

がんの統計'16

CANCER STATISTICS IN JAPAN — 2016



公益財団法人 がん研究振興財団

Foundation for Promotion of Cancer Research

序

がんの統計'16年版が関係各位にご協力を頂き、発刊できましたことに感謝申し上げます。

本書は“わかりやすいがんの統計本”として1974年から発刊しており、多くの方々に親しまれてきました。

今日まで発刊された「がんの統計」は貴重な資料が収録されており、日本人のがんの変貌を実感するとともに、正確な実態把握に基づくがん対策の重要性が再認識されます。

本書に盛り込まれているがんの各種統計は、がん対策の企画立案及び推進並びにその評価をする上で、極めて重要なものでありますので、多くの方々にご活用いただき、我が国のがん対策の推進に役立てて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29年 3 月

理事長 堀 田 知 光

Preface

We would like to thank for the cooperation of parties concerned in publishing cancer statistics 2016 version.

This book has been published as “comprehensive cancer statistics” 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 planning, promoting, and evaluating 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 2017

Chairman, Board of Directors
Tomomitsu Hotta, M.D.

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1963	Subsidy for cancer research by Ministry of Health and Welfare started
1981	Cancer became the leading cause of death
1984	Comprehensive 10-year Strategy for Cancer Control (~1993)
1994	New 10-year Strategy to Overcome Cancer (~2003)
2004	The 3rd-term Comprehensive 10-year Strategy for Cancer Control (~2013)
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 approved
2007 Apr.	Cancer Control Act implemented
2007 Jun.	Basic Plan to Promote Cancer Control Programs approved
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	Comprehensive 10-year Strategy for Cancer Control was developed (~2023)
2015 Jun.	Organization of Cancer Summit
2015 Dec.	Development of "Acceleration plan for cancer control"
2016 Jan.	Enforcement of Cancer Registration Promotion Act was enacted.
2016 Dec.	Amendment and enforcement of a law to revise a part of the Cancer Control Act
2016 Dec.	Organization of Cancer Genome Medical Forum 2016

- Cancer has been the leading cause of death in Japan since 1981. The Japanese government implemented 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 launched the Action Plan 2005 for Promotion of Cancer Control in August.
- In June 2006, the Cancer Control Act was approved 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 approved, 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 enacted 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 enforced 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.

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 Act (Established in June, 2006, Revised in December 2016)

1. Revision of the provisions of objectives (Article 1)

To the provisions of objectives, "comprehensive support depending on the situations of cancer patients (including previous cancer patients)" is added.

2. Addition of basic principles (Article 2)

- (i) To establish a society in which cancer patients can live peacefully while maintaining dignity, necessary supports, such as welfare and educational supports, as well as appropriate cancer care, should be provided depending on their circumstances, the public's understanding of cancer patients should be facilitated, and a social environment in which cancer patients can lead peaceful social lives should be organized;
- (ii) The characteristics of each cancer patient should be considered;
- (iii) Health, welfare, employment, education, and other relevant measures should be comprehensively implemented in consideration of their organic cooperation;
- (iv) The government, local governments, medical insurers, doctors, business owners, schools, private organizations, and other stakeholders, involved in activities related to cancer control, should work together; and
- (v) Appropriate measures should be taken to protect the personal information of cancer patients.

3. Revision of the responsibilities of medical insurers and citizens (Articles 5 and 6)

- (i) Necessary measures, environments, and equipment should be clarified to facilitate people suspected or determined to have cancer in cancer screening to receive necessary medical treatment; and
- (ii) Efforts should be made to take necessary measures to understand the actual situations of cancer screening.

4. Determination of employers' responsibilities (Article 8)

Efforts should be made to cooperate with cancer measures in consideration of continued patients' employment.

5. Revision of the review period of the Cancer Control Plan (Articles 10 and 12)

The review period of the Basic Plan to Promote Cancer Control Programs and Prefectural Plans to Promote Cancer Control Programs is revised from the current 5 years to at least every 6 years.

6. Expansion of basic policies

- (1) Education on infectious diseases that may cause cancer and specific cancers related to gender, age, etc. and their prevention (Article 13);
- (2) Promotion of early detection of cancer (Article 14);
 - (i) Necessary environments and measures should be clarified to facilitate people suspected or determined to have cancer in cancer screening to receive necessary and appropriate medical treatment; and
 - (ii) Efforts should be made to take necessary measures to understand the actual situations of cancer screening.
- (3) Training of medical professionals with expertise provided as medical care among palliative care (Article 15);
- (4) Revision of provisions for maintaining and improving the quality of medical care for cancer patients (Article 17):
 - (i) Palliative care should be appropriately provided after diagnosis depending on the situations of cancer patients;
 - (ii) High-quality rehabilitation should be provided depending on the situations of cancer patients; and
 - (iii) Necessary measures to maintain and improve the quality of life of family members of cancer patients should be specified;
- (5) Promotion of efforts, such as cancer registration (Article 18); and
- (6) Revision of provisions related to research promotion (Article 19):
 - (i) Development of methods for the prevention and alleviation of adverse effects, complications, and sequelae associated with cancer treatment and items that contribute to maintaining and improving the quality of medical care for other cancer patients should be added; and
 - (ii) Promotion of research on cancers with few sufferers or difficulties with treatment should be considered; and
 - (iii) Necessary measures for the improvement of the environment should be specified to facilitate clinical research for the development of effective cancer treatments.
- (7) Continued employment of cancer patients (Article 20);
- (8) Combination of education and treatment for cancer patients (Article 21);
- (9) Supports for the activities of private organizations (Article 22); and
- (10) Promotion of education on cancer (Article 23).




○Revision of the Cancer Control Act

Ten years have passed since the enactment, during which it became clear that social problems, such as employment and educational supports, as well as cancer medical care, should be addressed. To establish a society where cancer patients can live peacefully while maintaining dignity, it should be specified that cancer patients receive welfare and educational supports depending on the situations of patients, and the responsibilities of employers should be defined. In addition, basic policies should be expanded, such as the establishment of the provisions for maintaining and improving the quality of medical care, ensuring continued employment, and promoting cancer education.

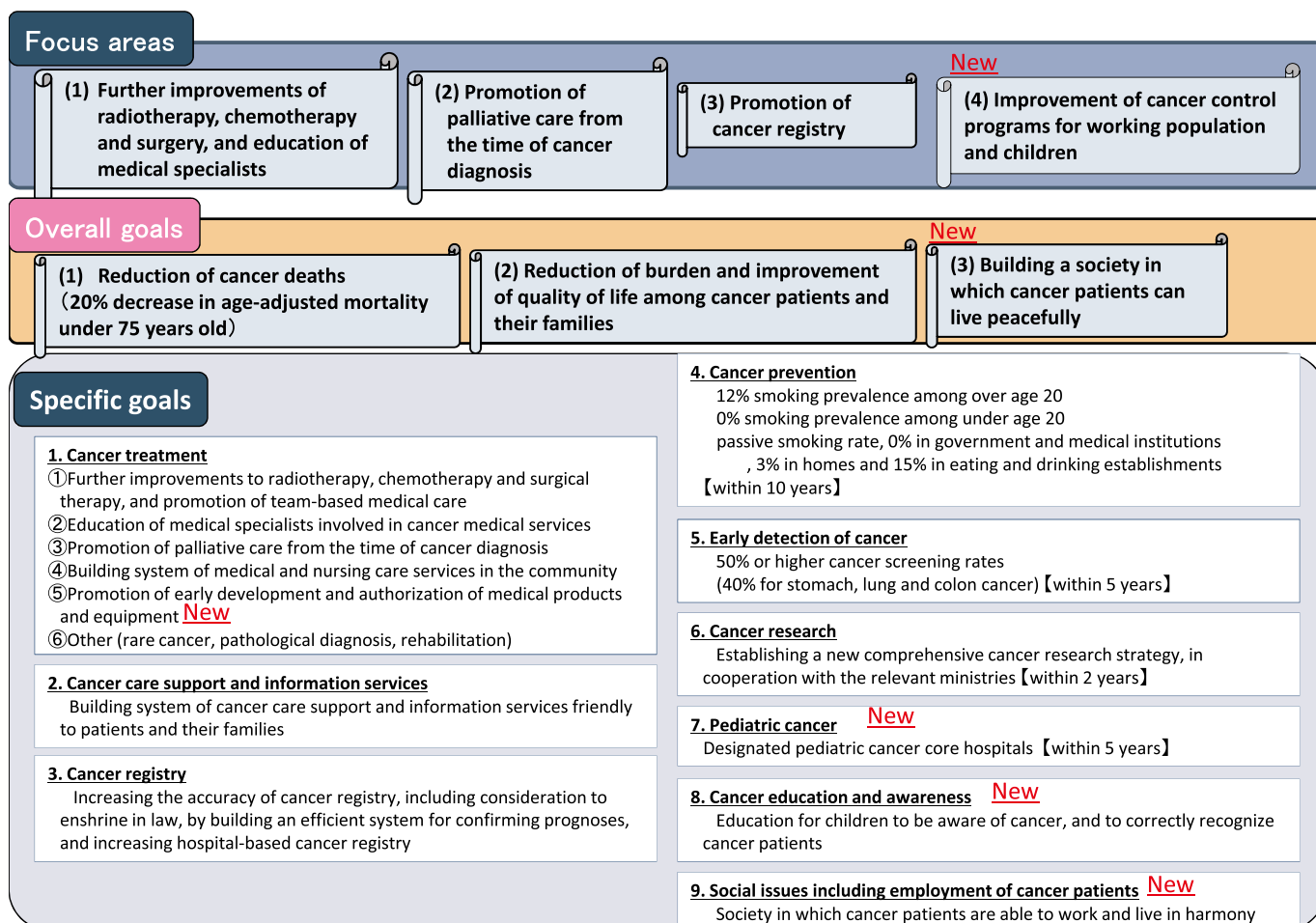
○Promotion of comprehensive cancer control in fiscal

2017 (draft) 31.4 billion yen (30.5 billion yen in fiscal 2016)

Based on the "Acceleration Plan for Cancer Control" formulated in December 2015, we will make efforts in the fields of "prevention," "treatment/research," and "coexistence with cancer." In light of the 3rd-term "Basic Plan to Promote Cancer Control Programs" due to be formulated in summer 2017, cancer control will be further promoted.

Prevention		Revision <ul style="list-style-type: none"> Individual consultation, effective in improving the consultation rate, should be recommended and re-recommended for those of extended age. In addition, coupon tickets are distributed in the first year of cervical/breast cancer screening. Furthermore, a detailed examination is re-recommended for those who have not undergone it.
Treatment/research		New <ul style="list-style-type: none"> Medical professionals required for the practical use of cancer genomic medicine should be trained. How to respond to consultation on genome medical care at the Cancer Consultation Support Center should be examined. New <ul style="list-style-type: none"> Multi-occupational collaborative teams responsible for the long-term follow-up of child/AYA generation (*) at pediatric cancer base hospitals. <p style="text-align: right; font-size: small;">*Child/AYA (Adolescent and Young Adult) generations: Adolescent and young adult generations</p> <ul style="list-style-type: none"> Genetic counselors and clinical research coordinators (CRC) should be assigned to support clinical trials on genomic medicine and multidisciplinary treatments at major hospitals for cancer medical examination. Research on the practical use of genomic medicine, life stages and cancer characteristics (e.g., child/AYA generations, elderly, refractory, and rare), and supportive care (prevention and care of adverse effects, complications, and sequelae due to cancer treatment) should be promoted.
Coexistence with cancer		New <ul style="list-style-type: none"> Palliative care training should be reconstructed to facilitate all medical professionals to acquire the basic knowledge and skills of palliative care and to enhance and improve cancer palliative care. New <ul style="list-style-type: none"> A preliminary survey of bereaved families will be conducted to examine the actual situations at the final stage of recuperation of cancer patients.

Cancer control will be further promoted to realize a society to overcome cancer



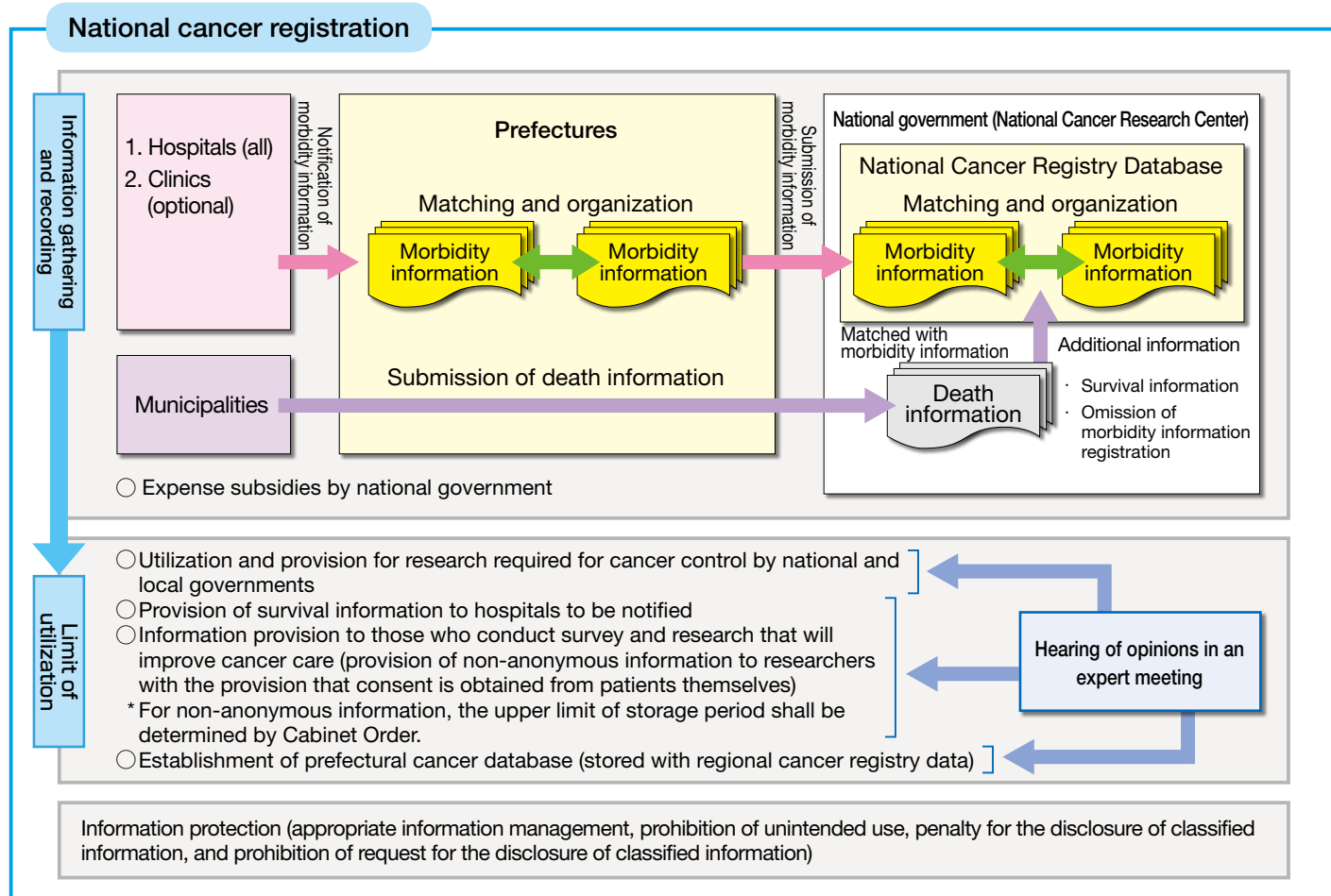
○ Basic Plan to Promote Cancer Control Programs

- The Basic plan, launched in June 2007, was revised in June 2012. It covers 5 fiscal years from 2012 to 2016. It defines the basic concept of cancer control and aims to promote comprehensive and well-planned cancer control in Japan. It also provides a model for developing the Prefectural Plan to Promote Cancer Control. It needs updating at least every 5 years under Cancer Control Act.
- Three overall goals and nine specific fields
 - Reduction of cancer deaths
 - Reduction of burden and improvement of quality of life among cancer patients and their families
 - Building a society in which cancer patients can live peacefully
 - ① Cancer treatment
 - ② Cancer care support and information services
 - ③ Cancer registry
 - ④ Cancer prevention
 - ⑤ Early detection of cancer
 - ⑥ Cancer research
 - ⑦ Pediatric cancer
 - ⑧ Cancer education and awareness
 - ⑨ Social issues including employment of cancer patients
- Focus areas
 - ① Further improvements of radiotherapy, chemotherapy and surgery, and education of medical specialists.
 - ② Promotion of palliative care from the time of cancer diagnosis
 - ③ Promotion of cancer registry
 - ④ Improvement of cancer control programs for working population and children
- The Japanese government implements cancer control policy in cooperation with local communities; the general public, including cancer patients; medical facilities; health insurance companies; academic associations; patient groups; and the mass-media. The ultimate goal is to realize a society where the general public can know, face and overcome cancer.

Source : Division of Cancer Control and Health Promotion, Health Services Bureau, Ministry of Health, Labour and Welfare

Cancer registration

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



Promotion of hospital cancer registration

(promotion of hospital cancer registration and system maintenance for cancer information gathering by national government)

Human resource development

(training required for securing human resources for national and hospital cancer registration)

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

- 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.
- The 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.

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.