital, Korea)

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Otsuka Pharmaceutical Co., Ltd.