

Prefectural Cancer Control Scorecard 2012

**Cancer Policy Information Center
Commission and Citizens and Health
Health and Global Policy institute**

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Introduction

The Prefectural Cancer Control Scorecard presents and summarizes information on the current status of cancer control across Japan's 47 prefectures. Rankings for each indicator list the worst performing prefectures first, and for ease of use, there are also compact summaries of each prefecture's information, allowing for both a comprehensive regional evaluation and a comparative national overview.

The content of the scorecard includes not only such data as current cancer mortality rates but also information relating to ongoing cancer control measures. Together with an extensive array of information processed from publicly available data, an additional 25 more original indicators were collected through a survey of prefectural offices, and we would like to take this opportunity to express our sincere gratitude to those who cooperated in this survey. Moreover, similar data from last year can be referred to for comparative purposes in Chapter 2 of our "Cancer Control White Paper 2011 ~Information for Use in Advocacy~".

It is very much hoped that the information contained in this report will be put to good use in any situation and for any purpose it will serve. During discussion and formulation of prefectural cancer control programs, for example, the information here can be utilized to grasp the current situation locally and also to identify potentially promising measures that are being utilized elsewhere in the country.

How to use the Prefectural Cancer Control Scorecard

This scorecard gathers together a wide variety of information to enable those performing advocacy activities to quickly call upon pertinent data relating to the current situation in their own or other prefectures. Alongside each item of data, the number shown in parentheses () indicates the rank among all 47 prefectures. Rankings have been organized on a “worst comes first” basis in order to indicate most clearly where improvement is needed, such as a high mortality rate or low cancer screening participation rate. Please refer to the following for more details on how to utilize the data.

■ How to use

“ I . Mortality rate” section

⇒To know the current situation and grasp the key points.

• I - 1 Cancer mortality rate

The ratio when the prefectures with the highest and lowest mortality rates are compared is 1.6 times for men and 1.4 times for women. Urgent attention is essential for those prefectures with particularly high mortality rates.

Example: “ I - 1 Cancer mortality rate” Worst 5 prefectures for men (high mortality rate)
Aomori, Akita, Tottori, Kochi, Wakayama

Example: “ I - 1 Cancer mortality rate” Worst 5 prefectures for women (high mortality rate)
Aomori, Tottori, Nagasaki, Hokkaido, Wakayama

• I - 2 Improvement in cancer mortality rate

There are differences of 17.2 points for men and 26.5 points for women between the prefectures with the highest and lowest rates of improvement. There are also instances of prefectures with actual increases in mortality rate rather than any improvement. All prefectures with a low rate of improvement need special attention, even those where the cancer mortality rate is high.

Example: “ I - 2 Improvement in cancer mortality rate” Worst 5 prefectures for men (low rate of improvement)
Iwate, Ehime, Kochi, Oita, Akita

Example: “ I - 2 Improvement in cancer mortality rate” Worst 5 prefectures for women (low rate of improvement)
Tottori, Kagoshima, Kagawa, Okinawa, Shizuoka

• I - 3~7 Mortality rate by type of cancer

Looking at mortality rates by type of cancer, there are ratios between the highest and lowest rates of 3.0 times for men and 3.6 times for women for stomach cancer, 1.7 times for men and 1.9 times for women for colon cancer, 1.9 times for men and 2.6 times for women for lung cancer, 2.6 times for men and 3.3 times for women for liver cancer, and 1.9 times for women for breast cancer. There may be consideration given to concentrating measures against

those types of cancer with a particularly high mortality rate. Again, for whichever type of cancer, there needs to be special attention paid in all those prefectures with a high mortality rate.

Example: “ I - 3 Mortality rate by type of cancer (stomach)” Worst 5 prefectures for men (high mortality rate)
Akita, Tottori, Aomori, Wakayama, Yamagata

Example: “ I - 3 Mortality rate by type of cancer (stomach)” Worst 5 prefectures for women (high mortality rate)
Wakayama, Yamaguchi, Tochigi, Ishikawa, Ibaragi

Example: “ I - 3 Mortality rate by type of cancer (colon)” Worst 5 prefectures for men (high mortality rate)
Okinawa, Aomori, Akita, Yamaguchi, Kochi

Example: “ I - 3 Mortality rate by type of cancer (colon)” Worst 5 prefectures for women (high mortality rate)
Tottori, Kyoto, Kagawa, Aomori, Wakayama

Example: “ I - 3 Mortality rate by type of cancer (lung)” Worst 5 prefectures for men (high mortality rate)
Aomori, Tottori, Hokkaido, Wakayama, Osaka

Example: “ I - 3 Mortality rate by type of cancer (lung)” Worst 5 prefectures for women (high mortality rate)
Hokkaido, Nagasaki, Tokyo, Osaka, Wakayama

Example: “ I - 3 Mortality rate by type of cancer (liver)” Worst 5 prefectures for men (high mortality rate)
Tottori, Hiroshima, Ehime, Fukuoka, Wakayama

Example: “ I - 3 Mortality rate by type of cancer (liver)” Worst 5 prefectures for women (high mortality rate)
Tottori, Saga, Kagoshima, Fukuoka, Ehime

Example: “ I - 3 Mortality rate by type of cancer (breast)” Worst 5 prefectures for women (high mortality rate)
Tottori, Okinawa, Saga, Hokkaido, Aomori

—What advocates can do—

In regions where the mortality rate is high for cancer overall or for a certain type of cancer, this fact can be raised as a specific point with which to push for strengthening of cancer control measures. Moreover, measures effective for improving the mortality rate for that certain type of cancer can be proposed.

“ II . Cancer screening rate, smoking rate” section

⇒To understand and consider the measures by which cancer-related deaths can be reduced.

• II - 1~5 Cancer screening rate

Looking at cancer screening participation rates, there are ratios between the highest and lowest rates of 25.3 points for men and 18.0 points for women for stomach cancer, 20.6 points for men and 22.1 points for women for lung cancer, 18.0 points for men and 17.3 points for women for colon cancer, 16.1 points for women for breast cancer, and 14.3 points for women for uterine cancer. Prefectures with low participation rates need to be extra careful, and also within each prefecture attention needs to be paid to any disparity in participation rates between

individual cities, towns, and villages. Clearly, if a certain type of cancer has both a low screening participation rate and a high mortality rate (as indicated in the section “I. Mortality rate”), it must become a focus for improvement.

Example: “II - 1 Screening rate (stomach cancer)” Worst 5 prefectures for men (low screening rate)
Osaka, Tokushima, Wakayama, Nagasaki, Fukuoka

Example: “II - 1 Screening rate (stomach cancer)” Worst 5 prefectures for women (low screening rate)
Osaka, Hyogo, Tokushima, Nagasaki, Kyoto

Example: “II - 2 Screening rate (lung cancer)” Worst 5 prefectures for men (low screening rate)
Osaka, Shiga, Fukuoka, Nara, Wakayama

Example: “II - 2 Screening rate (lung cancer)” Worst 5 prefectures for women (low screening rate)
Osaka, Shiga, Fukuoka, Hokkaido, Nara

Example: “II - 3 Screening rate (colon cancer)” Worst 5 prefectures for men (low screening rate)
Osaka, Tokushima, Wakayama, Nagasaki, Fukuoka

Example: “II - 3 Screening rate (colon cancer)” Worst 5 prefectures for women (low screening rate)
Tokushima, Osaka, Nagasaki, Fukuoka, Wakayama

Example: “II - 4 Screening rate (breast cancer)” Worst 5 prefectures for women (low screening rate)
Yamaguchi, Hyogo, Shimane, Osaka, Fukuoka

Example: “II - 5 Screening rate (uterine cancer)” Worst 5 prefectures (low screening rate)
Wakayama, Yamaguchi, Hyogo, Osaka, Shimane

• II - 6 Smoking rate

There are differences of 9.3 points for men and 10.8 points for women between the prefectures with the highest and lowest smoking rates. Special attention needs to be paid in areas where both cancer mortality (especially lung cancer mortality) and smoking rates are high.

Example: “II - 6 Smoking rate” Worst 5 prefectures for men (high smoking rate)
Aomori, Akita, Fukushima, Tochigi, Toyama

Example: “II - 6 Smoking rate” Worst 5 prefectures for women (high smoking rate)
Hokkaido, Aomori, Osaka, Kanagawa, Saitama

—What advocates can do—

In regions where the cancer mortality rate is high, especially when related to a high smoking rate and/or low screening rate for a specific type of cancer with a high mortality rate, this evidence can be used to urge improvement on that point in particular.

“III. Cancer care resources” section

⇒To understand the uneven distribution of resources at present, and secure necessary resources for the future.

Distribution of healthcare resources, such as specialist doctors and nurses, is extremely uneven. Overall shortage is noted for certain types of specialist, and some types of specialist are entirely absent from some prefectures (based on public data as of June 2012). There are also disparities in terms of facilities, such as the number of hospice beds.

Example: “III-2 Cancer drug therapy specialists” Prefecture with no such resources
Shiga

Example: “III-4 Certified radiation therapy technicians” Prefectures with no such resources
Iwate, Miyagi, Yamagata, Ishikawa, Mie, Wakayama, Tottori, Yamaguchi, Tokushima, Ehime, Kochi, Saga, Nagasaki, Kumamoto, Miyazaki, Kagoshima, Okinawa

Example: “III-5 Specialist cancer care nurses” Prefectures with no such resources
Aomori, Akita, Yamagata, Fukui, Shimane, Saga, Nagasaki, Kagoshima, Okinawa

Example: “III-7 Certified radiation therapy nurses” Prefectures with no such resources
Akita, Ibaragi, Gunma, Niigata, Toyama, Fukui, Yamanashi, Nagano, Wakayama, Tottori, Shimane, Tokushima, Kagawa, Kochi, Saga, Miyazaki, Okinawa

Example: “III-9 Certified pain management nurses” Prefecture with no such resources
Aomori

Example: “III-10 Certified home-visit nurses” Prefectures with no such resources
Akita, Wakayama, Okayama

—What advocates can do—

In those regions where there are few or no specialists, or where there are insufficient institutional facilities available, it can be insisted that specific measures are required in response.

“IV. Information about the structure of prefectural cancer control programs” section

⇒To understand regional disparities in cancer control programs, and secure necessary resources.

Regarding cancer control measures undertaken within each region, there are significant disparities in the structural support and organization provided by prefectural offices and other bodies. The number of specific cancer control measures and activities undertaken (number of ○) ranges from 47 to 4 items. Although it cannot simply be said that the number of items corresponds directly with the quality of the program, it does tend to reflect the effort being exerted in tackling cancer control.

Referring to the following table of activities undertaken in each prefecture, please consider whether there are any items that could have a positive impact if newly undertaken in your own region.

Example: Measures undertaken by the majority of prefectures, with few exceptions

■ There is a website (or section of a website) specifically for cancer control information (35/47 prefectures)

Example: Measures undertaken by approximately half of all prefectures

■ There is a budget and structure in place to support patient saloons, study meetings etc. (27/47 prefectures)

■ The prefecture undertakes its own survey of conditions relating to cancer and cancer control (excluding a patient satisfaction survey) in the region (25/47 prefectures)

■ Information and guidance relating to patient groups is provided through the prefecture's website and literature (24/47 prefectures)

■ There is a process for collecting the opinions of residents on cancer control measures (21/47 prefectures)

Example: Measures undertaken only by a select number of prefectures

■ The prefecture undertakes its own patient satisfaction survey of conditions relating to cancer and cancer control in the region (8/47 prefectures)

■ There is a process for collecting the opinions of residents on the following year's budget for cancer control (8/47 prefectures)

Additional focus points

- The item "There is a dedicated cancer control department" can be seen as a basic barometer of cancer control efforts within a prefecture.
- Although most prefectures disseminate information on cancer control programs via a website, the focus should be on whether this is just a mere formality or if there is actually some real and effective communication taking place. One detail that could indicate this is whether it is possible to enter the cancer control site directly from the top page of the Prefectural Office website.
- The survey clarified the fact that 19 prefectures have enacted ordinances for promotion of cancer control programs. There were also responses from 9 prefectures indicating that there is some movement towards possible enactment of an ordinance at some future point. After the survey one more ordinance was enacted in Okinawa. Which means 20 ordinances enacted and possible enactment in 8 prefectures as of July 30, 2012.
- For activities such as an interim appraisal, publication of an annual report, etc., utilizing a PDCA cycle (Plan, Do, Check, Act) is important, and some prefectures have formulated their own approach.
- Regarding Prefectural Committee for Promotion of Cancer Control, the number of patient or patient-related committee members ranges from a high of 5 to a low of zero. The number of times the Committee was convened in 2011 period ranges from a high of 3 to a low of zero, expecting times in 2012 ranges from a high of 6 to a low of one.

—What advocates can do—

Through checking the various structures and organizations in place in other prefectures, proposals could be made regarding activities undertaken elsewhere that could be of value in one's own region. For example, conducting an interim appraisal of the prefecture's cancer control plan and publishing an annual report for public scrutiny would be good activities to promote.

After reading each section comprehensively, please consider the specific issues apparent within your region, and by all means utilize this information for study meetings among patients, committee meetings , etc., and as explanatory material for local media.

Overview: Cancer Control Survey on cancer measures in 47 prefectures

Prefecture	No. of O	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	23	24	25a	25b	
1 Hokkaido	6	○	○	○					○											○	○	1	3	1	22	3	
2 Aomori	6	○	○						○				○		○							○	0	3	2	15	1
3 Iwate	1								○														1	4	1	20	4
4 Miyagi	7	○	○						○			○								○	○	○	1	3	1	16	2
5 Akita	6	○		○					○		○								○			○	2	3	2	15	2
6 Yamagata	4		○						○				○										0	3	1	12	1
7 Fukushima	4		○						○				○		○								1	3	2	33	1
8 Ibaragi	5	○	○						○				○									○	1	2	1	9	2
9 Tochigi	7		○					○	○	○	○	○	○										2	4	2	14	2
10 Gunma	12	○	○	○			○		○		○	○	○		○	○	○				○		3	3	2	20	2
11 Saitama	9		○					○	○	○		○			○		○				○	1	3	2	13	1	
12 Chiba	8	○			○		○		○					○			○			○		1	2	2	14	1	
13 Tokyo	7	○	○					○	○					○	○							2	3	1	26	3	
14 Kanagawa	10	○		○			○	○	○		○		○				○	○			○	3	3	2	10	3	
15 Niigata	8		○	○			○		○	○		○	○		○							0	3	1	15	2	
16 Toyama	6	○	○		○		○		○													0	3	1	25	1	
17 Ishikawa	10		○						○	○	○	○	○		○	○	○				○	0	3	6	12	1	
18 Fukui	8	○	○					○	○			○	○		○						○	1	3	1	14	1	
19 Yamanashi	10		○	○			○	○	○	○			○		○					○	○	3	3	6	19	4	
20 Nagano	11		○		○			○	○	○		○	○		○	○				○	○	2	3	1	18	2	
21 Gifu	5			○			○		○	○												1	2	1	13	2	
22 Shizuoka	8		○		○			○	○				○		○	○				○		1	3	1	22	5	
23 Aichi	12	○	○		○		○	○	○		○	○	○		○			○			○	1	3	1	17	2	
24 Mie	6							○	○		○							○		○		2	2	1	12	1	
25 Shiga	11				○		○	○	○	○		○	○		○				○		○	1	3	2	21	3	
26 Kyoto	12	○	○	○		○			○			○	○		○	○	○				○	2	6	1	25	4	
27 Osaka	8	○	○	○			○		○	○		○				○						1	3	2	28	3	
28 Hyogo	6		○						○		○				○		○				○	1	2	1	20	2	
29 Nara	8	○	○	○			○		○					○			○				○	3	3	2	15※	4※	
30 Wakayama	3				○		○		○													1	3	2	17	1	
31 Tottori	13	○		○			○	○	○	○	○	○	○		○	○	○				○	3	3	3	29	3	
32 Shimane	11	○	○	○				○	○	○		○	○	○					○		○	2	4	1	20	4	
33 Okayama	8		○					○	○				○		○				○		○	1	4	3	15	2	
34 Hiroshima	10	○	○					○	○	○			○		○	○				○	○	2	4	1	10	5	
35 Yamaguchi	9		○						○		○	○	○		○	○	○					1	3	1	15	2	
36 Tokushima	8		○	○		○			○							○			○	○	○	1	2	1	15	4	
37 Kagawa	8		○	○			○		○					○	○						○	1	3	1	19	1	
38 Ehime	8		○	○			○		○	○				○					○			2	3	2	26	3	
39 Kochi	11		○	○			○		○	○		○	○	○						○	○	2	3	1	15	3	
40 Fukuoka	3							○	○	○												3	3	3	18	2	
41 Saga	7	○			○	○			○				○								○	1	2	1	17	2	
42 Nagasaki	9	○	○	○			○		○	○		○		○							○	0	4	1	13	1	
43 Kumamoto	5							○	○			○			○							0	1	0	18	3	
44 Oita	4		○	○					○								○					1	2	1	17	0	
45 Miyazaki	4		○	○					○													0	3	1	10	1	
46 Kagoshima	4		○						○				○								○	1	4	1	17	2	
47 Okinawa	9		○		○	○		○	○				○							○	○	0	-	4	14	3	
All Prefectures	Ave.	Total																				Ave.					
	7.6	20	35	19	9	4	17	18	47	15	10	17	25	8	21	8	15	7	9	24	27	1.3	3.0	1.7	17.4	2.3	

※ From August 2012

< Questionnaire >

- 1 There is a dedicated cancer control department
- 2 There is a website (or section of a website) specifically for cancer control information
- 3 An ordinance for promotion of cancer control programs has been enacted
- 4 There is movement towards enacting an ordinance for promotion of cancer control programs
- 5 The establishment of a cancer control ordinance, or the movement towards it, is an governmental initiative
- 6 The establishment of a cancer control ordinance, or the movement towards it, is a lawmaker-led initiative
- 7 An interim appraisal of the prefecture's cancer control plan has been conducted
- 8 The prefecture is scheduled to develop its next cancer control plan during 2012
- 9 An action plan will be formulated for implementation of the prefecture's next cancer control plan
- 10 Information/data on cancer control in the prefecture, such as an annual report, has been compiled and published
- 11 Events relating to cancer control are held on a regular, annual basis
- 12 The prefecture undertakes its own survey of conditions relating to cancer and cancer control (excluding a patient satisfaction survey) in the region
- 13 The prefecture undertakes its own patient satisfaction survey of conditions relating to cancer and cancer control in the region
- 14 There is a process for collecting the opinions of residents on cancer control measures
- 15 There is a process for collecting the opinions of residents on the following year's budget for cancer control
- 16 Information relating to the cancer control budget, evaluation, etc. is made publicly available on the internet etc.
- 17 There is a non-partisan caucus of assembly members relating to cancer control
- 18 A general counseling & support center has been established through the prefectural budget
- 19 Information and guidance relating to patient groups is provided through the prefecture's website and literature
- 20 There is a budget and structure in place to support patient saloons, study meetings etc.
- 22 No. of times Prefectural Committee for Promotion of Cancer Control met in 2011
- 23 No. of times Prefectural Committee for Promotion of Cancer Control is scheduled to meet in 2012
- 24 No. of times Prefectural Committee for Cancer Care Collaboration met in 2011
- 25a No. of members of Prefectural Committee for Promotion of Cancer Control <Total members>
- 25b No. of members of Prefectural Committee for Promotion of Cancer Control <Patients/Patient-related members>

Sources The data number and source are indicated in the boxes .

“Headline” section

Data on each prefecture’s number, name, population, over-75 population growth rate, and at-home mortality rate. “Over-75 population growth rate” is a numerical estimate of the degree to which the percentage of the population aged 75 and over will increase from 2010 to 2030. “At-home mortality rate” indicates what percentage of all deaths occurred at home, and is used as a reference value in evaluating progress on “home healthcare” in the government’s Basic Plan to Promote Cancer Control.

- (A) 2010 National Census (Statistics Bureau, Ministry of Internal Affairs and Communications)
- (B) Estimated future population of Japan by prefecture (National Institute of Population and Social Security Research)
- (C) Population Survey Report (Statistics and Information Department, Ministry of Health, Labor and Welfare)

“ . Mortality rate” section

Data on cancer mortality rates, mortality rate by type of cancer, and improvements in cancer mortality rates. “Mortality rate by type of cancer” covers the 5 leading types of cancer (stomach, colon, lung, liver, and breast cancer). “Improvement in cancer mortality rate” indicates the reduction in cancer mortality rate during the period 2006~2010.

- (- 1 ~ - 7) Cancer mortality data by prefecture taken from “Population Survey Report” by the National Cancer Center’s Center for Cancer Control and Information Services

Note 1) Data for - 1 ~ - 7 sourced from “Population Survey Report” (Statistics and Information Department, Ministry of Health, Labor and Welfare)

Note 2) Data for - 2 processed by Health and Global Policy Institute’s Cancer Policy Information Center

“ Cancer screening rate, smoking rate” section

Data on cancer screening participation and smoking rates.

- (- 1~ - 5) Cancer screening participation rate data by prefecture taken from “National Livelihood Survey” by the National Cancer Center’s Center for Cancer Control and Information Services

- (- 6) Smoking rate data by prefecture taken from “National Livelihood Survey” by the National Cancer Center’s Center for Cancer Control and Information Services

Note 1) Data for - 1~ - 6 sourced from “National Livelihood Survey” (Statistics and Information Department, Ministry of Health, Labor and Welfare)

“ . Cancer care resources” section

Data relating to the various specialist doctors and nurses certified by official bodies, and to institutions, such as the number of core cancer treatment hospitals and the number of hospice beds.

- (-1) Japanese Board of Cancer Therapy
- (-2) Japanese Society of Medical Oncology
- (-3~ -4) Japanese Society for Therapeutic Radiology and Oncology
- (-4~ -10) Japanese Nursing Association
- (-11) (Specified Non-Profit Organization) Hospice Palliative Care Japan
- (-12) National Cancer Center, Center for Cancer Control and Information Services, Cancer Information Service

Note 1) Data processing for - 1~ -11 performed by Health and Global Policy Institute's Cancer Policy Information Center, based on October 2010 population estimates (Statistics Bureau, Ministry of Internal Affairs and Communications)

“ . Information about the structure of prefectural cancer control programs” section

Results of the “Cancer Policy Survey” conducted in June 2012 among officials in charge of prefectural cancer control programs. The survey inquired about the various cancer control measures and structures in place in each prefecture. The full list -- “Results of ‘Cancer Policy Survey / Structure of Prefectural Cancer Control Programs’ ” -- is available on page 8.

- (- 1~ - 25) Health and Global Policy Institute's Cancer Policy Information Center “Cancer Policy Survey” (conducted June 2012)