

Designated Cancer Care Hospitals



Designated Cancer Care Hospital Types

(Aug 2022)

District Designated Cancer Care Hospital

- Provides secondary specialized medical care, counselling and information to cancer patients, coordinates collaborative support networks for cancer care; one for every secondary cancer medical area, covering multiple local governments within prefectures.
- Specific standards set for clinical team, practitioners, patient numbers, training provision, collection and provision of information

Prefectural Designated Cancer Care Hospital

- Improves quality of cancer care in the prefecture, building a collaborative network, establishing a PDCA cycle.

National Cancer Center

- Leads the entire nation's cancer medicine, as the anchor institution for cancer control
- Builds capacity of physicians and healthcare professionals, aggregates and analyses cancer care information, organises liaison councils of prefectural designated cancer care hospitals

Designated Specific Cancer Care Hospital

- Treats the largest number of patients with a specific cancer within the prefecture.

Local Cancer Hospital

- One group per secondary medical area, covering multiple local governments within prefectures, in lieu of a Regional Designated Cancer Care Hospital, where there is none. Provides services in close cooperation with Regional Designated Cancer Care Hospitals in the adjoining secondary medical area.



Designated Cancer Care Hospitals Requirements Review (Aug 2022)

Key points

Prefectural Councils Playing Bigger Roles

- Share responsibilities for rare cancers/special treatments
- Deliberate on BCP development, preparing for epidemics/disasters
- Collect/analyse/evaluate medical care and performance, communicate accomplishments
- Coordinate medical staff capacity building, and optimal deployment

Advance Cancer Medicine Delivery

- Establish cancer rehabilitation care
- Build palliative care capacity of all medical personnel
- Communicate the Cancer Consultation Service Center's services to the public

Serve Various Needs

- Rare cancers, intractable cancers care
- Childhood cancers and cancers of AYA generation care
- Fertility preservation care
- Geriatric cancer care

Streamline Designation Issues

- Abolish Highly Specialized District Designated Cancer designations
- No exceptional rules applied to medical service areas served by under 300 physicians
- Streamline designation revision upon requirements unmet

Designated Cancer Care Hospitals

(as of Apr 2024)

<Overall picture>

Partially revised from documents submitted to Study Group on Designated Cancer Care Hospitals

◆ Prefectural Councils for Cancer Treatment (Prefectural Councils)

To be established by Designated Cancer Care Hospitals of prefectures, to share, evaluate, analyze cancer care in the prefecture and communicate to the public.

Prefectural Designated Cancer Care Hospitals - 51

- Leads care in each prefecture
- Supports other designated hospitals (training, information provision)

District Designated Cancer Care Hospitals - 344

- One per medical service area
- Provides specialized cancer care, sharing responsibilities with others

District Designated Cancer Care Hospital (Atypical) - 4

Designation requirements met partially

Designated Specific Cancer Care Hospital - 1

- Treats the most patients of a specific cancer in prefecture

Local Cancer Hospitals - 61

- One per medical service area, if lacking Designated Cancer Care Hospital
- Group Designation (with adjacent Designated Cancer Care Hospitals)

Government of Japan / MHLW

◆ Liaison Council of Prefectural Designated Cancer Care Hospitals (National Council)

Comprising National Cancer Center and Prefectural Designated Cancer Care Hospitals, collaborating to collect, share, evaluate cancer care, and communicate to the public

National Cancer Center Hospitals - 2

- Leads cancer medicine, as core of cancer control
- Supports Prefectural Designated Cancer Care Hospitals in clinical services, information provision and capacity building
- Advocates policies to the government, having collected, analyzed and evaluated cancer treatment information in Japan, and discussed improvement measures

Requirements for Designated Cancer Care Hospitals

- Treatments/Facilities

(Health Service Bureau, MHLW No. 080116 – 1 Aug 2022)

Treatments

Either (1) or (2), (1) mandatory for selection from multiple candidates

(1) All of the following

- Newly diagnosed, in the hospital-based cancer registry 500 +
- Surgeries for malignant neoplasms 400 +
- Cancer chemotherapy patients 1000 +
- Radiation therapy patients 200 +
- New patients cared with palliative care team 50 +

(2) Relative evaluation

- Treated 20% of cancer patients resident in the region

Care provision

- Pathological exams at surgery theaters
- Surgical site infections surveillance
- Brachytherapy provision extended to partner medical institutions in the region
- Access to particle beam therapies and nuclear medicine, requiring special facilities
- Radiotherapy quality control through third-party output line measurements
- Coordinate with other departments/hospitals to manage adverse events, including immune-related
- Establish a committee to review and systematically manage drug therapy regimens

<Preferred>

- Intensity-modulated radiation therapy and outpatient nuclear medicine therapy
- Interventional radiology

Underlined: 2022 updates



Requirements for Designated Cancer Care Hospitals

- Healthcare Professionals

(Health Service Bureau, MHLW No. 080116 – 1 Aug 2022)

Surgery	<ul style="list-style-type: none"> • Surgeons
Radiation diagnostics and treatment	<ul style="list-style-type: none"> • Radiation oncologist • Exclusive diagnostic radiologist • Radiologic technologists (<u>Preferably 2+</u> with specialist qualifications) • <u>Exclusive</u> engineer, managing equipment precision and radiation planning (Specialist qualifications preferred) • <u>Exclusive</u> nurse at radiation therapy ward (specialist qualifications preferable)
Chemotherapy	<ul style="list-style-type: none"> • Exclusive oncologist • Pharmacist (Specialist qualifications preferable) • <u>Exclusive</u> nurse (Specialist in cancer nursing preferable)
Pathology	<ul style="list-style-type: none"> • Exclusive pathologist • Cytopathology specialist (Specialist qualifications preferable)
Palliative care team	<ul style="list-style-type: none"> • Palliative care physician (exclusivity preferable) • Psychiatrist • Exclusive nurse with specialist qualifications • <u>Pharmacist with specialist knowledge (qualifications for palliative drug treatments preferable)</u> • <u>Counsellors with specialist knowledge/training (social worker preferable)</u> • <u>Medical psychologist (certified psychologist preferable)</u>
Rehabilitation	<ul style="list-style-type: none"> • <u>Specialist rehabilitation physician (preferable)</u> • <u>Specialist rehabilitation physical/occupational/speech therapists (preferable)</u>
Counselling and support center	<ul style="list-style-type: none"> • One exclusive counsellor, supported by another specialist (Both with basic counselling training 1-3, <u>one social worker preferable</u>)
Hospital-based cancer registry	<ul style="list-style-type: none"> • Specialist, exclusive staff with intermediate accreditation by the National Cancer Center

Underlined: 2022 updates

Requirements for Designated Cancer Care Hospitals

- Services

(Health Service Bureau, MHLW No. 080116 – 1 Aug 2022)

Cancer consultation service centers

- Holistic consultation services
- Utilize ICT, such as online consultations
- Reach out to those who require communication assistance, and to non-native Japanese speakers

Staff	<ul style="list-style-type: none"> • One exclusive counsellor, supported by another specialist (both with basic counselling 1-3), <u>one social worker preferred</u>
Knowledge updates	<ul style="list-style-type: none"> • <u>Regular knowledge update efforts through training programs for cancer consultation service center counselors</u>
Cooperation with local communities	<ul style="list-style-type: none"> • Provide consultations for cancer patients and their families regardless of care provision institutions, and to local residents and medical institutions • Establish cooperative relationships with cancer patient advocacy organizations experienced in consultation services
Raise awareness	<ul style="list-style-type: none"> • <u>Provide opportunities for cancer patients and their families to visit the Cancer Consultation Service Center following the initial outpatient consultation, before commencing treatment (preferred*)</u> • <u>Continually remind patients of consultation services as they progress in medical care</u> • Post clear and visible guidance on Cancer Consultation Services in hospitals • Communicate services provided to relevant organizations in the community, <u>offer consultations to those receiving care elsewhere</u> • <u>Record first contacts to the Center, continuously diffuse information on services to raise awareness</u>
Feedback	<ul style="list-style-type: none"> • Collect post-consultation feedback • <u>Utilize feedback towards quality improvement, report to Prefectural Council, and share information with other facilities</u>
Medical professional collaboration in-house	<ul style="list-style-type: none"> • Engage other in-house medical professional colleagues, by means of setting up a team reporting to <u>hospital director or equivalent</u> to ensure immediate support in responding to patient consultations
Training	<ul style="list-style-type: none"> • Attend training courses provided by the prefectural designated hospital.
Peer network	<ul style="list-style-type: none"> • Establish peer networks and opportunities for cancer patients and their families to discuss their problems and experiences. • <u>Endeavor to engage peer supporters who have undergone training, or host meetings with support from experienced patient advocacy organizations; provision of online options for meetings are preferred</u>

**The specific duties of the Cancer Consultation Service Center will be notified in the Q&A on Guidelines for Designated Cancer Care Hospitals.*

***Preferred (*) is with a view to making it a mandatory requirement in the next revision.*

Underlined: 2022 updates

Requirements for Designated Cancer Care Hospitals

- Info Provision, Raising Awareness

(Health Service Bureau, MHLW No. 080116 – 1 Aug 2022)

Communication on treatments	<ul style="list-style-type: none"> List available cancer treatments clearly on own website Treatment and support for rare cancers, childhood cancers, cancers of AYA generation (<u>Including fertilization preservation</u>) and cancer genomic medicine, should have locale indicated (On-site or collaborating external facilities) <u>Medical treatment disruptions due to major disasters/epidemics to be posted as early as possible</u>
Communication to cancer medical area	<ul style="list-style-type: none"> <u>List cancer treatments provided within the cancer medical area clearly, on own website</u> <u>List common cancer treatment provision, and care following multidisciplinary care clearly, especially when entrusted to external partner institutions</u>
Raising awareness in the community	<ul style="list-style-type: none"> Raise awareness on palliative care and cancer education, <u>utilising guidelines tailored to patients and the general public</u>
Clinical trials	<ul style="list-style-type: none"> List ongoing clinical trials, with targeted cancer type and drug
Present larger picture of clinical trials to patients	<ul style="list-style-type: none"> Present patients with information on treatments available, including clinical research for drug development, advanced medical care, <u>patient-proposed healthcare services</u>, and refer to medical institutions as necessary
Cancer education	<ul style="list-style-type: none"> Second medical professionals to speak, upon requests from schools/workplaces within medical area, to disseminate accurate knowledge on cancer Accommodate respect for all in the audience, <u>including those with cancer themselves, or with loved ones with cancer</u>

Requirements for Designated Cancer Care Hospitals

- Ancillary Services

(Health Service Bureau, MHLW No. 080116 – 1 Aug 2022)

Internet connectivity	<ul style="list-style-type: none">• <u>Internet connectivity provision to patients and their families preferable</u>
Audiovisual material	<ul style="list-style-type: none">• Make available printed/audiovisual material including multidisciplinary treatments, daily life tips, to which cancer patients and their families can reach on their own initiative, during treatment visits to hospitals• <u>Material are best accessible online</u>
Appearance care	<ul style="list-style-type: none">• <u>Provide information on expected changes in appearance associated with cancer treatment to cancer patients and their families</u>• <u>Provide consultation services on appearance care</u>
Suicide risk	<ul style="list-style-type: none">• <u>Establish guidelines to minimize suicide risk of cancer patients, with clear protocols on how to respond, and work with related agencies</u>• <u>Establish information sharing conduits with relative professions</u>• <u>Establish a partnership institution in the region, to which patients can be entrusted to be cared for, if lacking psychiatry and psychosomatic medical care in own facility</u>

Red underlined indicate latest revision

Cancer Medical Areas and tackling gaps

Cancer medical area

Requirements: Medical Care Act (Act No 205, 1948) Article 30-4

- Prefectural Designated Cancer Care Hospital in every prefecture
- Designated Cancer Care Hospitals (or Local Cancer Hospitals) in each cancer medical area
- In addition, one Local Cancer Treatment Center can be established in a cancer medical service area where there is no District Designated Cancer Care Hospital.
- Cancer medical areas in line with secondary medical areas in most prefectures. Exceptions are Akita, Ishikawa, Mie, Hyogo, Wakayama, Kagawa and Miyazaki with unique cancer medical areas.

Deficiencies in cancer care

- **56 cancer medical areas** (white on map) lack designated cancer care/local cancer hospitals (as of Apr 2024)
- Eighth Medical Plan/10th Study Group recommendation: 'Upon revising medical plan, prefectures should address deficiencies in cancer care by medical areas, considering the latest care provision as well as prospects, including changes in demographics'
https://www.mhlw.go.jp/stf/newpage_26864.html

