図７　男性　白血病

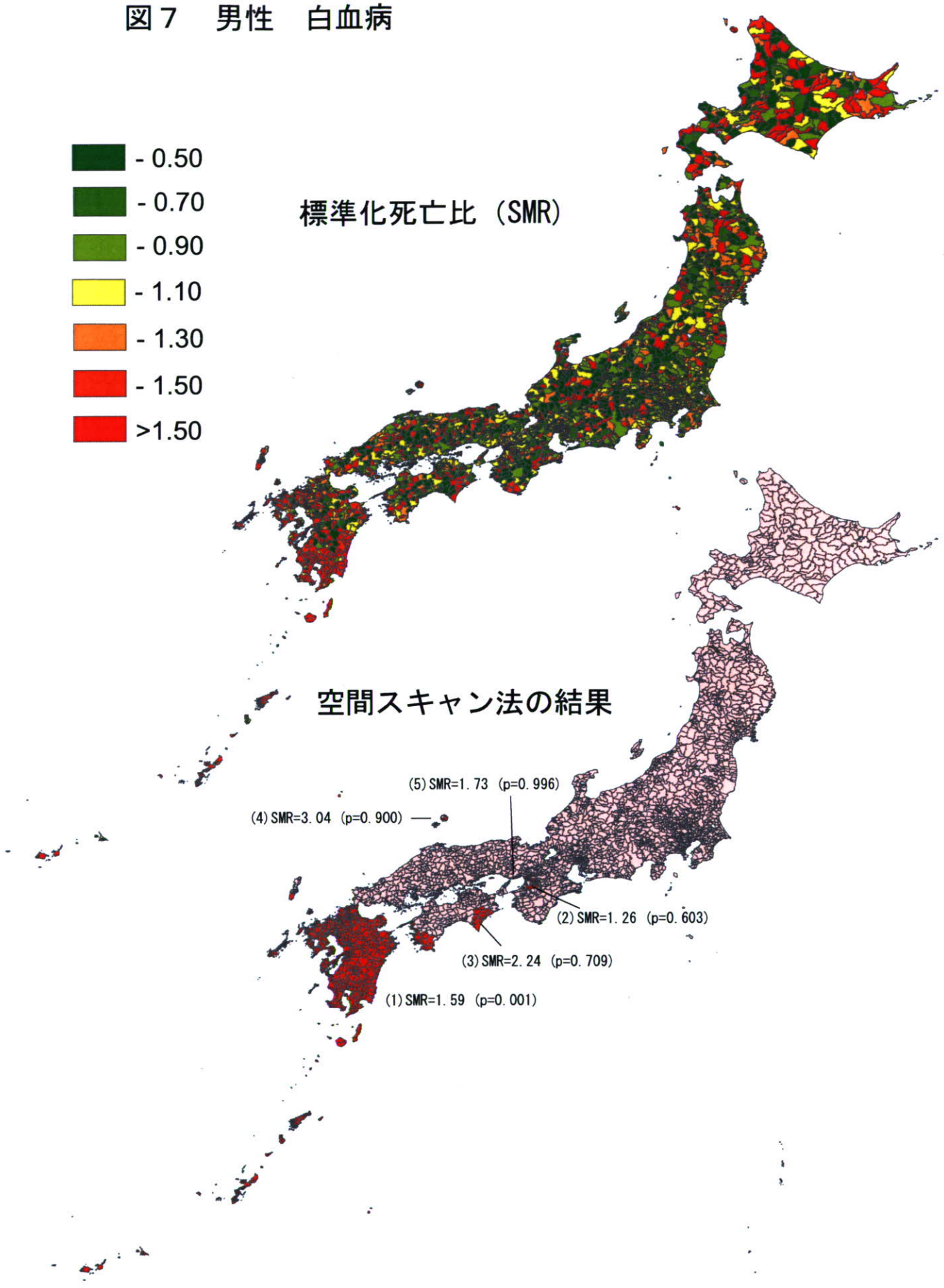

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
>1.50
標準化死亡比（SMR）
空間スキャン法の結果
(5) SMR=1.73 (p=0.996)
(4) SMR=3.04 (p=0.900)
(2) SMR=1.26 (p=0.603)
(3) SMR=2.24 (p=0.709)
(1) SMR=1.59 (p=0.001)

図８　女性　全部位がん

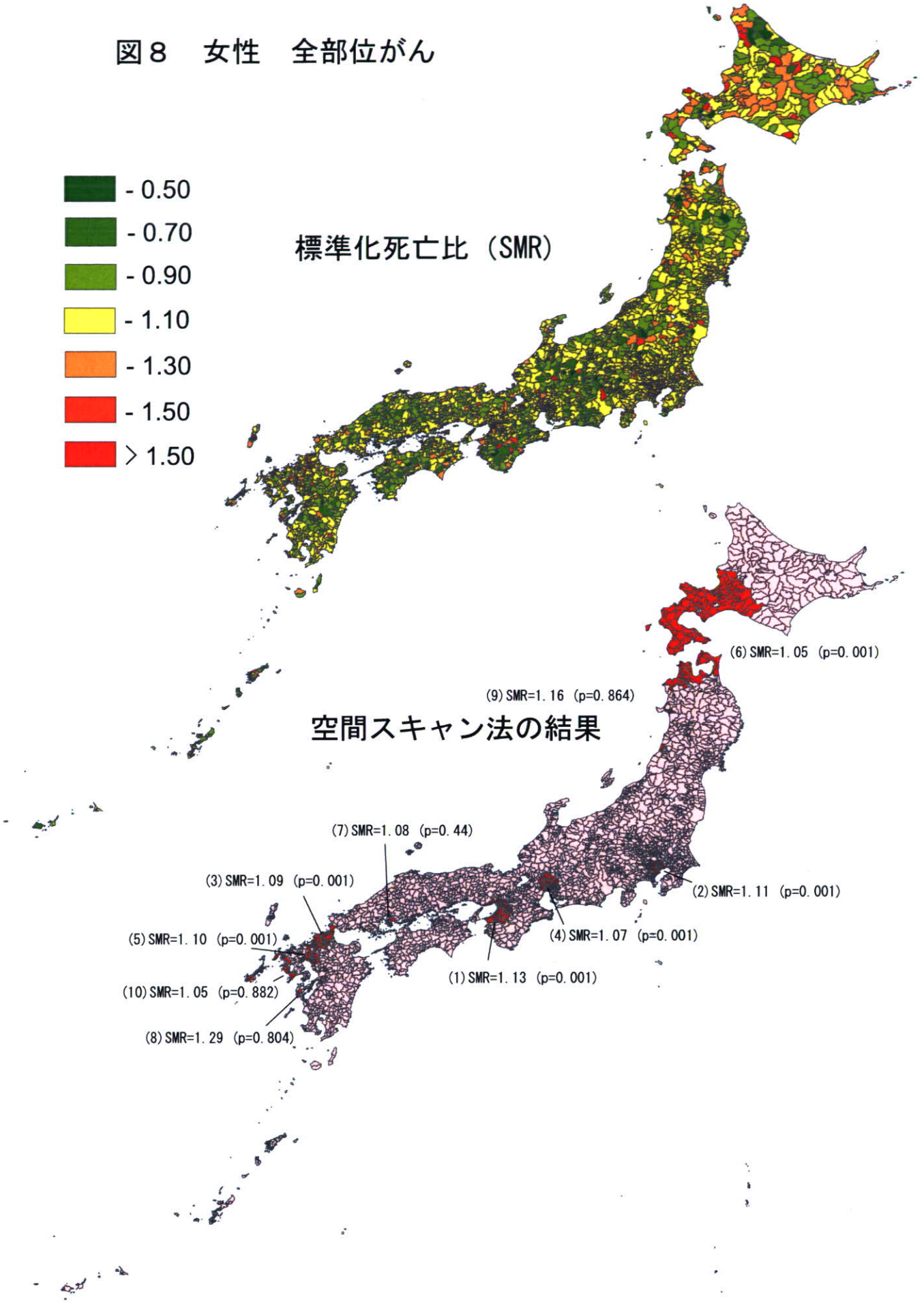

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
空間スキャン法の結果
(1) SMR=1.13 (p=0.001)
(2) SMR=1.11 (p=0.001)
(3) SMR=1.09 (p=0.001)
(4) SMR=1.07 (p=0.001)
(5) SMR=1.10 (p=0.001)
(6) SMR=1.05 (p=0.001)
(7) SMR=1.08 (p=0.44)
(8) SMR=1.29 (p=0.804)
(9) SMR=1.16 (p=0.864)
(10) SMR=1.05 (p=0.882)

図９　女性　胃がん

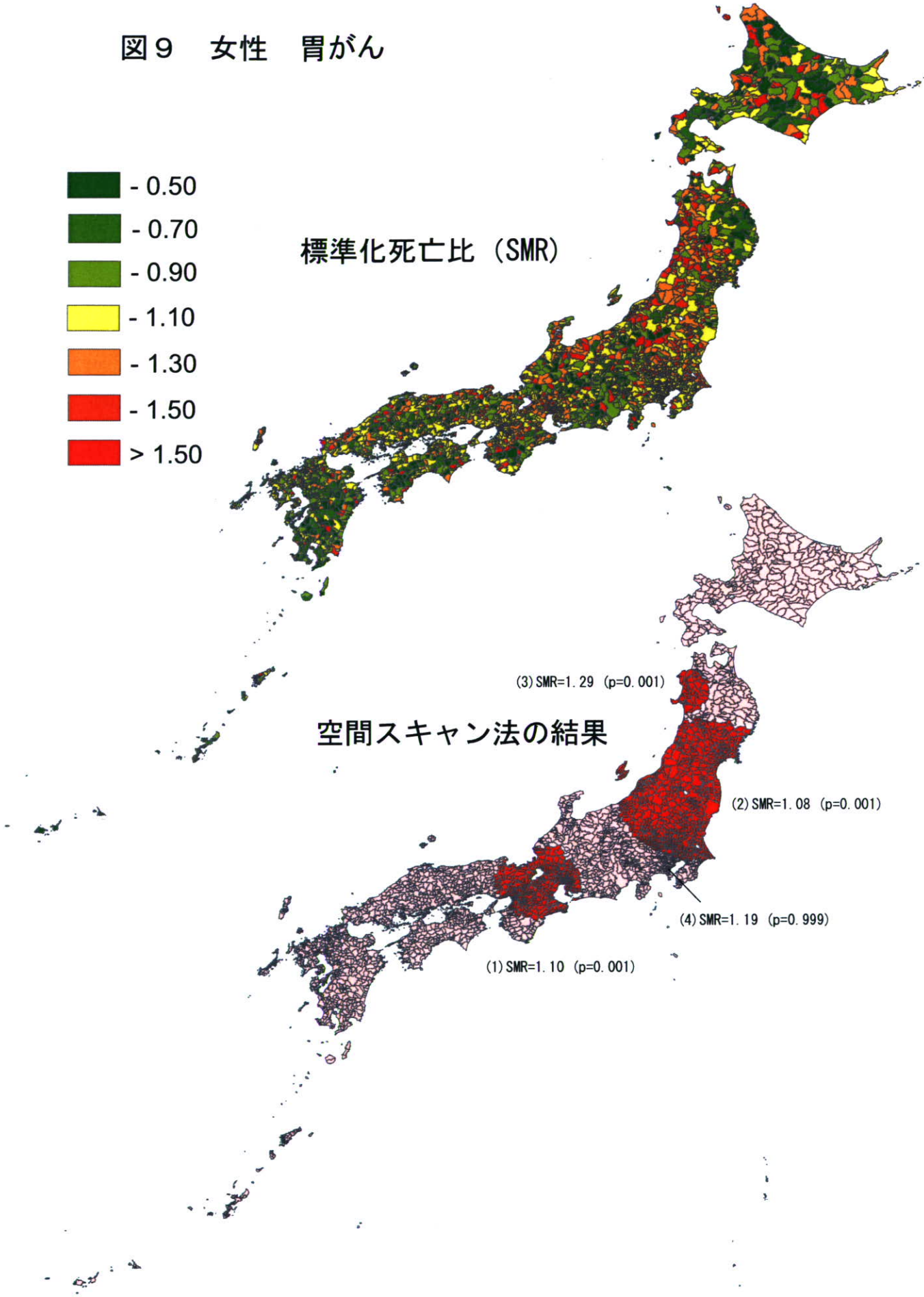

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
空間スキャン法の結果
(3) SMR=1.29 (p=0.001)
(2) SMR=1.08 (p=0.001)
(4) SMR=1.19 (p=0.999)
(1) SMR=1.10 (p=0.001)

図１０　女性　大腸がん

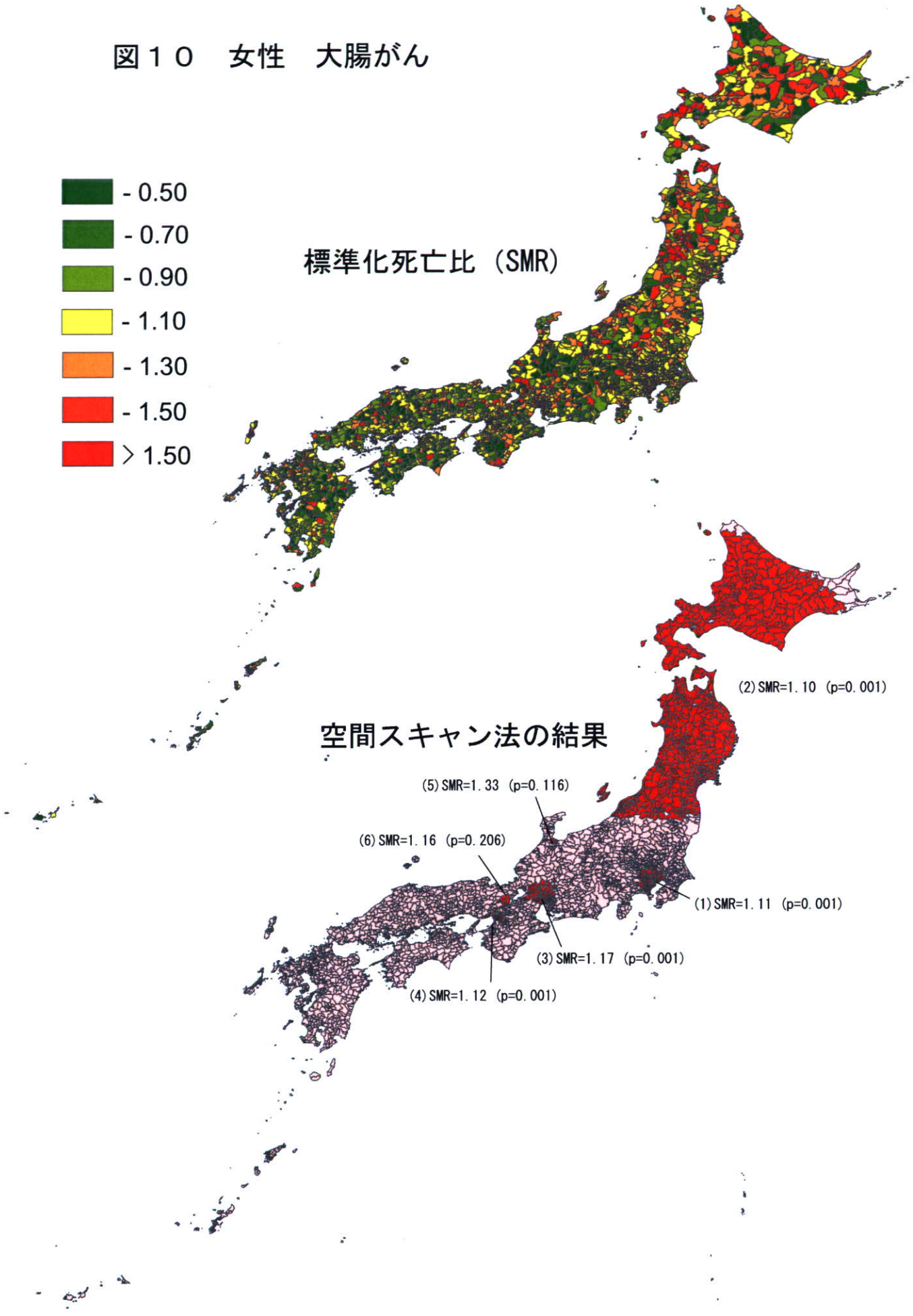

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
空間スキャン法の結果
(1) SMR=1.11 (p=0.001)
(2) SMR=1.10 (p=0.001)
(3) SMR=1.17 (p=0.001)
(4) SMR=1.12 (p=0.001)
(5) SMR=1.33 (p=0.116)
(6) SMR=1.16 (p=0.206)

図１１　女性　肝臓がん

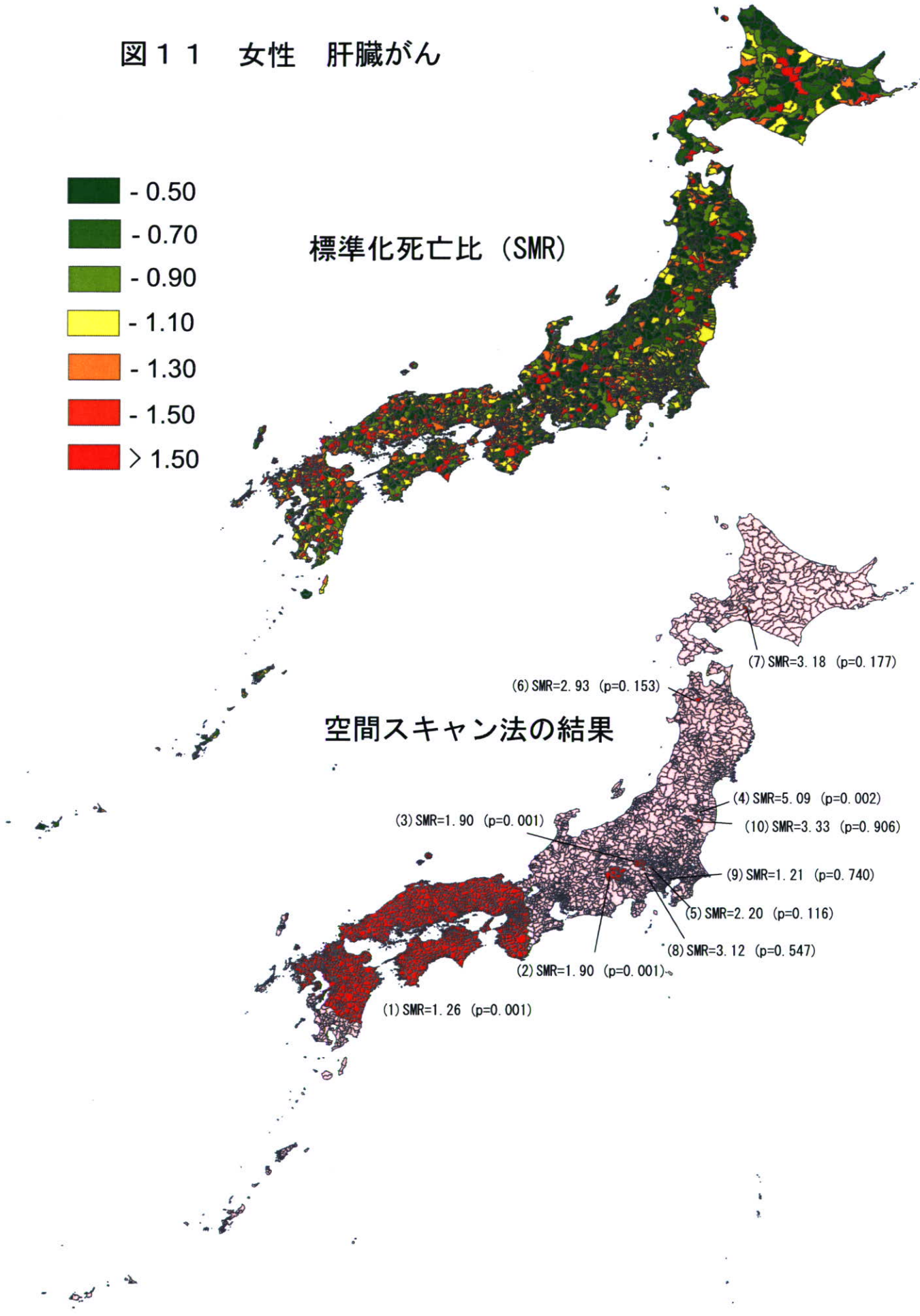

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
空間スキャン法の結果
(7) SMR=3.18 (p=0.177)
(6) SMR=2.93 (p=0.153)
(4) SMR=5.09 (p=0.002)
(3) SMR=1.90 (p=0.001)
(10) SMR=3.33 (p=0.906)
(9) SMR=1.21 (p=0.740)
(5) SMR=2.20 (p=0.116)
(8) SMR=3.12 (p=0.547)
(2) SMR=1.90 (p=0.001)
(1) SMR=1.26 (p=0.001)

図１２　女性　膵臓がん

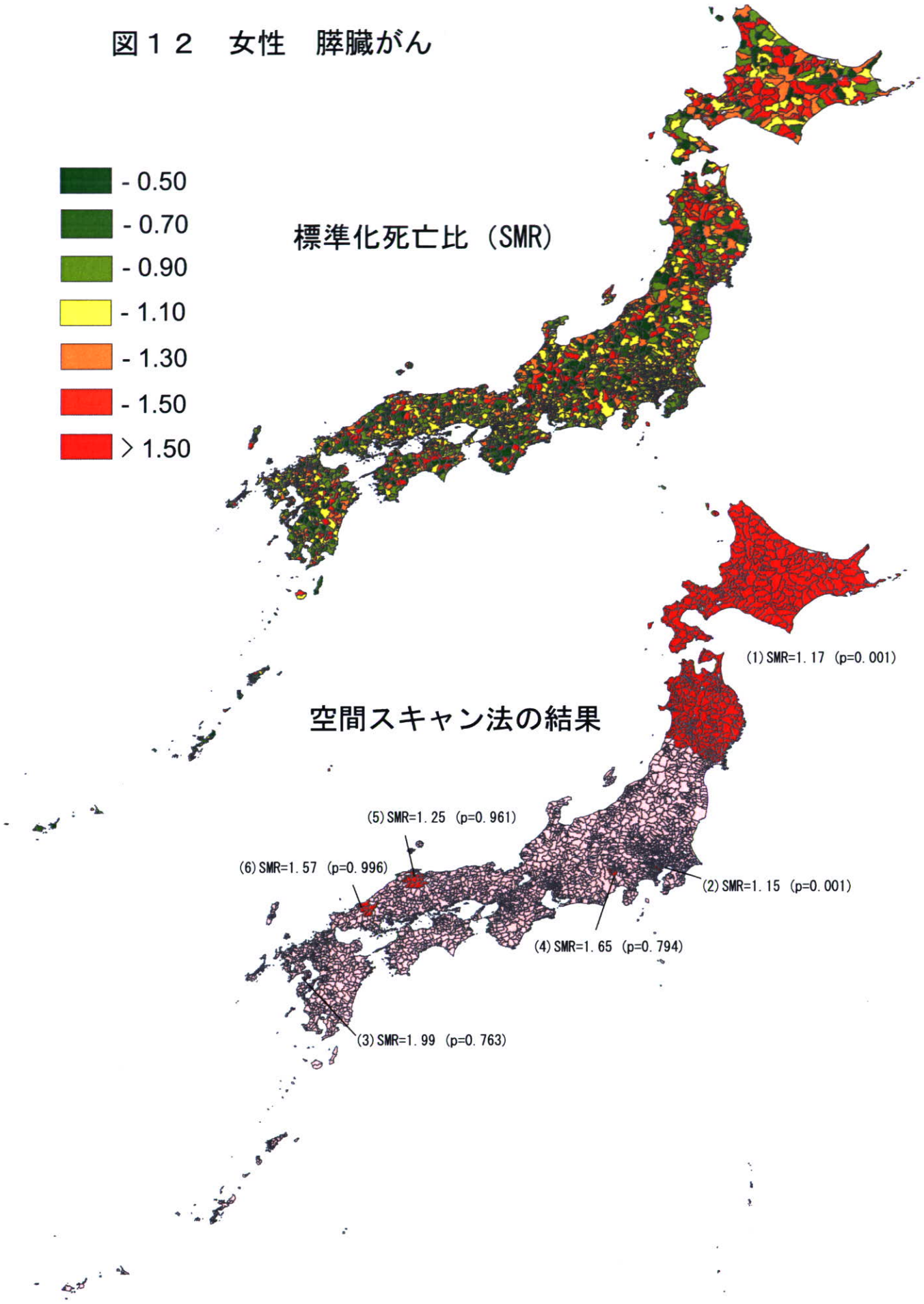

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
空間スキャン法の結果
(1) SMR=1.17 (p=0.001)
(2) SMR=1.15 (p=0.001)
(3) SMR=1.99 (p=0.763)
(4) SMR=1.65 (p=0.794)
(5) SMR=1.25 (p=0.961)
(6) SMR=1.57 (p=0.996)

図１３　女性　肺がん

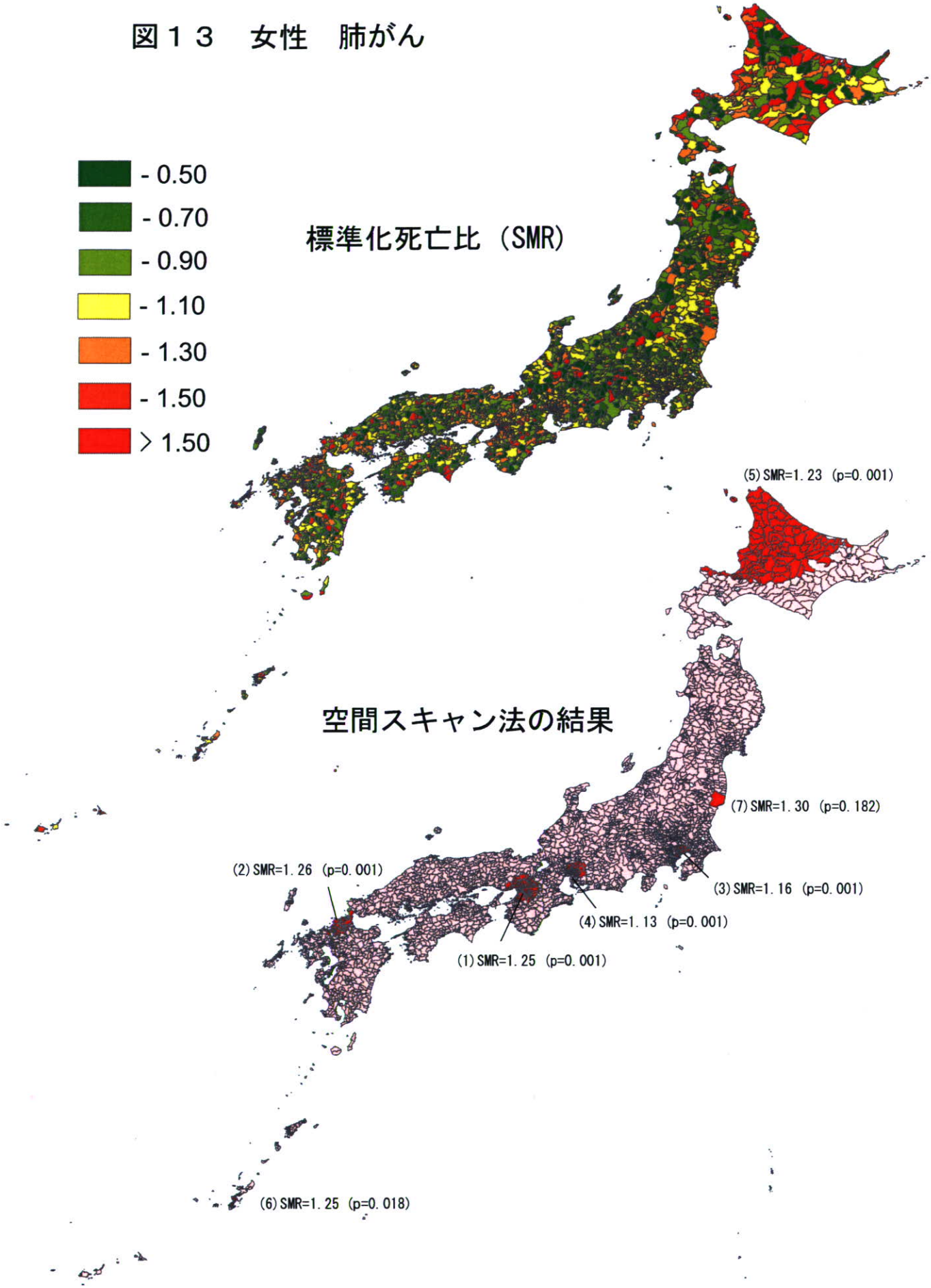

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
空間スキャン法の結果
(1) SMR=1.25 (p=0.001)
(2) SMR=1.26 (p=0.001)
(3) SMR=1.16 (p=0.001)
(4) SMR=1.13 (p=0.001)
(5) SMR=1.23 (p=0.001)
(6) SMR=1.25 (p=0.018)
(7) SMR=1.30 (p=0.182)

図１４　女性　乳がん

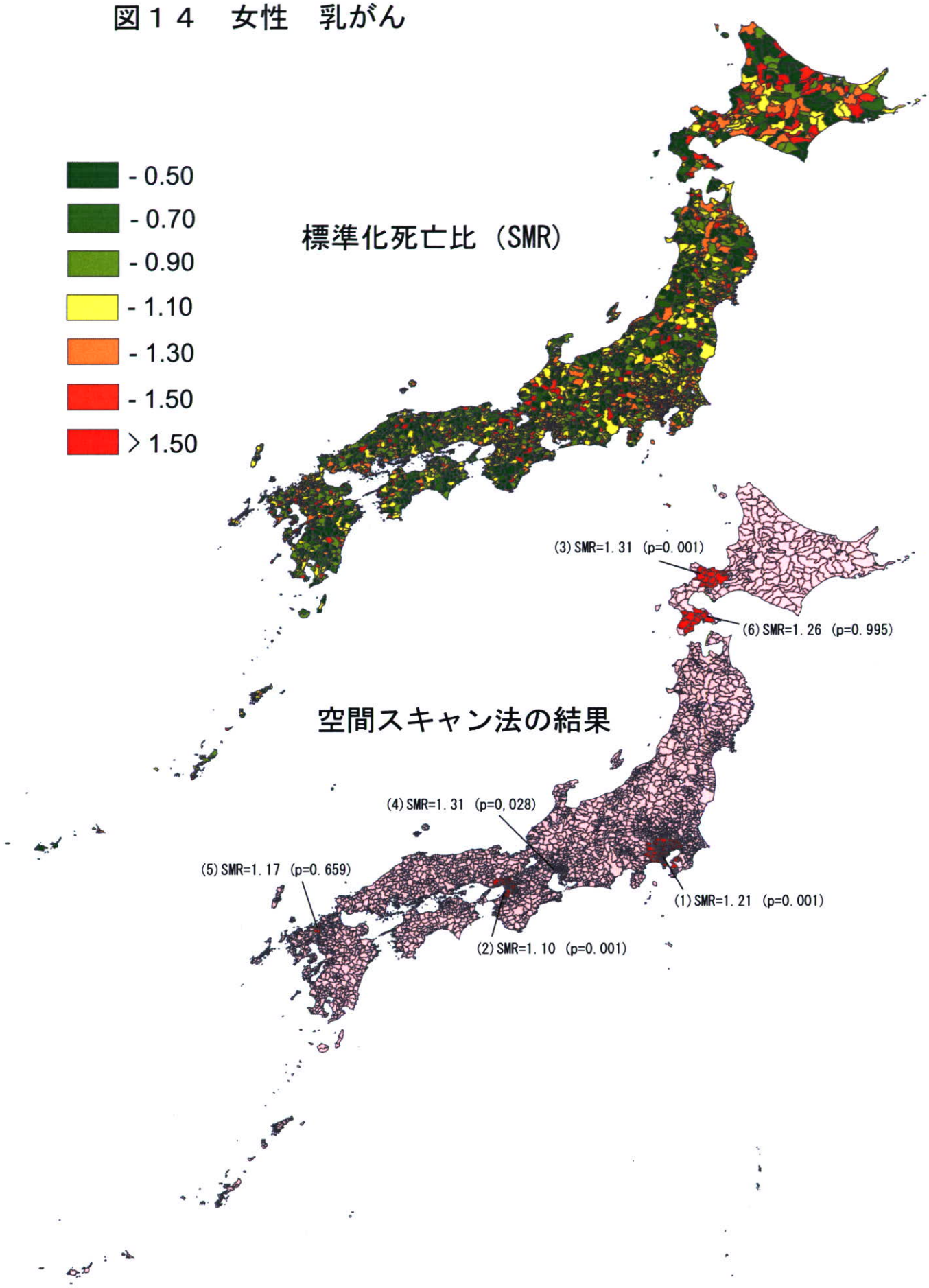

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
(3) SMR=1.31 (p=0.001)
(6) SMR=1.26 (p=0.995)
空間スキャン法の結果
(4) SMR=1.31 (p=0.028)
(5) SMR=1.17 (p=0.659)
(1) SMR=1.21 (p=0.001)
(2) SMR=1.10 (p=0.001)

図１５　女性　白血病

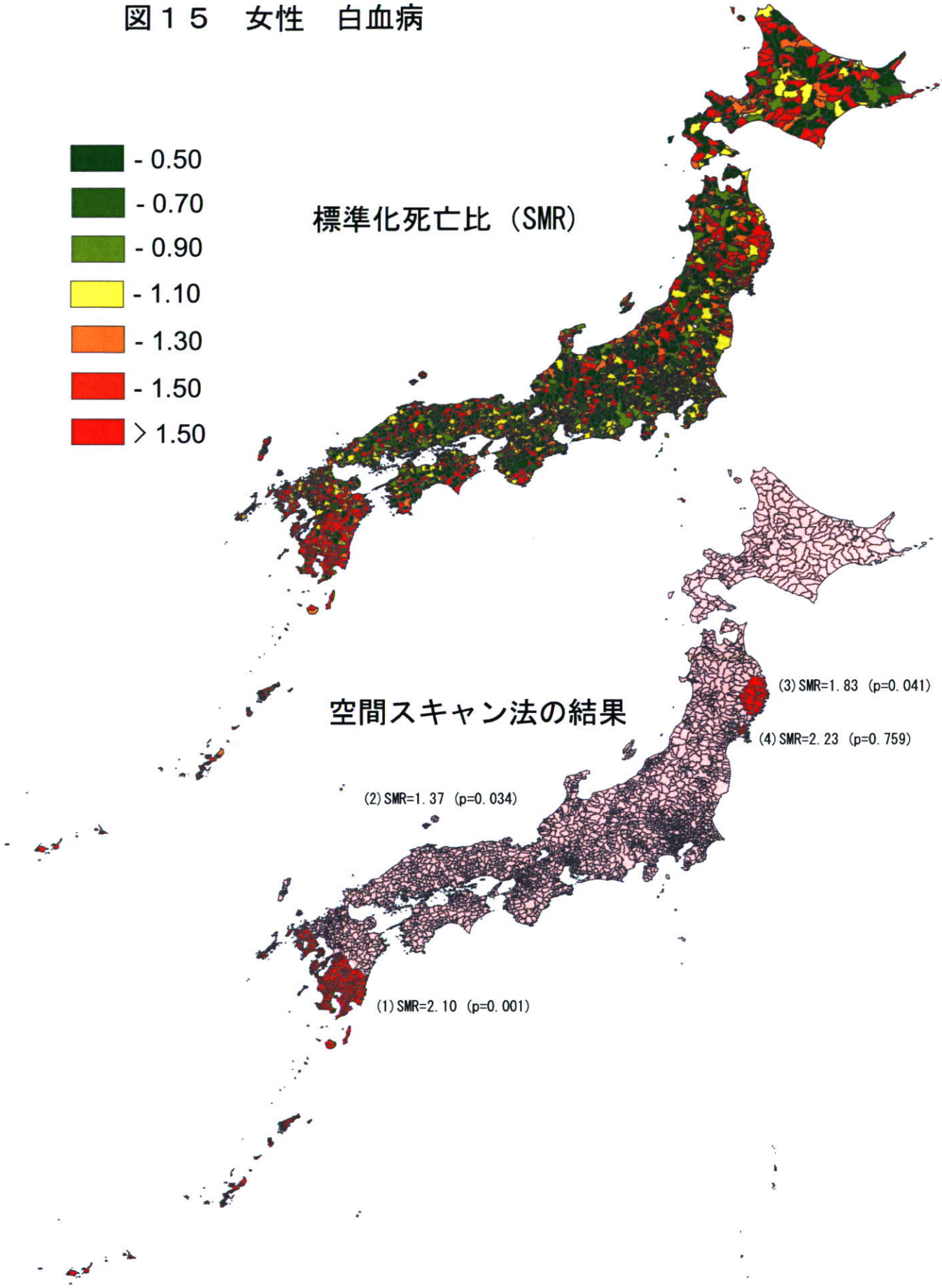
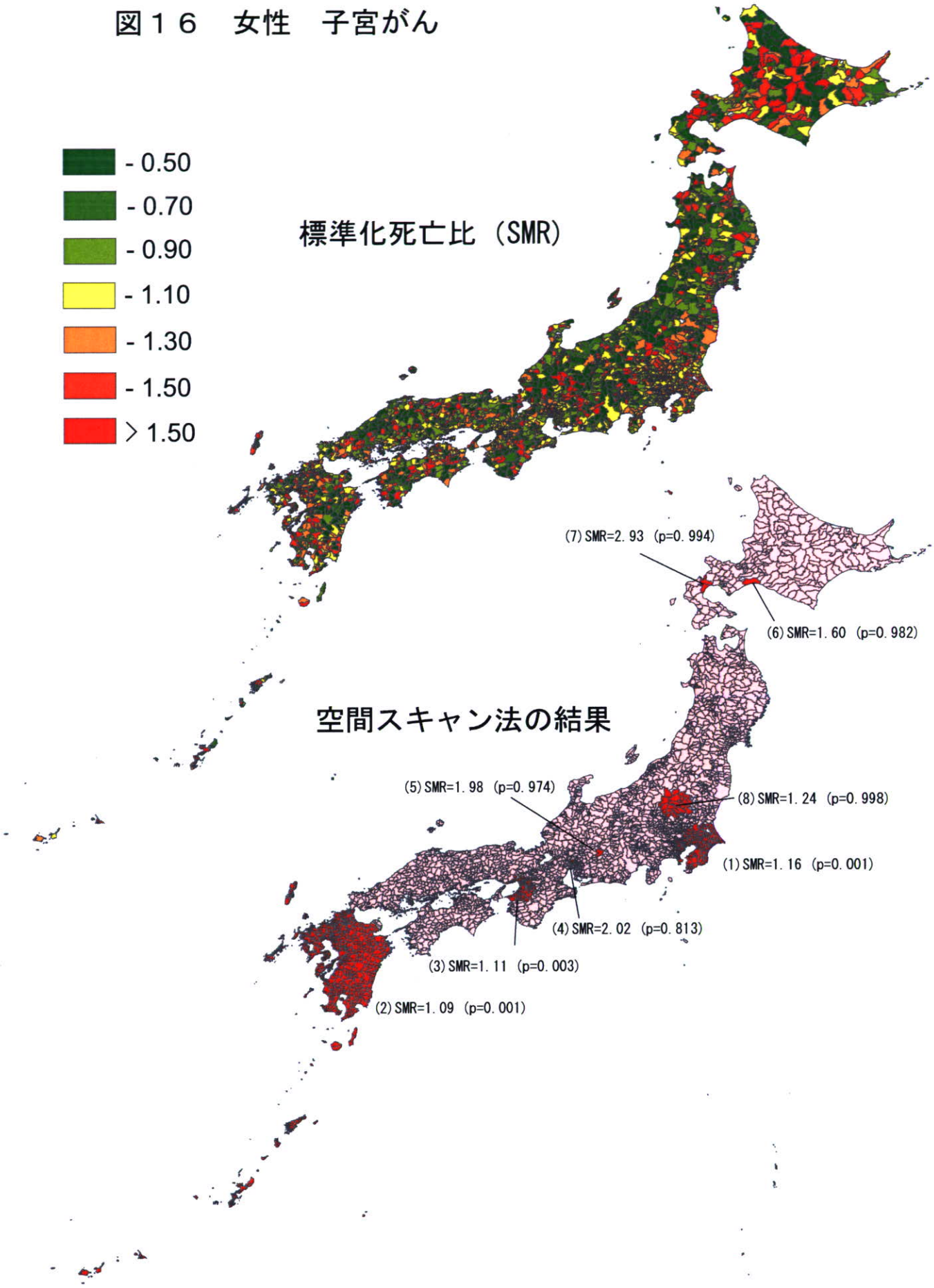

- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
空間スキャン法の結果
(3) SMR=1.83 (p=0.041)
(4) SMR=2.23 (p=0.759)
(2) SMR=1.37 (p=0.034)
(1) SMR=2.10 (p=0.001)

図１６　女性　子宮がん


- 0.50
- 0.70
- 0.90
- 1.10
- 1.30
- 1.50
> 1.50
標準化死亡比（SMR）
空間スキャン法の結果
(7) SMR=2.93 (p=0.994)
(6) SMR=1.60 (p=0.982)
(5) SMR=1.98 (p=0.974)
(8) SMR=1.24 (p=0.998)
(1) SMR=1.16 (p=0.001)
(4) SMR=2.02 (p=0.813)
(3) SMR=1.11 (p=0.003)
(2) SMR=1.09 (p=0.001)

Ⅲ. 研究成果の刊行に関する一覧表

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
Imai H, Kuroi K, Ohsumi S, Ono M, Shimozuma K.	Economic evaluation of the prevention and treatment of breast cancer-present status and open issues	Breast Cancer	14	81-87	2007
Imai H, Fujii Y, Fukuda Y, Nakao H, Yahata Y	Health-related quality of life and beneficiaries of long-term care insurance in Japan	Health Policy	85	349-355	2008
Fukuda Y, Nakao H, Yahata Y, Imai H.	Are health inequalities increasing? Trends of 1955 to 2000	BioScience Trends	1	38-42.	2007
Fukuda Y, Nakao H, Imai H.	Different income information as an indicator for socioeconomic inequality in health among Japanese adults	Journal of Epidemiology	17	93-99.	2007
Fukuda Y, Nakao H, Yahata Y, Imai H.	In-depth descriptive analysis of trends in prevalence of long-term care in Japan	Geriatrics and Gerontology International			(in press)
福田吉治, 今井博久	日本における「健康格差」研究の現状	保健医療科学	56(2)	56-62.	2007
福田吉治	公衆衛生分野における政府統計の利活用と個人情報保護	学術の動向	12(12)	30-35.	2007

Ⅳ. 資　　料

1．自がん医療水準均てん化推進事業がん医療従事者等研修会
　がん対策の立案・実施・評価に関する国際ワークショップ：
　パートナーシップによる包括的アプローチポスター

2．がん臨床研究推進事業外国人研究者招へい事業報告書

がん対策の立案・実施・評価に関する国際ワークショップ

—— パートナーシップによる包括的アプローチ ——

米国において疾病予防センター（CDC）が中心となり進めている Comprehensive Cancer Control Program（CCCP）を参考にし、日本のがん対策の現状と課題、今後の方向性について検討する。特に、地方自治体におけるがん対策の推進にあたっての中央政府、地方自治体、関連諸機関の役割等について討議し、がん対策の推進に向けたステークホルダー間の共通認識を高めることを目的とする。

プログラム

午前の部　10：00−12：00

開会挨拶　国立保健医療科学院　次長　林 謙治

基調講演　座長　国立保健医療科学院疫学部　部長　今井 博久

米国のがん対策：Comprehensive Cancer Control Program
Center for Disease Control and Prevention（米国疾病予防センター）
Dr. Carol Friedman　Dr. Lisa Richardson

午後の部　13：30−16：00

パネルディスカッション：がん対策推進に向けたパートナーシップ
座長　国立がんセンターがん対策情報センターがん情報・統計部
部長　祖父江 友孝

1. **均てん化に向けた日本のがん対策の現状**
   国立保健医療科学院疫学部　部長　今井 博久
2. **がん対策推進基本計画の考え方**
   国立保健医療科学院たばこ政策情報室　室長　吉見 逸郎
3. **都道府県がん対策推進計画の現状**
   岐阜県健康福祉部保健医療課　課長　田中 剛
4. **政策立案・実施・評価のための情報発信と人材育成**
   国立保健医療科学院疫学部疫学情報室　室長　福田 吉治

総括・閉会挨拶　東京医科歯科大学大学院政策科学分野
教授　河原 和夫

平成20年1月18日(金)　於　国立がんセンター国際会議場

主　催　厚生労働科学研究費がん臨床研究事業「自治体におけるがん対策の現状分析とマネジメントシステムの構築支援に関する研究」研究班（主任研究者　国立保健医療科学院疫学部　今井 博久）

共　催　財団法人　日本対がん協会

問合せ先　国立保健医療科学院疫学部　〒351-0197 埼玉県和光市南2−3−6　TEL 048(458)6168　FAX 048(469)2677
E-mail cancercontrol@niph.go.jp

参加希望者は事前にお名前とご所属を登録下さい。

Planning and Evaluation of Cancer Control Policy at National and Local Levels
Report to National Institute of Public Health
Japan

13th January—26th January, 2008

Dr. Carol Friedman
Dr. Lisa Richardson

Comprehensive Cancer Control Branch
Division of Cancer Prevention and Control
Centers for Disease Control and Prevention

I. Background:

In July 2007 Dr. Carol Friedman received an invitation to visit Japan and participate in a series of workshops, seminars and meetings related to comprehensive cancer control. The invitation was from Dr. Hirohisa Imai, Director, Chairman, Department of Epidemiology, National Institute of Public Health. The objectives of the visit were:

1. To share information about cancer control in the United States and Japan
2. To identify effective planning methods of cancer control policy
3. To identify systematic evaluation methods of cancer control policy
4. To identify roles of national governments for local cancer control programs
5. To evaluate cancer control policy in the United States and Japan
6. To learn from the experiences of the U.S. National Comprehensive Cancer Control Program (NCCCP)
7. To discuss further collaboration

In addition, Dr. Friedman was invited to be one of the keynote speakers and panelist at an international workshop focused on planning, implementation, and evaluation of cancer control. After several months of discussions, plans were put in place for a two week visit (13th January through 26th January, 2008).

Dr. Friedman arrived in Tokyo on Sunday the 13th of January. The following is a brief report of key visits and issues raised in a chronological order.

II. Itinerary, Persons, Agencies Visited, Conclusions and Recommendations

January 15: **Meeting with Drs. Hirohisa Imai, Yoshiharu Fukuda, Yuichiro Yahata, Dr. Hiroyuki Nakao, National Institute of Public Health**

Dr. Hirohisa Imai presented information on cancer control strategies and perspectives in Japan. He presented the following cancer related data:

1. Since the mid-1980s, cancer has become the leading cause of death for Japanese men and women.
2. The cancer death rate for men is much higher than for women.
3. Among Japanese men, deaths from stomach and liver cancers have decreased, while deaths from lung and colorectal cancers have increased significantly.
4. Among Japanese women, deaths from stomach and liver cancers have decreased, while deaths from breast and colorectal cancers have increased.

In addition, Dr. Imai discussed the history of cancer control in Japan illustrated by the table below.

History of Cancer Control in Japan

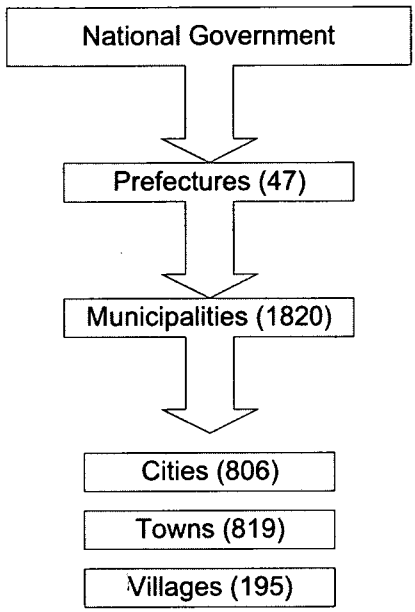
1962	**Establishment of National Cancer Center**
1963	**Subsidy for cancer research provided by Ministry of Health, Labor & Welfare**
1964	**Five Pillars of Cancer Control Identified:** **1) dissemination of accurate knowledge about cancer** **2) conducting physical examinations** **3) improving medical facilities** **4) training specialists** **5) promoting cancer research**
1983	**Cancer screening started under the Health Law for the Aged** **Initially stomach and cervical cancer screening** **Later lung, breast, uterine, colorectal and liver screening**
1984	**First Comprehensive Ten-Year Strategy for Cancer Control Drafted**
1994	**Second Ten-Year Strategy to Overcome Cancer Launched**
2004	**Third Ten-Year Strategy for Cancer Control Launched**
2005	**Promotion for Equalizing Cancer Care Quality Report Published** **Headquarters for Cancer Control Created in Ministry of Health, Labor & Welfare** **Action Plan for Promotion of Cancer Control Created**
2006	**Requirements for Designated Cancer Care Hospitals Updated** **Cancer Control Act approved** **Center for Cancer Control and Information Services Established at National Cancer Center**
2007	**Number of Designated Cancer Care Hospitals extended from 135 to >286** **Cancer Control Act Implemented** **Basic Plan to Promote Cancer Control Programs Initiated**

Dr. Imai stated that the cancer control events beginning in 2004 were fueled in large part by several issues related to cancer care in Japan that included:

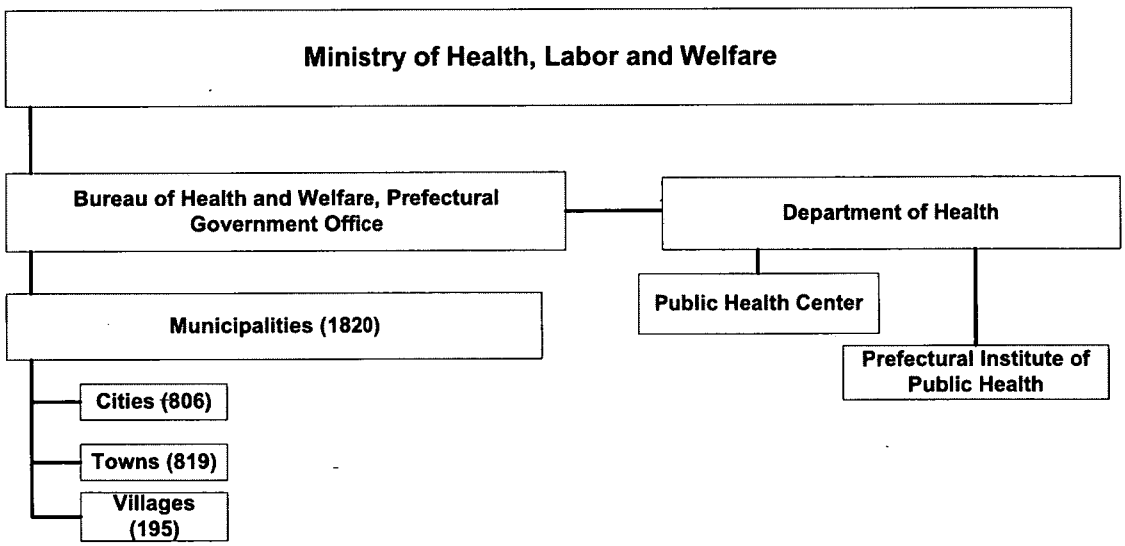
1. The public wanted more information regarding their cancer care.
2. Disparities in the quality of cancer care.
    a. Institutional and residential inequalities existed for the level of care.
    b. Insufficient options for cancer treatments other than surgery.
    c. Inadequate understanding of a comprehensive approach to cancer care.
    d. Insufficient infrastructure for palliative care both at home and at end of life
3. Lack of trained oncologists and lack of timely introduction of newly developed drugs.

Dr. Yuichiro Yahata, Researcher, Applied Epidemiology Section, Department of Epidemiology, National Institute of Public Health, presented an overview of public health in Japan as shown.

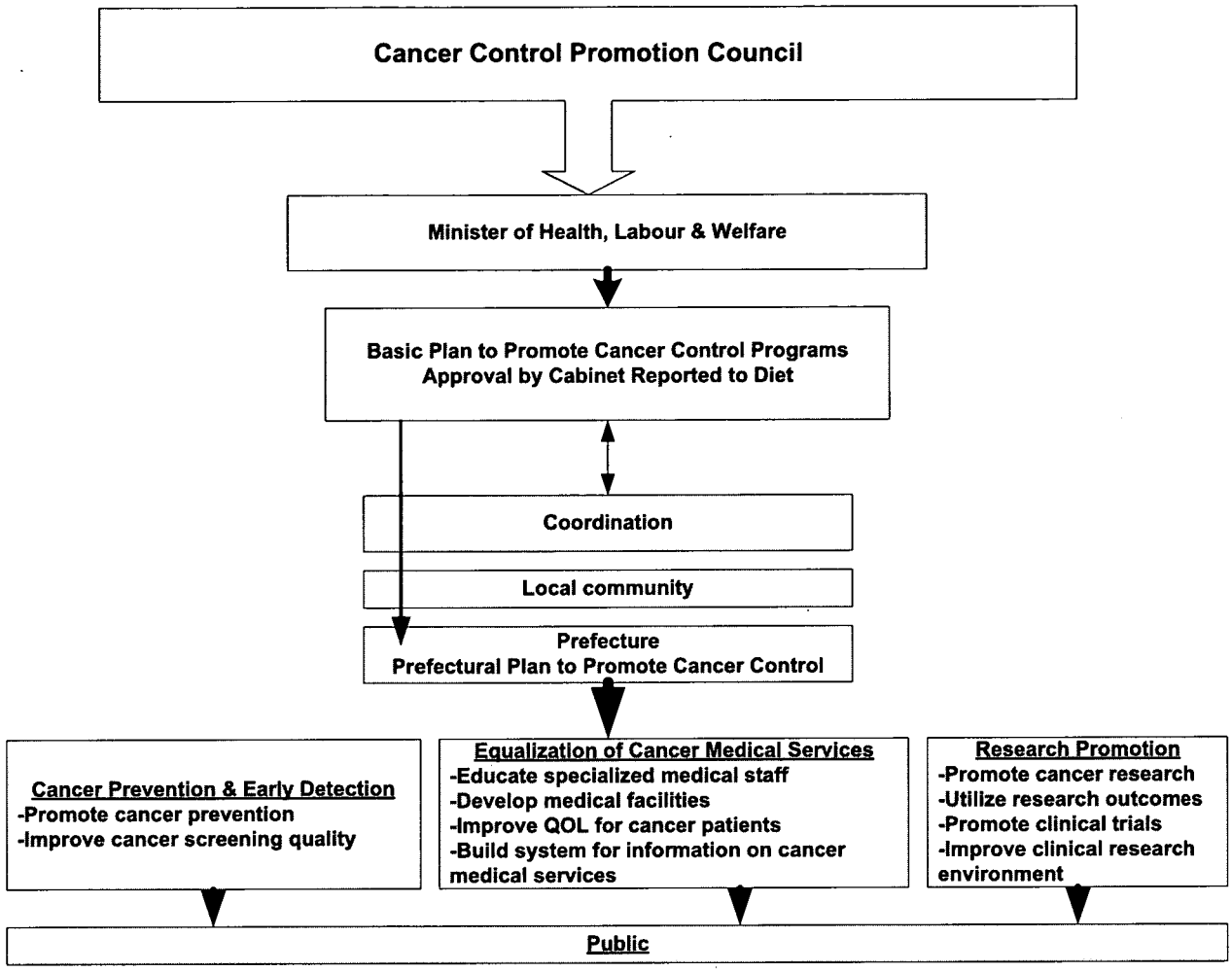
Japanese Governmental Structure



Japanese Public Health System Structure



His presentation included information on Japan's basic plan to promote and implement a comprehensive cancer control program illustrated below.



Overarching goals of Japan's basic plan for comprehensive cancer control include:

1. Reduce cancer deaths by 20%.
2. Reduce cancer burden among patients and their families.
3. Improve the quality of life for all cancer patients.

Specific objectives to achieve the overarching cancer control goals include:

1. Increase cancer screening rates by 50%.
2. Reduce the smoking prevalence among those <20 years to 0%.
3. Ensure a designated cancer care hospital in each medical district.
4. Ensure that chemotherapy and radiotherapy is available in all designated cancer care hospitals.
5. Provide palliative care training for all physicians and surgeons providing cancer care.
6. Disseminate information from hospital-based cancer registries.
7. Ensure that each medical district has a cancer care support center with well trained consultants.

Finally, Drs. Friedman and Richardson from the U.S. Federal Centers for Disease Control and Prevention presented information on the U.S. National Comprehensive

Cancer Control Program (NCCCP). Highlights of the presentation included a section devoted to the importance of evaluating the planning and implementation activities of the NCCCP.

January 16: Meeting with Dr. Tomotaka Sobue and Other Researchers and Scientists, The National Cancer Center

The Center for Cancer Control and Information Services, National Cancer Center, is responsible for providing the information needed to promote a comprehensive and systematic cancer control program in Japan. In addition, this Center plays a central role in the planning, management and evaluation of its nation-wide comprehensive cancer control programs.

Dr. Tomotaka Sobue, Chief, Cancer Information Services and Surveillance Division, National Cancer Center, presented information on Japan's cancer control strategies and perspectives that was similar to the information presented by Dr. Hirohisa Imai. Salient features of Dr. Sobue's presentation included issues related to the low rates of cancer screening. Issues related to low rates of cancer screening and quality included:

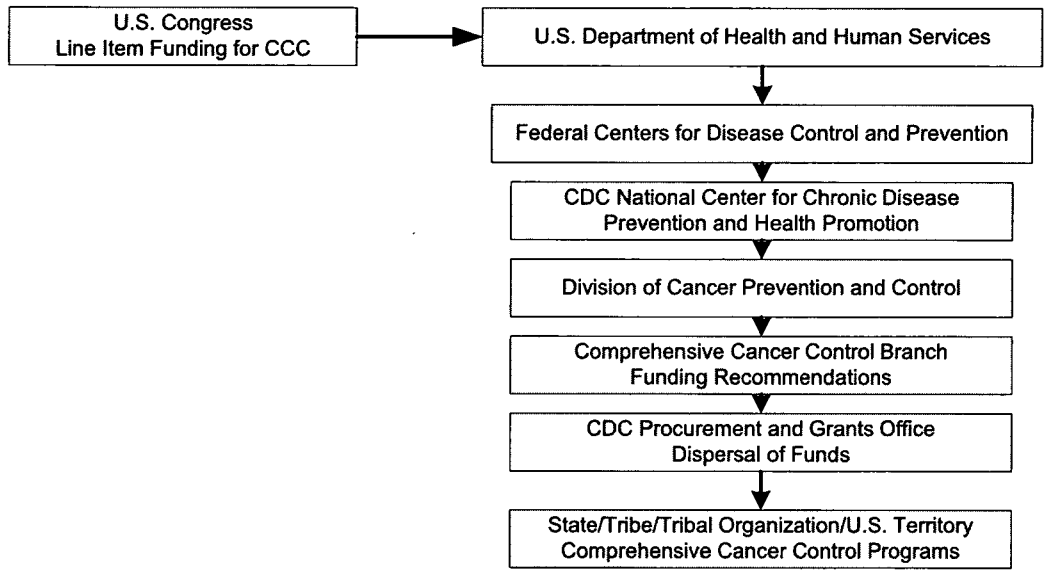
1. Lack of a systematic approach to evaluating new screening methods.
2. Lack of a comprehensive system for monitoring the participation rate in screening.
3. Low participation rate.
4. Poor quality assurance system.
5. Limited knowledge of benefits/risks of screening among health care providers.
6. Lack of appropriate information for the public on the benefits/risks of screening.

Dr. Lisa Richardson, Team Leader, Scientific Support and Clinical Translation Team, Comprehensive Cancer Control Branch, Centers for Disease Control and Prevention, presented information on the U.S. National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which is a federally mandated program designed to provide breast and cervical cancer screening to uninsured women. In addition, Dr. Richardson reported that U.S. cancer screening rates for mammography are close to 70%, for Pap test 75% and for colorectal tests 50%. She emphasized that these cancer screening rates are all self-reports through the CDC's Behavioral Risk Factor Surveillance System.

Drs. Friedman and Richardson were interviewed by Mr. Ken Hanioka, Editor in Chief, Nikkei Cancernavi, regarding the U.S. National Comprehensive Cancer Control Program. Mr. Hanioka was particularly interested in state-specific NCCCP success stories and how CDC evaluates the impact of the program towards reducing the cancer burden. He specifically requested a copy of the newly developed Performance Measures Assessment worksheet.

January 17 **Meeting with Drs. Hirohisa Imai, Yoshiharu Fukuda, Yuichiro Yahata, Dr. Hiroyuki Nakao at The National Institute of Public Health**

Drs. Friedman and Richardson presented how the funding is obtained for and administered to the 65 comprehensive cancer control programs funded by the CDC. The funding for the CDC NCCCP was explained as follows:



The CDC's Procurement Grants Office, which serves as the business steward for CDC, actually distributes the funds to the NCCCP programs. It was further explained that the funds from CDC go to the State Health Department in each state or designated principal investigator for each Tribe/Tribal Organization and U.S. Territory.

Dr. Hirohira Imai described the relationship between the National Institute of Public Health and the National Cancer Center and proposed how the two agencies could work Prefectures as they begin to implement their comprehensive cancer control plans. It was explained that funding for comprehensive cancer control activities at the Prefecture level would be at the discretion of the Prefecture government.

January 18 **International Workshop on Planning, Implementation and Evaluation of Cancer Control: Comprehensive Approach with Partnerships**

Featured speakers:

1. Dr. Kenji Hayashi, Vice President, National Institute of Public Health
2. Dr. Hirohisa Imai, Director and Chairman, Department of Epidemiology, National Institute of Public Health
3. Dr. Carol Friedman, Chief, Comprehensive Cancer Control Branch, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention
4. Dr. Lisa Richardson, Team Lead, Scientific Support and Clinical Translation Team, Comprehensive Cancer Control Branch, Centers for Disease Control and Prevention