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)  

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: raising awareness
- include cancer on the national curriculum
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

<table>
<thead>
<tr>
<th>1. Prevention</th>
<th>2. Advancing Cancer Medicine</th>
<th>3. Living with Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Primary prevention</td>
<td>1. Cancer genomic medicine</td>
<td>1. Palliative care starting from diagnosis</td>
</tr>
<tr>
<td>2. Early detection, screening (secondary prevention)</td>
<td>2. Surgical, radiation, drug, and immune therapies</td>
<td>2. Counselling, support, and information dissemination</td>
</tr>
<tr>
<td></td>
<td>3. Multidisciplinary medicine</td>
<td>3. Cancer control and support for cancer patients by the regional community</td>
</tr>
<tr>
<td></td>
<td>5. Supportive care</td>
<td>5. Enabling patients’ active participation through different phases in life</td>
</tr>
<tr>
<td></td>
<td>6. Rare and intractable cancers</td>
<td></td>
</tr>
</tbody>
</table>

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

4. Initiatives Foundations

1. Cancer research
2. Training experts
3. Cancer education and raising public awareness
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

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eateries &amp; Bars</td>
<td>29.6</td>
</tr>
<tr>
<td>Game parlours</td>
<td>27.1</td>
</tr>
<tr>
<td>Offices</td>
<td>26.1</td>
</tr>
<tr>
<td>Streets</td>
<td>27.1</td>
</tr>
</tbody>
</table>

Exposure to passive smoking

Adult Smoking Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>21.8</td>
<td>16.7</td>
</tr>
</tbody>
</table>

Lifestyle Habits Other Than Smoking

<table>
<thead>
<tr>
<th>Habit</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>drinking enough to increase risk of lifestyle-related disease (%)</td>
<td>14.9 (14.7)</td>
<td>9.1 (7.6)</td>
</tr>
<tr>
<td>with exercising habit (%)</td>
<td>33.4 (36.1)</td>
<td>25.1 (28.2)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomach (40-74 Years) (X-Ray)</td>
<td>81.0</td>
</tr>
<tr>
<td>Lung (40-74 Years)</td>
<td>83.5</td>
</tr>
<tr>
<td>Colon/Rectum (40-74 Years)</td>
<td>70.7</td>
</tr>
<tr>
<td>Cervix Uteri (20-74 Years)</td>
<td>75.2</td>
</tr>
<tr>
<td>Breast (40-74 Years)</td>
<td>88.8</td>
</tr>
</tbody>
</table>

Source: Prepared based on the National Cancer Center Cancer Information Service’s “Cancer Registry and Statistics”

Cancer Screening in the Workplace

<table>
<thead>
<tr>
<th>Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomach (40-69 Years)</td>
<td>62.6</td>
</tr>
<tr>
<td>Lung (40-69 Years)</td>
<td>67.5</td>
</tr>
<tr>
<td>Colon/Rectum (40-69 Years)</td>
<td>61.9</td>
</tr>
<tr>
<td>Cervix Uteri (age 20-69, past 2 yrs)</td>
<td>36.1</td>
</tr>
<tr>
<td>Breast (age 40-69, past 2 yrs)</td>
<td>40.3</td>
</tr>
</tbody>
</table>

Source: 2019 Comprehensive Survey of Living Conditions

Screening Rates (Target: 50%)

<table>
<thead>
<tr>
<th>Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomach (M)</td>
<td>48.0</td>
</tr>
<tr>
<td>Stomach (F)</td>
<td>37.1</td>
</tr>
<tr>
<td>Lung (M)</td>
<td>53.4</td>
</tr>
<tr>
<td>Lung (F)</td>
<td>45.6</td>
</tr>
<tr>
<td>Colon/Rectum (M)</td>
<td>47.8</td>
</tr>
<tr>
<td>Colon/Rectum (F)</td>
<td>40.9</td>
</tr>
<tr>
<td>Cervical (Past 2 Years)</td>
<td>43.7</td>
</tr>
<tr>
<td>Breast (Past 2 Years)</td>
<td>47.4</td>
</tr>
</tbody>
</table>

Source: 2019 Comprehensive Survey of Living Conditions

Administration of screening tests not listed on guidelines

- Yes: 16.3%
- No: 83.7%

(1,737 municipalities, wards)

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

**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**

**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

---

*N Adolescent and young adult*
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

**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

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**National Survey of Cancer Patients’ Experiences**

<table>
<thead>
<tr>
<th></th>
<th>(n=7080)</th>
</tr>
</thead>
<tbody>
<tr>
<td>with physical pain</td>
<td>34.7%</td>
</tr>
<tr>
<td>with emotional pain</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

Source: 2018 Patient Experience Survey
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

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

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
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