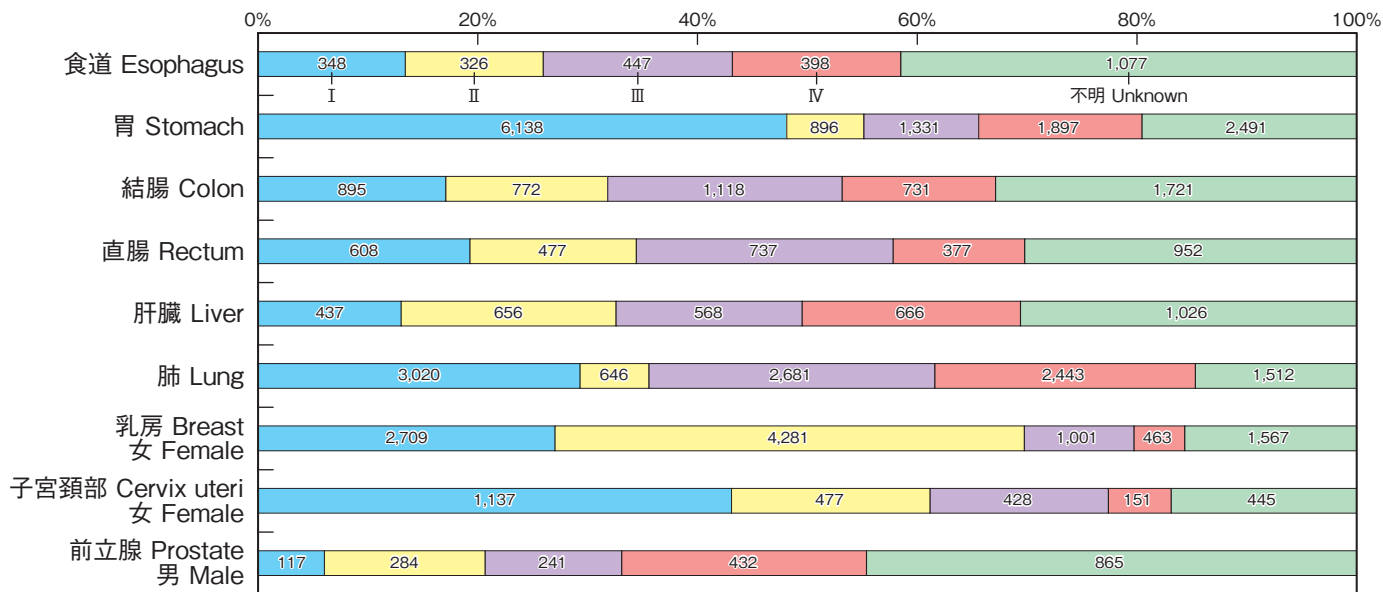


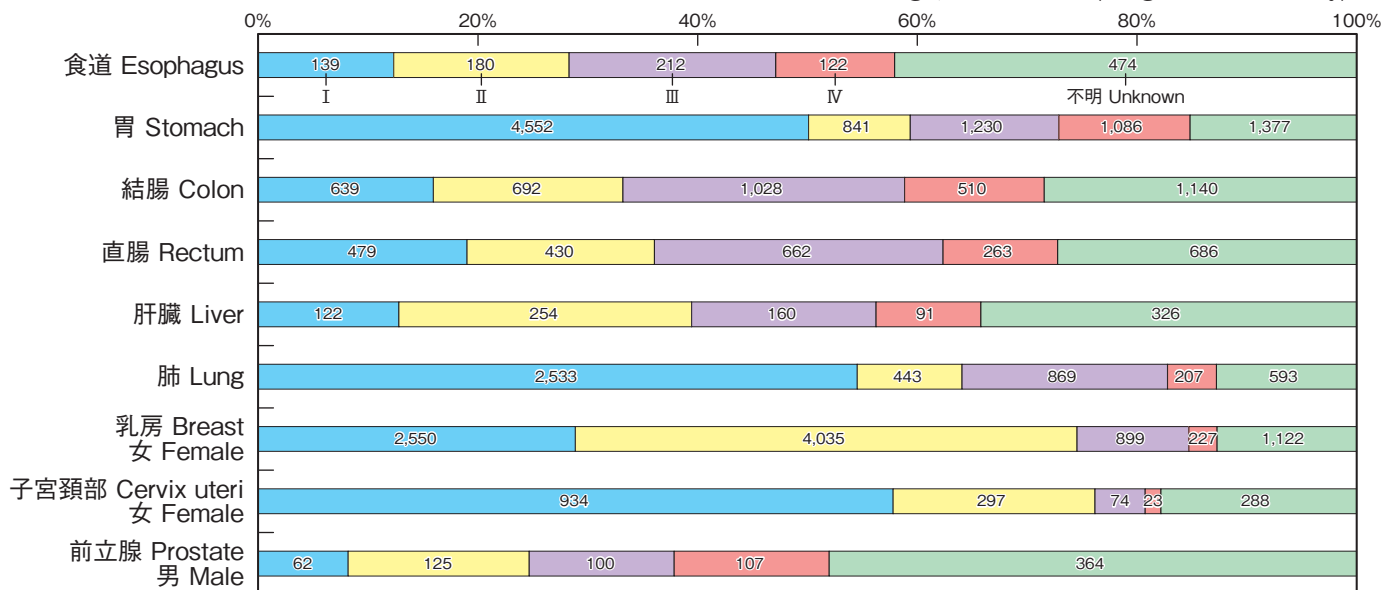
8

全国がん（成人病）センター協議会加盟施設における生存率（1997～99年診断例） Survival Rate in the Member Hospitals of the Association of Clinical Cancer Centers (Diagnosed in 1997-99)

(1) 臨床病期分布 男女計（全症例） Distribution of Clinical Stage, Both Sexes (All Cases)



(2) 臨床病期分布 男女計（手術症例のみ） Distribution of Clinical Stage, Both Sexes (Surgical Cases Only)



(1)(2) 臨床病期分布

全症例では食道がん、肝臓がん、前立腺がんにおいてⅠ期症例が少なく、早期発見の重要性が示唆される。胃がん、子宮頸がんはⅠ期症例の割合が高く比較的早期に発見されていることがうかがえる。乳がんにおいてはⅡ期の症例が一番多く、検診のさらなる普及により、より多くの症例がⅠ期で発見される体制が望まれる。

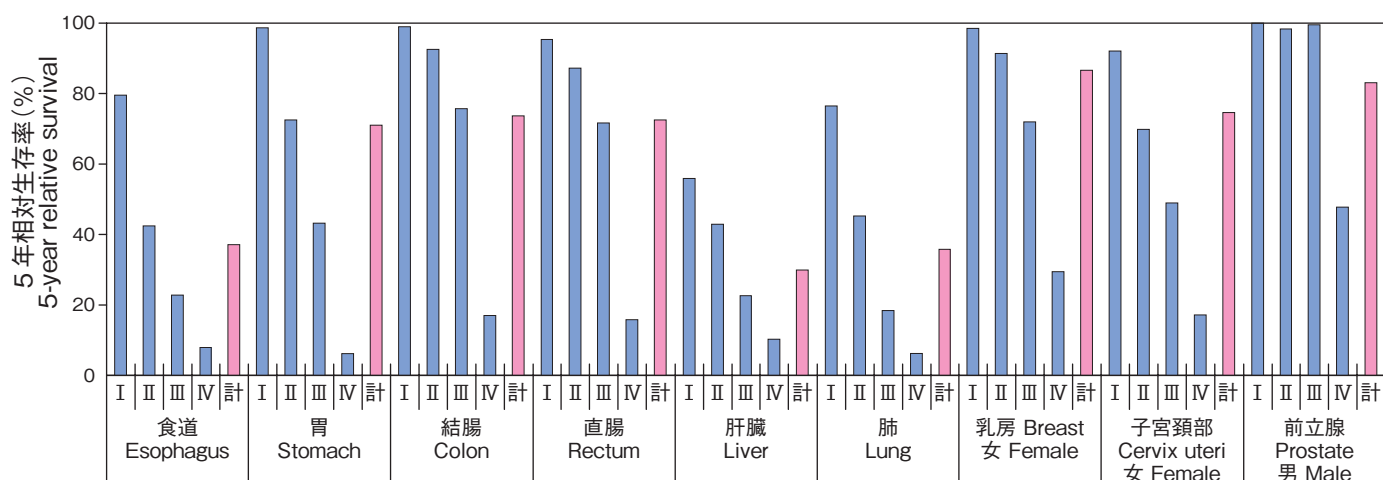
- (注) 1) 15歳未満の小児がんおよび95歳以上の高齢者は算定から除外
 2) 良性腫瘍、上皮内がん、ステージ0は算定から除外
 3) ステージはUICCの臨床病期別
 4) 合計には病期不明例も含む
 5) 消息判明率（追跡率）はいずれの部位も95%以上

(1)(2) Distribution of clinical stage

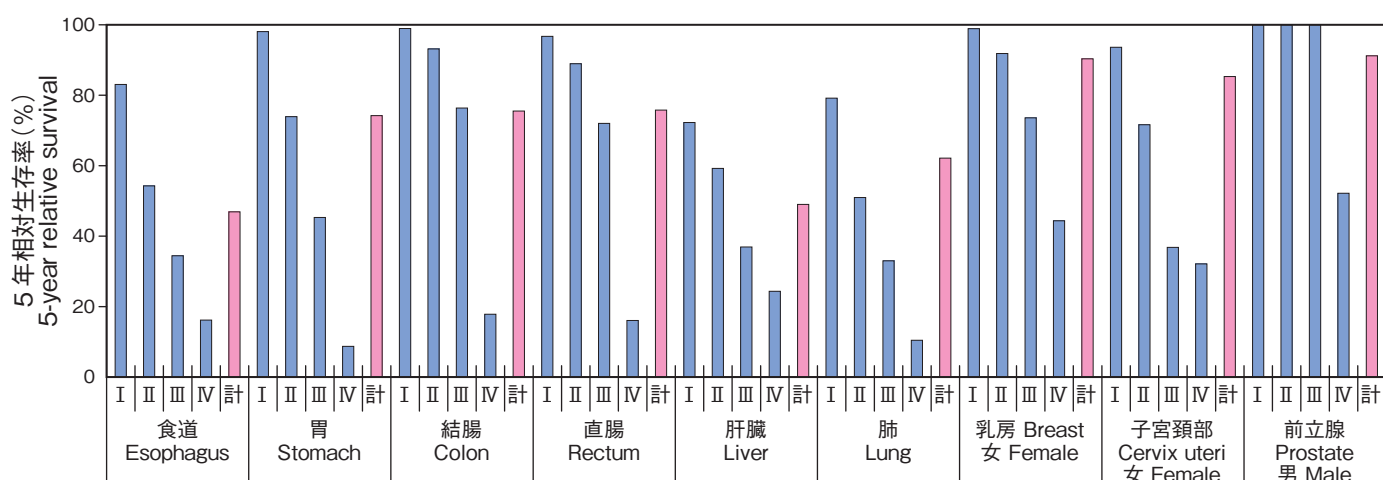
For all cases, the proportion of stage I at diagnosis was small for cancer of the esophagus and liver, suggesting the failure of early detection. The proportion of stage I for cancer of the stomach and cervix uteri was large, suggesting relatively successful early detection. Stage II accounted for the largest part of female breast cancer; therefore dissemination of breast cancer screening is necessary to decrease this proportion.

- Note: 1) Data from 25 member hospitals in the Association of Clinical Cancer Centers are included.
 2) Study cases are inpatients that underwent the first treatment in 1997-1999. Cases under age 15 or aged 95 or older were excluded. Benign tumors, carcinoma in situ (CIS), or cases of stage 0 were excluded.
 3) Surgical cases include surgery with laparoscope, thoracoscope, and the treatment combined with chemotherapy or radiotherapy.
 4) Follow-up rate was 95% or more for each of all sites.

(3) 臨床病期別5年相対生存率 男女計 (全症例)
5-year Relative Survival Rate by Clinical Stage, Both Sexes (All Cases)



(4) 臨床病期別5年相対生存率 男女計 (手術症例のみ)
5-year Relative Survival Rate by Clinical Stage, Both Sexes (Surgical Cases Only)



(3) (4) 臨床病期別5年相対生存率

主要部位の5年相対生存率は18ページの地域がん登録の生存率より高く、胃がん、結腸がん、直腸がん、乳がん、子宮頸がん、前立腺がんの5年相対生存率は70%以上を示し、特に胃がん、結腸がん、直腸がん、乳がん、前立腺がんにおいて臨床病期I期の生存率は95%を越えている。食道がん、肝臓がん、肺がんはI期の生存率、全病期の生存率ともに低い。一方、前立腺がんではI期、II期、III期ともほぼ100%近い相対生存率を示しているが、病期不明例が多く、病期不明を除くとIV期が最も多い。前立腺がんではIV期の生存率は50%を切っていることから、IV期になるまでに治療を開始することが望ましいと考えられる。特に肝臓がんと肺がんでは、手術症例の生存率が全症例より高い。

学会の臓器別がん登録や個々の病院がホームページ等で公表している生存率は、今回の手術症例の生存率に近いと考えられる。全国がん(成人病)センター協議会加盟施設の生存率は我が国のがん専門病院のデータであり、日本を代表するものではないが、地域がん診療連携拠点病院が今後目指すべき目標値であると考えられる。

(3) (4) 5-year relative survival rate, by clinical stage

The 5-year relative survival rates for major sites in the member hospitals of the Association of Clinical Cancer Centers tended to be higher than those measured in population-based cancer registry (See page 18). The survival rates in the member hospitals were over 70% for cancer of the stomach, colon, rectum, breast (female), cervix uteri, and prostate. Moreover, the survival rates for stage I cases were over 95% for cancer of the stomach, colon, rectum, breast (female), and prostate. Cancer of the esophagus, liver, and lung showed low survival rates even for stage I cases. Prostate cancer showed survival rate near 100% for stage I, II, and III cases. However, the largest proportion of prostate cancer was accounted for by stage unknown and the second largest part was accounted for by stage IV. Since the survival rate for stage IV was under 50%, it is favorable to detect earlier than this stage. In the comparisons between all-cases and surgical cases, surgical cases in liver and lung cancer showed higher survival rate than all-cases, probably because surgery was not selected for many of stage IV cases with poor prognosis.

The data of cancer survival rates reported by site-specific cancer registries or medical facilities are similar to the data for surgical cases presented here. Since the member hospitals of the Association of Clinical Cancer Centers specialize in cancer care, the survival rates presented here are not representative of Japan. Instead, they rather serve as a goal for designated cancer care hospitals all around Japan.