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Subject: (Embargoed) Speech by Mr Lim Hng Kiang, 8 Apr 2000, 9.10am

Singapore Government

PRESS RELEASE

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**SPEECH BY MR LIM HNG KIANG, MINISTER FOR HEALTH
AND SECOND MINISTER FOR FINANCE AT THE OFFICIAL
OPENING OF NATIONAL CANCER CENTRE ON SAT 8 APR
2000 AT 9.10 AM**

National Archives of Singapore
Distinguished guests, ladies & gentlemen,

Introduction

Cancer is widely recognised as a growing global health problem. The World Health Organisation has estimated that cancer affects 10 million people and causes 6 million deaths worldwide annually. The burden of cancer is likely to rise significantly as a result of lifestyle changes and an ageing population.

Cancer in Singapore

2 In Singapore, cancer is one of the major causes of serious illness and the leading cause of death. In 1998, there were 4,000 deaths from cancer, accounting for 26% of all deaths. Between 1993-1997, there was an average of about 6,300 new cases of cancer diagnosed every year. Unless there is a significant breakthrough, the number of persons suffering from cancer is likely to increase further in the near future.

3 Our war against cancer has met with some success in some areas but overall the tide of the battle has not turned. The good news is that lung cancer incidence in men has declined 25% since 1978. This fall could be attributed to our efforts to control and reduce smoking. But the battle is not won. Lung cancer is still one of the top two cancers among Singapore men. We must maintain the momentum of our anti-smoking programme, so that the decline in lung cancer can continue.

4 The incidence of liver and stomach cancers have also declined. The incidence rate of liver cancer amongst males has declined 65%. This decline could be attributed to an effective hepatitis B prevention and control programme implemented since the late 1970s. Stomach cancer has also declined almost 50% in males.

5 The bad news is that, like other countries world-wide, there is a rising trend in the incidence of colorectal and breast cancer. The incidence rate of colorectal cancer in men and women, and breast cancer in women over the last three decades has doubled. The causes are not scientifically proven. But we can reasonably hypothesise that they are partly caused by changes in dietary habits leading to lower fibre and higher fat intake, and in the case of breast cancer may also be due to reduced child bearing. We have to do more to stem the increase in colorectal and breast cancer and continue our fight against the various types of cancers.

National Cancer Centre

6 That is why the government decided to set up a comprehensive National Cancer Centre to treat and care for the increasing number of cancer patients, and to serve as a focal point for co-ordinating research efforts. Ground breaking for the National Cancer Centre (NCC) was carried out in December 1996. Today, we mark the official opening of the 6-storey NCC, occupying 16,000 sq metres and costing \$113 million to build and equip. The NCC represents the Government's commitment in providing high quality holistic care to cancer patients, in training cancer specialists and health professionals, and in conducting cancer research.

Quality Service

7 The Centre is equipped with some of the most advanced equipment for the diagnosis and treatment of cancers. It has installed two new radiotherapy machines with capability to deliver radiotherapy to the cancer while minimizing radiation to surrounding normal tissue. Another new area is to use information technology to improve the safety and efficacy of cancer treatment, e.g. in electronic prescribing of chemotherapy. The electronic archive and retrieval system also centrally stores patients' x-rays, CT and ultrasound scans as digitised images which can be easily transferred to the patients' database.

8 I am pleased to note that NCC, since it started in May last year, has become the national referral centre for cancer treatment. The Centre provides comprehensive services in medical, surgical and radiation oncology complemented by palliative medicine. It has established joint clinics with other hospitals, e.g. joint clinics with TTSH for gastrointestinal cancers, with CGH for breast cancers, and with KKH for gynaecological cancers. The establishment of the Centre thus enables us to exploit to the fullest the patient-centred philosophy for organising clinical work around patients rather than making patients travel to multiple clinics to see different specialists. A multi-disciplinary team of cancer specialists now gather together to provide the most appropriate and effective care to the patient. This forms the cornerstone of cancer care at the NCC.

Creation of New Knowledge

9 The Centre also has a major role in cancer research. Its research activities cover a broad spectrum for cancers of local importance such as breast, lung, nasopharynx, colorectal and liver cancers. Many of its research activities will have direct relevance to the clinical management of cancer patients. NCC undertakes cell and molecular research to generate knowledge about how and why cancers occur, to identify previously unknown genes and to define their role in the development of cancer. Such experimental research will eventually be translated to the treatment of human cancers. Through such research, Singapore can contribute to the knowledge and development of new drugs and therapies for cancer. To date, after only one year, NCC scientists hold four research patents and another 14 patents have been filed. NCC with its centralised patient base will also be suitably poised to undertake clinical trials and to bring cancer therapies early to the market for the benefit of cancer patients.

Health Research Endowment Fund

10 The role of medical research towards the improvement of health, and the enhancement of medical care is well recognised. The Government in 1994 set up the National Medical Research Council (NMRC) to oversee, co-ordinate and fund medical research in Singapore. For the 8-year period, 1994 to 2001, my Ministry has committed \$312 million to fund medical research.

11 While the government can be one of the sources of funding for medical research, community support for medical research programmes is just as important. In the past, our institutions have been receiving donations from grateful patients and from philanthropic organisations from time to time. A fine example of this is seen when we built this Centre. Mr Goh Cheng Liang, Chairman Emeritus of the Wuthelam Group has contributed generously to the building of this Centre. The Totalisator Board has also donated towards the public education programme of the Centre. This spirit should be extended to involve more individuals and the community at large. This would help promote

active citizenry and instil in Singaporeans a sense of participation in our pursuit of medical excellence.

12 My Ministry has set up, as of 1 April 2000, a Health Research Endowment Fund to serve as the vehicle to reach out to the community. Membership in this Fund will be extended to all the public hospitals and National Centres. The public and the community can donate to this Research Endowment Fund. The government will match such donations, dollar-for-dollar, up to a grant of \$40 million. The Health Research Endowment Fund will complement, not replace, the main source of medical R&D funding currently provided through the NMRC. In this way, more funds will be made available for medical research through this partnership between the government and the community. This will enable our centres of medical excellence, like the National Cancer Centre, to grow to new heights.

13 It is now my pleasure to open the National Cancer Centre.

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