序

「がんの統計'17」版が関係各位のご協力を頂き、発刊できましたことに感謝申し上げます。
本書は1974年に発刊されて以来44年になりますが、日本人のがんの変貌を実感し、正確な実態把握によるがん対策の重要性が再認識されるものとして多くの方々に親しまれてきまして、収載されている各種統計は、我が国のがん対策を推進するうえでも貴重な資料でありますので、広くご活用いただければ幸いに存じます。

本書の編集にご協力いただきました編集委員会の皆様に心より御礼申し上げます。

平成30年３月
公益財団法人がん研究振興財団
理事長 堀 田 知 光

Preface

We would like to thank for the cooperation of parties concerned in publishing cancer statistics 2017 version. This book has been published and read by many people since 1974. "Cancer statistics," published to date, contain valuable information, demonstrating changes in Japanese cancer statuses and reaffirming the importance of cancer control based on their accurate understanding. Various types of cancer statistics, included in this book, are important in promoting cancer control. Hence, we hope many people utilize them to promote cancer control.

We thank the editorial committee for their cooperation in editing this book.

March 2018
Chairman, Board of Directors
Tomomitsu Hotta, M.D.
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26. Smoking Prevalence
1963  Subsidy for cancer research by Ministry of Health and Welfare started
1981  Cancer became the leading cause of death
2005  May: Headquarters of Cancer Control in Ministry of Health, Labour and Welfare (MHLW)
2005  Aug.: Action Plan 2005 for Promotion of Cancer Control
2006  Jun.: Cancer Control Act enacted
2007  Apr.: Cancer Control Act implemented
2007  Jun.: Basic Plan to Promote Cancer Control Programs formulated
2009  Jul.: Headquarters of 50% Cancer Screening Rate (MHLW)
2012  Jun.: Basic Plan to Promote Cancer Control Programs revised
2013  Dec.: Cancer Registration Promotion Act was enacted.
2014  Mar.: Comprehensive 10-year Strategy for Cancer Control formulated (~2023)
2015  Jun.: Organization of Cancer Summit
2015  Dec.: Formulation of "Acceleration plan for cancer control"
2016  Jan.: Enforcement of Cancer Registration Promotion Act was implemented.
2016  Dec.: Amendment and implementation of a law to revise a part of the Cancer Control Act
2016  Dec.: Organization of Cancer Genome Medical Forum 2016
2017  Oct.: Basic Plan to Promote Cancer Control Programs revised

Cancer has been the leading cause of death in Japan since 1981. The Japanese government formulated the Comprehensive 10-year Strategy for Cancer Control (1984-1993) and the New 10-year Strategy to Overcome Cancer (1994-2003) to tackle cancer. Since 2004, the 3rd-term Comprehensive 10-year Strategy for Cancer Control has been implemented in order to promote cancer research and disseminate high-quality cancer medical services, with the slogan “Drastic reduction in cancer morbidity and mortality”.

In May 2005, the Japanese Ministry of Health, Labour and Welfare (MHLW) developed the Headquarters of Cancer Control in order to promote multidisciplinary activity for comprehensive cancer control, and formulated the Action Plan 2005 for Promotion of Cancer Control in August.

In June 2006, the Cancer Control Act was enacted and the law has been implemented since April 2007. Based on this law, the Basic Plan to Promote Cancer Control programs was discussed by the Cancer Control Promotion Council and approved by the Japanese Cabinet in June 2007.

In July 2009, the Japanese MHLW developed the Headquarters of 50% Cancer Screening Rate to promote multidisciplinary activity for cancer screening.

In June 2012, the Basic Plan to Promote Cancer Control Programs was revised based on the discussion at the Cancer Control Promotion Council and three expert committees under the council.

In December 2013, Cancer Registration Promotion Act was enacted, and is being prepared to be implemented through discussion by the Cancer Registration Group established in June 2014.

As a novel cancer research strategy based on the Basic Plan to Promote Cancer Control Programs, Comprehensive 10-year Strategy for Cancer Control was formulated in March 2014, with the approval of the Minister of Education, Culture, Sports, Minister of Health, Labour and Welfare, and Minister of Economy, Trade and Industry, in order to promote cancer research in cooperation with patients and society, targeting cancer eradication, prevention, and coexistence.

In December 2015, the “Acceleration plan for cancer control” was formulated on three areas of “prevention,” “treatment/research,” and “coexistence with cancer.”

In November 2016, a bill was submitted to revise a part of the Cancer Control Act, which was enacted and implemented in December.

In December 2016, with a goal to conquer cancer, the Genome Medical Forum 2016 was organized to provide an opportunity to reconstruct the cancer medical system from the viewpoints of patients, survivors, and their families.

The Basic Plan to Promote Cancer Control Programs was decided by the Cabinet in October, 2017 based on discussion by the Cancer Control Promotion Council.

資料：厚生労働省健康局がん・疾病対策課
Source: Cancer and Disease control Division, Health Services Bureau, Ministry of Health, Labour and Welfare
Cancer Control in Japan

Promote cancer control measures comprehensively and systematically

Section 1: Promotion of cancer prevention and early detection
- Promotion of cancer prevention
- Improvement of cancer screening, etc.

Section 2: Promotion of uniform cancer care
- Development of physicians and other medical professionals with specialized knowledge and skills and maintenance of medical institutions
- Maintenance and improvement of the quality of medical care for cancer patients
- Establishment of systems to collect and provide cancer care information

Section 3: Promotion of research
- Promotion of cancer research and utilization of research results
- Promotion of rare and refractory cancer research

Section 4: Promotion of school education on cancer
- Promotion of school education on cancer

Promotion of comprehensive cancer control in fiscal 2018 (draft) 35.8 billion yen (31.4 billion yen in fiscal 2017)

Based on the 3rd-term Basic Plan to Promote Cancer Control Programs established in October 2017, further measures are taken for cancer control based on the three policies of “cancer prevention,” “improvement of cancer care,” and “coexistence with cancer.”

Prevention

(Cancer screening)
- Coupon tickets are continuously distributed in the first year of cervical/breast cancer screening. In addition, examinations are recommended and re-recommended for individuals and those who need detailed examination to improve examination rates.

Treatment/research

(Cancer genome)
- To establish a system to provide cancer genome medicine. “Cancer Genome Information Management Center,” as well as “Cancer Genome Medicine Core Hospital,” will be established to collect, manage, and utilize medical information on cancer genome.
- To develop human resources specialized in cancer genome medicine, training will be offered to medical professionals working for designated cancer care hospitals.

(Rare cancers)
- Pathological consultation and information provision will be consolidated at central organizations for rare cancer treatment, which play a central role in measures against rare cancers.
- To acquire knowledge and skills required for improving the pathological diagnoses of rare cancers, the pathological images of rare cancers will be collected to establish a system to support diagnoses, and human resources will be developed using the collected images.

Patient support
- The Cancer Consultation Support Center implements a model project to formulate a “treatment and work combination plan” according to individual situations.
- The peer support training program will be revised in cooperation with patient organizations and related academic societies. In addition, current and former cancer patients will be trained for peer support and patient salons.
### The 3rd-term Basic Plan to Promote Cancer Control Programs (outline)

#### 1. Overall goal

“People, including cancer patients, learn and overcome cancer.”

1. Improvement of cancer prevention and screening based on scientific evidence;
2. Realization of patient-oriented cancer medicine; and
3. Establishment of a society where patients can live peacefully while maintaining dignity.

#### 2. Measures of each section

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<td>(7) Childhood cancers and cancers of AYA* generation and the elderly</td>
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<td>*Adolescent and young adult</td>
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<td>(8) Pathological diagnosis</td>
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<td>(10) Efforts towards early development and approval of pharmaceuticals and medical equipment</td>
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(*) The target values of passive smoking will be decided separately by the Cabinet based on the laws concerning passive smoking measures.

#### 4. Improvement of infrastructure to support the above

1. Cancer research
2. Human resource development
3. Cancer education and awareness

#### 3. Comprehensive and systematic promotion of cancer measures

1. Further cooperation among persons concerned
2. Planning by prefectural governments
3. Efforts of the people, including cancer patients
4. Cooperation with patient organizations
5. Necessary financial measures and efficient and prioritized budgets
6. Comprehension of goal achievements
7. Review of basic plans
Cancer registration

- **Law Concerning the Promotion of Cancer Registration (established in December 2013)**

**National cancer registration**

1. Hospitals (all)
2. Clinics (optional)
3. Municipalities

- **Law Concerning the Promotion of Cancer Registration** was established in December 2013 to facilitate the understanding and analysis of the morbidity, medical care, and outcome of cancer and the other surveys and research of cancer, thereby improving cancer control.

- **Basic concepts** of this law are as follows:
  1. For national cancer registration, morbidity should be accurately understood through a wide range of information gathering;
  2. For hospital cancer registration, necessary information should be gathered through national cancer registration to promote its dissemination and enhancement;
  3. To enhance cancer control, detailed information should be gathered regarding cancer care;
  4. The results of cancer research and survey, including those in private sector, are utilized for the public; and
  5. Personal information in cancer registry should be strictly protected.

- **Under this law,** all hospitals and (some) clinics report cancer incidence information to prefectural governments.

**Utilization of cancer registry data**

- National and prefectural governments → Enhancement of cancer control, information provision to medical institutions, publication of statistics, and consultation support for patients
- Medical institutions → Appropriate information provision to patients, analysis and evaluation of cancer care, and improvement of cancer care
- Researchers who received cancer registry data → Improvement of cancer care

**Law Concerning the Promotion of Cancer Registration**

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  1. For national cancer registration, morbidity should be accurately understood through a wide range of information gathering;
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  3. To enhance cancer control, detailed information should be gathered regarding cancer care;
  4. The results of cancer research and survey, including those in private sector, are utilized for the public; and
  5. Personal information in cancer registry should be strictly protected.
- Under this law, all hospitals and (some) clinics report cancer incidence information to prefectural governments. Morbidity information, matched and organized by prefectural governments, is notified to the national government (National Cancer Research Center), and is further matched and organized by the National Cancer Registry Database of the National Cancer Research Center and simultaneously with death information notified by municipalities as vital statistics to the national government. Cancer morbidity and death information obtained in Japan is centrally managed by the Japanese government to enhance the provision of information about cancer treatment and prevention and take measures for cancer control based on scientific findings.