Cancer Control

Overview

Future Direction of the "3rd-term Comprehensive 10-year Cancer Control Strategy"

Goal of the strategy: Substantially decrease the prevalence and death rate of cancer, which is a major cause of death in Japan, through comprehensive promotion of research, prevention and treatment.

Promotion of cancer research

- Rapid promotion of research to elucidate the nature of cancer cross-scientifically ideas and through introducing the latest science and technology.
- Promotion of translational research for active utilization of basic research results in prevention, diagnosis, and treatment.
- Development of innovative prevention methods
- Development of innovative diagnosis/treatment methods
- Identifying the actual situation with cancer and distribution/dissemination of cancer information/treatment technologies

Substantial decrease in the prevalence/death rate of cancer

Promotion of cancer prevention

- Establishment of effective cancer prevention methods
- Promotion of disseminating knowledge on cancer prevention
- Improved prevention measures against cancers caused by infectious diseases
- Early discovery/treatment of cancer

Improved social environment with improving cancer medical care and support

- Improved cancer research/treatment functions of core facilities
- "Even distribution" of cancer treatment
- Improved the quality of life (QOL) for cancer patients
- Facilitating international cooperation/exchanges and promotion of cooperation between industry, the government, and academics

ref-74
Overview of the “Cancer Control Act”

Chapter 1. General Provisions

1. Purpose

Although cancer control in Japan has made progress and gained certain achievements through conventional measures, cancer remains an important issue in people's lives and health. In order to further improve cancer control, therefore, the following matters are being provided in controlling cancer control in a comprehensive and systematic manner.

2. Basic Ideas

In addition to promoting specialized, multidisciplinary, and comprehensive cancer research, dissemination/utilization and further expansion of the results of research with the aim of overcoming cancer.

Enable cancer patients to receive appropriate treatment based on scientific knowledge regardless of the region in which they reside.

Establish a system that provides medical cancer care in which the treatment is selected according to the situation of the patient and respect paid to their own intentions.

3. Responsibilities of Relevant Parties

Prescribe the responsibilities of the government, local governments, health care insurers, the public, and doctors

Chapter 2. The Basic Plan to Promote Cancer Control Programs, etc.

In addition to consulting the directors of the relevant administrative organizations the Minister of Health, Labour and Welfare will listen to the opinions of the Cancer Control Promotion Council, formulate the draft of a “Basic Plan to Promote Cancer Control Programs”, and then request a Cabinet decision.

The Minister of Health, Labour and Welfare may make the necessary requests for the Basic Plan to Promote Cancer Control Programs to be implemented to the directors of the relevant administrative organizations.

Prefectures to formulate “Prefectural Plans to Promote Cancer Control Programs”.

Chapter 3. Basic Measures

1. Promotion of prevention and early discovery of cancer

Implement required measures for promoting cancer prevention, and improved cancer screening and its promotion.

2. Promotion of even distribution of cancer treatment

Implement required measures for training cancer specialists, establishing core hospitals/cooperation system, maintenance and improved quality of the recuperation life of cancer patients, and establishing a system to collect/provide information on cancer medical care.

3. Promotion of cancer research

Implement required measures for promoting cancer research and improving the environment for the early approval of drugs/medical devices that are highly needed in cancer treatment.

Chapter 4. The Cancer Control Promotion Council

Establish a Cancer Control Promotion Council within the Ministry of Health, Labour and Welfare as a council that will formulate the Basic Plan to Promote Cancer Control Programs.

Members of the council will be appointed from representatives of cancer patients and their families or the bereaved, cancer medical care professions, and academic experts by the Minister of Health, Labour and Welfare, with the number of members not exceeding 20.

Chapter 5. Date of Enforcement

The date of enforcement of this law shall be April 1, 2007.

With regard to the establishment of the Cancer Control Promotion Council, the Ministry of Health, Labour and Welfare Establishment Law shall be revised in establishing the required provisions.
Overview of the Basic Plan to Promote Cancer Control Programs

Relief of all patients and their families

Reduction in the number of deaths caused by cancer (20% reduction)

Relief of pain and improved quality of recuperation life for all cancer patients and their families

Primary measures

Early discovery of cancer
Percentage of people receiving cancer screening 50%

Prevention of cancer
Smoking rate of minors 0%

Promotion of radiation therapy/chemotherapy and training of doctors specialized in this area
Implementation of "radiation therapy/chemotherapy" at all core hospitals

Implementation of palliative care from the early stage of treatment
Conduct basic training on palliative care for all doctors engaged in cancer treatment

Promotion of cancer registration
Increase in the number of medical institutions implementing cancer registrations

Improved medical institutions, etc.
Establish core hospitals in every secondary medical area, in principle, and establish community-based cooperative critical paths for the 5 major cancers

Consultation support/information on cancer medical care
Establish consultation support centers in every secondary medical area and deploy counsellors who have completed the necessary training

Cancer research
Overview of Cancer Control

**Basic Idea**
○ Promote measures in a comprehensive and systematic manner, taking into consideration that cancer has been the main cause of death due to disease in Japan and the enforcement of the “Cancer Control Act” in April 2007 as well as the formulation of the “Basic Plan to Promote Cancer Control Programs” made in June 2007.

1. **Promotion of radiation therapy/chemotherapy and training of doctors specialized in this area**
   (1) Training of staff specialized in cancer medical care including cancer specialists
   ○ Training of staff specialized in cancer medical care
   (2) Enhance the functions of core cancer treatment hospitals
      ① Increase the number of core hospitals and raise the unit price of subsidies
      ② Urgently install radiation therapy devices (linear accelerators)
   (3) Promotion of joint international clinical trials and early approval of new drugs

2. **Implementation of palliative care from the early stage of treatment**
   (1) Improve the quality of palliative care and promote the appropriate use of medical narcotics
      ① Train specialists utilizing the internet
      ② Palliative care training for doctors engaged in cancer medical care
      ③ Dissemination and enlightenment of palliative care to the general public
      ④ Promotion of appropriate use of medical narcotics
   (2) Promotion of in-home palliative care measures
      ① Promotion of in-home palliative care measures
      ② Implementation of in-home hospice care training, etc.

3. **Promotion of cancer registration**
   (1) Promotion of cancer registrations at hospitals
   (2) Implement surveys/accuracy management and guidance regarding cancer registration

4. **Promotion of cancer prevention/early discovery and even distribution of medical levels**
   (1) Promotion of cancer prevention/early discovery
      ① Promotion of cancer prevention and dissemination/enlightenment
         • Promotion of dissemination/enlightenment
      ② Dissemination of effective high-quality cancer screening
         • Mammography telediagnosis support model programs
      ③ Emergency preparation mammography coils for breast cancer programs
   (2) Promotion of even distribution of cancer medical care levels
      ① Telediagnosis support
      ② Support for new programs which takes into account the differing regional characteristics with the formulation of the Prefectural Plan to Promote Cancer Control Programs
   (3) Establishment of a system to provide consultation support and information regarding cancer medical care
      ① Improvement of consultation support center programs
      ② Improvement of information and support programs provided by consultation support centers

5. **Promotion of cancer research**
○ Further promotion of research on cancer control to realize a reduction in the number of cancer related deaths, relieve the pain of all patients and their families, and maintain/improve the quality of their recuperation lives

ref-77
### Detailed Data: Statistics Related to Cancer

**October 1, 2007**

<table>
<thead>
<tr>
<th>Item</th>
<th>Current status</th>
<th>Remarks (reference)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of deaths</strong></td>
<td>Total of 336,290 people (30.3% of all causes of death)</td>
<td>Vital statistics (2007, approximate)</td>
</tr>
<tr>
<td></td>
<td>[Male 202,628 people (34% of all causes of death)]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[Female 133,662 people (25.9% of all causes of death)]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>→ &quot;1 in every 3 Japanese die from cancer&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✢ Risk of cancer increases with age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>→ The gross number of deaths is increasing (effect of aging)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>→ The number levels off, however, after being adjusted for age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✢ Types of cancers are changing</td>
<td></td>
</tr>
<tr>
<td><strong>Incidence rate</strong></td>
<td>570,000 people (male 325,000, female 244,000)</td>
<td>Numbers were estimated by the Center for Cancer Control and Information Services,</td>
</tr>
<tr>
<td></td>
<td>Major sites in males: stomach, large intestine, lung, and prostate gland</td>
<td>National Cancer Center (2001)</td>
</tr>
<tr>
<td></td>
<td>Major sites in females: large intestine, breast, stomach, uterus, and lung</td>
<td>* The 5 sites in the left columns account for over 60% for both males and females</td>
</tr>
<tr>
<td><strong>Lifetime risk</strong></td>
<td>Male 46.3%, Female 34.8%</td>
<td>The numbers were estimated by the science research program of Health, Labor and</td>
</tr>
<tr>
<td></td>
<td>→ &quot;1 in every 2 men and 1 in every 2 women will contract cancer in Japan&quot;</td>
<td>Welfare (1999)</td>
</tr>
<tr>
<td><strong>Patients and people taking</strong></td>
<td>The number of people needing constant treatment was 1.42 million</td>
<td>Patient Survey (2005)</td>
</tr>
<tr>
<td><strong>treatment</strong></td>
<td>• The number of people in hospital at the time of the survey was 144,900</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The number of outpatients was 140,100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 285,000 people needed treatment per day (3.3% of those who are being</td>
<td></td>
</tr>
<tr>
<td></td>
<td>treated)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Average interval of treatment was 11.6 days</td>
<td></td>
</tr>
<tr>
<td><strong>Medical care expenditure for</strong></td>
<td>¥2574.8 billion (10.3% of total general practice medical care expenditure)</td>
<td>National health expenditure (2005)</td>
</tr>
<tr>
<td><strong>cancer</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>