

[Japan]

## Cancer Control in Japan

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In Japan, the mortality rate for infectious diseases has been decreasing since World War II and that for life-style related diseases, such as cancer and cardiovascular disease, increasing. Cancer has been the leading cause of death since 1981, accounting for about 30% of all deaths recently.

With regard to Japan's cancer control measures, the Cancer Control Act was enforced in 2007. Based on this Act, national and local governments established the Plan to Promote Cancer Control Programs, enabling the comprehensive and systematic promotion of cancer control measures.

The Plan sets the following two goals: to reduce the number of deaths from cancer; and reduce the burden on all cancer patients and their family members and improve their quality of life.

To achieve these goals, seven specific fields are to be promoted comprehensively and systematically:

- (1) Cancer medical services;
- (2) Developing medical facilities;
- (3) Cancer care support and information services;
- (4) Cancer registry;
- (5) Cancer prevention;
- (6) Early detection; and
- (7) Cancer research.

Focus areas are specified as follows. (1) Promotion of chemotherapy and radiotherapy, and training of medical specialists; (2) Palliative care from the early stages of treatment; and (3) Promotion of a cancer registry.

The results of efforts show that the cancer mortality rate has been slowing, dropping by 8.8% over five years.

However, this five-year result is just under the half-way value for the ten-year target value

of a decrease of 20% in the age-adjusted death rate for people aged under 75 years.

The five-year target of 50% for the rate of cancer screening was not reached, although this rate has improved to over 40% for some kinds of cancer and age groups such as cervical cancer for women in their 30s and 40s.

Based on the results for the past five years, the Plan to Promote Cancer Control Programs was revised in June 2012.

This revision newly included the issue of improving cancer measures for the working generation and for children as programs to focus on during the next five years.

Shaping a society which ensures worry-free living for people who newly develop cancer and addressing problems related especially to the employment of these patients have also been included in the overall goals of the Plan.

With regard to childhood cancer measures, the Plan will promote the improvement of core childhood cancer hospitals, begin strengthening the functions of the core institutions for childhood cancer, and support the spread and expansion of cancer education, especially educational activities for children.

In 2007 the JMA established the Committee to Promote Cancer Control, a group which focuses on the study of cancer control measures, which have previously been discussed in relation to public health.

It also distributes various kinds of materials to promote cancer screening by family doctors.

In addition, the JMA sends the relevant officers to many national government cancer-related study groups to ensure that JMA ideas and policies are reflected in the health policy development process for cancer control.

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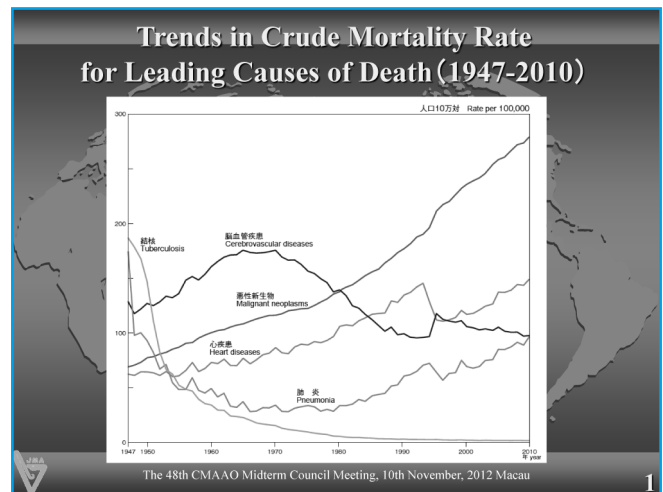
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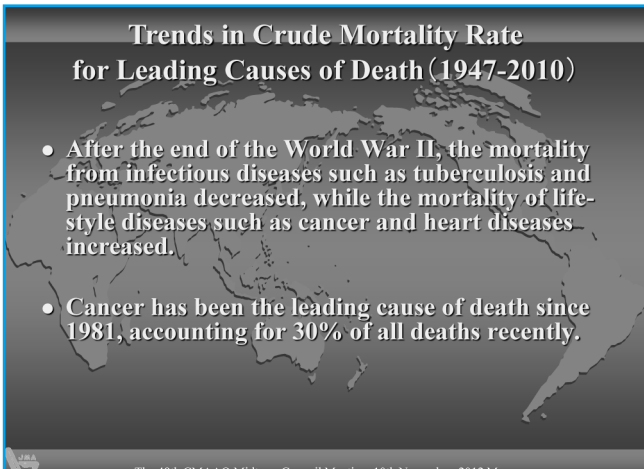
The 48<sup>th</sup> CMAAO Midterm Council Meeting  
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### Trends in Crude Mortality Rate for Leading Causes of Death (1947-2010)

- After the end of the World War II, the mortality from infectious diseases such as tuberculosis and pneumonia decreased, while the mortality of life-style diseases such as cancer and heart diseases increased.
- Cancer has been the leading cause of death since 1981, accounting for 30% of all deaths recently.



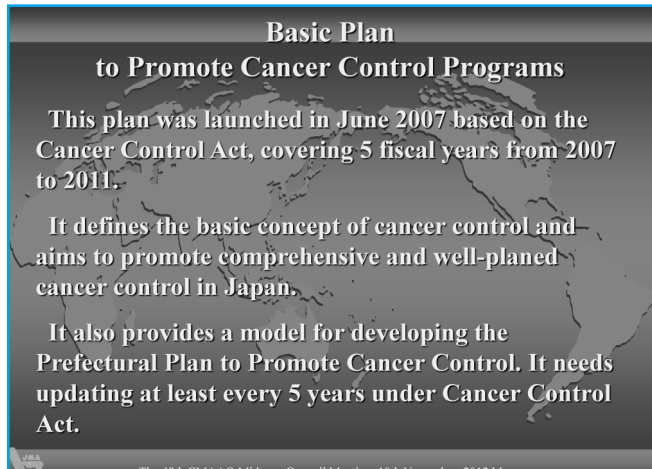
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### Basic Plan to Promote Cancer Control Programs

This plan was launched in June 2007 based on the Cancer Control Act, covering 5 fiscal years from 2007 to 2011.

It defines the basic concept of cancer control and aims to promote comprehensive and well-planned cancer control in Japan.

It also provides a model for developing the Prefectural Plan to Promote Cancer Control. It needs updating at least every 5 years under Cancer Control Act.



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### History of Cancer Control in Japan

- 1963 Subsidy for cancer research by Ministry of Health and Welfare started
- 1981 Cancer became the leading cause of death
- 1984 Comprehensive 10-year Strategy for Cancer Control (~1993)
- 1994 New 10-year Strategy to Overcome Cancer (~2003)
- 2004 The 3rd-term Comprehensive 10-year Strategy for Cancer Control (~2013)
- 2005 May. Headquarters of Cancer Control in Ministry of Health, Labour and Welfare
- 2005 Aug. Action Plan 2005 for Promotion of Cancer Control
- 2006 Apr. Office for Cancer Control in Health Service Bureau, MHLW
- 2006 Jun. Cancer Control Act approved
- 2007 Apr. Cancer Control Act implemented
- 2007 Jun. Basic Plan to Promote Cancer Control Programs approved
- 2009 Jul. Headquarters of 50% Cancer Screening Rate (MHLW)
- 2012 Jun. Basic Plan to Promote Cancer Control Programs approved



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### Basic Plan to Promote Cancer Control Programs Approved in June, 2007

**Focus areas**

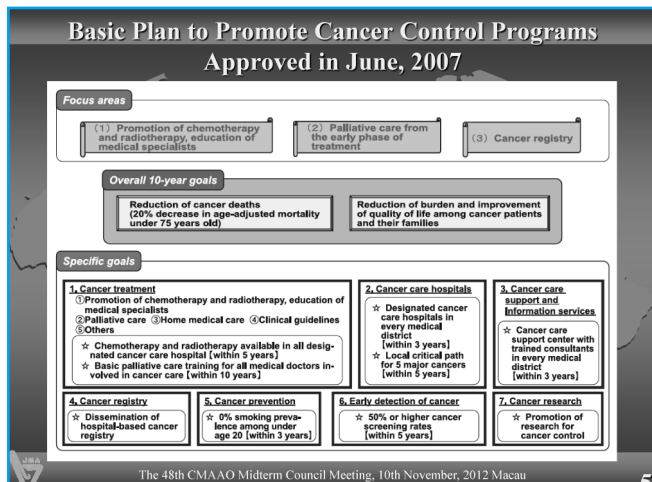
- (1) Promotion of chemotherapy and radiotherapy, education of medical specialists
- (2) Palliative care from the early phase of treatment
- (3) Cancer registry

**Overall 10-year goals**

- Reduction of cancer deaths (20% decrease in age-adjusted mortality under 75 years old)
- Reduction of burden and improvement of quality of life among cancer patients and their families

**Specific goals**

<p><b>1. Cancer treatment</b></p> <ul style="list-style-type: none"> <li>① Promotion of chemotherapy and radiotherapy, education of medical specialists</li> <li>② Palliative care ③ Home medical care ④ Clinical guidelines ⑤ Others</li> </ul> <ul style="list-style-type: none"> <li>☆ Chemotherapy and radiotherapy available in all designated cancer care hospital (within 5 years)</li> <li>☆ Basic palliative care training for all medical doctors involved in cancer care (within 10 years)</li> </ul>	<p><b>2. Cancer care hospitals</b></p> <ul style="list-style-type: none"> <li>☆ Designated cancer care hospitals in every medical district (within 3 years)</li> <li>☆ Local critical path for 5 major cancers (within 5 years)</li> </ul>	<p><b>3. Cancer care support and information services</b></p> <ul style="list-style-type: none"> <li>☆ Cancer care support center with trained consultants in every medical district (within 3 years)</li> </ul>
<p><b>4. Cancer registry</b></p> <ul style="list-style-type: none"> <li>☆ Dissemination of hospital-based cancer registry</li> </ul>	<p><b>5. Cancer prevention</b></p> <ul style="list-style-type: none"> <li>☆ 0% smoking prevalence among under age 20 (within 3 years)</li> </ul>	<p><b>6. Early detection of cancer</b></p> <ul style="list-style-type: none"> <li>☆ 50% or higher cancer screening rates (within 5 years)</li> </ul>
<p><b>7. Cancer research</b></p> <ul style="list-style-type: none"> <li>☆ Promotion of research for cancer control</li> </ul>		



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### Major Outcomes of the Basic Plan to Promote Cancer Control Programs

1. Total objectives  
Decrease of the mortality rate in cancer to 8.8% in 5 years
2. Major outcomes
  - (1) Promotion of radiological and chemical treatments and training and development of specialist physicians in this field
  - (2) Palliative Care in the Primary Stage of Treatment
  - (3) Cancer Registration
  - (4) Improvement of Core Hospitals
  - (5) Enhancement of the Screening Rate of Cancer

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### Basic Plan to Promote Cancer Control Programs Approved in June, 2012

#### Focus Areas

- (1) Promotion of chemotherapy and radiotherapy, education of medical specialists
- (2) Palliative care from the early phase of treatment
- (3) Cancer registry
- (4) Fulfilling measures of cancer for working generation and childhood **New**

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### Basic Plan to Promote Cancer Control Programs Approved in June, 2012

#### Overall 10-year Goals from FY 2007

- Reduction of cancer deaths (20% decrease in age-adjusted mortality under 75 years old)
- Reduction of burden and improvement of quality of life among cancer patients and their families
- Realize a society where the people can live feeling reassured in the case of getting cancer **New**

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### Basic Plan to Promote Cancer Control Programs Approved in June, 2012

#### Specific Goals

1. Cancer Treatment
2. Cancer Care Support and Information Services
3. Cancer Registry
4. Cancer Prevention
5. Cancer Research
6. Early Detection of Cancer
7. Childhood Cancer **New**
8. Education, Dissemination and Awareness of Cancer **New**
9. Social Concern including Working of Cancer Patient **New**

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### Challenges of the JMA

- Establish the Committee to Promote Cancer Control in 2007
- Distribute materials such as a cancer screening promotion handbook to the member physicians
- Participate in the national council to promote cancer control and other related councils

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### Thank you for your attention!



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