

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 (Phase 1) starts*

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

2013 *Cancer Registration Promotion Act passed*

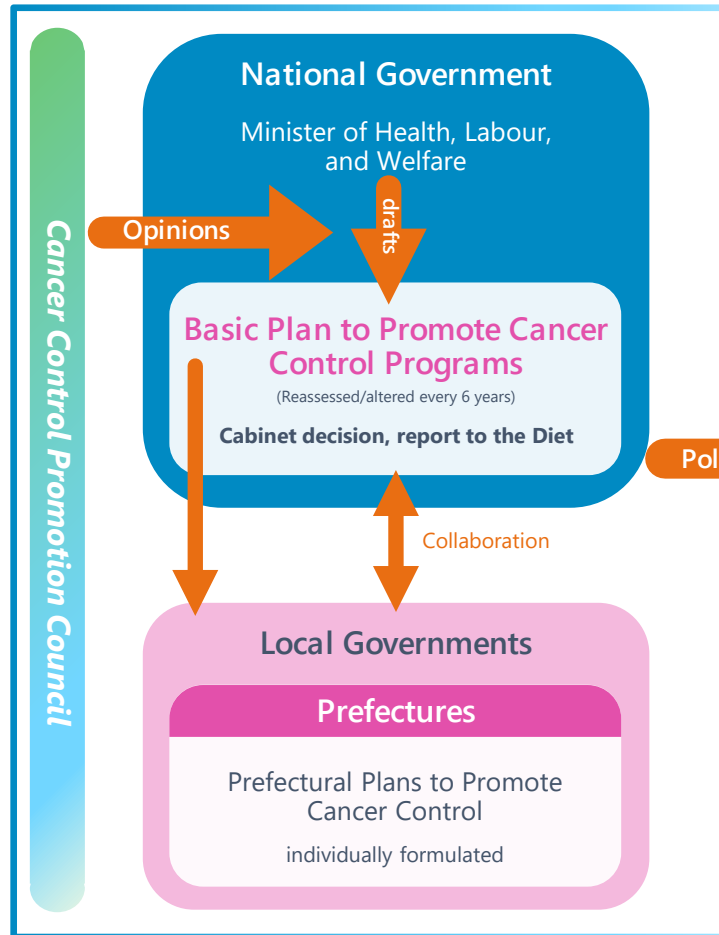
2014 *10-Year Strategy for Cancer Control starts*

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

Cancer Control Act (Act No. 98, 2006)

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

Comprehensive and planned promotion of cancer control



Policy Pillars →

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: raising awareness

- include cancer on the national curriculum

→ Public

Basic Plan to Promote Cancer Control Programs

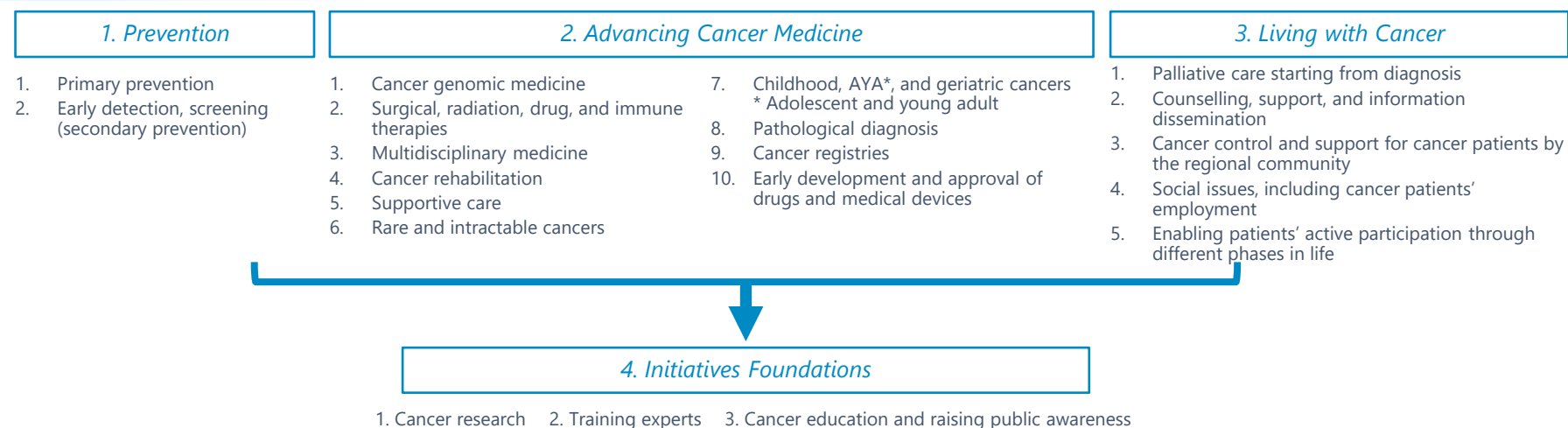
- Phase 3 (cabinet decision: March 2018)

1. Overall Goal

“our people, not only cancer patients, with an awareness of, and overcoming cancer”

- (1) prevention and screening underpinned by scientific evidence
- (2) patient-focused cancer treatment
- (3) establishing society where lives are lived with dignity and security

2. Policy Pillars



3. Basis for comprehensive and planned promotion of cancer control

1. Close coordination/cooperation between involved parties
2. Prefectural government plans/initiatives
3. Citizens' efforts, including cancer patients
4. Engagement of patient organizations
5. Budget allocation, its efficient and focal use
6. Appraisals of initiatives originally planned
7. Revision of basic plan

1. Prevention

Primary Prevention

Issues

- smoking / passive smoking
- higher risk of lifestyle-related diseases with alcohol intake and lack of exercise, with no improvement from 2012
- untreated hepatitis virus carriers

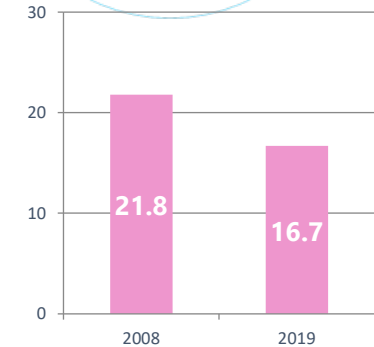
Needed Initiatives

- raise public awareness of smoking as a detriment to health, support smoke cessation
- reduce passive smoking
- advance policies aligned with the Basic Plan for Promotion of Measures against Alcohol-related Harm
- raise public awareness through 'Smart Life Project' and dietary improvement campaigns
- encourage treatment of hepatitis; promote vaccinations and drug development for hepatitis B

Exposure to passive smoking

Location	Percentage (%)
Eateries & Bars	29.6
Game parlours	27.1
Offices	26.1
Streets	27.1

Adult Smoking Rate



Lifestyle Habits Other Than Smoking	Male	Female
drinking enough to increase risk of lifestyle-related disease (%)	14.9 (14.7)	9.1 (7.6)
with exercising habit (%)	33.4 (36.1)	25.1 (28.2)

Source: Japan National Health and Nutrition Survey, 2019

Numbers in parentheses indicate data from 2012

1. Prevention

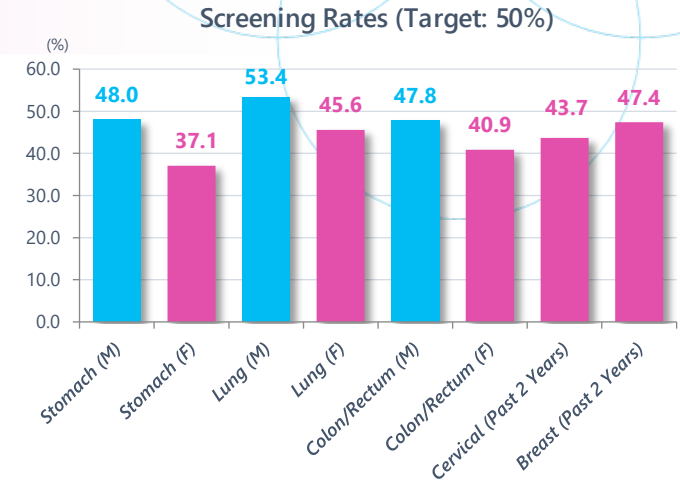
Secondary Prevention

Issues

- screening rates short of target, follow-up examination also low
- screening unlisted on guidelines, or without scientific evidence conducted
- 30-60% of cancer screenings opportunistic (at workplaces); methods and subject ages vary

Needed Initiatives

- programs to improve screening rates, improve access
- encourage guidelines-based screening, improve accuracy
- investigate screening methods, analyzing local and international data, building on scientific evidence
- establish guidelines for workplace cancer screening



Source: 2019 Comprehensive Survey of Living Conditions

Follow-up Examination Rates(2017) (Target: 90%)

Type	%
Stomach (40-74 Years) (X-Ray)	81.0
Lung (40-74 Years)	83.5
Colon/Rectum (40-74 Years)	70.7
Cervix Uteri (20-74 Years)	75.2
Breast (40-74 Years)	88.8

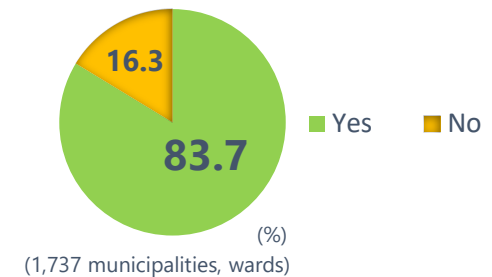
Source: Prepared based on the National Cancer Center Cancer Information Service's "Cancer Registry and Statistics"

Cancer Screening in the Workplace

Type	%
Stomach (40-69 Years)	62.6
Lung (40-69 Years)	67.5
Colon/Rectum (40-69 Years)	61.9
Cervix Uteri (age 20-69, past 2 yrs)	36.1
Breast (age 40-69, past 2 yrs)	40.3

Source: 2019 Comprehensive Survey of Living Conditions

Administration of screening tests not listed on guidelines



Source: 2020 Survey of the Status of Cancer Screening in Municipalities

2. Advance Cancer Medicine

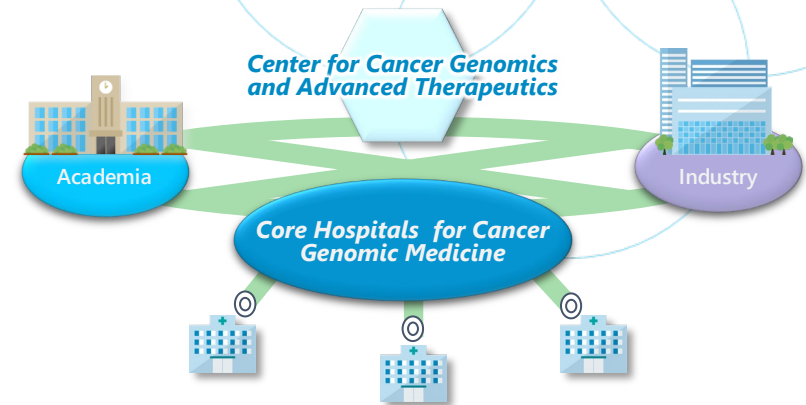
Cancer Genomic Medicine

Issues

- foundation needed for implementation of cancer genomic medicine
- capacity building for improving cancer genomic medicine

Needed Initiatives

- designated core hospitals for cancer genomic medicine to provide cancer genomic medicine
- train specialists for cancer genomic medicine
- strengthen Center for Cancer Genomics and Advanced Therapeutics, for effective use of genomic information big data



Source: Growth Strategy Council - Investing for the Future (April 2017)

Cancer Treatments Provision

Issues

- cancer care equity throughout nation, driven by designated cancer care hospitals
- stronger need for patient safety
- immunotherapy treatments on offer vary, those underpinned by scientific evidence and those without, confusing public

Needed Initiatives

- define emerging requirements for cancer centers, such as genomic medicine, patient safety, and emotional support
- centralize genomic medicine and selected radiation therapies
- rectify information on immunotherapy

2. Advance Cancer Medicine

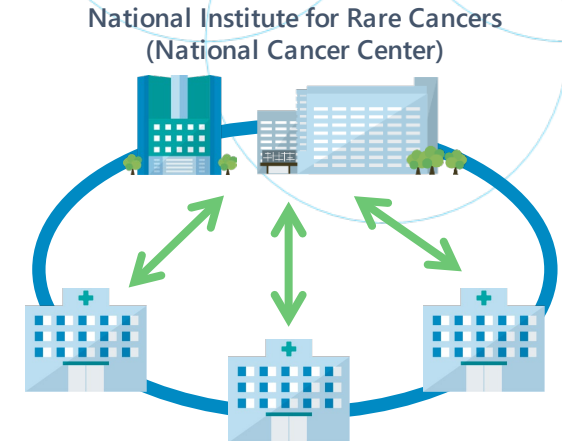
Rare and Intractable Cancers

Issues

- close coordination between rare cancer facilities and regional cancer centers called for
- development of effective diagnosis/treatment of intractable cancers

Needed Initiatives

- establish medical institutions leading rare cancer treatments
- promote development of diagnostics/treatments for intractable cancers



Childhood, AYA*, and Geriatric Cancers

* Adolescent and young adult

Issues

- smooth patient referrals, from local clinics to central childhood cancer centers
- AYA generation cancer patients require highly individualized services suitable to their age
- no guides set for standard treatment of geriatric cancer patients

Needed Initiatives

- engage regional partner hospitals to provide childhood cancer care
- provide consultations, support employment for AYA generation cancer patients, along with medical care
- set and disseminate cancer treatment guidelines for the elderly



3. Living with Cancer



Palliative Care

Issues

- swift and appropriate addressing of patient discomfort insufficient
- palliative care training with good access and robust syllabus called for, with attendance encouraged

Needed Initiatives

- screening of complaints starting at diagnosis, better provision of palliative care
- better syllabus and management of palliative care training

National Survey of Cancer Patients' Experiences	(n=7080)
with physical pain	34.7%
with emotional pain	24.0%

Source: 2018 Patient Experience Survey

Counselling, Support, and Information Provision

Issues

- underuse of cancer counselling and support centers
- cancer information inundating patients, holding back from acquiring reliable information

Needed Initiatives

- encourage the use of cancer counselling and support centers from early stages of treatment whilst building up capacity
- disseminate evidence-based information, while monitoring accuracy of medical websites

Cancer Control and Support for Cancer Patients by the community

Issues

- closer coordination between cancer centers and regional medical institutions, for better home health care

Needed Initiatives

- nurture specialist coordinators for multi-disciplinary collaboration between diverse regional facilities

3. Living with Cancer

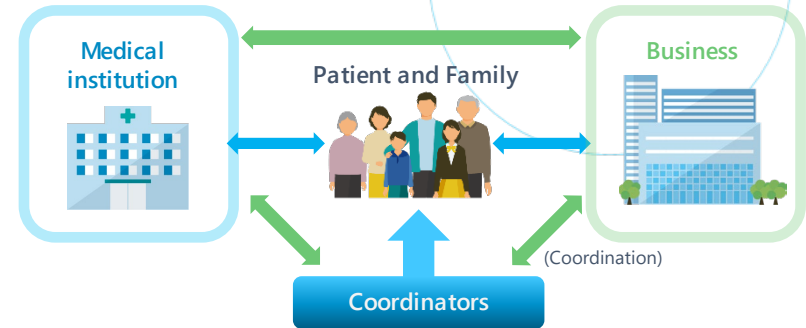
Social Issues, including Cancer Patients' Employment

Issues

- more support in job loss prevention and reemployment needed
- lack of counselling, information on physical appearance care and fertility preservation

Needed Initiatives

- establish "triangular support system" for cancer patients
- capacity building in physical appearance care, counselling and support for fertility preservation, and improve information provision



Source: March 28, 2017 Revision of the Action Plan for the Realization of Work Style Reform

Corresponding to phases in life

Issues

- children and the AYA generation have unique needs, their care requiring differentiation from adults
- dementia, common among the elderly, calls for corresponding standards for cancer treatment decision making

Needed Initiatives

- long-term follow-up scheme for children and AYA generation cancer patients
- decision making support for patients with dementia, and geriatric cancer patients at end-of-life phase

4. Foundations for the Initiatives

Cancer Research

Issues

- 10-Year Strategy for Cancer Control provides framework for research with a long-term point of view
- research tailored to the social circumstances of cancer patients called for

Needed Initiatives

- revision of the 10-Year Strategy for Cancer Control
- research led by AMED, viewing across strata of research phases, from basic to implementation
- establish standard treatments for childhood, rare, intractable cancers and set treatment guidelines
- research in genomic and immune medicine, anticipating development of new therapies



国立研究開発法人日本医療研究開発機構
Japan Agency for Medical Research and Development

Training Experts

Issues

- due to higher specialization and the need to correspond to various phases of life, nurturing specialists are ever more important

Needed Initiatives

- expand breadth of specialties of trainees, to ensure equity of cancer treatment and support
- continue with education of medical practitioners specializing in cancer care
- train medical practitioners in genomic medicine, rare and intractable cancers and ways of corresponding to patients' phases of life



4. Foundations for the Initiatives

Cancer Education and Raising Public Awareness

Issues

- Insufficient engagement of lecturers, or knowledge on the part of teaching staff
- Insufficient support for public awareness activities run by the private sector



Needed Initiatives

- train teachers and lecturers, as instructors of cancer education in schools
- support public awareness activities by the private sector and patient organizations



がん対策推進企業アクション

がんでもやめない、
やめさせない。

日本では、毎年新たに“がん”に罹患する人が約101万人。
そしてがん患者の1/3は労働人口と言われています。
大切な社員を守るため、企業が積極的に
がん対策に取り組みましょう。

今年も行こう
がん検診

社員とその家族のために
会社が始めるがん対策

がん対策推進
企業アクション

パートナー企業・団体募集中!!

厚生労働省

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