わが国におけるがん対策のあゆみ

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Figures and Tables
（1）部位別予測がん死亡数（2014）
Expected number of cancer deaths by site (2014)

男性、全がん Males, All sites 217,600

女性、全がん Females, All sites 149,500

（2）部位別予測がん罹患数（2014）
Expected number of cancer incidence by site (2014)

男性、全がん Males, All sites 501,800

女性、全がん Females, All sites 380,400

予測は、全国がん罹患モニタリング調査の年齢階級別罹患数（1975～2010 全国罹患数）および人口動態統計がん死亡数（1975～2012 実測数）を用いて、年齢、年時代およびそれらの交互作用を説明変数とした予測モデルにより行った。

Expected numbers of cancer deaths and incidence were provided by age period interaction model. The prediction model included the number of incidence from 1975 to 2010, mortality from 1975 to 2012, age at diagnosis, calendar year and those interaction as independent variable.

わが国のがん死亡数の2014年予測値は、約36万7千人である（男性21万8千、女性15万）。部位別の死亡数は、男性では肺が最も多くがん死亡全体の25%を占め、次いで胃（15%）、大腸（12%）、肝臓（9%）、膀胱（7%）の順、女性では大腸が最も多く（15%）、次いで、筋（14%）、胃（12%）、肝臓（11%）、乳房（9%）の順となっている。

わが国のがん罹患数の2014年予測値は、約88万2千例である（男性50万2千、女性38万）。部位別では男性で胃（18%）、肺（18%）、前立腺（15%）、大腸（15%）、肝臓（6%）の順、女性で乳房（23%）、大腸（15%）、胃（11%）、肺（10%）、子宮（7%）の順となっている。

Estimated number of cancer deaths in Japan in 2014 was approximately 367,000 (218,000 males and 150,000 females). Lung was the leading site (25%) for males, followed by stomach (15%), colon/rectum (12%), liver (9%), and pancreas (7%). The leading site for females was colon/rectum (15%), followed by lung (14%), stomach (12%), pancreas (11%), and breast (9%).

Estimated number of cancer incidence in Japan in 2014 was approximately 882,000 (502,000 for males and 380,000 for females). Stomach was the most common cancer site (18%) for males, followed by lung (18%), prostate (15%), colon/rectum (15%), and liver (6%). The most common cancer site for females was breast (23%), followed by colon/rectum (15%), stomach (11%), lung (10%), and uterus (7%).

Source: Center for Cancer Control and Information Services, National Cancer Center, Japan (http://ganjo.no.cancer.go.jp/public/statistics/pub/statistics06.html)

※ 表と図は58～59ページ参照。See p.58-59 for tables and references.
2013年にがんで死亡した人は36万4,872人（男性21万6,975人、女性14万7,897人）
2013年の死亡数が多い部位

<table>
<thead>
<tr>
<th>1位</th>
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<th>3位</th>
<th>4位</th>
<th>5位</th>
<th>考</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>Lung</td>
<td>Stomach</td>
<td>Colon/rectum</td>
<td>Liver</td>
<td>indre Cancer: Colon: 4th, rectum: 8th, when separated.</td>
</tr>
<tr>
<td>Females</td>
<td>Colon/rectum</td>
<td>Lung</td>
<td>Stomach</td>
<td>Liver</td>
<td>breast: Colon: 3rd, rectum: 9th, when separated.</td>
</tr>
<tr>
<td>Both</td>
<td>Lung</td>
<td>Stomach</td>
<td>Colon/rectum</td>
<td>Liver</td>
<td>Cancer: Colon: 3rd, rectum: 7th, when separated.</td>
</tr>
</tbody>
</table>

Cancer deaths in Japan are surveyed by vital statistics, with 100% coverage. The number of cancer deaths in 2013 in Japan was approximately 365,000. The number of male cancer deaths was 1.5 times greater than that of female cancer deaths. In terms of cancer sites, lung was the leading site (24.0%) for males, followed by stomach (14.7%), colon/rectum (11.9%), liver (9.1%), and pancreas (7.3%). The leading site for females was colon/rectum (14.8%), followed by lung (14.0%), stomach (11.3%), pancreas (10.0%), and breast (8.9%).
The site distribution of cancer mortality varied across age groups. For males aged 40 years or older, cancer of the intestine (stomach, colon/rectum, liver etc.) accounted for 50-60% of cancer mortality, and the proportion of lung and prostate cancer was large among 70 years or older. For females aged 40-49 years, approximately half of cancer deaths were accounted for by cancer of the breast, uterus, and ovary, while the proportion of those sites decreased and the proportion of cancer in intestine increased with age. For both males and females under 40 years old, the proportion of cancer of the intestine and lung was small and the proportion of leukemia was large, as compared with older age groups.

See p.64-67 for tables and references.
Mortality Rate by Cancer Site (2013)

**Mortality Rate by Cancer Site (2013)**

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td></td>
</tr>
<tr>
<td>Oral cavity and pharynx</td>
<td>354.6</td>
</tr>
<tr>
<td>Esophagus</td>
<td>293.4</td>
</tr>
<tr>
<td>Stomach</td>
<td>266.0</td>
</tr>
<tr>
<td>Colon</td>
<td>217.8</td>
</tr>
<tr>
<td>Rectum</td>
<td>195.7</td>
</tr>
<tr>
<td>Liver</td>
<td>132.7</td>
</tr>
<tr>
<td>Gallbladder and bile ducts</td>
<td>118.2</td>
</tr>
<tr>
<td>Pancreas</td>
<td>114.0</td>
</tr>
<tr>
<td>Larynx</td>
<td>86.0</td>
</tr>
<tr>
<td>Lung</td>
<td>58.2</td>
</tr>
<tr>
<td>Prostate</td>
<td>41.7</td>
</tr>
<tr>
<td>Kidney and other urinary organs</td>
<td>31.5</td>
</tr>
<tr>
<td>Brain, nervous system</td>
<td>31.0</td>
</tr>
<tr>
<td>Thyroid</td>
<td>28.7</td>
</tr>
<tr>
<td>Malignant lymphoma</td>
<td>25.2</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>15.2</td>
</tr>
<tr>
<td>Leukemia</td>
<td>9.8</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td></td>
</tr>
<tr>
<td>Oral cavity and pharynx</td>
<td>229.2</td>
</tr>
<tr>
<td>Esophagus</td>
<td>217.4</td>
</tr>
<tr>
<td>Stomach</td>
<td>208.7</td>
</tr>
<tr>
<td>Colon</td>
<td>193.0</td>
</tr>
<tr>
<td>Rectum</td>
<td>156.2</td>
</tr>
<tr>
<td>Liver</td>
<td>131.3</td>
</tr>
<tr>
<td>Gallbladder and bile ducts</td>
<td>109.8</td>
</tr>
<tr>
<td>Pancreas</td>
<td>103.8</td>
</tr>
<tr>
<td>Larynx</td>
<td>76.1</td>
</tr>
<tr>
<td>Lung</td>
<td>72.2</td>
</tr>
<tr>
<td>Breast</td>
<td>63.4</td>
</tr>
<tr>
<td>Prostate</td>
<td>51.6</td>
</tr>
<tr>
<td>Kidney and other urinary organs</td>
<td>46.0</td>
</tr>
<tr>
<td>Brain, nervous system</td>
<td>45.8</td>
</tr>
<tr>
<td>Thyroid</td>
<td>38.5</td>
</tr>
<tr>
<td>Malignant lymphoma</td>
<td>30.1</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>21.8</td>
</tr>
<tr>
<td>Leukemia</td>
<td>17.7</td>
</tr>
</tbody>
</table>

*Cancer mortality rate in 2013 was 354.6 for males and 229.2 for females (per 100,000 population)*

The cancer site with the highest mortality rate in 2013 was lung for males, followed by stomach, colon/rectum, liver, and pancreas; colon/rectum was the highest for females, followed by lung, stomach, pancreas, and breast.

Cancer mortality rate (annual number of deaths per 100,000 population) in Japan in 2013 was approximately 355 for males and 229 for females. The mortality rates were higher among males than females for many cancer sites, especially oropharynx, esophagus, stomach, liver, lung, and bladder (over twice). On the other hand, female mortality rates were higher than male for thyroid. The cancer sites with the highest mortality rate in 2013 were lung, stomach, colon/rectum, liver, and pancreas for males, colon/rectum, lung, stomach, pancreas, and breast, for females.

*See p.68-71 for tables and references.*
Cancer incidence cases in Japan were estimated from data collected by the cancer registry system in approximately half of the 47 prefectures. The number of cancer incidence cases in Japan was approximately 805,236 new cancer cases were diagnosed in 2010 (males 468,048, females 337,188). Five leading site in 2010 incidence were stomach (18.5%), lung (15.8%), colon/rectum (14.5%), prostate (13.9%), liver (6.7%). The number of male cancer incidence was 1.4 times as large as that of females. In terms of cancer sites, the stomach was the leading site (18.5%) for males, followed by lung (15.8%), colon/rectum (14.5%), prostate (13.9%), liver (6.7%). The leading cancer site for females was breast (20.2%), followed by colon/rectum (15.1%), stomach (11.6%), lung (9.9%), and uterus (6.9%).

Cancer incidence cases in Japan were estimated from data collected by the cancer registry system in approximately half of the 47 prefectures. The number of cancer incidence cases in Japan was approximately 805,236 new cancer cases were diagnosed in 2010 (males 468,048, females 337,188). Five leading site in 2010 incidence were stomach (18.5%), lung (15.8%), colon/rectum (14.5%), prostate (13.9%), liver (6.7%). The number of male cancer incidence was 1.4 times as large as that of females. In terms of cancer sites, the stomach was the leading site (18.5%) for males, followed by lung (15.8%), colon/rectum (14.5%), prostate (13.9%), liver (6.7%). The leading cancer site for females was breast (20.2%), followed by colon/rectum (15.1%), stomach (11.6%), lung (9.9%), and uterus (6.9%).

 '\* 2010年に新たに診断されたがんは80万5,236例
\* 男性46万8,048例、女性33万7,188例
\* 2010年の罹患数が多い部位

<table>
<thead>
<tr>
<th>位</th>
<th>1位</th>
<th>2位</th>
<th>3位</th>
<th>4位</th>
<th>5位</th>
<th>考</th>
<th>Memo</th>
</tr>
</thead>
</table>
| 男性 | 胃 | 腸 | 大腸 | 前立腺 | 肺 | 大腸を結腸と直腸に分けた場合、結腸4位、直腸6位 | 以上の部位をそれぞれ別途記載した。
| 女性 | 腸 | 大腸 | 前立腺 | 肺 | 乳房 | 大腸を結腸と直腸に分けた場合、結腸3位、直腸5位 | 以上の部位をそれぞれ別途記載した。

Cancer incidence cases in Japan were estimated from data collected by the cancer registry system in approximately half of the 47 prefectures. The number of cancer incidence cases in Japan was approximately 805,236 new cancer cases were diagnosed in 2010 (males 468,048, females 337,188). Five leading site in 2010 incidence were stomach (18.5%), lung (15.8%), colon/rectum (14.5%), prostate (13.9%), liver (6.7%). The leading cancer site for females was breast (20.2%), followed by colon/rectum (15.1%), stomach (11.6%), lung (9.9%), and uterus (6.9%).

\* 805,236 new cancer cases were diagnosed in 2010
\* 2010年男性46万8,048例、女性33万7,188例

Cancer incidence cases in Japan were estimated from data collected by the cancer registry system in approximately half of the 47 prefectures. The number of cancer incidence cases in Japan was approximately 805,236 new cancer cases were diagnosed in 2010 (males 468,048, females 337,188). Five leading site in 2010 incidence were stomach (18.5%), lung (15.8%), colon/rectum (14.5%), prostate (13.9%), liver (6.7%). The leading cancer site for females was breast (20.2%), followed by colon/rectum (15.1%), stomach (11.6%), lung (9.9%), and uterus (6.9%).

\* 805,236 new cancer cases were diagnosed in 2010
\* 2010年男性46万8,048例、女性33万7,188例

Cancer incidence cases in Japan were estimated from data collected by the cancer registry system in approximately half of the 47 prefectures. The number of cancer incidence cases in Japan was approximately 805,236 new cancer cases were diagnosed in 2010 (males 468,048, females 337,188). Five leading site in 2010 incidence were stomach (18.5%), lung (15.8%), colon/rectum (14.5%), prostate (13.9%), liver (6.7%). The leading cancer site for females was breast (20.2%), followed by colon/rectum (15.1%), stomach (11.6%), lung (9.9%), and uterus (6.9%).

\* 805,236 new cancer cases were diagnosed in 2010
\* 2010年男性46万8,048例、女性33万7,188例

Cancer incidence cases in Japan were estimated from data collected by the cancer registry system in approximately half of the 47 prefectures. The number of cancer incidence cases in Japan was approximately 805,236 new cancer cases were diagnosed in 2010 (males 468,048, females 337,188). Five leading site in 2010 incidence were stomach (18.5%), lung (15.8%), colon/rectum (14.5%), prostate (13.9%), liver (6.7%). The leading cancer site for females was breast (20.2%), followed by colon/rectum (15.1%), stomach (11.6%), lung (9.9%), and uterus (6.9%).

\* 805,236 new cancer cases were diagnosed in 2010
\* 2010年男性46万8,048例、女性33万7,188例
6 年齢階級別がん罹患 部位内訳（2010年）
Cancer Incidence by Age Group, Site Distribution (2010)

がん罹患の部位内訳を年齢階級別に見ると、男性では、40歳以上で胃、大腸、肝臓などの消化器系のがんが5~6割を占め、70歳以上では肝癌と前立腺癌の割合が大きくなる。女性では、40歳代で乳がんが約50%、子宮がんと卵巣がんが合わせて約20%を占めるが、高齢になるほどそれぞれの割合は小さくなり、消化器癌（胃、大腸、肝臓など）と肺がんの増加が大きくなる。男性の場合、30歳以下では、40歳以上に比べて、消化器系および肺がんの占める割合が小さく、自血病の占める割合が大きい。女性の場合、20歳以下では、40歳以上に比べて、子宮頸部の割合が大きい。

The site distribution of cancer incidence varied across age groups. For males aged 40 years or older, cancer of the intestine (stomach, colon/rectum, liver etc.) accounted for 50-60% of cancer incidence, and the proportion of lung and prostate cancer was large among 70 years or older. For females aged 40~49 years old, approximately 20% were accounted for by uterus and ovary. The proportion of those three sites decreased with age and the proportion of digestive tract cancer decreased. For females under age 40, the proportion of cervix uteri was greater than that of females aged 40 years or older.

※表出典は72 ～ 75ページ参照。See p.72-75 for tables and references.
# 部位別がん新罹患率（2010年）
> Incidence Rate by Cancer Site (2010)

<table>
<thead>
<tr>
<th>性別</th>
<th>病名</th>
<th>率（人口10万対）</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>男性</strong></td>
<td>口腔と咽頭</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>食道</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>胃</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>腸</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>直腸</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>肝</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>肺葉</td>
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</tr>
<tr>
<td></td>
<td>胰</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>喉頭</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>肌肉</td>
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<td>前立腺</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>腎</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>肝</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>眼</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>肺</td>
<td>750.9</td>
</tr>
<tr>
<td></td>
<td>腹部</td>
<td>750.9</td>
</tr>
</tbody>
</table>

2010年のがんの罹患率は男性750.9、女性513.0（人口10万対）

2010年の罹患率が高い部位は頭に、男性では胃、肺癌、前立腺、肝癌の順で、女性では乳房、大腸、胃、子宮の順である。

- Cancer incidence rate in 2010 was 750.9 for males, 513.0 for females (per 100,000 population).
- The cancer sites with the highest incidence rate in 2010 was stomach for males, followed by lung, colon/rectum, prostate, and liver; breast for females, followed by colon/rectum, stomach, lung, and uterus.

2010年のがんの罹患率（人口10万対当たり）は男性で750.9、女性で513.0である。死亡と同様に多くの部位で男性が女性より罹患率が高い。特に、口腔、咽頭、食道、胃、肝癌、唾液、肺、腎癌、腎癌で男性の罹患率が女性の2倍以上である。皮膚と乳腺は女性が男性より罹患率が高い。部位別罹患率では、男性では胃、肝、肺癌、前立腺、肝癌の順に高く、女性では乳房、大腸、胃、乳腺、子宮の順に高い。

Cancer incidence rate (annual number of newly diagnosed cases per 100,000 population) in Japan in 2010 was 750.9 for males and 513.0 for females. The incidence rates were higher among males than females, especially for oropharynx, esophagus, stomach, liver, larynx, lung, and bladder (over twice). On the other hand, female incidence rates were higher than male for skin and thyroid. The cancer sites with the highest incidence rate in 2010 was stomach for males, followed by lung, colon/rectum, prostate, and liver; breast for females, followed by colon/rectum, stomach, lung, and uterus.

※表と図は76～79ページ参照。See p.76-79 for tables and references.
地域がん登録における5年生存率（2003〜2005年診断例）
Survival Rate, Data from Population-based Cancer Registries (Diagnosed in 2003-2005)

(1) 男女計 5年相対生存率（主要部位） 5-year Relative Survival, Both Sexes (major sites)

(2) 男女計 5年相対生存率（詳細部位） 5-year Relative Survival, Both Sexes (minor sites)

※地域がん登録における2003〜2005年の診断例の全がんの5年相対生存率は58.6%。
※生存率が高い部位は、乳房（女性）、子宮、前立腺、甲状腺。
※生存率が低い部位は、食道、肝臓、肺、胆のう・胆管、脾臓、脳・中樞神経系、多発性骨髄腫、白血病。
※5年生存率が高い部位は、乳腺（女性）、子宮、前立腺、甲状腺。
※生存率は低く、食道、肝臓、肺、胆のう・胆管、脾臓、脳・中樞神経系、多発性骨髄腫、白血病。
※5年生存率は、腫瘍、膵臓、肺、頭頸部、中枢神経、多発性骨髄腫、白血病。

(1) 主要部位
7つの府県（宮城、山形、新潟、福井、滋賀、大阪、長崎）の地域がん登録において2003〜2005年に診断された患
者の主要部位の5年相対生存率をみると、全がんの生存率は58.6%である。胃、結腸、直腸では3〜70%に分布し、
全がんよりやや高い値である。乳癌、子宮頸部、子宮体部、
前立腺では72〜94%と比較的生存率が高く、食道、肝臓、
および肺では28〜34%と生存率が低い。

(2) 詳細部位
詳細部位の全がんの5年相対生存率をみると、喉頭および
肺癌は74〜76%と比較的生存率が高く、前立腺および甲状腺
は90%以上の高い生存率を示す。胆のう・胆管、肝臓、脳・
中樞神経系、多発性骨髄腫、白血病では7〜37%と生存率
が低い。

(1) Major sites
According to data from cancer registries in 7 prefectures (Miyagi, Yamagata, Niigata, Fukui, Shiga, Osaka, and Nagasaki), the
5-year relative survival rate for cancer patients diagnosed in 2003-2005 was 58.6% in population-based cancer registry.
Survival rates were high for breast (females), uterus, prostate and thyroid.
Survival rates were low for esophagus, liver, gallbladder, pancreas, brain and nervous system, multiple myeloma, and leukemia.

Note: 1) Excluding the following cases: death certificate only, secondary cancers or later, non-malignant, carcinoma in situ (including muscular cancers of the large
bowel), age unknown or over 100, or detected by follow-back inquiry.

※ 表と出典は80 〜81ページ参照，请see p.80-81 for tables and references.
(3) 臨床進行度分布 男女計  
Distribution of Clinical Stages, Both Sexes

<table>
<thead>
<tr>
<th>発がん cancer</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>全がん All cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>各部位 site</td>
<td>Localized</td>
<td>Regional</td>
<td>Distant</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>食道 Esophagus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>胃 Stomach</td>
<td>27.5%</td>
<td>43.7%</td>
<td>16.6%</td>
<td>14.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>部 Colon</td>
<td>52.6%</td>
<td>24.9%</td>
<td>16.2%</td>
<td>8.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>頸・肛門 Rectum &amp; anal</td>
<td>44.5%</td>
<td>29.3%</td>
<td>17.5%</td>
<td>7.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>肝臓 Liver</td>
<td>52.2%</td>
<td>31.4%</td>
<td>15.4%</td>
<td>8.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>肺・気道 Lung &amp; trachea</td>
<td>25.7%</td>
<td>31.6%</td>
<td>12.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>乳房 Breast (male)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>乳房 Breast (female)</td>
<td>56.2%</td>
<td>32.8%</td>
<td>18.4%</td>
<td>7.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>子宮頸癌 Cervix uteri</td>
<td>49.6%</td>
<td>33.1%</td>
<td>6.0%</td>
<td>11.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>子宮体癌 Corpus uteri</td>
<td>64.3%</td>
<td>20.4%</td>
<td>8.2%</td>
<td>7.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>前立腺 Prostate</td>
<td>52.6%</td>
<td>13.7%</td>
<td>23.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>甲状腺 Thyroid</td>
<td>36.3%</td>
<td>51.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(4) 臨床進行度別 5年相対生存率 男女計  
5-year Relative Survival Rate by Clinical Stages, Both Sexes

(3) 臨床進行度分布（特定部位）
7つの府県（宮城, 岩手, 青森, 福島, 茨城, 大阪, 長崎）の地域がん登録において2003-2005年に診断された患者の診断時の臨床進行度分布をみると、がんが起発部位・組織に「限局」しているものの割合は、胃, 部, 肝臓, 子宮頸部の各がんでは45-53%, 乳房と子宮体癌ではそれぞれ57%, 64%と比較的高く、肺では26%と低い。

(4) 臨床進行度別 5年相対生存率

臨床進行度別の5年相対生存率をみると、臨床病期が「限局」の生存率は、胃, 部, 直腸, 乳房, 子宮, 前立腺, 甲状腺では90%以上で分布し良好だが、肺では77%, 肝臓では61%と比較的低いである。所属リンパ節転移のあるがんや組織に浸潤している「遠隔」の生存率は、胃, 部, 直腸, 子宮, 前立腺では45-95%に分布したが、肝臓では13%, 肺では23%と不良である。さらに進展した「遠隔」の生存率は、乳がん, 子宮, 前立腺および甲状腺を除けばいずれも12%以下で極めて不良である。

(3) Distribution of stage at diagnosis

According to data from cancer registries in 7 prefectures (Miyagi, Yamagata, Niigata, Fukui, Shiga, Osaka, and Nagasaki), cancer classified as "localized" accounted for 45-53% for stomach, colon, rectum, liver, and cervix uteri, 57% and 64% for breast and corpus uteri, respectively, and 26% for lung cancer.

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

The 5-year relative survival rates for "localized" cancer of the stomach, colon, rectum, breast, uterus, prostate, and thyroid were high, over 90%, while for liver and lung even "localized" cancer showed lower survival rates (41% and 77%, respectively). The survival rates for "regional" cancer of the stomach, colon, rectum, uterus, and prostate ranged from 45% to 95%, while those for liver and lung were 13% and 23%, respectively. The survival rates for cancer classified as "distant" were lower than 12%, except for breast, uterus, prostate and thyroid.
9 全国がん（成人病）センター協議会加盟施設における5年生存率（2005～2006年診断例）
Survival Rate in the Member Hospitals of the Association of Clinical Cancer Centers (Diagnosed in 2005-2006)

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>食道</td>
<td>20.0 %</td>
<td>16.3</td>
<td>13.4</td>
<td>10.5</td>
<td>7.6</td>
<td>4.7</td>
<td>2.8</td>
<td>1.9</td>
<td>1.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>胃</td>
<td>866</td>
<td>747</td>
<td>1,054</td>
<td>1,319</td>
<td>1,441</td>
<td>2,543</td>
<td>2,624</td>
<td>1,256</td>
<td>613</td>
<td>245</td>
<td></td>
</tr>
<tr>
<td>腸</td>
<td>1,495</td>
<td>1,438</td>
<td>1,323</td>
<td>1,255</td>
<td>1,284</td>
<td>1,771</td>
<td>1,438</td>
<td>1,323</td>
<td>1,255</td>
<td>1,284</td>
<td>1,771</td>
</tr>
<tr>
<td>腎</td>
<td>249</td>
<td>973</td>
<td>1,011</td>
<td>613</td>
<td>245</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>肝</td>
<td>967</td>
<td>835</td>
<td>709</td>
<td>373</td>
<td>132</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>胸腺/腺癌 Lung Adeno</td>
<td>3,888</td>
<td>406</td>
<td>1,276</td>
<td>1,771</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>腸癌平上皮癌 Lung Squamous</td>
<td>906</td>
<td>367</td>
<td>840</td>
<td>424</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>小細胞癌 Lung small cell</td>
<td>58</td>
<td>61</td>
<td>447</td>
<td>458</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>腫・気管 Lung.trachea</td>
<td>5.279</td>
<td>959</td>
<td>3,063</td>
<td>3,208</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>子宮頸癌</td>
<td>4,350</td>
<td>4,784</td>
<td>3,986</td>
<td>4,521</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>安 EXP</td>
<td>1,063</td>
<td>457</td>
<td>454</td>
<td>454</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>腫・子宮内膜癌</td>
<td>1,362</td>
<td>132</td>
<td>243</td>
<td>133</td>
<td>133</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>前立腺癌 Prostate</td>
<td>392</td>
<td>115</td>
<td>405</td>
<td>173</td>
<td>125</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>その他</td>
<td>178</td>
<td>3,162</td>
<td>765</td>
<td>684</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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)

<table>
<thead>
<tr>
<th>Stage</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>食道</td>
<td>27.677</td>
<td>14.049</td>
<td>8.661</td>
<td>5.073</td>
<td>2.913</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>胃</td>
<td>644</td>
<td>467</td>
<td>329</td>
<td>193</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>腸</td>
<td>8,876</td>
<td>1,282</td>
<td>1,302</td>
<td>995</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>腎</td>
<td>1,474</td>
<td>1,430</td>
<td>1,509</td>
<td>977</td>
<td>356</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>腸・気管 Lung.trachea</td>
<td>4,795</td>
<td>708</td>
<td>581</td>
<td>581</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>子宮頸癌</td>
<td>4,325</td>
<td>4,669</td>
<td>896</td>
<td>896</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>安 EXP</td>
<td>973</td>
<td>263</td>
<td>115</td>
<td>115</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>腫・子宮内膜癌</td>
<td>1,346</td>
<td>128</td>
<td>214</td>
<td>156</td>
<td>156</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>前立腺癌 Prostate</td>
<td>390</td>
<td>107</td>
<td>356</td>
<td>110</td>
<td>114</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>その他</td>
<td>91</td>
<td>1,493</td>
<td>287</td>
<td>85</td>
<td>12</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) 5年生存率
(2) 全がん統計

（注）（1）対象はがん検診対象のもの
（2）2005年及び2006年に同検診を受けた症例を対象としている。
（3）乳頭状癌、乳頭内窩癌、スペースリクは除外されている。
（4）悪性黑色素腫、未分化癌、未定義、腫瘍体の診断は除外されている。
（5）ステージ以外の診断は除外されている。
（6）血中CA125は除外されている。

（1-2）臨床病期分布

（1）全がん統計

胃がん、子宮体がんは1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。乳がんは2期症例が多く、結腸がん・直腸がんは1期～2期の症例数がほぼ同数であり、検診のさらなる普及により、より多くの症例が1期で発見される傾向がある。
（3）臨床期別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）全がん協会臨床病期5年相対生存率
主要部位の5年相対生存率は全体的に21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、
子宮頚がんの5年相対生存率は70%以上、子宮体がんの5年
相対生存率は85.2%以上、乳がんの5年相対生存率は92.8%
以上を示し、特に胃がん、結腸がん、直腸がんにおいて臨
床病期I期の生存率は97%を超え、乳がんは臨床病期I期、
II期とも生存率は95%以上となった。前列腺がんではI期、
II期、III期とも100%の相対生存率を示し、前立腺がんは
全症例でも5年相対生存率は100%を示した。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く、肺がん
の5年相対生存率は全体で47.6%であったが、組織型に分
けると、腺がん57.1%、扁平上皮がん42.4%、小細胞がん
18.3%であった。症例数は腺がん、扁平上皮がん、小細胞
がんの順に多く、手術症例に限れば肺がんの5年相対
生存率は80.8%であった。

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）センター協議会加盟施設の
生存率は我が国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 rates by clinical stage in the designated
hospitals of the Association of Clinical Cancer Centers

The 5-year relative survival rates for the major sites in the
hospitals designated by the Association of Clinical Cancer Centers
tended to be higher than those of the Regional Cancer Registry
(See page 21). The 5-year relative survival rates of stomach, colo,
rectum, and cervical cancers were over 70%. The 5-year
relative survival rates of uterine and breast cancers were above
85.2 and 92.8%, respectively. Of note, the survival rates of stage I
stomach, colon, and rectum cancers were above 97%. The 5-year
relative survival rates of uterine and breast cancers were above
85.2 and 92.8%, respectively. Of note, the survival rates of stage I
stomach, colon, and rectum cancers were above 97%. The 5-year
relative survival rates of uterine and breast cancers were above
95%. The survival rates of stage I and II breast cancers were above
90%. The relative survival rates of stage I, II, and III prostate cancer were
100%. The 5-year relative survival rates of all prostate cancer cases were
100%. The survival rates of liver and lung cancers of all stages
were low. The 5-year relative survival rate of lung cancer was
47.6%: adenocarcinoma (57.1%), squamous carcinoma (42.4%),
and small cell lung cancer (18.3%). The incidence of lung cancer
was higher for adenocarcinoma, squamous carcinoma, and small
cell lung cancer in this order. The 5-year relative survival rate of
lung cancer patients who underwent surgery was 60.8%.

The cancer survival rates reported by site-specific cancer registries
or by hospitals are similar to those of the surgical cases in the present
study. Since the hospitals designated by the Association of Clinical
Cancer Centers specialize in cancer care, the survival rates presented
here are not representative data for all hospitals in Japan, but should
be target values for the designated cancer care hospitals in Japan.
10 がん診療連携拠点病院における臨床病期の分布（2012年）

Distribution of Clinical Stage at Designated Cancer Care Hospitals (2012)

(1) 臨床病期分布 男女計（治療前，全症例）

Distribution of clinical stage, Both Sexes, Preclinical Stage (All Cases)

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
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<tbody>
<tr>
<td>胃 Stomach C16</td>
<td>36</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>大腸 Colon/rectum C18-C20</td>
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<td>9915</td>
<td>12064</td>
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<td></td>
</tr>
<tr>
<td>線及肝臓部 Liver C22</td>
<td>7799</td>
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<td></td>
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<td>4717</td>
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<tr>
<td>気管、肺 Lung C33-C34</td>
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<td>4421</td>
<td>9282</td>
<td>18266</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>乳房 Breast C50</td>
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<td></td>
<td>14076</td>
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<td>2131</td>
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</table>

(2) 臨床病期分布 男女計（術後病理学的，手術症例）

Distribution of Clinical Stage, Both Sexes, Pathological Stage (Surgical Cases Only)

<table>
<thead>
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<th>20%</th>
<th>30%</th>
<th>40%</th>
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</tbody>
</table>

出典：がん診療連携拠点病院内がん登録 2012年全国集計報告書
Cancer Registry Report of the Nationwide Designated Cancer Care Hospitals, 2012 (http://ganjoho.jp/professional/statistics/hosp_c_registry.html#04)

Note: 1) Data were collected from 397 Designated Cancer Care Hospitals (designated as of Sep. 2013).
2) Data of cases in 2012 were collected.
3) In each hospital, cases who were diagnosed in the hospital or first visited the hospital were registered.
4) Carcinoma in situ was included.
5) Both primary and recurrent cases were included.
6) Based on the principle of one registration for one tumor, multiple tumors in a patient, if diagnosed as different tumors, were registered as multiple primaries.
7) It is possible that a given hospital may register an identical tumor in multiple hospitals, if the patient visited multiple designated Cancer Care Hospitals.
8) Clinical stages were defined according to the UICC TNM classification 7th ed.
9) Cases for second opinion alone were excluded.
累積がん罹患・死亡リスク
Cumulative Cancer Incidence/Mortality Risk

(1) 年齢階級別罹患リスク（2010年罹患・死亡データに基づく）
Age-specific Incidence Risk (Based on Incidence and Mortality Data in 2010)

<table>
<thead>
<tr>
<th>部位 Site</th>
<th>性別 Sex</th>
<th>～39歳</th>
<th>～49歳</th>
<th>～59歳</th>
<th>～69歳</th>
<th>～79歳</th>
<th>生涯</th>
<th>何人に1人か</th>
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<td>全がん All cancers C00-C96</td>
<td>男性 Males</td>
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<td>7.5</td>
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<td>女性 Females</td>
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<td>5.2</td>
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<td>27.5</td>
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<td>0.2</td>
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<td>1.3</td>
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<td>3.8</td>
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<td>子宮 Uterus C53-C55</td>
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<tr>
<td>悪性リンパ腫 Malignant lymphom C81-C85 C96</td>
<td>男性 Males</td>
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<td>0.3</td>
<td>0.4</td>
<td>0.7</td>
<td>151</td>
</tr>
</tbody>
</table>


The cumulative lifetime risk of cancer incidence, estimated based on cancer incidence data in 2010, is 60% for males and 45% for females. In other words, one in two Japanese males and one in two Japanese females are estimated to be diagnosed with cancer during their lifetime. Similarly, the cumulative lifetime risk of cancer mortality, estimated based on data in 2013, is 26% for males and 10% for females, i.e. one in four Japanese males and one in six Japanese females are estimated to die from cancer.

Lifetime risks of cancer incidence and mortality are both higher for males than for females. The cumulative cancer incidence risk by 60 years old is higher for females, while it is higher for males for older age groups. The cumulative cancer mortality risk is higher for females by 40 years old, while it is higher for males for older age groups. The main reason for this pattern is high risk of breast cancer for middle aged females.

The cancer sites with high incidence risk by 60 years old are: stomach, colon/rectum, lung for males; breast, colon/rectum, and uterus for females. The cancer sites with high mortality risk by 69 years old are: lung, stomach, colon/rectum for males; breast, colon/rectum, stomach, and lung for females.
After the end of the World War II, the mortality of 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.

The sudden increases and decreases in mortality rate observed in the middle of 1990’s were the artifact caused by the change from ICD version 9 to 10 in 1995.

See p.84-85 for tables and references.
主要死因別年齢調整死亡率年次推移（1947年〜2013年）

Trends in Age-adjusted Mortality Rate for Leading Causes of Death (1947-2013)

ごとん、心疾患、脳血管疾患の3大死因の年齢調整死亡率（人口の高齢化の影響を除いた死亡率）は近年減少傾向にある。

Age-adjusted mortality rate is decreasing for the three leading causes of death in Japan: cancer, heart diseases，and cerebrovascular diseases.

年齢調整死亡率の増加の年次推移を死因別にみると、25ページの死亡率では近年増加傾向にあるが、心疾患、肺炎などが、人口の高齢化の影響を取り除くとむしろ減少傾向であることがわかる。粗死亡率で減少傾向にある脳血管疾患は、年齢調整死亡率ではより急激な減少を示している。年齢階級別の主要死因でみた場合、がんは40歳〜89歳で死因1位である。

Cancer, heart diseases, and pneumonia, which appeared to be increasing in recent crude mortality rate (Page 25), showed a decreasing trend after age-adjustment. This suggests that the increase in crude mortality rate may have been caused by the aging of the population. The decrease in the mortality of cerebrovascular diseases became more rapid after age-adjustment. Regarding the age-specific causes of death, cancer was the leading cause of death among 40-89 years age groups in 2013.

(注)総数の率は右軸に、主要死因別の率は左軸に示している。

Note: Total death rate is shown on the right axis and the rate for leading causes of death on the left.
部位別がん粗死亡率年次推移（1965年～2013年）

The crude mortality rate of cancer has been continuously increasing for both sexes since 1960's. In terms of site distribution, the proportion of lung, pancreas, and colon/rectum increased for males, and the proportion of lung, pancreas, and breast increased for females. Stomach cancer mortality rate, which accounted for approximately 50% and 40% of all cancer mortality rate for males and females, respectively, continuously decreased to 15% and 11%, respectively, in 2013.

資料：国立がん研究センターがん対策情報センター（http://ganjoho.ncc.go.jp/professional/statistics/statistics.html）
Source: Center for Cancer Control and Information Services, National Cancer Center, Japan (http://ganjoho.ncc.go.jp/professional/statistics/statistics.html)
15 がん年齢調整死亡率年次推移（1958年〜2013年）
Trends in Age-adjusted Mortality Rate (1958-2013)

(1) 全がん All Cancers
全年代 All Ages
75歳未満 under Age 75

口頭10万円（対数）Rate per 100,000 (log scale)

- 男：males
- 女：females
- 男女計：total

年 Year

年次推移 Trend in Cancer Statistics

- 全がんの年齢調整死亡率は、男性と女性とも1990年代後半から減少傾向にある。
- 年齢を75歳未満に限った全がんの年齢調整死亡率は、男性と女性とも1960年代から減少傾向にある。
- 年齢調整死亡率が近年増加している部位：[男性] 腹膜
[女性] 腹膜、子宮
- 減少している部位：[男性] 脾、胃、盲腸、肝臓、胆のう・胆管、
肺、前立腺、甲状腺、白血病
[女性] 脾、胃、盲腸、肝臓、胆のう・胆管、甲状腺、白血病

- Age-adjusted cancer mortality rate for decreasing for both males and females since late 1990’s.
- When restricted to age group under 75, age-adjusted cancer mortality rate is decreasing for both males and females since late 1960’s.
- Age-adjusted mortality rate is recently increasing for: [males] pancreas
[females] pancreas, uterus
- decreasing for: [males] esophagus, stomach, rectum, liver,
gallbladder, lung, prostate, thyroid, leukemia
[females] esophagus, stomach, rectum, liver, gallbladder, thyroid, leukemia

Among major cancer sites, female breast cancer showed a clear increasing trend until recently in age-adjusted mortality rate, but it reached a plateau. On the other hand, cancer of the uterus stopped its decreasing trend and started to increase. The cancer sites with recently decreasing trend in age-adjusted mortality rate for both sexes were stomach, rectum, and liver. Among them stomach cancer showed a clear contiguous decrease from 1980s, and the decrease in liver cancer was recently clear. A decrease in lung and prostate cancers were seen for males.

For other cancer sites, a slow increase has been seen in pancreas cancer. Esophagus, gallbladder, thyroid, and leukaemia showed a decreasing trend.
1965年、1990年、2013年の死亡率の変化をみると、全癌症では男女とも50歳～60歳代の死亡率は減少しているが、胃癌（男性80歳以上、女性65歳以上）では増加している。80歳以上の胃死亡率の増加は診断精度の向上も一つの原因だと考えられる。

部位別の動向は、
【食道癌】 男性では一貫した傾向ではなく、女性では65歳～84歳で死亡率が減少している。
【胃癌】 男女ともほぼすべての年齢階級で死亡率が減少している。

Comparisons among the age-specific mortality rates in 1965, 1990, and 2013 revealed that cancer mortality rate for 50-69 years old decreased, while that for the elderly (men 80+ and females 65+ years old) increased. The improved diagnosis of cancer in elderly people may have contributed to the increase.

Site-specific trends are as follows.
【Esophagus】 No clear pattern was seen for males, and a decrease in female mortality rate for ages 65-84 years was seen.
【Stomach】 A decrease in mortality rate was seen for almost all age groups among both sexes.

Source: Center for Cancer Control and Information Services, National Cancer Center, Japan (http://ganjoho.go.jp/professional/statistics/statistics.html)

A clear increase in mortality rate for colon cancer was seen between 1965 and 1990 among middle and old age groups for both males and females.

A peak in mortality rate was seen among males aged 40–49 years in 1965 and males aged 80–89 in 2013. These generations correspond to the early 1930’s birth year cohort, and have been reported to have a high prevalence of hepatitis C virus infection.

An increase in mortality rate between 1965 and 1990 was clear among middle and old age group for both males and females.
Pancreas

An increase in mortality rate between 1965 and 1990 was clear among middle and old age group for both males and females.

Lung

For males, a rapid increase in mortality rate was seen among middle and old age group between 1965 and 1990, and among ages 80 or older after 1990. For females, an increase was seen among ages 65 or older between 1965 and 1990. A small drop in mortality rate was seen among males aged 70-79 in 2013. This generation corresponds to the late 1930's birth cohort, and reportedly has a low prevalence of ever-smoking.

Prostate

A clear increase in mortality rate was seen among middle and old age groups.

Breast (females)

An increase in mortality rate among females aged 35 years or older was seen. Especially, the increase among ages 50-64 was rapid.
[Uterus] A clear decrease in mortality rate was seen among middle and old age groups (except 80+ years old), while a slight increase was seen among 30-50 age groups.

[Ovary] A clear increase in mortality rate was seen between 1965 and 1990 among middle and old age groups.

[Malignant lymphoma] An increase in mortality rate for both males and females was seen among 60 years or older age groups between 1965 and 1990, and among 75 years or older age groups after 1990.

[Leukemia] Mortality rate was higher among young age groups (under 30 years old) as compared with other cancer sites, but a decreasing was seen for those age groups. On the other hand, an increase was seen among 70 years or older age groups.
The crude incidence rate of cancer has been continuously increasing since 1980’s. In terms of site distribution, the proportion of lung, colon/rectum, and prostate increased for males, and the proportion of lung, colon/rectum, and breast increased for females. Stomach cancer incidence rate, which accounted for approximately 37% and 25% of all cancer incidence rate for males and females, respectively, continuously decreased to 19% and 12% for males and females respectively in 2010.

Source: Center for Cancer Control and Information Services, National Cancer Center, Japan (http://ganjoho.ncc.go.jp/professional/statistics/statistics.html)
がん年齢調整罹患率年次推移（1985年～2007年）
Trends in Age-adjusted Incidence Rate (1985-2007)

(1) 全がん All Cancers

1985年～2007年における全がんの年齢調整罹患率は、男女とも1985年以降増加傾向にある。
年齢調整罹患率が近年増加している部位：
【男性】食道、甲状腺、悪性リンバ腫
【女性】肺、乳、乳房、子宮、卵巣、甲状腺、悪性リンバ腫
減少している部位：
【男性】肝、胆のう・胆管、白血病
【女性】胃、直腸、肝、胆のう・胆管

Age-adjusted cancer incidence rate for both males and females increased since 1985.
Age-adjusted mortality rate recently increasing for:
【males】esophagus, thyroid, malignant lymphoma
【females】pancreas, lung, breast, uterus, ovary, thyroid, malignant lymphoma
Decreasing for:
【males】liver, gallbladder and bile ducts, and leukemia
【females】stomach, rectum, liver, gallbladder and bile ducts

NOTE: 根據数据来自4个都道府県的癌症登记

(2) 18

全がんの年齢調整罹患率（全年齢）を性別にみると、男女とも1985年以降から増加傾向にある。
男性と全年齢で同様であるが、特に男性の全年齢で前立腺がんを除くと、年齢調整がん罹患率は190年代半ばから減少傾向である。

Age-adjusted cancer incidence rates (all ages) have been increasing for males and females since 1985. When restricted to age under 75, a similar tendency has been observed. However, all cancer for males started to decrease in mid 1990s, when prostate cancer was excluded.


NOTE: According to data from cancer registries in 4 prefectures (Miyagi, Yamagata, Fukui, and Nagasaki)
(2) Site-specific (Major Sites)

Among major cancer sites, lung, breast, uterus, and ovary showed an increasing trend for females, of which increase in lung, breast, and ovary have been continuing since 1985, while increase in uterus started in mid 1990s. For both sexes, cancer of the liver has been decreasing.

For other cancer sites, an increasing trend was seen in thyroid cancer and malignant lymphoma, and a decreasing trend was seen in gallbladder cancer, since 1985 for both sexes. A long-term increasing trend was seen for male esophageal cancer and female pancreatic cancer.
1980年と2010年の令和の全がん罹患率の変化をみると、男性では60歳以上での罹患率が増加、女性では80歳以上で増加しているのを除いて罹患率の大きな変化はない。80歳以上の全がん罹患率の増加は診断精度の向上も一つの原因だと考えられる。

各部位別の動向は、

【食道がん】男性では50~84歳で罹患率が増加、女性では70~79歳で減少しているのを除いて大きな変化はない。胃がん】男女とも85歳以上を除いて中高年での罹患率が減少している。

Comparisons between the age-specific incidence rates in 1980 and 2010 revealed that there was no clear change except an increase in cancer incidence rate for males aged 60 years or older and for females aged 80 year or older. The improved diagnosis of cancer may have contributed to the increase among the elderly.

Site-specific trends are as follows.

【Esophagus】For males, the incidence rate increased among 50-84 age groups. For females, no clear change was seen except for decrease among 70-79 age groups.

【Stomach】A clear decrease in incidence rate was seen among middle and old age groups for both males and females, except for 85+ years age group.

資料：国立がん研究センターがん対策情報センター（http://ganjoho.go.jp/professional/statistics/statistics.html）
Source: Center for Cancer Control and Information Services, National Cancer Centre, Japan (http://ganjoho.go.jp/professional/statistics/statistics.html)
(5) 腸gang Rectum

An increase in incidence rate was seen among almost all age groups for both males and females.

(6) 大腸（結腸＋直腸）gang Colon/rectum

A clear increase in incidence rate was seen among old age groups for both sexes. A peak in incidence rate was seen among males aged 70-79 in 2010. This generation corresponds to the early 1930’s birth year cohort, and reportedly has a high prevalence of hepatitis C virus infection.

(7) 肝gang Liver

An increase in incidence rate was seen among older age groups for both males and females, while a decrease was seen among 50-74 age groups for females.

(8) 胆のう・胆管gang Gallbladder and Bile Ducts

An increase in incidence rate was seen among 80 or older age groups for both males and females.
[Pancreas] An increase in incidence rate was seen among 75 year or older age groups for both males and females.

[Lung] An increase in incidence rate was seen among 70 year or older age groups for both males and females.

[Prostate] A clear increase in incidence rate was seen among males aged 60 years or older.

[Breast (females)] A rapid increase in incidence rate was seen among middle and old age groups, especially among 45-64 years old. In 2010, a clear peak in incidence rate was seen in this age group.
An increase in incidence rate was seen among younger age groups (under 50 years old), while a decrease was seen among older age groups (over 80 years old). These changes mainly reflect trends in incidence rate for cervix uteri. The incidence rate for corpus uteri has been increasing among middle and old age groups (data not shown).

[Ovary] An increase in incidence rate was seen among females aged 10 years or older, among whom those aged 50-54 years old showed a clear increase.

[Malignant lymphoma] An increase in incidence rate was seen among middle and old age groups for both sexes.

[Leukemia] Incidence rates are higher among children (under 15 years old) as compared with other cancer sites. An increase was seen among 70 years or older age groups.

(1) 5-year Relative Survival, Both Sexes (major sites)

(2) 5-year Relative Survival by Clinical Stages, Both Sexes (major sites)

Note:
1) Data were obtained from six registries (Miyagi, Yamagata, Niigata, Fukui, Osaka, and Nagasaki prefectures) for 1993-2002, and from these six registries plus Shiga for 2003-2005.
2) Excluding the following cases: death certificate only, secondary cancers or later, non-malignant, carcinoma in situ (including mucosal cancers of the large bowel), age unknown or over 100, or detected by follow-back inquiry.

注:
1) 1993-2002年は宮城、山形、新潟、福井、大阪および長崎の6府県、2003-2005年はこれらに滋賀を加えた7府県のがん登録データに基づく。
2) 死亡型のみの患者、第2がん以外、悪性以外、上皮内がん（大腸の粘膜がんを含む）、年齢不明および100歳以上、または遅延調査患者を除く。

Note:
1) Data were obtained from six registries (Miyagi, Yamagata, Niigata, Fukui, Osaka, and Nagasaki prefectures) for 1993-2002, and from these six registries plus Shiga for 2003-2005.
2) Excluding the following cases: death certificate only, secondary cancers or later, non-malignant, carcinoma in situ (including mucosal cancers of the large bowel), age unknown or over 100, or detected by follow-back inquiry.
Age-adjusted all-cancer mortality rate for both sexes was slowly decreasing from the late 1960’s to the early 1990’s, and from the late 1990’s. When stomach cancer was excluded, age-adjusted mortality rate increased until around 1990 and has been decreasing from the late 1990’s. Age-adjusted cancer incidence rate for both sexes increased since 1985. A similar tendency was observed, when stomach and/or liver cancer was excluded. However, when prostate cancer was excluded, male cancer incidence started to decrease in mid 1990s.

Age-adjusted mortality rate under age 75 has decreased from the late 1960’s to the early 1990’s and has been decreasing since the late 1990’s. In 2013, age-adjusted mortality rate under age 75 in Japan decreased by 12.0% compared with 2005.

Age-adjusted cancer incidence rate under age 75 was similar to that for all ages.

The five prefectures with lowest age-adjusted cancer mortality rate under age 75 in 2013 were as follows:

*Both sexes*: Nagano, Shiga, Fukui, Kumamoto and Yamanashi

*Males*: Nagano, Fukui, Yamanashi, Kumamoto and Shiga

*Females*: Shiga, Nagano, Toyama, Oita and Tokushima

注：及びについて表及び出典は88～93ページ参照。See p.88-93 for tables and references for all-cancer mortality.
The five prefectures with highest age-adjusted cancer mortality rate under age 75 in 2013 were as follows.

Both sexes: Aomori, Hokkaido, Tottori, Akita and Nagasaki

Males: Aomori, Tottori, Osaka, Hokkaido and Nagasaki

Females: Aomori, Hokkaido, Akita, Nagasaki and Saga

Those five prefectures with high all-cancer mortality rate also tended to show high mortality rates for major five cancer sites (stomach, colon/rectum, liver, lung, and breast)
75-year age-adjusted mortality rate per 100,000

**Stomach**
Higher mortality rate for both sexes was seen in the Western part of Tohoku district and the Hokuriku district.

**Liver**
Higher mortality rate for both sexes was seen in Western Japan. This is associated with higher prevalence of hepatitis C virus infection in Western Japan.
Higher mortality rate for both sexes was seen in the Kinki and Hokkaido districts.  

Higher mortality rate was seen in the Northern part of Kyushu island and Eastern Japan, while lower mortality rate was seen in the Chugoku Southern Kyushu and Okinawa districts.
75歳未満年齢調整死亡率 (人口10万計)
Age-adjusted mortality rate under age 75 (per 100,000)

(14) 悪性リンパ腫 Malignant Lymphoma

男性 Males

ASR
~2.51
2.51~
2.74~
2.96~
3.22~

女性 Females

ASR
~1.22
1.22~
1.42~
1.62~
1.82~

(15) 白血病 Leukemia

男性 Males

ASR
~2.27
2.27~
2.76~
3.24~
3.73~

女性 Females

ASR
~1.17
1.17~
1.51~
1.84~
2.17~

(16) 大腸がん Colon/rectum

男性 Males

ASR
~12.00
12.00~
13.04~
14.07~
15.11~

女性 Females

ASR
~6.82
6.82~
7.39~
7.96~
8.52~

【前列腺癌】 東北地方北部で死亡率が高い。
【白血病】 男女とも九州・沖縄地方で死亡率が高い。これらは、九州・沖縄地方で成人T細胞白血病ウイルスⅠ型 (HTLV-I) の感染者割合が高いため関連している。

[Prostate] Higher mortality rate was seen in the Northern part of the Tohoku district.
[Leukemia] Higher mortality rate for both sexes was seen in the Kyushu and Okinawa islands. This is associated with higher prevalence of human T-cell leukaemia virus type I infection in those regions.
(1) **Smoking Prevalence**

**Trends in Sex and Age-specific Adult Smoking prevalence (1995-2012)**

- **Male Males**
- **Female Females**

(2) **Trends in the Distribution of Number of Cigarettes Smoked per Day among Adults (2004-2011)**

- **Male Males**
- **Female Females**

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[Smoking Prevalence] 2007年6月に策定された[がん対策推進基本計画]では、たばこ製品が、がんの予防のための重要な薬翼として位置づけられている。

男性32.4%、女性9.7%（2011年）。

男性では、1995年以降の各種年齢層で減少傾向。ただし、2011年は40-59歳を除いて前年より増加。

女性では、1995年以降30歳代および40歳代で増加傾向。2011年は20歳代と50歳代を除いて前年より増加。

成人1日喫煙本数 重度喫煙者（1日21本以上）は、男性では約15%、女性では約6%となっている。

都道府県別成人喫煙率 徳島県が上位5県は、男性が青森県、秋田県、福島県、栃木県、富山県、女性が北海道、青森県、大阪府、神奈川県、埼玉県。

喫煙率が低い上位5県は、男性が鳥根県、奈良県、福井県、京都府、鳥取県。女性が島根県、福井県、鳥取県、鹿児島県、富山県（いずれも2010年）。

**Smoking prevalence** Male 32.4%, Female 9.7% (2011)

The Basic Plan to Promote Cancer Control programs was launched in June, 2007. Tobacco control is considered as one of the important policies to prevent cancer.

The male smoking prevalence has been decreasing in all age groups since 1995, but increased in 2011 except age groups of 40-59 years old.

The female smoking prevalence has been increasing in 30s and 40s since 1995, but increased in 2011 except age groups of 20-59 years old.

**Number of cigarettes smoked per day** Heavy smokers (more than 21 cigarettes per day) are seen in approximately 15% of males and 6% of females.

**Smoking prevalence by prefecture** The highest 5 prefectures for males: Aomori, Akita, Fukushima, Tochigi, and Tochigi; the highest 5 prefectures for females: Hokkaido, Aomori, Oosaka, Kanagawa, and Saitama (2010).


**Source:** Center for Cancer Control and Information Services, National Cancer Center, Japan (http://ganjoho.ncc.go.jp/public/statistics/pub/statistics06.html)
Adult Smoking prevalence by Prefecture

男女別がん検診受診率（40～69歳）
Sex-specific Cancer Screening Rate (Males and Females aged 40-69 years old)

資料：国立がん研究センターがん対策情報センター (http://ganjoho.ncc.go.jp/professional/statistics/statistics.html)
Source: Center for Cancer Control and Information Services, National Cancer Center, Japan (http://ganjoho.ncc.go.jp/professional/statistics/statistics.html)

※ 表と出典は98～99ページ参照。See p.98-99 for tables and references.
乳がん検診（40〜69歳 女性）
Breast Cancer Screening (Females aged 40-69 years)

子宮がん検診（20〜69歳 女性）
Uterine Cancer Screening (Females aged 20-69 years)