



GUANGZHOU FUDA CANCER HOSPITAL

MEDICAL GUIDEBOOK

ALL FOR YOUR HEALTH



We reach out to the world

7 overseas service center

10+ Minimally Invasive Treatments

Patients from 100+ countries, 400 beds in services

10,000+ cases of Cryosurgery

National Key Clinical Cancer Hospital

One of the TOP RATED Cancer Hospital in China

The FIRST to perform NanoKnife ablation in China

The FIRST Chinese literature on Cryosurgery was published here

The FIRST Chinese literature on NanoKnife was published here

The LONGEST survival time for Pancreatic cancer treated in Fuda is 15 years now

The OLDEST patient treated in Fuda was 100 years old

The YOUNGEST patient treated in Fuda was 11 months old





About FUDA





“ FUDA aims to provide the best medical care to patients from all over the world ”

Fuda Cancer Hospital is considered one of the BEST cancer hospitals in China by many patients and is affiliated to Jinan University and Translational Medicine Center of Guangzhou Institute of Biomedicine and Health of Chinese Academy of Sciences. As a tertiary hospital, FUDA operates with international standards and was selected as the National Key Clinical Speciality (Oncology) in 2010. There are 400 beds, part of which is in 45 VIP rooms. There are 500 medical staffs ready to

Cancer treatment varies from patient to patient. Multiple Disciplinary Teams work in Fuda to personalize treatment for every single patient. Those teams include NanoKnife Ablation team(irreversible electroporation), Cryosurgical ablation team, cancer micro-vascular intervention team, combined immunotherapy team, and surgical team. FUDA was accredited by the Joint Commission International (JCI), a golden standard of med-

FUDA highly focuses on research and application of advanced clinical procedures and on meticulous patient care. In the past two decades, FUDA has been active in promoting Minimally Invasive Treatments such as Cryosurgery, NanoKnife and Brachytherapy. FUDA was the first in China to introduce NanoKnife for clinical use and have accumulated substantial clinical experience. Patients are not only receiving treatment in FUDA, but also living a life in FUDA with their family.

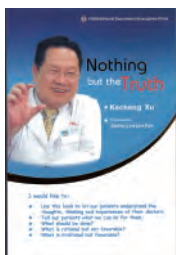
To date, more than 10,000 patients from over 100 countries were treated in FUDA and 50% of them are from South-East Asia, the Middle East, Oceanica, Europe and North America. Patients treated in FUDA with Minimally Invasive treatments outnumber those at any other hospital in the world. FUDA has received various awards in China and abroad for outstanding achievements in treating cancer and has been highly praised by patients worldwide.

Leading Place in the world: Cryosurgery in FUDA



In December 2013, the 18th World Congress of the International Society of Cryosurgery (ISC) was held in Bali, Indonesia. Professor Xu was elected president of ISC.

Academic Works



Nothing But the Truth

Authored by Dr. Xu Kecheng, 2010.



Follow Me to Fight Against Cancer

Authored by Dr. Xu Kecheng, 2014.



Live With Cancer

Edited by Dr. Xu Kecheng, 2018.



Cryosurgery for Cancer

Co-authored by
Dr. Xu Kecheng and Dr. Niu Lizhi, 2007.



**New Technique of Cancer Treatment
-Irreversible Electroporation**

Edited by Dr. Xu Kecheng and Dr. Niu Lizhi, 2013.

2008

Prof. Xu won the Gold Medal for the achievement in applying cryosurgery to treat pancreatic cancer at the 35th Annual Conference of the Japan Society of Low Temperature Medicine held in Tokyo, Japan.

2009

The 15th World Congress of the International Society of Cryosurgery was held in Saint Petersburg, Russia in 2009. Prof. Xu was invited to give a keynote speech on a specific session of pancreatic cryosurgery in Fuda.

2009

Dr. Niu was awarded Chairman Award for the achievement in applying cryosurgery to treat lung cancer at the 36th Annual Conference of the Japan Society of Low Temperature Medicine held in Tokyo, Japan.

2011

Prof. Xu and Dr. Niu were presented with Excellent Book Award and Dr. Chen was presented with Excellent Paper Award at the 16th World Congress of the International Society of Cryosurgery held in Vienna, Austria.

2012

Under the leadership of Prof. Xu, together with Prof. Korpan (ISC) and Prof. Sumida (ISC), the first forum of the Asian Society of Cryosurgery (ASC) was successfully held in Guangzhou, China.

2013

On July 20, 2013, at the invitation of the World Health Organization (WHO), Prof. Xu gave a lecture on "Modern Cryosurgery of Cancer" in Geneva, Switzerland.

2023

In September, the 22nd International Society for Cryosurgery was held online in Vienna, Austria. Dr. Niu Lizhi was elected as the 23rd Chairman, and Professor Xu Kecheng was elected as the 23rd Honorary Chair-

They Said



“
Now the cancer treatment should have a new train of thought; cancer treatment in Fuda Cancer Hospital are unique.

-Prof. Wu Mengchao
Academician of Chinese Academy of Sciences



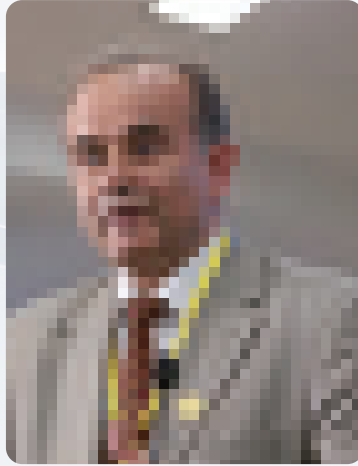
“
I strongly feel Fuda Cancer Hospital has opened a new path to treat cancer, from which I think cancer patients will gain benefit.

-Prof. Tang Zhaoyou
Academician of Chinese Academy of Engineering



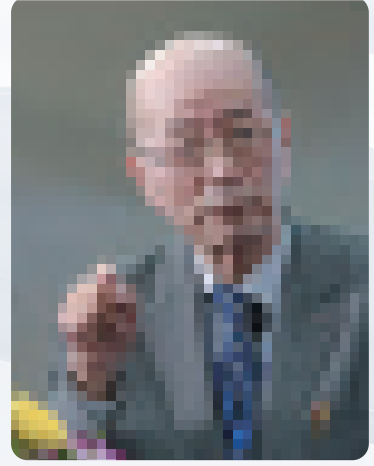
“
We must look to new ideas to challenge cancer. In Fuda Cancer Hospital, I saw many 'incurable' cancer patients survive, because Fuda insists on the supremacy of life and innovation.

-Prof. Wang Zhenyi
Academician of Chinese Academy of Engineering



“
Cryotherapy and cryo-immunotherapy open up new vistas for tumor treatment. The medical practice in FUDA contributes to the international anti-cancer undertaking.

-Prof. Nikolai N. Korpan (Austria)
Honorary President of the International Society of Cryosurgery (ISC)



“
Cryotherapy will create a new era of tumor treatment. Effective treatments carried out in FUDA is worthy being appreciated around the world.

-Prof. Sajio Sumida (Japan)
Honorary President of Japan Society of Low Temperature



Medical Power



Our MDT: Multiple Disciplinary Team

With the rapid development of medical technology, Fuda adheres to the principle of integrity and innovation, continuously introduces cutting-edge medical equipment from home and abroad, and takes the lead in applying cutting-edge minimally invasive treatment technologies such as nanoknife ablation, cryoablation, and iodine particle implantation nationwide. At the same time, Fuda scientifically and reasonably uses equipment such as laparoscopy, thoracoscopy, ultrasound, CT, etc. to ensure the intuitiveness and accuracy of minimally invasive surgery, thereby safely and effectively killing tumors.

Fuda has gathered renowned experts in the field of minimally invasive surgery from both domestic and international sources, and is committed to cultivating young backbone talents. It has formed six professional teams, including cryoablation therapy, nanoknife therapy, interventional therapy, iodine particle therapy, photodynamic therapy, and microwave ablation therapy.

Niu Lizhi

President, Professor, Doctoral Supervisor



President of Guangzhou Fuda Cancer Hospital; The 23rd president of the International Society of Cryosurgery (ISC); The vice president of the Asian Society of Cryosurgery (ASC)

Piao Xianghao

Chief Expert



After achieving his master's degree, Dr. Piao pursued his doctor degree at the School of Medicine of Gyeongsang National University in Korea. He has published 20 papers in core journals at home and abroad. He is good at new interventional methods and high intensity focused ultrasound for the treatment of various advanced tumors.

Zeng Zongyuan

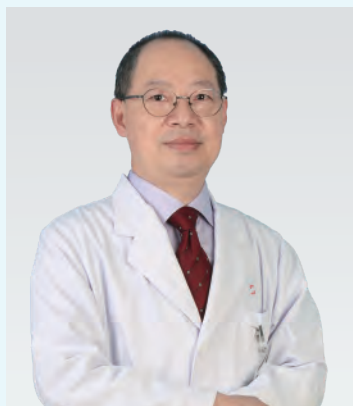
Professor, Doctoral Supervisor



Honorary President, Graduated from Zhongshan School of Medicine (current Sun Yat-sen University), Prof. Zeng has been engaged in oncology research for nearly 60 years, and has profound attainments in the diagnosis and treatment of head and neck tumors, is known as a "zero bleeding" expert.

Zhu Weibing

Director, Associate professor



Dr. Zhu engaged and specialized in clinical and scientific research on general surgery, hepatobiliary surgery and vascular surgery. Experienced in the diagnosis and treatment of gastrointestinal and hepatobiliary tumors.

Liu Zhengping (Indonesia)

Senior Medical Oncology Consultant



Dr. Liu has been committed to oncology for over 30 years and has applied minimally invasive approaches for cancer treatment for 20 years. He has treated more than 1,000 cases, many of which are in advanced condition, and have achieved relatively satisfactory results.

Shi Juanjuan

Vice Director, Master, Attending Physician



After graduating from Wuhan University, Dr. Shi has been dedicated to medical oncology for over 10 years, accumulating lots of clinical experience. She is especially good at the diagnosis and treatment of malignant tumors of respiratory tract and gastrointestinal tract.

Xu Jiongyuan

Director, Associate Chief Physician



Dr. Xu He has been engaged in oncology clinical work for nearly 20 years and published many SCI papers. He is good at all kinds of head and neck tumor surgery, minimally invasive treatment, and personalized treatment of intermediate-stage and advanced malignant tumors.

Anup Aboti (India)

M.B.B.S./Medical Oncology Consultant



Graduated in 2011 from renowned Sun Yat Sen Medical University, Dr. Anup engaged in cancer treatments and minimally invasive oncology consultancy for nearly 10 years, he has gained rich experience in counselling of cancer patients and their family members.

Wang Feng

Vice Director, Associate Chief Physician



Dr. Wang is good at surgery, chemotherapy, target therapy and other comprehensive treatment for breast tumors, gastrointestinal tumors, head and neck tumors and other diseases.

Hu Yong

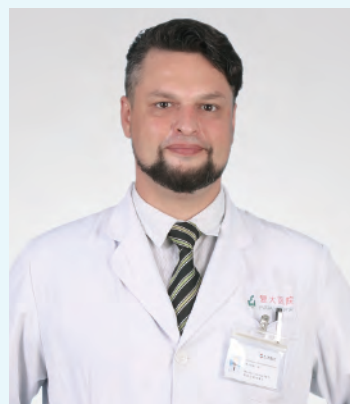
Director, M.D.



Dr. Hu has over 20 years of professional experience with the diagnosis and treatment of various tumors, especially the comprehensive treatment of breast cancer and pancreatic cancer.

Michael Litvinov (Russia)

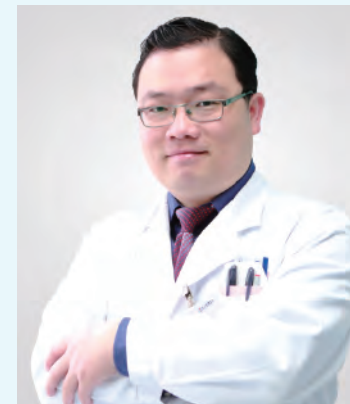
M.D.



Dr. Michael Litvinov is an anticancer expert who has clinical experience for over 10 years. During these years, he has provided convenience and medical service for international patients with his strictness and professionalism.

Long Xing'an

Vice Director, Attending Physician



Dr. Long has been engaged in oncology clinical work for more than 10 years with rich professional knowledge. He is equipped with minimally invasive treatment skills such as needle biopsy and cryosurgery, accumulating rich clinical experience by attending to critically ill patients and patients with severe complications.

Xing Yanli

Vice Director, Attending Physician



Dr. Xing is familiar with the diagnosis and treatment of common tumors such as pancreatic cancer, breast cancer, liver cancer, lung cancer, gastrointestinal tumors and gynecological tumors. Thanks to her efforts, she has won acclaim from many patients.

Liu Yang

Director, Associate Chief Physician



Director of ICU at Guangzhou Fuda Cancer Hospital and expert in cardiology and nephrology. Proficient in the diagnosis and treatment of various kidney and cardiovascular diseases, proficient in blood purification (artificial liver, artificial kidney) technology

Cheng Jiangpeng

Director, Associate Chief Physician



Dr. Cheng excels in the diagnosis and treatment of neurosurgery and has rich experience in microsurgical treatment of intracranial tumors. He focuses on precise treatment of neurological tumors and comprehensive treatment of cerebrovascular diseases.

Liu Shupeng

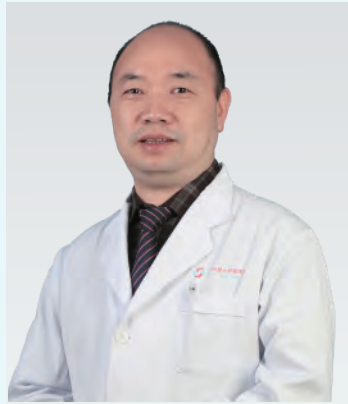
Vice Director, Attending Physician



Dr. Liu has been dedicated to oncology clinical work for 16 years. He has his own professional opinions on diagnosis and treatment of common cancers such as liver cancer, pancreatic cancer, lung cancer, esophageal cancer, breast cancer, prostate cancer and other common tumors, has attainment in minimally invasive tumor ablation therapies.

Yang Qingfeng

Director, Attending Physician



Dr. Yang is good at minimally invasive interventional treatment of pain caused by spine-related diseases; Surgery; interventional therapy of malignant tumors, comprehensive treatment of postherpetic neuralgia; comprehensive treatment of vascular diseases.

Li Hongmei

Vice Director, Attending Physician



Dr. Li specializes in radiotherapy and chemotherapy as well as comprehensive treatment for pancreatic, breast, liver, lung and gynecological tumors, for which she is admired by many patients.

Phoong Sik Lin

Attending Physician



Dr. Phoong has dedicated himself to tumor surgery for 10 years. He has a solid theory foundation and rich clinical experience. He is so adept at medical and surgical treatment of head and neck tumors, liver and gallbladder tumors, and gastrointestinal tumors that he can formulate appropriate treatment plans for patients.

Wang Xueliang

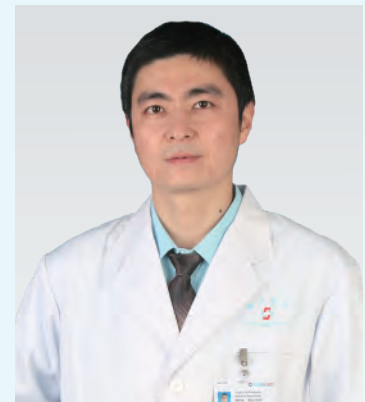
Director, Associate Chief Physician



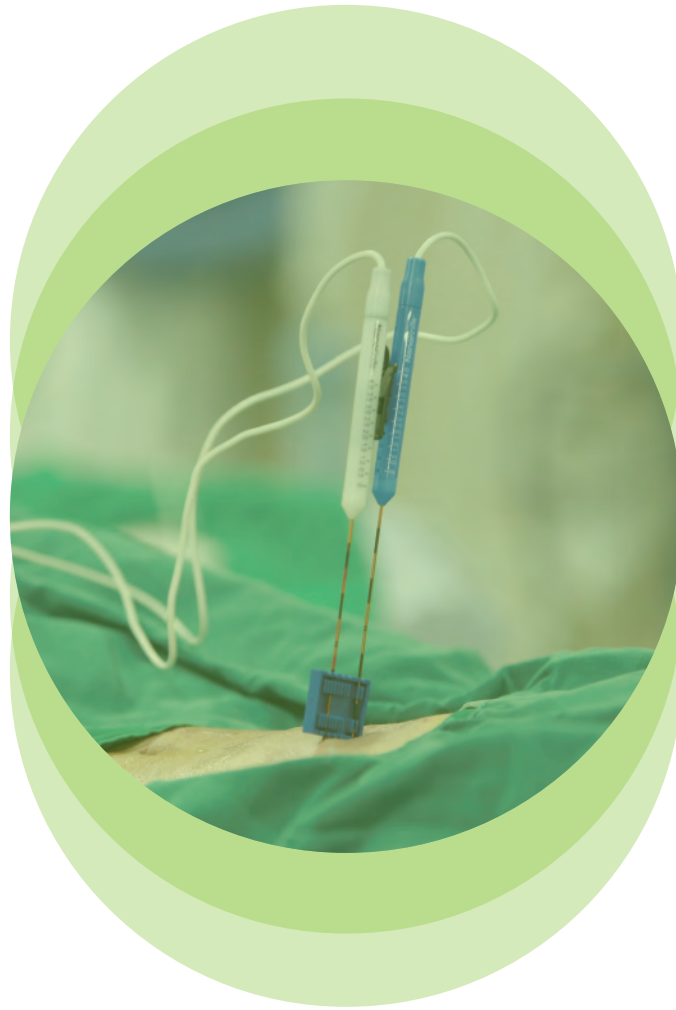
Dr. Wang Proficient in using traditional Chinese medicine for the treatment and rehabilitation of cancer patients, with rich experience in reducing toxicity and increasing effectiveness in Western medicine treatment of tumors.

Zhang Zhikai

Associate Chief Physician



Registered nutritionist. Proficient in tumor and perioperative enteral and parenteral nutrition support and treatment, nutritional dietary guidance for tumor patients, and internal oncology treatment.



Advanced Therapies

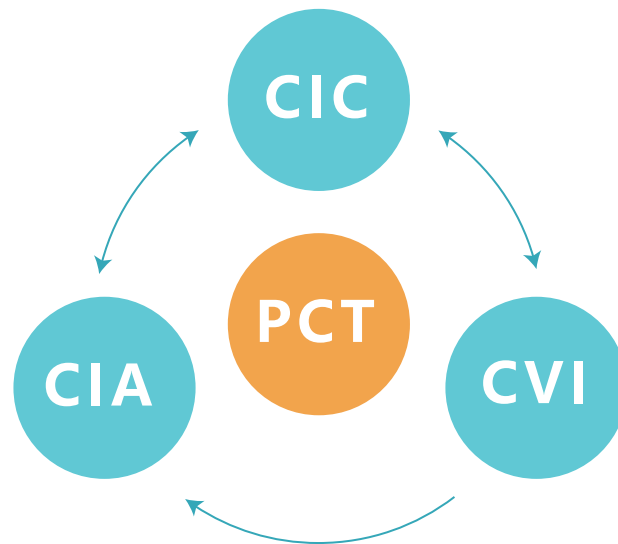


What can FUDA do when tumors are not suitable for surgery?

What can FUDA do when chemotherapy or radiotherapy fails?

What can FUDA do when cancer relapses?

“3C+P” Treatment Model



- Cryoablation-Irreversible Electroporation Ablation (CIA)
- Compound Immunotherapy for Cancer (CIC)
- Cancer Vascular Intervention (CVI)
- Personalized Cancer Treatment (PCT)

Cancer can appear as chronic disease like hypertension and diabetes. Cancer often takes several years or even decades from onset to the appearance of obvious tumors. Some cancer patients can carry it for life without showing it, and their cancer cells are in a "dormant" state in the body.

The immune function of the human body plays an important role in controlling the occurrence and development of cancer. If immune cells have strong functions, once cancer cells appear, they will be eliminated; if immune cells and cancer cells are evenly matched, then the two will be at peace; Once the number and vitality of immune cells decrease, or cancer cells become too cunning to evade the attack of immune cells, it is called "immune escape". Cancer cells will take advantage of this opportunity to thrive, spread, and metastasize, endangering human life.

The heterogeneity of tumors occurs when the same tumor occurs in different individuals, even within the same tumor, with different biological characteristics. The genome of cancer cells undergoes perpetual mutations, which are unstable. Targeting the heterogeneity and instability of tumors, treating each patient differently and adopting personalized treatment plans, or following the evolution of cancer cells and adopting adaptive treatment strategies, can achieve better treatment outcomes.

Therefore, cancer treatment must follow the following principles:

1. Try to remove or ablate the tumor as much as possible. Surgical resection, nanoknife, or cryoablation are effective local treatment methods.
2. Chemotherapy is a routine treatment, but it can also damage normal cells and immune function in the human body. Vascular intervention mainly introduces chemotherapy drugs into the tumor site, and its local partial therapeutic effects are significant, while systemic side effects are minimal.
3. Immunotherapy is aimed at stimulating and enhancing the body's immune function, thereby achieving the goal of controlling and killing tumor cells.
4. Individualized treatment of tumors involves selecting appropriate treatment plans (surgery, ablation, chemotherapy, radiation therapy, etc.) based on the patient's tumor and overall condition, as well as detecting tumor cell specific targets (genes, proteins), namely receptors, kinases, and other proteins related to cell signal transmission, selecting appropriate antagonistic drugs (such as targeting, immunity) to accurately and specifically kill or inhibit tumor cells.

Give cancer a 'cold' eye: Cryosurgical Ablation

Cryosurgical Ablation, also known as Cryosurgery or Cryo-ablation, is probably the most promising treatment among so many ablation procedures in clinical use. It destroys tumors by freezing tumor tissue with extremely low temperature. Once the temperature of the needle tip falls below -40°C , ice crystals form within the tumor tissue, a process that causes the death of tumour cell. During cryosurgery, progressive failure of microcirculation will happen: formation of porous vessel walls of endothelial layer destruction, interstitial edema, platelet aggregation, microthrombi, and ultimately vascular congestion and obliteration.

It was theorized that the immune system of the patients can be reactivated during cryosurgery. The residual tumor tissue undamaged by cryosurgery and metastases could be destroyed by immune system after cryosurgery. This response was termed the "cryo-immunological response".

Procedure of cryosurgery

Cryosurgery is performed through intraoperative, endoscopic or percutaneous routes depending upon the location and size of tumor.

During the procedure, cryoprobes, measuring 24mm in diameter, are inserted to tumour either in open cut or under the guidance of imaging tools. Two to three cycles of freezing and thawing are performed with Argon-helium freezing and heating system. Covering a 5-10mm margin of normal tissue, the iceball formed on the tip of the cryoprobe is large enough to ablate the whole tumor. For large tumors bigger than 5cm, multiple cryoprobes are used or multiple sessions are performed to tackle the problem. Unlike open surgery, cryosurgery is minimally invasive, making it possible to perform the treatment as many times as needed.

Advantages

Cryosurgery is a localized medical procedure that can work alone or be combined with other conventional treatment techniques such as surgical operation, chemotherapy and radiotherapy to treat complicated cases. When combined with excision, it minimizes the risk of spreading the cancerous cells during excision. In situations the tumors not completely destroyed after freezing, especially when the procedure is done in percutaneous way, cryosurgery still minimize operative blood loss and post-surgical discomfort.

There are no major side effects which are commonly found in chemotherapy or radiotherapy, cryosurgery is applicable for tumor close to large vessel that cannot be removed by operation. While cryosurgery aims for



elicits an immunologic reaction (cryo-immunologic reaction) that helps tackle the residual or metastatic tumors, There is evidence that the recurrence rate of cancer treated by cryosurgery is lower than that of cancer treated by operation alone.

Most types of parenchymal cancers can be treated by cryosurgery, such as:

- *Liver cancer
- *Lung cancer (non-small cell lung cancer)
- *Kidney cancer
- *Ovarian cancer
- *Pharyngeal cancer
- *Testicular cancer
- *Uterine tumors
- *Vaginal cancer
- *Pancreatic cancer
- *Breast cancer
- *Sarcoma and other benign or malignant lesions of bone
- *Prostate cancer
- *Skin cancer and melanoma
- *Head and neck cancer
- *Tumor of soft tissues

In addition, cryosurgery can be an effective treatment for the following:

- Retinoblastoma (a childhood cancer that affects the retina of the eye).
- Early-stage skin cancers (both basal cell and squamous cell carcinomas)
- Precancerous skin growths known as actinic keratosis.
- Pre-cancerous conditions of the cervix known as cervical intraepithelial neoplasia (abnormal cell changes in the cervix that can develop into cervical cancer).



cryoprobe

NanoKnife (Irreversible Electroporation)

NanoKnife ablation, also known as Irreversible Electroporation (IRE), is the latest non-thermal ablation technique that was approved by America FDA and European, Uxinn for clinical application respectively in April and December 2012. In June, 2015, it was approved by China FDA for clinical application. Nanoknife can be applied to treat tumors in solid organs such as pancreas, liver, lung, kidney and prostate, and it is especially suitable for tumors adjacent to pancreas, hepatic hilar region, gallbladder, bile duct and ureters. Guangzhou Fuda Cancer Hospital is the FIRST in Mainland China to introduce Nanoknife and has done the most number of cases in China.

NanoKnife can induce precise tumor cell apoptosis, which has made possible complete tumor ablation. It does not damage important tissues in ablation area such as blood vessels, bile duct and nerves; therefore, complications caused by Nanoknife treatment are much less compared to those caused by any other treatment.

The Advantages of NanoKnife Therapy

1. Short ablation time

For solid tumors measuring 3 cm in diameter, Nanoknife takes just 90x100 million-second ultrashort pulses. One cycle of treatment takes less than one minute and it takes less than 5 minutes to ablate 3 to 4 overlapping treatment areas.

2. Preserving important tissues

Nanoknife can protect important tissue structures in ablation areas. Important liver structures, such as hepatic artery, hepatic vein, portal vein and intrahepatic bile ducts can be well protected during treatment. Nanoknife is the best choice for breast cancer patients who wish to preserve the breast.

3. No heat island effect

NanoKnife System uses electrical pulses to break down cell membrane.

The procedure will neither generate energy nor be influenced by external temperature. During traditional thermal ablation or

leading to incomplete ablation in treated area, a situation that does not happen during Nanoknife treatment.

4. Ablated area will remain functional

NanoKnife will cause irreversible damages to tumor cells and induce cell apoptosis. Cell apoptosis will stimulate immune system to promote cell death. Human body will identify cell apoptosis as normal cell death and clean apoptotic tissue through cytophagy so as to promote the regeneration and repair of normal tissue.

5. Real time monitoring during treatment

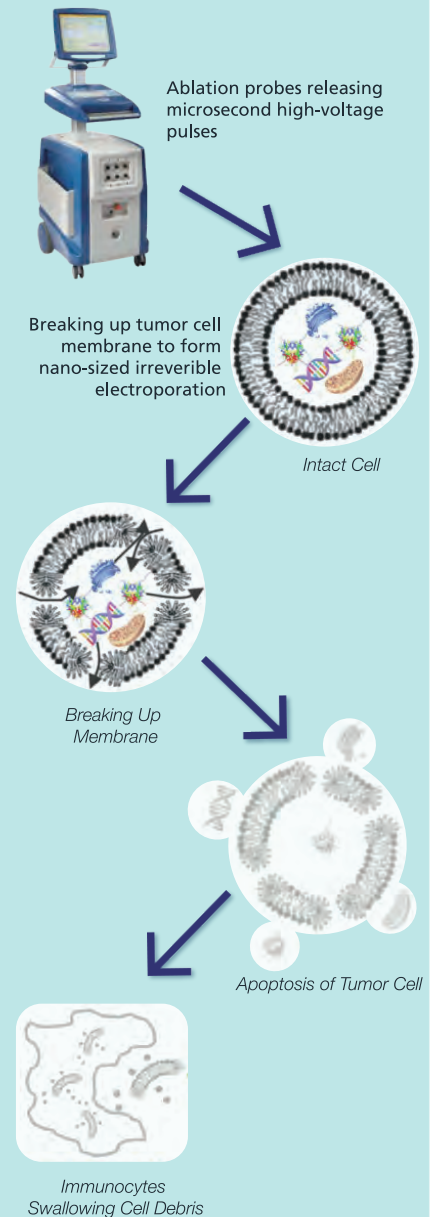
NanoKnife can be navigated and monitored by ultrasound, CT or MR. There is only few millimeters of difference in size between ablated areas monitored by ultrasound or CT and that measured in pathological analysis. The imaging can also clearly display unablated residual tumor tissue on which doctors can perform ablation again. Moreover, real time monitoring allows doctors to observe the changes in the surrounding tissues of ablated area and predict the possibility of complications so as to safeguard patient's safety.

6. Application for complicated conditions

Traditional ablation cannot be adopted when tumor is close to such areas as big vessels, bile duct, pancreatic duct and hepatic portal vein. Other ablation techniques cause nerve damage that will lead to paralysis and loss of sexual ability if cancer happens to prostate or close to spine. Nanoknife does not cause such damage to vital organs. It is so far the best ablation



The Rationale of NanoKnife Therapy



Targeted: Microvascular Interventional Therapy

Tumor vascular intervention therapy includes transcatheter arterial infusion chemotherapy (TAI), transcatheter arterial embolization (TAE), and transcatheter arterial chemoembolization (TACE).

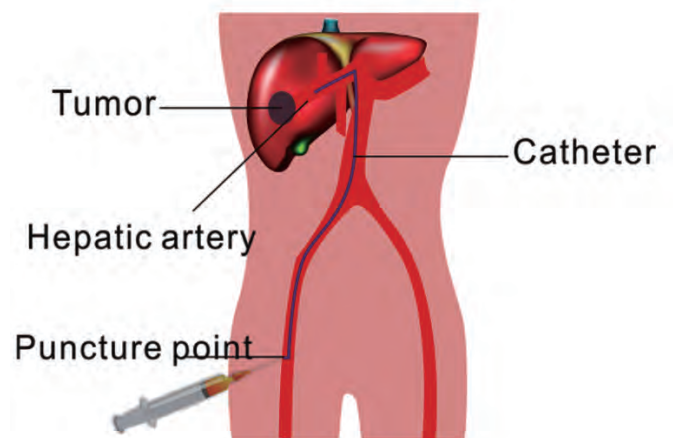
Transcatheter arterial infusion chemotherapy is achieved by subcutaneous placement of an arterial pump or direct injection of chemotherapy drugs into the blood supply artery of a tumor through a catheter, in order to increase the concentration of drugs in the tumor and achieve better tumor response. At the same time, it reduces the concentration of chemotherapy drugs in the systemic circulation and reduces toxic side effects on other

Indications

- Clearly diagnosed malignant tumors with rich blood supply;
- Preoperative neoadjuvant chemotherapy and postoperative adjuvant chemotherapy for surgical resection. Preoperative neoadjuvant chemotherapy creates conditions for curative surgery. Postoperative adjuvant chemotherapy can consolidate surgical efficacy and improve patient survival;
- Palliative treatment for advanced and metastatic tumors;
- Combined radiotherapy, intravenous and oral chemotherapy, targeted therapy, radiofrequency ablation, microwave ablation, and other comprehensive treatments.

Advantages

- Minimal trauma: interventional therapy belongs to minimally invasive technology, which does not require surgery, **and it shows** no wound or only requires a few millimeters of skin incision;
- The effect is obvious. Transcatheter arterial drug infusion therapy is directly administered to tumor tissue through the artery, with a large dosage and good therapeutic effect. Transcatheter arterial embolization can inhibit tumor development, shrink it, and provide patients with the opportunity for secondary surgery, even blocking the blood supply of the tumor, achieving the goal of "starving the tumor";
- Small side effects: drugs directly act on the affected area, not only greatly increasing drug concentration and improving therapeutic effect, but also greatly reducing drug dosage;
- High accuracy: accurate positioning can be achieved under the precise guidance of medical imaging equipment. Our hospital has a DSA+MDCT composite intervention unit, which uses dual guidance to make treatment more precise and complete, reducing damage to normal tissues.



Schematic diagram

HepaSphere

What is HepaSphere?

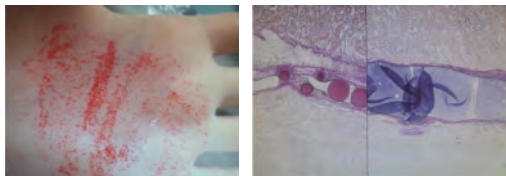
HepaSphere are super absorbent polymer hydrogel embolic particles approved by CFDA that can carry chemotherapy drugs.

Microspheres after sufficient drug loading

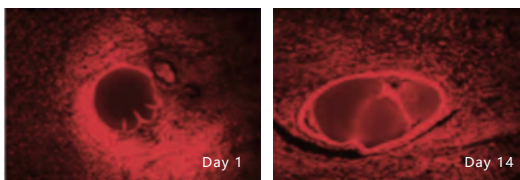
The HepaSphere are clearly visible, and a large number of drug containing particles are embedded in the tumor tissue.



HepaSphere will change its own shape with the shape of blood vessels, solidly embolize the tumor's microvascular group, cut off the supply of oxygen and nutrients, and slowly release drugs locally for a long time.



Through radioimmunoassay, it can be seen that the HepaSphere are still continuously released on the first day, seventh day, and fourteenth day after entering the human body, greatly increasing the contact time with tumor cells and achieving the effect of fully killing

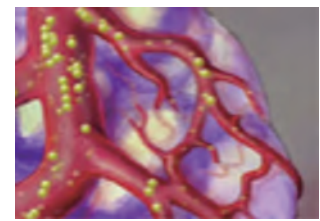
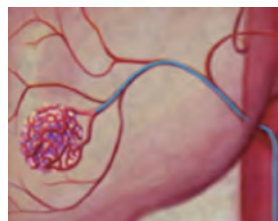


Indications

- Malignant intrahepatic tumors with abundant blood supply;
- Breast tumors with abundant blood supply, including axillary lymph node metastasis;
- Solid tumors of the head and neck with abundant blood supply;
- Pelvic tumors with abundant blood supply;
- Kidney and adrenal tumors;
- Central type lung cancer with rich blood supply and large size (on the right side, and on the left side with a diameter of 3cm or more).

Advantages

- Using digital subtraction equipment to accurately select the catheter and deliver it to the target tumor blood supply vessel;
- Insert a catheter to deliver drug loaded microspheres into the tumor blood supply vessels, perfectly blocking them;
- The blocked tumor will be gradually apoptotic due to ischemia;
- The drugs in the drug loaded microspheres are continuously released into the tumor blood supply vessels for 2 weeks, effectively contacting and killing tumor cells;
- Tumors undergo apoptosis and necrosis after prolonged exposure to chemotherapy drugs in a hypoxic-ischemic environment.



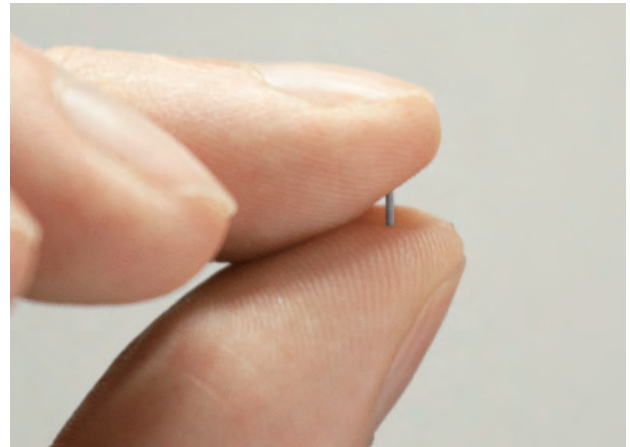
Mighty little thing: Brachytherapy

Seed implantation with iodine-125 or palladium-103 seeds (brachytherapy) is a highly effective treatment for cancer. Brachytherapy requires no surgical incision and offers patients a shorter recovery time. For example, for prostate cancer, brachytherapy is an outpatient procedure so most patients go home the same day. They can also return to their normal activities a few days after treatment. Seed implantation takes only 45 minutes to 1 hour. Seed implantation with iodine-125 seed gives a lower dose rate of radiation than palladium-103. Since iodine-125 has a longer half-life period than palladium-103, it is an ideal treatment for slow growing tumors such as most prostate cancers. The 125 iodine seeds, which have a half-life of 59 days, release a short-course of gamma ray. The seeds implanted into cancerous masses radiate to destroy targeted cells, preventing unnecessary exposure of the whole body to radiation.

With reference to images offered by CT or MRI and with help of computational optimization techniques doctors can make a three-dimensional conformal treatment plan that contains correct dosage to kill cancer cells. The number and location of seeds implanted is precisely calculated. Seed implantation is often performed percutaneously (through the skin) under guidance of ultrasound or CT, as well as direct-visual guidance during operation.

How is brachytherapy performed?

Before procedure, an ultrasound volume study is done to see the size and location of the cancerous mass as well as the surrounding organs. During the pre-planning stage, a predetermination is made to accurately compute the number of seeds a patient will need and locate those seeds should be implanted. During procedure, the patient will be given local anesthesia. To guide the precise placement of the seeds, an ultrasound probe is placed on the cancerous mass to get



that are inserted into the masses. The ultrasound probe ensures that the needles are guided with maximum accuracy based on the plan.

Advantage

Brachytherapy is a local and minimally invasive treatment that can be performed percutaneously. It does not expose the entire body to radiation. Side effects associated with this treatment is much less when compared to conventional radiotherapy. The seeds will remain in patients' body without harm to people or to surrounding environment near the patient.

Side effects

Patient may feel mild discomfort after treatment. Such symptoms usually diminish in a few days. Patients with prostate cancer may experience discomfort while urinating such as frequent urination. These symptoms usually begin 1 to 2 weeks after the procedure and gradually decrease over time as the seeds lose their strength. Drinking adequate water and avoiding caffeine and alcohol may help relieve these symptoms. A small percentage of patients, particularly those who have had prostate surgery, may experience incontinence. Impotence may also occur in some patients, particularly those over the age of 70. However, the rates of impotence and incontinence are lower in patients treated by iodine-125 seeds than those treated by other treatments.

Combined Immunotherapy

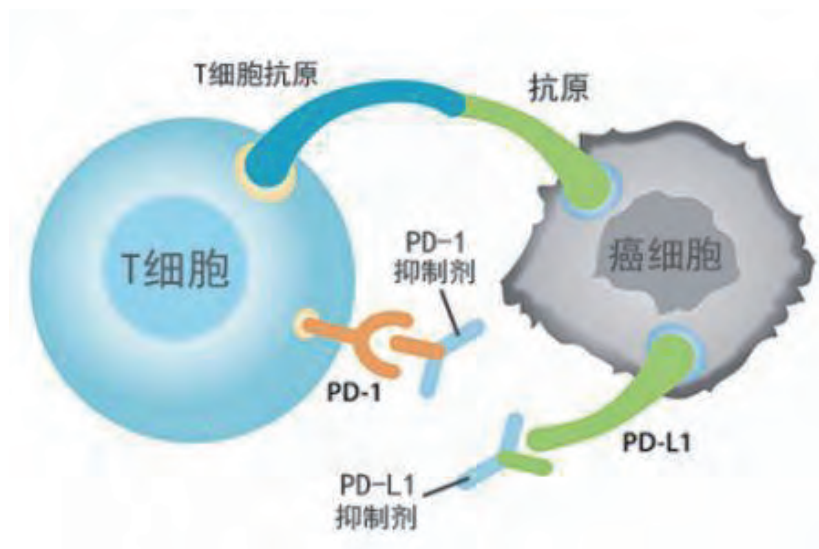
The development of immune checkpoint inhibitor therapy and chimeric antigen receptor T-cell immunotherapy (CAR-T) has greatly promoted the clinical application of immunotherapy in malignant tumors. In recent years, some studies have shown that immunotherapy combined with minimally invasive treatment or other traditional treatment modes can significantly prolong the overall survival of patients. For example, immune checkpoint inhibitors (anti PD-1 antibodies) are the main treatment method in many tumor treatments, and they have a good synergistic effect with minimally invasive treatment, significantly prolonging patient survival and benefiting more and more patients.

Combined immunotherapy strategy

- Combination of local and systemic treatment: Local treatments such as cryoablation, radiofrequency ablation, radiotherapy, and surgery can eliminate or ablate tumors or reduce tumor burden, creating conditions for systemic treatment. Freezing still has a "cold immune" effect, and immunotherapy has a systemic effect. The combination of local and systemic treatment can significantly improve the therapeutic effect;
- Combination of different anti-cancer mechanisms: Different immunotherapies have different mechanisms for promoting or regulating immunity. Combining or sequentially applying therapies with different mechanisms can comprehensively improve the body's immune function.

Indications

- After surgical resection of solid tumors;
- Progressive tumors that cannot be surgically removed or cannot be treated for other reasons;
- Recurrent tumors;
- Some benign tumors that require treatment but cannot be surgically treated.



Microwave Ablation

Microwave ablation is the most recent development in the field of tumor ablation. The technique allows for flexible approaches to treatment, including percutaneous, laparoscopic, and open surgical access. With imaging guidance, the tumor is localized, and a thin (14.5-gauge) microwave antenna is placed directly into the tumor. A microwave generator emits an electromagnetic wave through the exposed, noninsulated portion of the antenna. Electromagnetic microwaves agitate water molecules in the surrounding tissue, producing friction and heat, thus inducing cellular death via coagulation necrosis.

The main advantages of microwave technology, when compared with existing thermoablative technologies, include consistently higher intratumoral temperatures, larger tumor ablation volumes, faster ablation times, and an improved convection profile. Microwave ablation has promising potential in the treatment of primary and secondary liver disease, primary and secondary lung malignancies, renal and adrenal tumors, and bone metastases. The technology is still in its infancy, and future developments



Radiofrequency Ablation

Radiofrequency ablation (RFA) is a new technique for treating tumors localized to certain organs. A needle electrode is advanced into the targeted tumors via either a percutaneous, laparoscopic, or open (operation) route. The RF energy causes the tissue around the tip of the probe to heat up to a high temperature above which cells break apart and die. For eradication of all cancerous cells, the goal is to place the probes so that they destroy the entire tumor plus an adequate "rim" of non-cancerous tissue around it.

Indication

- Liver: for primary or metastatic cancer.
- Kidney: for small cancers.
- Lung: for cancers limited in size and few in number.
- Others: uterine tumors, breast cancer, adrenal tumor, local lymphoma
- With intent to control pain.
- Bone: cancer that has spread to the bones can be treated to control severe pain.



Advantages

- Effective treatment for small cancers
- A minimally invasive procedure with no skin incision, and minimal risk to patient
- Typically little or no pain after the procedure
- Procedure can be repeated if new cancer appears



A ray of light: Photodynamic Therapy

Photodynamic therapy (PDT) is a form of photochemical reaction involving key components, namely molecular oxygen, photosensitizer and red laser light. This therapy has been used to treat tumors in stomach, intestines, and trachea, etc.

How is photodynamic therapy performed?

Firstly, Patient is given intravenous injection of photosensitizer in the ward. Photosensitizer accumulates locally in tumor cells as blood flows throughout the body. Before treatment, patient must stay in-doors to avoid sunlight exposure.

In general, patient will be transferred to a dark room for treatment 40-90 hours after photosensitizer injection. General anesthesia is usually necessary. Under the guidance of gastroscope or colonoscope red laser light of 630 nm wavelength can be directed through fiber optic cables to deliver light to tumor. The photosensitizer in tumor will be stimulated and then transfer energy to the surrounding oxygen to generate singlet oxygen with strong activity. Singlet oxygen can react with adjacent biomacromolecule to produce cytotoxic effect that will destroy tumor cells.

The procedure takes about 30-60 minutes. Patient will be awake after the treatment but need to be monitored in the treatment room for another half an hour. And then patient will be transferred back to ward if vital signs are normal. After treatment, obvious necrosis in tumor can be detected. The light needed to activate most photosensitizers can only pass through about 7 mm of tissue. Therefore, another PDT needs to be done for tumor that is deeper than 7 mm after necrotic tumor falls off.

Advantages

(1) Minimally invasive.

With the assistance of such interventional techniques as laser fiber cable and endoscopy, red laser light can be guided to treat tumor, thereby avoiding trauma and pain inflicted by thoracotomy and laparotomy;

(2) Low toxicity.

Photodynamic response can only be initiated when photosensitizers with certain concentration is exposed

area and therefore inflicts minimal injury to the surrounding normal tissue.

(3) Repeated treatment.

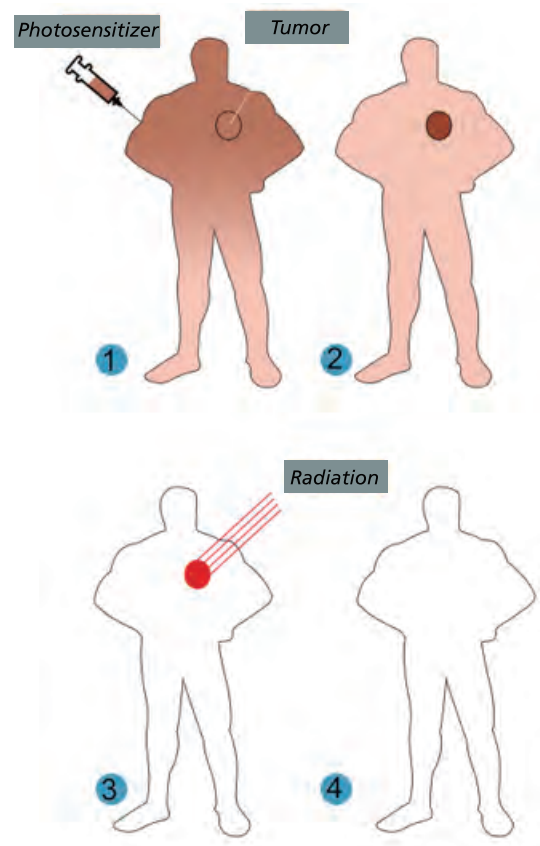
As tumor cells have no resistance to photosensitizers and there is no increased toxic reaction on the part of patient, PDT could also be repeated.

(4) Palliative treatment.

For patients who are intolerance of operation (e.g. late stage cancer, old age, heart/lung/liver/kidney dysfunction and hemophilia), PDT is a palliative therapy that can effectively alleviate pain, improve the quality of life, and prolong the life span.

(5) Collaborative effect.

For some tumors, surgical removal can be done first. Then patient can receive PDT so as to further eliminate the residual cancer cells, decrease the recurrence rate and increase the thoroughness of operation; for other tumors, PDT can be done first. Then patient can receive surgical removal so as to broaden the indications for surgery and improve the success rate of surgery.



Percutaneous Chemo-ablation Therapy (PCAT)

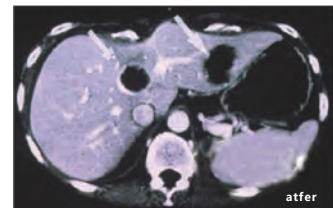
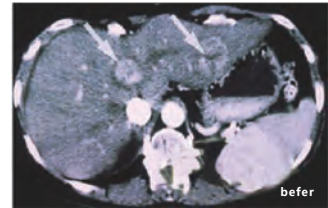
Under the guidance of ultrasound or CT, a puncture needle is inserted into the tumor percutaneously and 100% alcohol is slowly injected. Generally, 5-6 injections are required.

Indication

It is mainly used to treat a single liver tumor with < 5cm diameter, liver cancer that is difficult to be removed surgically and has less than 3 foci with < 3cm diameter, liver cancer surrounded by scar tissue and liver cancer that is not close to the liver surface. It can also be applied to treat other solid tumors.

Effective Rate

It is reported that the effective rate of alcohol injection is 90%-100% for liver cancer that is smaller than 2 cm, 70% for 3 cm liver cancer, and 50% for about 5 cm liver cancer.



Microwave Hyperthermia Treatment

Theoretical basis

Cancer cells are less tolerant of temperature than normal cells. Warming up can induce tumor cell death while normal cells can still survive.

Mechanism

a. Cancer cells are rich in water. When microwave radiation penetrates through tissue and reaches the lesion, it will be absorbed by cancer cells, which will lead to intracellular water molecules movement, and then heat is produced. When the lesion temperature reaches 41 °C ~ 43 °C, it can inhibit the synthesis of ribonucleic acid and DNA, which will lead to apoptosis. At the same time the lesion temperature staying at 40 °C could last for a period of time, which can inhibit the growth of small intratumor blood vessel, decrease the PH value of tumor cell and damage cancer cell structure, thereby leading to cancer cell death. When the tumor temperature stays at 43 °C for 30 minutes, most cancer cells can be inhibited to some degree;

b. Due to glomus tumor, formed by rich and irregularly vagal tumor blood vessels tumor blood vessels, the temperature of intratumor lesion is significantly higher than that of normal tissue when heated;



Indications

- Recurrence after initial treatment of malignant tumor
- Malignant tumors that have transferred or potentially transfers to other parts
- Adjuvant treatment before and after surgery
- Combined treatment with radiotherapy and chemotherapy
- Cancer patients who cannot tolerate surgery or radiotherapy
- Resistant to chemotherapy or multidrug resistant
- Cancerous pleural effusion and ascites
- Palliative treatment of advanced malignant tumors
- Analgesic treatment of cancer pain

Ozone Therapy

Ozone therapy is a procedure that consists of the introduction of certain amount of ozone into the body via various methods, usually involving its mixture with various gases and liquids before injection, with potential routes including the vagina, rectum, intramuscular (in a muscle), subcutaneously (under the skin), or intravenously (directly into veins). Ozone can also be introduced via autohemotherapy, in which blood is drawn from the patient, exposed to ozone and re-injected into the patient. Ozone can kill bacteria, fungi and viruses in inflamed tissues and infected lesion thanks to its strong oxidizing property. Moreover, harmful blood lipids, cholesterol, triglyceride, low density lipoprotein, metabolic waste, toxic substance secreted by virus and bacteria can also be inactivated or oxidized by ozone. Ozone therapy has been widely used as an alternative treatment for tumor, cardiovascular and cerebrovascular diseases, gout, diabetic foot, to which ozone therapy has delivered good curative effects.



Mechanism of Ozone Therapy

1. Ozone can kill virus, bacteria, parasite and high metabolic cancer cell thanks to its strong oxidizing property.
2. Ozone therapy could improve the oxygen content of blood and tissue, change the intratumoral microenvironment, promote cancer cells at G0 stage staying at high metabolic state, which could increase the sensitivity of cancer cells to chemotherapy and radiotherapy;
3. Ozone therapy could induce antioxidant enzymes in vivo to oxidize toxins and wastes, improve the body immunity, and improve the body's anti-tumor immune function;
4. Ozone therapy could improve the oxygen supply of liver and kidney and other vital organs, improve the side effect tolerance of chemotherapy to liver and kidney, promote the metabolism and excretion of chemotherapy drugs, and reduce the side effects of chemotherapy.

Rationale of Ozone Therapy

1. Removal: to increase the phagocytosis of neutrophil and monocyte, improve the ability to remove metabolic wastes; remove bacteria, viruses and fungi and toxins from blood.
2. Activation: to activate lymphocyte, activate functional molecules, activate antioxidant enzyme system, improve immune cell's and molecule's activity and function.
3. Improvement: to change blood viscosity and improve oxygen supply, improve blood rheology, improve blood microcirculation, improve blood vessel wall cell metabolism and soften blood vessels.

Indications

Ozone therapy, one of adjuvant cancer treatments, is safe, non-toxic and painless, which could be used for most cancer patients and for treating brain stroke, cerebral thrombosis, diabetes, gout and other chronic diseases as well. It could be especially used for 1. Those patients who are weak with low immunity; 2. Increasing the sensitivity during radiotherapy and chemotherapy when tumor is resistant to chemotherapy and radiotherapy; 3. Those patients who have acute and subacute bacterial and viral infection.

Minimally Invasive Mammotome Procedure

Mammotome revolve Biopsy Device is a vacuum-assisted breast biopsy system through minimally invasive procedures. Mammotome revolve is redefining procedural efficiency without compromising tissue quality – from positioning to diagnosis. Since its creation in 1994, Mammotome has achieved good results in treatment without compromising skin beauty and it has been widely used in the diagnosis and treatment of small mammary masses and multiple masses such as fibroadenoma, intraductal papilloma and lactocele.



Advantages

Accurate positioning

With real-time ultrasound-guided monitoring and accurate positioning, complete resection of 2mm lesions and deep lesions can be done, so as to achieve early detection, early diagnosis and early treatment. However, only large superficial lesions can be removed while small deep lesions can only be observed clinically during a traditional open surgery, resulting in a delayed diagnosis and treatment.

Aesthetic and minimally invasive

The incision is very small, about 2-5mm. After the procedure, no scar is left and no stitch is needed. For multiple lesions, they can be removed through one incision so that patients might suffer less from the procedure and recover soon.

Safer

Under the guidance of ultrasound, the puncture needle is placed into the lesion which can be completely removed by fan-shaped cutting, so that doctors can effectively save time and control intraoperative blood loss. The entire procedure requires only one puncture, which is a safer way to avoid the falling of mass caused by multiple punctures.

Accurate diagnosis

A large number of lesion specimens can be obtained by Mammotome, which are 8 times of the samples obtained by the traditional puncture. The procedure greatly reduces the false negative rate of pathological examination.

Easier and quicker

For a single mass, the procedure takes around 10-20 min, which reduces the occurrence of complication and causes little pain. After the procedure, patients can move around normally.

Indications

- It is mainly used for benign breast tumors in the size of 2mm-3.5cm, nodules, fibroadenoma, benign phyllodes tumor, intraductal papilloma, fibrocystic breast disease, tumor-like hyper-plastic nodule, multiple complex cysts or cluster cysts without palpation, microcalcification, multifocal lesions, etc.
- Masses that need further biopsy for suspected breast cancer patients

DSA + MDCT imaging technology

DSA+CT imaging technology not only display the size, location, density and margin of tumor, but also spot the location of tumor and its surrounding as well as the changes of lesion after treatment. It can also easily detect recurrence and metastasis and calculate how much the lesion shrinks. Therefore, it has been the first choice for the examination before and after treatment.

Advantages

1. Precise intervention

Through DSA + CT technology, two 2D images combines to form a 3D image which provides the panorama of blood supply of lesion to make sure effective treatment on the targeted lesion.

2. Universal coverage

DSA+CT can monitor the blood supply of the lesion through multiple angles, so that each lesion and each part of the lesion can be effectively treated, and images can be verified immediately after the operation, providing support for endovascular treatment, improving work efficiency and reducing exposure time.

3. Less damage

Compared with other examinations, DSA+CT can more clearly show the relationship between the tumor and other surrounding tissues, so as to ensure effective treatment of the targeted lesion but no damage to the surrounding normal organs, thus ensuring the safety of interventional therapy and minimizing complications.



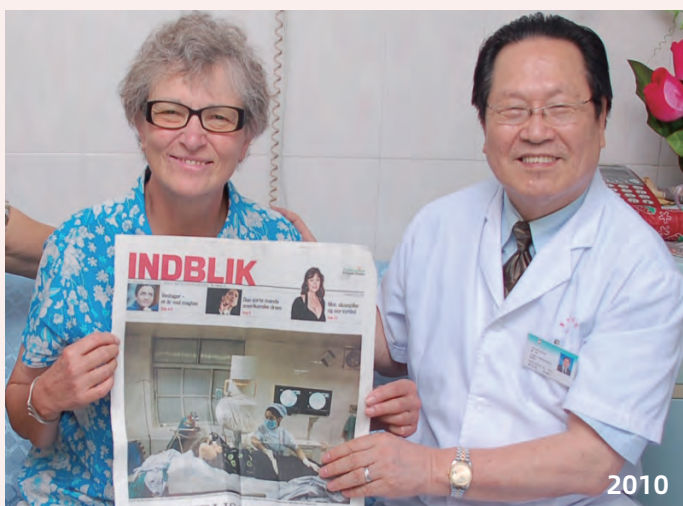
Indications

1. For confirmed malignant tumors;
2. Neoadjuvant chemotherapy before and after surgical resection;
3. Palliative treatment for advanced and metastatic tumors.



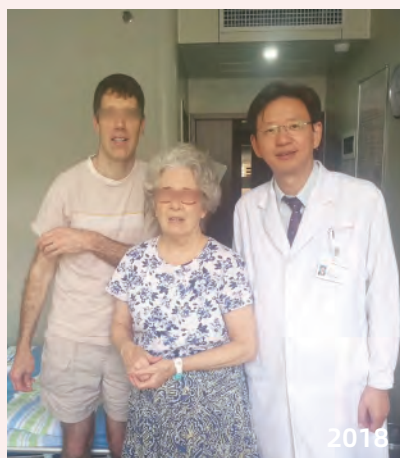
Their Stories





Fought with Pancreatic cancer

Miss Gurli, a teacher from Denmark, turned to Fuda Cancer Hospital for her stage-4 pancreatic cancer with liver metastases in 2007. There she received cryosurgery and combined immunotherapy. After treatment, her liver metastases disappeared whilst her pancreatic cancer shrank by two-thirds. She survived for over 11 years.



Doubt turn to trust

Mary, an 80-year-old lady from New York, arrived at Guangzhou alone after a long flight, The feelings of uneasiness and doubt overwhelmed her, partly from her breast cancer and partly from her insecurity on this foreign land. After one-month treatment in Fuda Cancer Hospital, those feelings were gone and were replaced by gratefulness and happiness. She has a growing interest in this beautiful city, Guangzhou, and she'd like to stay for one more month to explore the place that has changed her life.



Miracle of Life

In 2011, a little girl named Lana from Saudi Arabia was diagnosed with a malignant teratoma at the tender age of just 11 months. Her belly had swollen to the size of a large drum. During her treatment at Fuda Cancer Hospital, doctors recommended removing the tumor in stages. After undergoing several surgeries, Lana's tumor was finally completely removed in 2014. The miracle that happened to Lana was once considered impossible in her country, but Fuda Cancer Hospital made it possible.



"Fuda gave me a second life"

Peng Ximei admitted that after learning she had ovarian cancer, she contemplated ending her life. Betrayed by her lover and abandoned by her family, she ended up living on the streets, awaiting death at any moment. Guided by a humanitarian spirit, Fuda Cancer Hospital felt it was their duty to help her. With assistance from other hospitals, Fuda completed a major tumor removal surgery (55kg) in 2010. Now, Ximei works as a volunteer at Fuda Cancer Hospital, fulfilling her promise to the hospital and



There still chance

PASCUAL MALASARTE DANILO, a 65-year-old patient from the Philippines, found a giant mass in his left cheek and neck on September 21, 2017. When Danilo heard that people would die soon after chemotherapy, he was quite scared and refused to receive any chemotherapy. After comprehensive analysis of his conditions, doctors in Fuda recommended systemic chemotherapy with local minimally invasive treatment and targeted therapy. "I thought I would have to spend the rest of my life in misery till I found Fuda, it shed a ray of light into the darkest moment of my life."



Cryosurgery helps him to regain a quality life

In September 2018, multiple liver metastases were noted when Mr. Liu received review at the local hospital. The best oncologist there told him that only chemotherapy could help him, yet not all, maximum 20% and his life span was expected to be merely 2-3 years. After phone call consultations with different hospitals. He finally chose Fuda. In Fuda, his treatment plan was discussed and agreed by a team of experts, led by President Niu Lizhi. Four days later, Mr. Liu underwent cryosurgical ablation with liver tumor biopsy.

"I hope Fuda Cancer Hospital can increase publicity and let more cancer patients know



Fly, dandelion!

Ms. Lin, a musician from Malaysia, was diagnosed with advanced lung cancer with multiple metastases to both lungs at the age of 40 in 2016. For further diagnosis and treatment, she came to Guangzhou Fuda Cancer Hospital for medical treatment in August of the same year. After receiving interventional chemotherapy and targeted therapy, the chest CT showed that the tumor had improved, and she returned to the stage in January 2017. In 2019, she wrote a book titled "Fly, Dandelion!" about her anti-cancer experience, which greatly inspired cancer patients. Nowadays, Ms. Lin is still the "lark" on stage, bringing joy to everyone with warm singing.



Devote herself to public welfare

The beautiful flight attendant Amy comes from Hong Kong. In 2009, at the age of 37, she was diagnosed with "breast cancer". After receiving various treatments locally, the tumor relapsed in 2014. In 2016, Amy came to Guangzhou Fuda Cancer Hospital to receive interventional chemotherapy. Her lesion gradually shrank and she subsequently underwent surgical radical surgery. Two months after surgery, a follow-up examination showed that her lesion was well controlled, and the metastatic tumor and nodules shrank and even disappeared. More than a decade has passed, and Amy has resolutely become a volunteer, dedicating herself to public welfare and providing assistance to more cancer patients.



The lucky couple

Both Laura and her husband, Alex, were both patients with cancer. Laura suffered from breast cancer and Alex suffered from prostate cancer. They made a visit to Fuda Cancer Hospital before receiving treatment, and finally they decided to have immunotherapy in 2012. Later, Laura shared the anti-cancer stories of Fe Juan Zahorodniuk, who was also a cancer patient, and the advanced cancer treatment in FUDA in her book *They're Mine and I'm Keeping Them* with readers.



"Everything is normal now"

9 years ago, Zahra was diagnosed with abdominal sarcoma, and she had only surgery in Iran. Unluckily, cancer recurred 9 years after the surgery. After she learnt information about Dr. Niu and NanoKnife treatment, she decided to come to Fuda Cancer Hospital. There she received NanoKnife treatment and is recovering now.

"Everything is normal now", she said.



Give yourself a chance

Mr. Qiang from Malaysia, although he is only 53 years old, has been fighting cancer for 20 years. In 2004, he was diagnosed with lymphoma after the mass in his right neck enlarged. He felt that it was the end of the world. With the encouragement of his friend, he came to Fuda in 2013 to receive systemic chemotherapy, interventional chemotherapy, and targeted therapy. After treatment, the condition was under control.

"Without Fuda, I wouldn't be who I am now. Every time I come with hope and go back with happiness. I hope that through my experience, I can let everyone know more about cancer and Fuda. No more fear of cancer."



Return to the stage

52-year-old AL-SAEED is an Iraqi film and television actor and a professor at the Art Department of Baghdad University. In June 2019, he was diagnosed with "left upper collar Steve-Johnson syndrome." For his acting career, he refused surgery and traveled thousands of miles to Fuda Cancer Hospital to undergo cryoablation. The cryoablation not only controlled his condition, but also retained his original appearance, allowing him to return to his beloved stage. He filmed his anti-cancer story into a short film to encourage more cancer patients.



The pain is gone

ESA from Thailand used to suffer repeated abdominal pain and later was diagnosed with differentiated adenocarcinoma of the stomach with multiple abdominal metastases in August 2018. After receiving systemic chemotherapy, she was still unable to eat and her pain was not relieved. She lost 12 pounds in just 3 months. Her strong desire to survive led her to seek treatment at Fuda with her last glimmer of hope. Starting in November 2018, she received anti-tumor treatments such as interventional perfusion chemotherapy and Nanoknife ablation, and returned to a normal diet through gastrojejunol Roux+en-Y anastomosis. Now, she has recovered and is back



No open surgery for me

Mr. Chen is an Indonesian businessman. In 2010, at the age of 54, he was diagnosed with right kidney clear cell carcinoma during a physical examination. He went to many hospitals but was told that the only treatment options were surgery and systemic chemotherapy. He didn't want open surgery when he learned that a patient with nasopharyngeal cancer being cured at Fuda, so he came to the hospital for treatment in March 2011. After cryoablation combined with immunotherapy, Xian Zhen's lesions were inactivated. So far, Mr. Chen has not found tumor recurrence during multiple reexaminations.

Recognition

Our utmost gratitude goes to patients from more than 100 countries. Rooted in their admirable trust and support, FUDA is able to thrive and help more patients. The touching stories that happened in FUDA have been continuously reported by major media outlets at home and abroad. They are the mostly cherished invaluable treasure for FUDA. Indeed, they also serve as incontestable evidences that FUDA has won recognition from all over the world.

Local



1. Familydoctor.com, was interviewing Dr. Niu, and introducing indications of cryotherapy;
2. CCTV-1, the biggest official media channel in China, interviewed Doctor Xu Kecheng(Honorary President) in work, title "Xu Kecheng: my happiness derives from my service to cancer patients";
3. Programme "Great Masters" in CCTV-10 was making an exclusive interview with Fuda expert;
4. Programme "Light of Science and Technology" in CCTV-10 reported on the story of Zhu Nianchao, a patient with liver cancer who was then receiving treatment in Fuda Cancer Hospital;
5. SCMP visited FUDA to uncover the mysterious popularity of this hospital.

International



1. Spanish TV interviewed Doctor Niu Lizhi during his break;
2. Al Jazeera was giving special report on Fuda Cancer Hospital, and introducing its characteristic treatments, such as cryotherapy;
3. BBC was interviewing and filming patients in Fuda Cancer Hospital;
4. A Philippine television station reported on characteristic treatments in Fuda Cancer Hospital. Picture here shows the reporter is interviewing Dr. Niu;
5. Televiziunea Romania invited Dr. Xu to their programme to introduce the role and effect of cryo-ablation in cancer treatment;
6. Danish Media reported a pancreatic patient who has received treatment in Fuda;
7. Chinese Radio of Australia invited Dr. Xu when he was visiting Australia.

Standard Room



- ✓ 2 beds
- ✓ bathroom
- ✓ central air conditioning(heat&cold)
- ✓ TV
- ✓ fridge
- ✓ water dispenser
- ✓ movable dining table

VIP Suite



- ✓ 2 automatic beds, a set of leather sofa
- ✓ bathroom
- ✓ washing machine
- ✓ central air conditioning(heat&cold)
- ✓ TV
- ✓ fridge
- ✓ water dispenser
- ✓ microwave
- ✓ movable dining table, a set of table&chairs

VVIP Suite



- ✓ 2 automatic beds, a set of leather sofa
- ✓ nursing room with bathroom
- ✓ bathroom ✓ kitchen
- ✓ washing machine
- ✓ central air conditioning(heat&cold)
- ✓ TV ✓ fridge
- ✓ water dispenser ✓ microwave
- ✓ movable dining table, a set of table&chairs

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**source from Google map website*



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