

Cancer Control Act Basic Plan to Promote Cancer Control Programs



Cancer Control in Japan

1962 *National Cancer Center established*

1981 *Cancer becomes leading cause of death in Japan*

1983 *Health and Medical Service Act for the Aged comes into effect
(stomach/cervical cancer screening starts, with gradual expansion)*

1984 *Comprehensive 10-Year Strategy for Cancer Control starts*

2001 *Regional Cancer Treatment Centers designated*

2006 *Cancer Control Act passed*

2007 *Basic Plan to Promote Cancer Control Programs (Term 1) starts*

2012 *Basic Plan to Promote Cancer Control Programs (Term 2) starts*

2013 *Cancer Registration Promotion Act passed*

2014 *10-Year Strategy for Cancer Research starts*

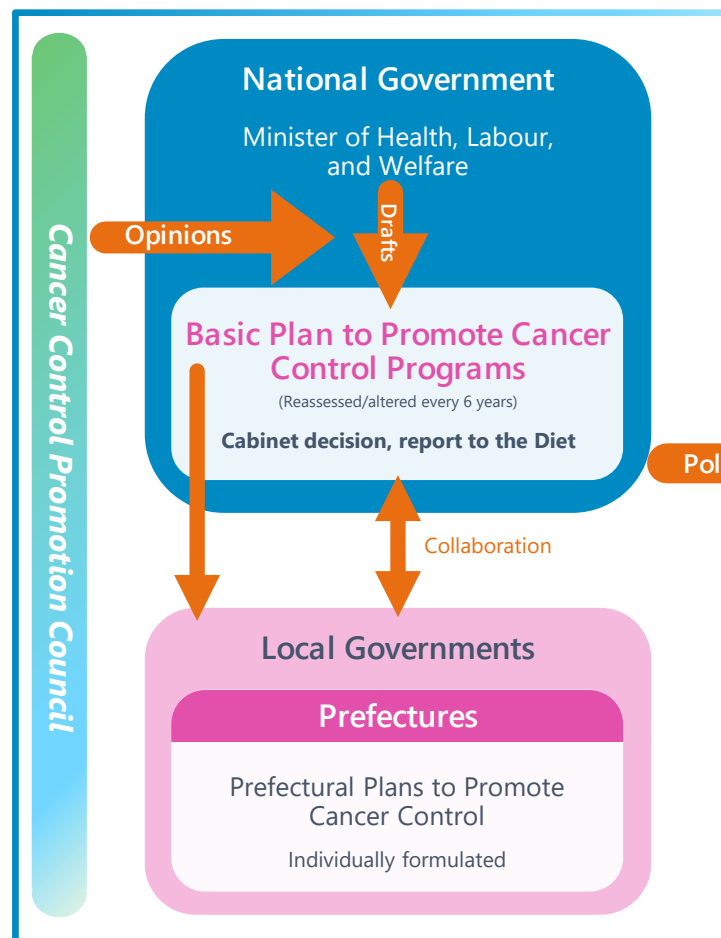
2018 *Basic Plan to Promote Cancer Control Programs (Term 3) starts*

2023 *Basic Plan to Promote Cancer Control Programs (Term 4) starts*

Cancer Control Act (Act No. 98, 2006)

(passed: 2006, promulgated: 2007, last amended: 2016)

Comprehensive and planned promotion of cancer control



Section 1: Prevention and early detection

- Promote cancer prevention
- Improve cancer screening quality

Section 2: Equity in cancer care

- Train medical professionals with specialized knowledge, build up medical institutions
- Maintain and improve the quality of life for cancer patients going through treatments
- Improve collection/provision of information on cancer treatments

Section 3: Research

- Promote cancer research and utilization of research results
- Focus on rare cancers, intractable cancers

Section 4: Cancer patients and social life

- Keep patients in the workplace
- Enable education whilst undergoing treatment
- Champion private sector support organizations

Section 5: Promoting cancer education

- Promoting cancer education in schools and other educational settings

Public

4th Basic Plan to Promote Cancer Control Programs (2023-)

Goal: Overcome cancer with all, cancer control leaving no one behind

1. Promote prevention and screening with right knowledge
2. Improve patients' quality of life during treatment
3. Establish communities where patients live with dignity

1

Prevention

1. Prevention
2. Early detection/Screening

2

Fulfilling treatment

1. Equity
2. Genomic medicine,
3. Surgery/Radiotherapy/
Chemotherapy
4. Team medical care
5. Rehabilitation,
6. Supportive care
7. Palliative care from
diagnosis
8. Preserving fertility
9. Rare cancers
10. Childhood/AYA cancers

3

Living with cancer

1. Consultation services/Info dissemination
2. Cancer control & patient support,
engaging communities at large
(palliative care)
3. Survivorship socio-economic support
4. Support tailored to the entire spectrum of
generations

4

Development of infrastructure

(WGS research, capacity building, cancer registry utilization, involvement of patients/citizens, digitalization)

Foundation for comprehensive cancer control (Budget allocation)

1. Prevention

1. Primary Prevention

Status / Issues

- Smoking, alcohol consumption, physical activity, diet
- Infectious disease control against viruses (HPV, hepatitis, HTLV-1, helicobacter pylori)
- Cervical cancer on the rise, measures against HPV infection are necessary

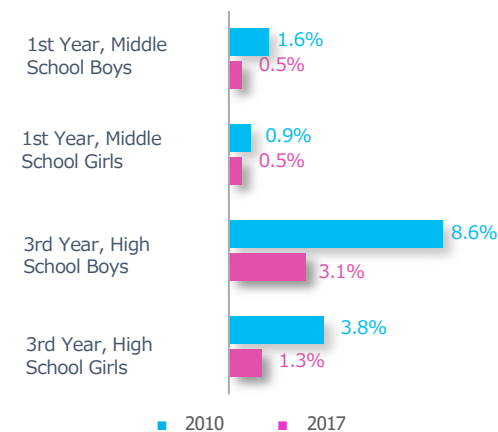
Needed Initiatives

- Promote initiatives in line with the "Third National Health Promotion Campaign in the 21st Century (Healthy Japan 21 (3rd term))"
- Designated hospitals to disseminate prevention information to the community
- Promote accurate understanding of HPV vaccine, recommend vaccinations, promote cervical cancer countermeasures based on scientific evidence

High risk drinkers (Fy2019)	male	14.9%
	female	9.1%
Experiences of unwanted passive smoking opportunities 2019 (2008)		
administrative agencies	4.1% (16.9%)	
medical institutions	2.9% (13.3%)	
family homes	6.9% (13.9%)	
restaurants	29.6% (62.3%)	

Source: National Health and Nutrition Examination Survey

Underage Smoking Rate



Source: Survey by Research Group funded by Health Labour Sciences Research Grant

1. Prevention

2. Secondary Prevention (cancer screening)

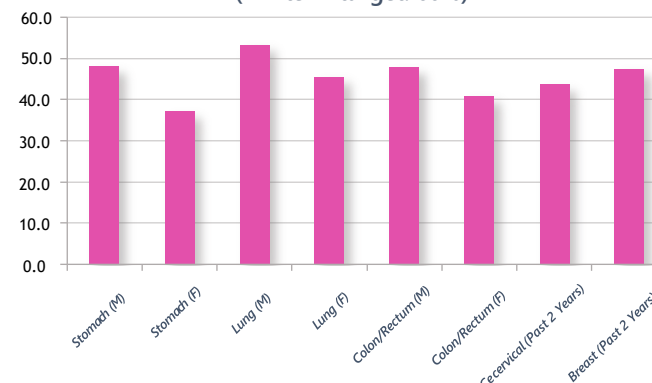
Status / Issues

- Uptake rate rising but still low, only men screening for lung cancer reaching 50%. Reports on 10-20% less uptake, due to COVID-19 pandemic
- Cancer screening at the workplace (30-70% of screenings) is voluntary; no means to monitor operations
- Follow-up exam rates vary between prefecture/cancer types, require improvements
- Local governments conducting cancer screening off guidelines list/without solid evidence base, at around 80%
- More accurate, low invasive, simple, and inexpensive methods proposed, but ways of implementing Organized screening is unclear and complicated

Needed Initiatives

- Deliberate means of individual screening rate comprehension, for more accuracy and precision
- Encourage screening with solid scientific/effective information
- Improve access to medical examinations for all citizens
- Spread awareness of the benefits/necessity of cancer screening
- Comprehend cancer screening status in the workplace, offered as a part of employee benefits, deliberate overall design for cancer screening
- Identify municipalities with low follow-up exam rates, promote guidance/advice by prefectures
- Guide effect verification of screening modalities yet not listed on guidelines, by introducing academic societies and industry, and introducing organized screening (*)

Trends in Cancer Screening Rates(2022)
(4th term target: 60%)



Follow-up examination uptake rate (FY 2019)
(4th term target: 90%)

stomach cancer	84.1%
lung cancer	83.0%
colorectal cancer	69.8%
cervical cancer	74.6%
breast cancer	89.2%

Source: Report on Community Health and Wellness Promotion Program

2. Cancer Care

1. Delivery

Status / Issues

- Designated hospitals lead cancer medicine and ensure equity, in treatments including radiation, multidisciplinary medicine, supportive and palliative care, cancer rehabilitation
- Cancer genomic medicine services established, led by Designated Core Hospitals for Cancer Genomic Medicine
- Responsibility sharing and further collaboration between designated hospitals, as cancer medicine becomes increasingly sophisticated and the population declines

Needed Initiatives

- Promote cancer care equity, centralize, sharing responsibilities and collaborate among designated hospitals, as regional conditions require
- Establish collaborative network to ensure continuation of cancer care in times of infectious disease outbreaks/epidemics, natural disasters
- Gather scientific evidence to advance cancer genomic medicine, deliberate on conducting cancer gene panel tests at more appropriate timings
- Promote supportive care, effective and continuous cancer rehabilitation based on scientific evidence
- Ensure palliative care is provided by all professionals from diagnosis, disseminate information
- Build capacity for, and accumulate evidence on fertility preservation

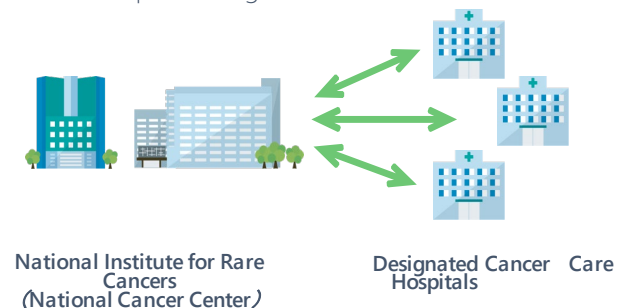
2. Rare and Intractable Cancers

Status / Issues

- A National Institute for Rare Cancers established to provide diagnostic support and specialized facilities
- Drugs access for rare and intractable cancers

Needed Initiatives

- Strengthen cooperative network of designated hospitals, to improve access to advanced and specialized medical care
- Promote research and development and clinical trials to improve drug access



2. Cancer Care

3. Childhood and AYA* Cancers

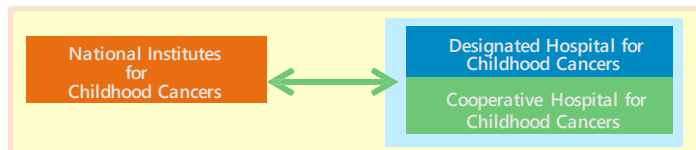
*AYA: adolescent and young adult generation, mid-teens to thirties

Status / Issues

- Centralization ongoing, to network of 15 Designated Hospitals for Childhood Cancers and 2 National Institutes for Childhood Cancers
- Access to drugs for childhood cancers

Needed Initiatives

- Define designated hospital roles best suited to local conditions, as part of the collaborative network
- Drive research and development and clinical trials to improve drug access



4. Geriatric Cancers

Status / Issues

- Geriatric cancers increasing with demographics change
- Decision-making support at designated hospitals, closer cooperation with local medical institutions and nursing care facilities ongoing

Needed Initiatives

- Establish cancer care serving individual circumstances, working with relevant local institutions
- Comprehend the actuality of medical care for elderly cancer patients
- Promote decision support initiatives

5. Drugs/Medical Devices Development, Innovation Implementation

Status / Issues

- Expeditious implementation of cancer research results
- Delay in new drug approval in Japan, stability of pharmaceuticals supply

Needed Initiatives

- Promote clinical research at designated hospitals/ referrals to appropriate medical institutions
- Promote research and development, clinical trials to improve access to therapeutic drugs, and devise measures for their practical application

3. Living with Cancer

1. Consultation services/Info dissemination

Status / Issues

- Appraise cancer consultation functions/scope to accommodate diverse needs
- Centralize service provision, share responsibilities, optimize services suiting region
- Ensure access to accurate information for all patients, families, and healthcare professionals

Needed Initiatives

- Improve consultation services, responding to diverse and complex consultation service needs, establish sustainable delivery means utilizing virtual connections
- Expand consultation services by engaging businesses, peers, patient advocacy groups, the community, to work with designated hospitals, utilise ICT
- Comprehend needs of patients and their families especially the vulnerable, deliberate information dissemination towards 'information equity'

2. Cancer control and patient support, engaging communities at large (palliative care)

Status / Issues

- Expand consultations, palliative care, and second opinion services, for patients and their families by designated hospitals/local medical institutions working together

Needed Initiatives

- Discuss information provision on second opinions, palliative care, at home care at prefectural councils for collaborative cancer treatment
- Build capacity for optimal collaboration between facilities for regional network

3. Living with Cancer

3. Survivorship socio-economic support

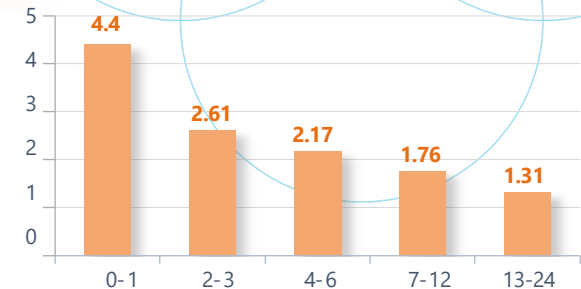
Status / Issues

- Keep working-age cancer patients in, and support re-entry into, the workforce
- Importance of medical institutions' support for patients adapting to treatment-related appearance changes appreciated
- Healthcare professionals' support for patients at high risk of suicide
- Cancer care access impediments recognized, including socio-economic issues

Needed Initiatives

- Appraise current initiatives for work-treatment balance, identify issues, link medical institutions with occupational health agencies, raise awareness
- Comprehend employment status of cancer patients across the board, devise optimal support services
- Establish consultation support/information provision on appearance care at designated hospitals
- Comprehend suicide risk post-diagnosis and economic viability of cancer patients, and identify means of addressing them

Standardized mortality ratio / comparison factoring in suicide by time from cancer diagnosis



4. Support tailored to the entire spectrum of generations

Status / Issues

- Seamless adjustment required in cancer patients and survivors support, tailored to childhood/AYA through to adulthood
- Improve home care support for childhood/AYA generation cancer patients
- Factoring in elderly cancer patients' physical conditions and social positions, information provision and consultation services to families at early stages required

Needed Initiatives

- Establish educational support whilst receiving care, comprehend online education status
- Establish support network for long-term follow-up/late-stage complications, comprehend children and AYA generation care, deliberations with relative ministries on suitable support
- Comprehend issues for elderly cancer patients, establish networks for recurrence, secondary cancers, and comorbidities, examine decision-making support

4. Foundations for the Initiatives

1. Promote Cancer Research, including whole genome sequencing

Status / Issues

- Further engage cancer patients/survivors to identify areas best serving them, and in clinical practice
- Acceleration in capacity development for cancer medicine and research infrastructure establishment

Needed Initiatives

- Appraise the 10-Year Strategy for Cancer Research, endorse cutting-edge research straddling specialties, through cooperation across relevant ministries
- Implement the 'Whole Genome Sequencing Action Plan 2022,' promote utilization in research and development, for prevention and early detection methods, treatments for cancer and intractable diseases
- Promote research to support policies addressing issues across various fields, and to identify appraisal indices

3. Cancer Education / Information Dissemination

Status / Issues

- Inviting speakers from the wider community deemed useful to provide children with accurate knowledge and expose to views of current and former cancer patients
- Misinformation with no scientific evidence hindering viting speakers from access to accurate information

Needed Initiatives

- Conduct cancer education based on national curriculum standards, share results of regional efforts
- Provide necessary support to engage specialist speakers for cancer education
- Disseminate accurate information on cancer to the public through more effective methods
- Encourage businesses to raise awareness of, and diffuse accurate information on cancer among employees

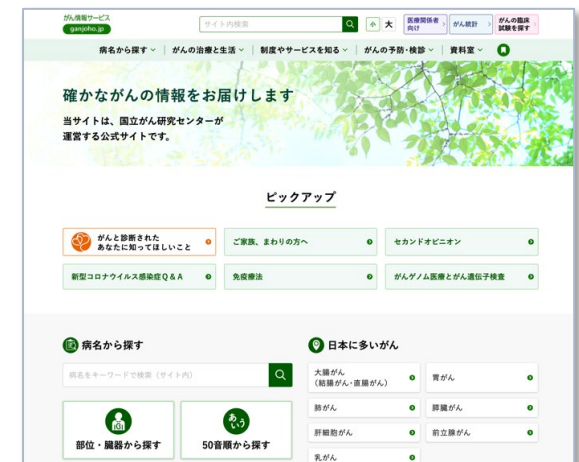
2. Capacity Building

Status / Issues

- It is necessary to train healthcare professionals with basic knowledge and skills who can support cancer care.
- In rapidly advancing cancer care, the training of specialists in areas such as big data analysis is an important issue.

Needed Initiatives

- Correspond to aging and decline of population, train specialists and optimize their assignments for greater efficiency
- Build capacity of specialists corresponding to cancer medicine advancement



4. Foundations for the Initiatives

4. Cancer Registry Utilization

Status / Issues

- National Cancer Registry data expanded, covering more information
- Appraisals underway towards adjustments, for effective utilization

Needed Initiatives

- Continue quality control for information quality
- Appraise current system, towards changes including legislation
- Consideration of measures to enable more useful analysis in conjunction with initiatives such as the digitization of medical care

6. Digitization

Status / Issues

- Digitize cancer control, to promote better access for patients and families and improve effect/efficiency

Needed Initiatives

- Utilize digital technology (ICT and AI) in prevention, treatment, and survivorship
- Digitize medical data towards wider utilization
- Expand clinical trials participation by means of online consultations, using 'eConsent'

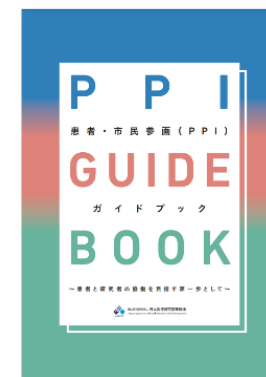
5. Patient and Citizen Participation

Status / Issues

- Engagement of diverse patients and citizens, to establish citizen-oriented cancer control
- Raise awareness to encourage engagement

Needed Initiatives

- Explore mechanisms for engaging patients and citizens, referencing examples of other countries
- Raise awareness and nurture patients and citizens to participate, as well as healthcare professionals and relative academic societies



Source: AMED
(Japan Agency for Medical Research and Development)

Cancer Control Promotion Council

Established by the Cancer Control Act (Articles 24-25)

- Responsible for drafting, appraising, and revising the Basic Plan to Promote Cancer Control Programs
- Members appointed by the Minister of Health, Labour, and Welfare
- Up to 20 members representing cancer patients, their families, cancer survivors, cancer medicine professionals, and academic experts

Basic Plan to Promote Cancer Control Programs

Established by the Cancer Control Act (Article 10)

- Sets comprehensive and strategic policies to promote cancer control
- Concrete goals and timeframes set
- Drafted by the Minister of Health, Labour, and Welfare, submitted for Cabinet decision
- Relevant administrative agencies consulted, opinions solicited from the Cancer Control Promotion Council, in preparation
- Reported to the Diet, posted on the Internet, made public without delay

