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The importance of platform in public-private partnerships and social care for Alzheimer's disease

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In patients with Alzheimer's disease (AD) who do not have surgical indications, anti-AD therapy is usually administered, while there are only four more or less effective drugs available. Of note, currently no medication exists, which can cure AD and all therapeutics may only slow the disease progression. Considering that, as expected, the number of AD patients will increase, gradually making it more difficult for doctors to manage all cases of dementia, which will require modification of the healthcare system in general. It is particularly important in Japan, with a now rapidly aging society; the government should clearly recognize possible increase in the incidence of dementia. Currently, there are a variety of neuroimaging initiatives for AD worldwide (ADNI, CATI, etc.), and several clinical trials have been initiated (EPAD consortium, A4, GAP foundation, Memento, etc.). Japan thus needs international collaboration with medical practitioners and scientists from other countries. On the other hand, it is important to create AD platform in a way of new and innovative public-private partnership (PPP). This AD platform should aim at dementia research as the main target (e.g., risk reduction, prevention, early diagnosis, treatment, and life support), and also to establish common paradigm directed at development of the registry, investigated patients cohort, and biobank. Collaboration of private enterprises, academia and public entities (e.g., basic science in MEXT, clinical application in MLHW, integration of different fields in METI) may have an immediate impact on the development of dementia research. In addition, Japan may further accelerate AD studies at a new system for medical research and development (Japan Agency for Medical Research and Development-AMED), which has extended its activities and currently grips project and budget management (e.g., new orange plan in MLHW). There are no doubts that fair evaluation of clinical results in AD considering COI (conflict of interests) should be done. In addition, it is important to make this information available to public in an easyto-understand and accurate manner. Practical analysis of social environmental factors leading to AD, appropriate preventive measures, and treatment results are required in the future, since currently there is no therapeutic agent for AD with clearly confirmed clinical efficacy.

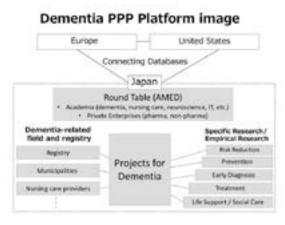


Figure 1. Scheme for PPP dementia platform.

Recent Publications

- 1. Saito T, Tamura M, Chernov M F, Ikuta S, Muragaki Y, et al. (2018) Neurophysiological monitoring and awake craniotomy for resection of intracranial gliomas. Progress in Neurological Surgery 30:117–158.
- 2. Aonuma S, Gomez-Tames J, Laakso I, Takakura T, Tamura M, et al. (2018) A high-resolution computational localization method for transcranial magnetic stimulation mapping. Neuroimage 172:85–93.

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- 3. Suzuki A, Maruyama T, Nitta M, Komori T, Ikuta S, et al. (2018) Evaluation of DNA ploidy with intraoperative flow cytometry may predict long-term survival of patients with supratentorial low-grade gliomas: analysis of 102 cases. Clinical Neurology and Neurosurgery 168:46–53.
- 4. Takakura T, Muragaki Y, Tamura M, Maruyama T, Nitta M, et al. (2017) Navigated transcranial magnetic stimulation for glioma removal: prognostic value in motor function recovery from postsurgical neurological deficits. J Neurosurg 127(4):877–891.
- 5. Motogi J, Sugiyama Y, Laakso I, Hirata A, Inui K, Tamura M, Muragaki Y, et al. (2016) Why intra-epidermal electrical stimulation achieves stimulation of small fibres selectively: a simulation study. Phys Med Biol 61:4479–4490.

Biograpy

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