## **Cancer Control Measures**

#### **Overview**

### Future Direction with 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 with crossscientifical ideas and through introducing the latest science and technology.
- (2) Promotion of translational research for active utilization of basic research results in prevention, diagnosis, and treatment
- (3) Development of innovative prevention methods
- (4) Development of innovative diagnostic/treatment methods
- (5) Identification of the actual situation with cancer and distribution and dissemination of cancer information/treatment technologies

Improved social environment with improved cancer medical care and support

# cancer prevention

#### Substantial decrease in the prevalence/death rate of cancer

- (1) Establishment of effective cancer prevention methods
- (2) Promotion of knowledge dissemination on cancer prevention
- (3) Improved preventive measures against cancer caused by infectious diseases
- (4) Early discovery/treatment of cancer

**Promotion of** 

- (1) Improved cancer research/treatment functions of core facilities
- (2) "Eeualization" of cancer medical services
- (3) Improved quality of life (QOL) for cancer patients
- (4) Promotion of international cooperation/exchanges and cooperation between industry, the government, and academia

#### Outline of the "Cancer Control Act"

#### Chapter I 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 Rasic 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 II 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 hear the opinions of the Cancer Control Promotion Council, formulate the draft of a Basic Plan to Promote Cancer Control Programs, and then request for 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 III 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 equalization of cancer medical services

 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.

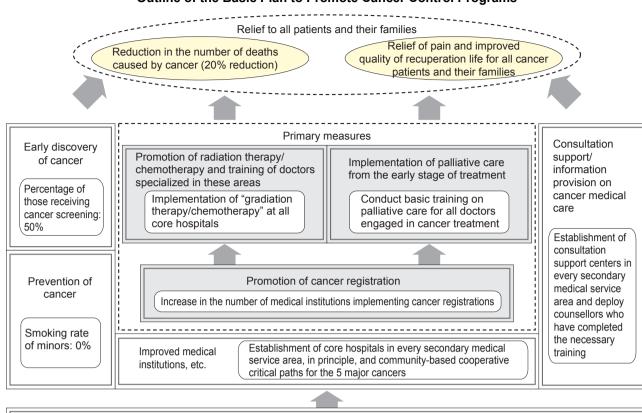
#### Chapter IV The Cancer Control Promotion Council

- 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
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#### Chapter V 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 Act for Establishment of the Ministry of Health, Labour and Welfare shall be revised in establishing the required provisions.

#### **Outline of the Basic Plan to Promote Cancer Control Programs**



#### **Outline of Cancer Control Measures**

#### Basic Ideas

O Promote measures in a comprehensive and systematic manner while understanding and evaluating from the viewpoints of both quality and quantity the progress of individual goals of the "Cancer Control Act" enforced in April 2007 and the "Basic Plan to Promote Cancer Control Programs" formulated in June 2007.

#### 1. Promotion of radiation therapy/chemotherapy and training of doctors specialized in these areas

- (1) Training of staffs specialized in cancer medical care, including cancer specialists, etc.
  - · Training of staff specialized in cancer medical care
  - · Establishment of a system for training specialized doctors
- (2) Enhanced functions of core hospitals for collaborative cancer treatment
  - Raised unit price of subsidies for core hospitals (increased number of cancer registration practitioners)
- (3) Promotion of joint international clinical trials and early approval of new drugs, etc.

#### 2. Implementation of palliative care from the early stage of treatment

- (1) Improved quality of palliative care and promotion of the appropriate use of medical narcotics
  - Training of specialists through the utilization of the internet
  - Palliative care training for doctors engaged in cancer medical care
  - Prefectural projects for emphasized promotion of cancer control measures (palliative care training part)
  - Development of medical professional through technical training
  - · Promotion of the appropriate use of medical narcotics
- (2) Promotion of in-home palliative care measures
  - · Promotion of in-home palliative care measures
  - · Implementation of in-home hospice care training, etc.

#### 3. Promotion of cancer registration

- · Promotion of cancer registrations at hospitals
- Implementation of surveys/accuracy management and guidance regarding cancer registration

#### 4. Promotion of prevention/early discovery of cancer and equalization of cancer medical services

- (1) Promotion of cancer prevention/early discovery
  - [1] Promotion of cancer prevention and dissemination/enlightenment
  - Dissemination/enlightenment related expenses
    - Creation of brochures, etc, by Center for Cancer Control and Information Service
    - Promotion of cancer screening through cooperation with enterprises
  - Health support measure for females
  - Research on emergency measures to overcome hepatitis, etc
  - [2] Dissemination of early discovery and effective high-quality cancer screening
  - Establishment of implementation headquarters for raising the percentage of persons receiving cancer screening
  - Improved quality of persons engaged in mammography diagnosis
  - Projects for emergency preparation of mammography coils for breast cancer
- (2) Establishment of consultation support and information provision systems for cancer medical care
  - Improved information provision and support projects by Center for Cancer Control and Information Services
- (3) Promotion of equalization of cancer medical services
  - $\bullet \ \text{Support for priority measures for achieving goals of prefectural cancer control measures promotion plans}$

#### 5. Promotion of cancer research

- O Steady promotion of research on cancer control measures to realize a reduction in the number of cancer related deaths, relieving the pain of all patients and their families, and improved quality of recuperation life
  - · Identification of ethnic factors using clinical data for early recognition

# Detailed Data

# Statistics on Cancer (as of June 2011)

Item	Current status	Source
Number of deaths	Total of 353,318 persons (29.5% of all causes of death)  [211,322 males (33.3% of all causes of death)]  [141,996 females (25.2% of all causes of death)]  → "1 in every 3 Japanese die of cancer"  * Risk of cancer increases with age  → The gross number of deaths is increasing (effect of aging)  * The age-adjusted mortality are (younger than 75) is on a declining trend since 1995 (108.4 in 1995 → 84.4 in 2009)  * Types of cancers are changing	Vital Statistics of Japan (Annual total of monthly reports in 2010 (approximates))
Incidence rate	[400,605 males] Major sites: stomach, large intestine, liver, and prostate gland, and liver [293,179 females] Major sites: breast, large intestine, stomach, lung, and uterus * For both males and females, top 5 cancer sites occupy at least 60% of all cancer patients * Including breast and uterine cervix intraepithelial cancer	Estimates based on population-based cancer registry (2006)
Lifetime risk	Male 54%, Female 41%  → "1 in every 2 persons will contract cancer in Japan"	Estimates by Center for Cancer Control and Information Services, National Cancer Center (2005)
Patients and persons receiving treatment	The number of persons requiring constant treatment was 1.52 million  • The number of persons hospitalized at the time of the survey was 141,400  • The number of outpatients was 156,400  • 297,800 persons received treatment per day (3.6% of those receiving treatment)	Patient Survey (2008)
Medical care expenditure for cancer	¥2,857.2 billion  * 11.0% of total general medical care expenditure	Estimates of National Medical Care Expenditure (2008)