

Cancer Screening



Medical Checkups in Japan

Overall

- Health insurers and corporations screen enrollees/employees respectively, complying with the Act on Assurance of Medical Care for Elderly People and the Industrial Safety and Health Act.
- Local governments carry out health checkups complying with the Health Promotion Act, and cancer screening for residents of specific ages.

Under 6

Maternal and Child Health Act

Students

School Health and Safety Act

Ages -39

Medical Insurance Enrollees and Dependents

Medical Insurance Laws
(Health Insurance Act, National Health Insurance Act)

Special Checkups
(Metabolic Checkups)

Employees

Industrial Safety and Health Act

- Employer checkups can substitute special checkups.

Others

Health Promotion Act
For: Residents

Ages 40-74

Act on Assurance of Medical Care for Elderly People

Ages 75 +

Act on Assurance of Medical Care for Elderly People

Though not legally required, insurers and employers often carry out / support cancer screening, along with periodontal, osteoporosis, and hepatitis virus tests.



Screening as Health Promotion Initiative

In accordance with Article 19-2 of the Health Promotion Act, municipalities are required to make efforts to conduct the following screenings.

Type	Objective	Eligibility	Frequency	Checklist
Periodontal diseases	Prevent tooth loss	Ages 40-70	Every 10 years	Interview, periodontal histology
Osteoporosis	Early detection of bone loss, osteoporosis prevention	Women, ages 40-70	Every 5 years	Interview, bone mass measurement
Hepatitis virus	Avoid health problems caused by hepatitis, reduce symptoms and delay progression	Age 40+ (Only those who have not undergone screening in the past)	-	Interview, hepatitis B and C virus test
Cancer	Stomach	Age 50+ Age 40+	Every 2 years Once a year	Interview, barium x-ray or gastrointestinal endoscopy
	Cervical	Age 20+	Every 2 years	Interview, visual examination, cervical cytodiagnosis, internal examination *cytodiagnosis/internal exam replaceable with HPV test every 5 years for women aged 30+
	Lung	Age 40+	Once a year	Interview, chest X-ray, sputum cytology (*) *age 50+ with smoking index over 600 (cigarettes per day x years \geq 600)
	Breast	Age 40+	Every 2 years	Interview, mammography
	Colon/rectum	Age 40+	Once a year	Interview, fecal occult blood test

Health check-ups and guidance also provided to those ineligible for those under Act on Assurance of Medical Care for Elderly People (welfare recipients).

Cancer Screening Schemes

	Organized Screening	Opportunistic Screening
Purpose	Reduce mortality rate of target population	Decrease mortality risk for individuals
Rationale	Preventive public health service	Elective, opted by individuals
Screenees	Healthy residents (I.e. of certain ages)	Not defined
Costs	Supported by public funds	Borne by individuals
Benefits and harm	Benefits maximized for the entire population, within available resources	Judged individually

Source: Cancer Screening Handbook for Family Doctors (Mar 2010) (Ministry of Health, Labour, and Welfare Guidance Project for the Expansion of Cancer Screening)

Organized Cancer Screening

Guidelines for health education on cancer prevention, and cancer screening

Health Service Bureau, MHLW No. 0331058 (31 Mar 2008, last amended, 1 Oct 2021)

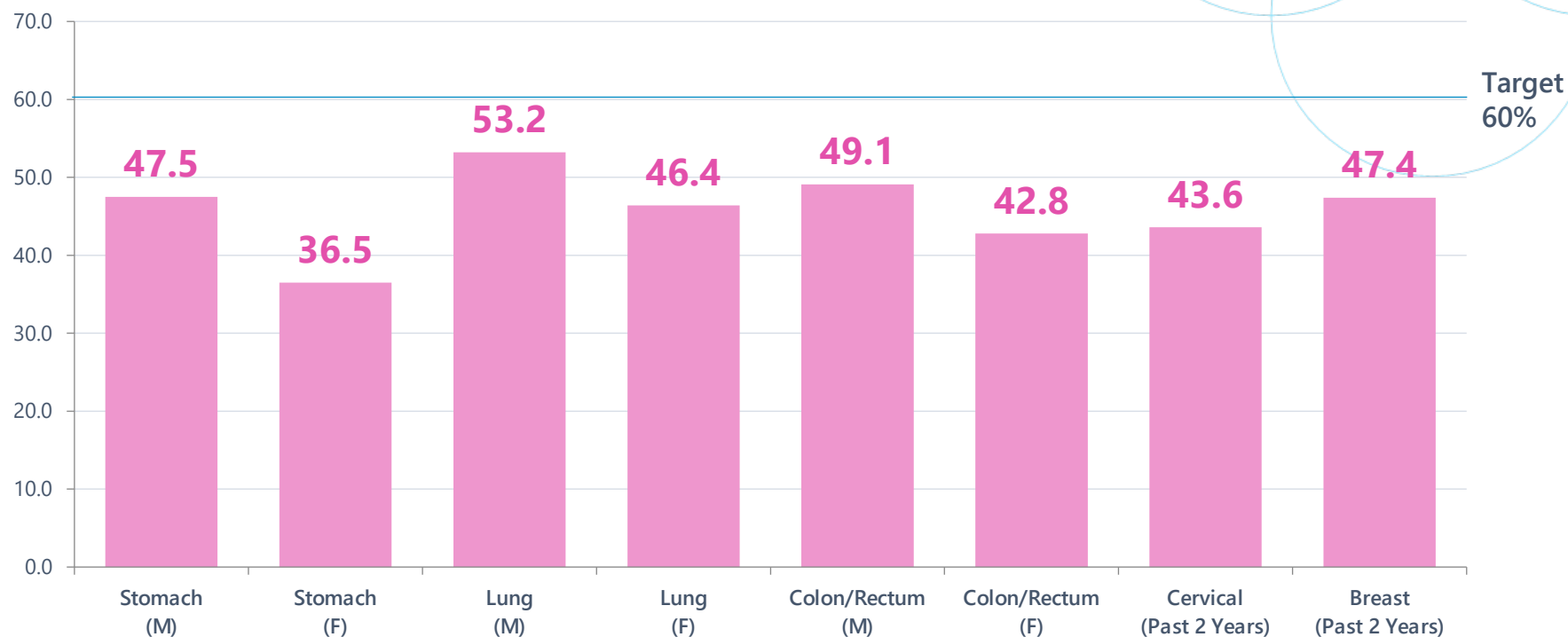
Recommended Methods			
Type	Methods	Recipients	Frequency
Stomach	Gastroendoscopy or Barium X-ray + Medical interview	Age 50 +	Once every 2 years
	Barium X-ray + Medical interview	Age 40 +	Allowed annually
Cervical	Medical interview, visual inspection, cervix internal/cytological examination * Internal exam/cytodiagnosis replaceable with HPV test every 5 years for women aged 30+	Age 20 +	Once every 2 years
Lung	Questionnaire (Medical interview), Pectoral X-ray, Sputum cytological test	Age 40 +	Once a year
Breast	Medical interview + Mammography * Visual inspection / Palpation not recommended	Age 40 +	Once every 2 years
Colon/Rectum	Medical interview and Fecal occult blood test	Age 40 +	Once a year

Principles of Cancer Screening

1. The cancer type demonstrates high incidence, recognized a major cause of death
2. A screening method that reduces mortality from the cancer is available
3. A suitable screening method is available for the type of cancer
4. Screening method safety is established
5. Screening method precision is ascertained
6. Treatment is available upon detection of cancer
7. Advantages of testing outweigh disadvantages

Source: Website of the National Cancer Center Center for Cancer Control and Information Services

Trends in Cancer Screening Rates (2022)

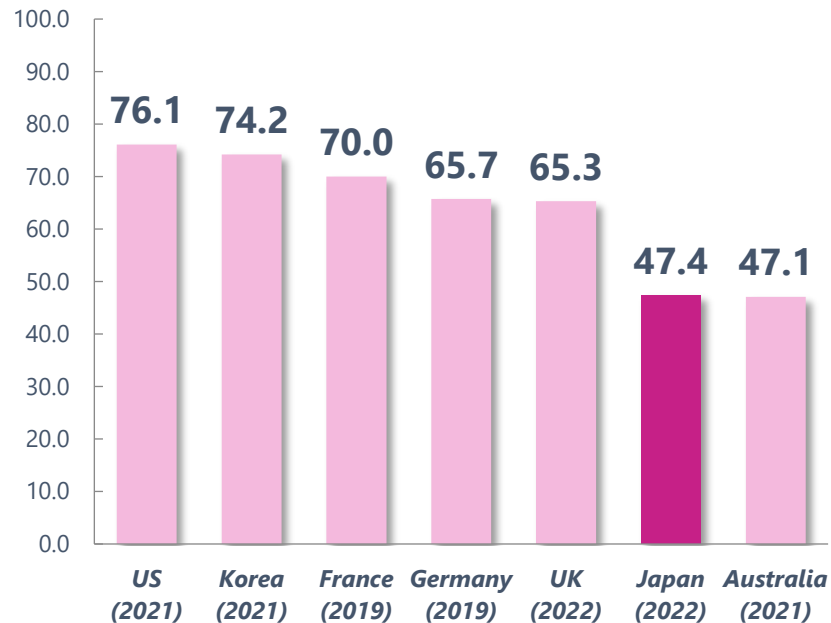


- Ages 40-69: stomach, lung, breast, colon/rectum, ages 20-69: uterine (cervical)
- Includes screening as part of health checkups
- 2016 survey data excludes Kumamoto prefecture

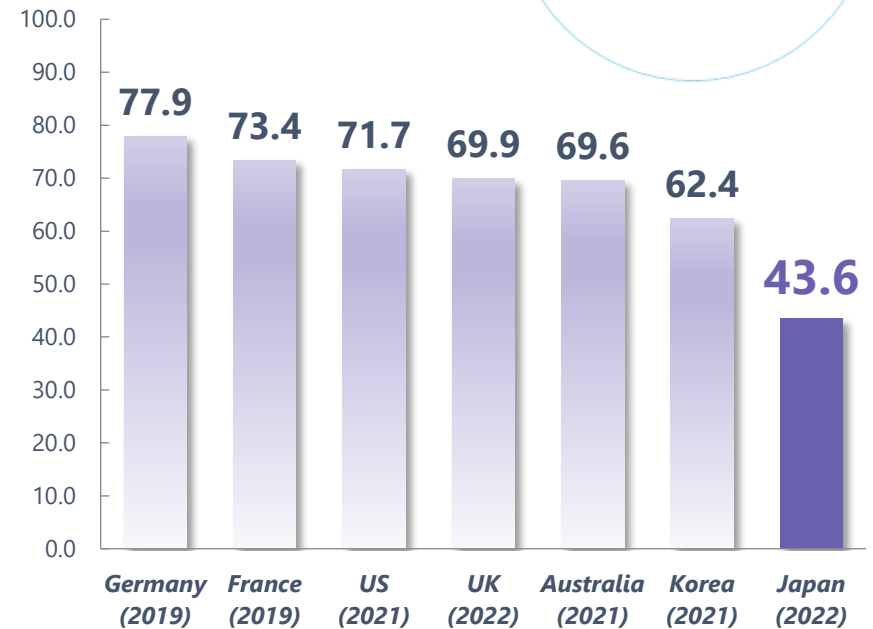
Source: 2022 Comprehensive Survey of Living Conditions

Screening Rates - International Comparison

Breast (Ages 40-69)

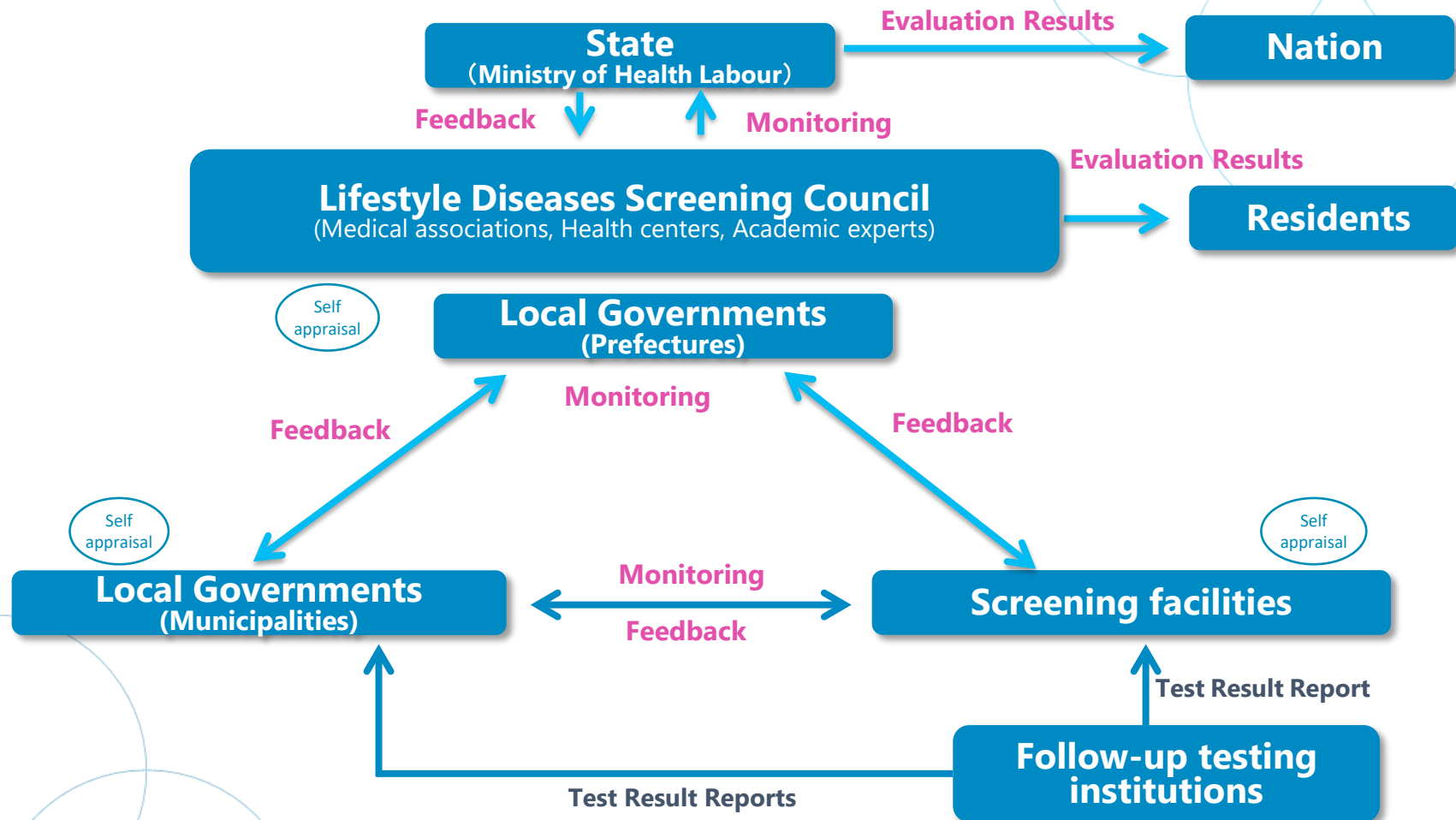


Cervical (Ages 20-69)



Source: OECD Health Statistics 2022

Screening Quality Control



Prefectures improve quality → Nationwide levelling up

Source: Image based on the report "The Future Shape of the Evaluation of Cancer Screening in Japan"