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**Submission form for submitters from Taiwan**

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| 1. **Category of abstract**Please choose a category for your abstract |  |

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|  | |  |  |  | | --- | --- | --- | |  |  | **Practice policy and advocacy reports** | |  |  | **Scientific study** | |  |  | **Fundraising reports** | |

Formularende

**2.Track: \* (please mark your choice)** Mandatory Field

Track 1 - Motivating prevention and healthy behaviours

Track 2 - Advances in screening and early detection

Track 3 - Improved and sustainable healthcare systems for better outcomes

Track 4 - Maximising quality of life and death. Empowering patients and care givers

Track 5 - Raising funds and attracting resources

**3.Main theme: \* (please mark your choice)**

Mandatory Field

**A**ccess to care

**A**ccess to pain relief

**A**ddressing NCDs in the post 2015 Development agenda – next steps

**A**dvance cancer – specific issues

**A**dvanced care planning

**A**dvances in cancer aetiology

**A**dvances in obesity reduction

**A**lcohol control efforts

**A**pplication of cancer evidence / implementation science measures

**B**uilding and sustaining high quality partnerships with patients

**B**uilding capacity in monitoring & evaluation

**C**ancer and lifestyle

**C**ancer & well-being/physical activity/quality of life

**C**ancer classification

**C**ancer control planning in low and middle income countries

**C**ancer registries and their impact on cancer control planning and evaluation

**C**ancer system performance measurement and reporting

**C**aregivers

**C**linical advances in cancer prevention

**C**linical advances in diagnosis

**C**linical advances in treatment

**C**ommunity engagement in advocacy

**C**ompliance with cancer treatment

**C**ost of cancer

**C**ost of cancer treatment

**C**reating effective private and public sector partnerships

**C**ross sector collaboration to make systems change / strengthen systems

**C**ross-sectorial collaboration in cancer prevention

**D**elivery of health information

**D**eveloping platforms for multi-sectoral dialogue

**D**eveloping the next generation of cancer leaders

**D**ispelling myths and misconceptions about cancer

**E**arly diagnosis and optimising treatment

**E**-cigarettes

**E**conomics of primary and secondary prevention

**E**conomics of strengthening cancer systems

**E**ducation and training initiatives

**E**ducation in cancer prevention

**E**ffective leadership models for NGOs / improved Governance

**E**ffective national cancer control planning

**E**mpower cancer survivors

**E**mpowering patients and cancer caregivers with information and training

**E**ngaging non-traditional partners across diseases and sectors

**E**nvironmental and occupational exposures control

**E**pidemiology

**E**quity and cancer prevention

**E**ssential medicines

**E**ssential skills for developing successful cancer consumer advocacy strategies

**E**thics of clinical research

**E**vidence to practice - successes and gaps

**F**ood policy

**F**unding cancer research – fund allocation

**G**lobal education and training initiatives: building stronger networks

**H**ealth promotion

**H**ealth systems and palliative care / pain relief

**H**ealth technology assessment

**H**ow to approach and work with the Government

**I**maging

**I**mpact of national cancer screening programmes (cervical, bowel, etc.)

**I**mplementing effective research strategies and communicating outcomes

**I**mproving care delivery

**I**mproving international healthcare systems for early cancer diagnosis and survival

**I**mproving support outcomes

**I**nequities in cancer care

**I**nnovation and technology in care

**I**nnovative fundraising models

**I**ntegrating cancer and NCDs into existing services, health systems strengthening, and patient empowerment

**I**ntegration of new technologies into cancer control strategies

**I**nterventions for disadvantaged populations

**L**aw and patient care

**L**aw and policy making in cancer prevention

**L**inking data

**L**ocal interventions in tobacco control

**L**ow cost cancer prevention strategies

**M**easurement and monitoring of risk behaviors

**M**easures to decrease treatment toxicity

**M**edical oncology systemic therapies

**M**-health for diagnosis

**M**obilising international networks

**O**ncology nursing

**P**aediatric cancer pain and palliative care

**P**ain and symptom assessment and management

**P**alliative care’s role in cancer control

**P**athology and standardised reporting

**P**atient and family experience

**P**atient and family support

**P**atient empowerement

**P**atient safety

**P**ediatric oncology

**P**ersonalised therapies

**P**olicy development in cancer prevention

**P**revention in partnership

**P**rogrammes and policies on physical activity

**P**sychosocial studies&interventions in cancer care

**Q**uality models

**Q**uality of cancer care

**Q**uality of life in palliative care

**R**adiotherapy

**R**isk factors

**R**ole of Governments in cancer control

**R**ole of NGOs and civil societies in cancer control

**S**creening and early detection: programme implementation

**S**creening and early detection: recruitment and communication

**S**creening and early detection: technological advances

**S**uccessful communication strategies and leveraging social media

**S**upportive care

**S**upportive oncology in the resource poor setting

**S**urgical oncology

**S**urvivors - professional re-integration

**S**urvivorship and rehabilitation

**S**ustainable models of care

**S**ystems for community involvement

**T**elemedicines

**T**he power of patient advocacy

**T**he role of early detection

**T**obacco control – international efforts and new strategies

**U**sing media to achieve public health objectives

**U**sing the Global Country Cancer Profiles

**W**ellness at work

**W**orking with volunteers

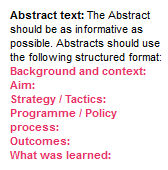
**Title: \* (your title can have max. 300 characters)**

Mandatory Field

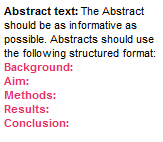
**Text: \*** Mandatory Field

Your abstract needs to have min. 1500 nad max. 3000 characters.

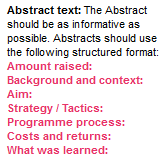
**Please note depending on the category you chose your abstract should be structured as follows::**

Practice policy and advocacy report:

Scientific Study:



Fundraising Report:



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Mandatory Field

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(max. 500 character)

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