

神奈川県のがん登録 CANCER REGISTRATION IN KANAGAWA

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The Kanagawa population-based cancer registry started in January 1970. The area of registration is the whole of Kanagawa Prefecture, located approximately in the center of Japan. It faces the Pacific Ocean and adjoins Metropolitan Tokyo. The area is 2,403 square kilometers. The total population was 9,008,132 people according to the estimated number at January 1, 2010 by the population office of Kanagawa Prefectural Government, and the percentages of the population by age-class were 13.3% for 0-14 years, 66.5% for 15-64 years and 19.8% for 65 years and over. Approximately 56.4% of the population lives in the Yokohama or Kawasaki City areas; 95% lives in urban areas. Most of the population is Japanese, though Formosan, Korean and Chinese also live in Kanagawa. Kanagawa Cancer Registry has been entrusted by the Public Health and Welfare Department of Kanagawa Prefectural Government to Kanagawa Medical Association and Kanagawa Cancer Center. All cases of malignant neoplasm are notified to the registry on a voluntary basis from the physicians treating cancer patients or from the hospital record room. Death certificates have been collected so as to make it possible to determine cause of

神奈川県地域がん登録は神奈川県内在住の方を対象として、1970年1月より開始している。神奈川県は日本のほぼ中央にあり、太平洋に面しており、また東京に隣接している。面積は2,403平方キロで、2010年1月1日の人口は、神奈川県推計で9,008,132人で、0-14歳が13.3%、15-64歳が66.5%、65歳以上が19.8%である。人口の56.4%が川崎あるいは横浜に居住しており、95%が都市部で生活している。日本人以外には台湾人、韓国人、中国人も居住している。神奈川県地域がん登録は、県衛生福祉部が神奈川県医師会と神奈川県立がんセンターに委託をして行われている。全ての部位の悪性新生物が医師や診療録管理室から届け出られる。また、登録患者の死亡の確認とがん死の確認を行うためや届出の補充のために死亡票も収集している。神奈川県民の死亡者の15%が東京の病院での死亡であることから、神奈川県地域がん登録のデータの約20%がDCOである。届出データはICD-9とICD-Oでコード化されており、毎年、罹患データを年報の形で公表している。

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death and date of death by record linkage between death certificates and cancer registrations. About 15% of cancer patients lived in Kanagawa attend hospitals in metropolitan Tokyo. It is difficult to collect clinical data for these patients, so that 20% of the incidence data for all aged each year are based on death certificate only (DCO) data. Cancer data have been coded according to ICD-9 and to ICD-O for both topography and histology. Data on incidence have been published in annual reports in Japanese every year.

19th Annual Meeting of Japanese Association of Cancer Registries
 Red Brick Warehouse, Yokohama, Japan
 October 15, 2010

Population-based Cancer Registry in Kanagawa

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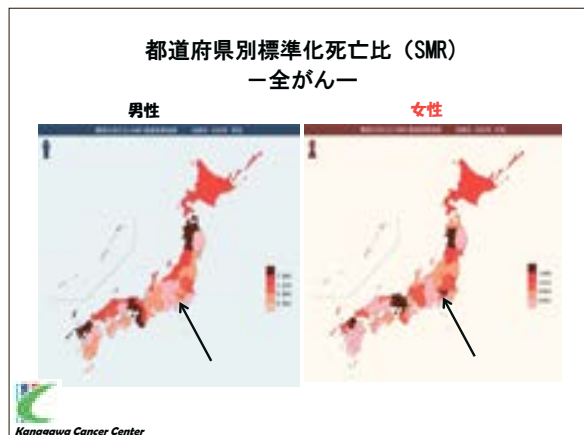
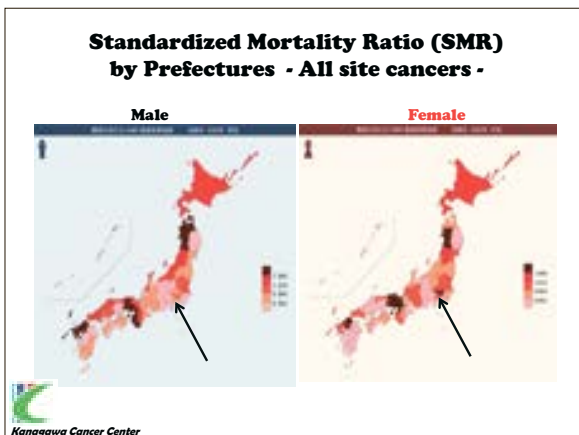
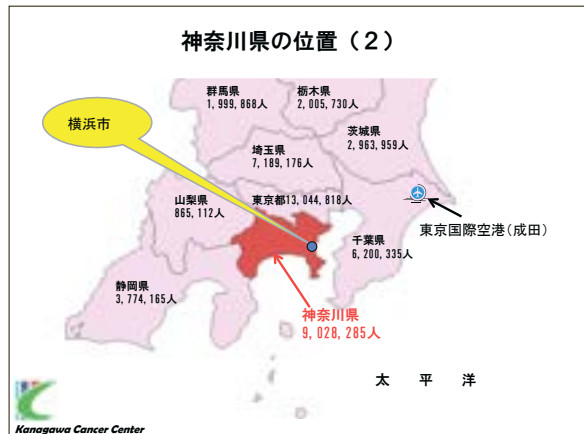
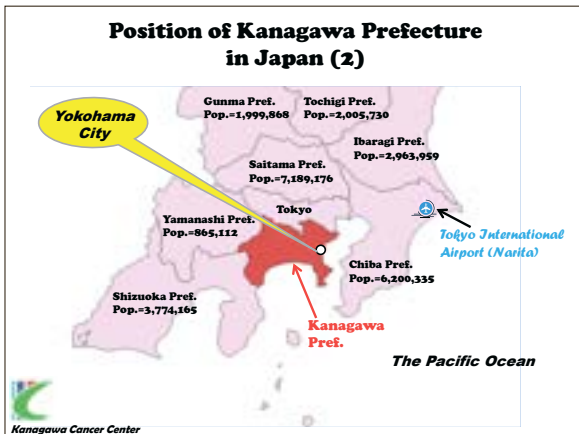
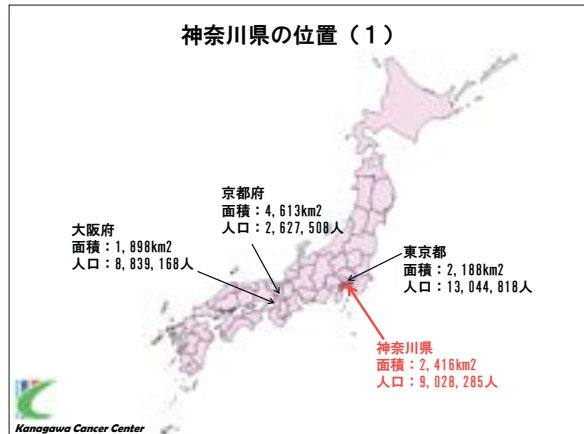
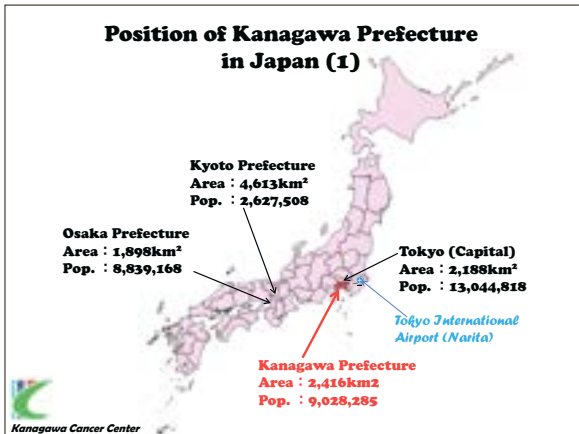
第19回地域がん登録全国協議会学術集会
 2010/10/15 横浜、赤レンガ倉庫

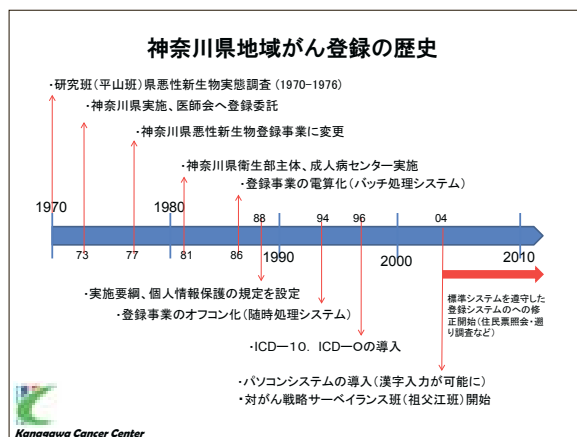
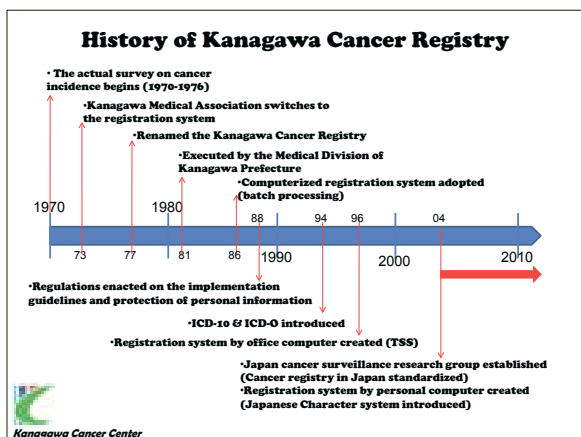
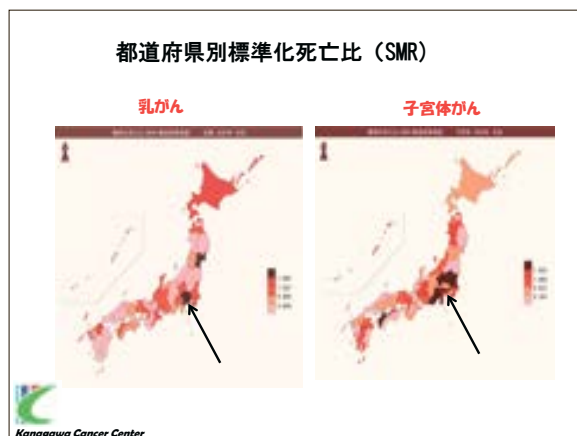
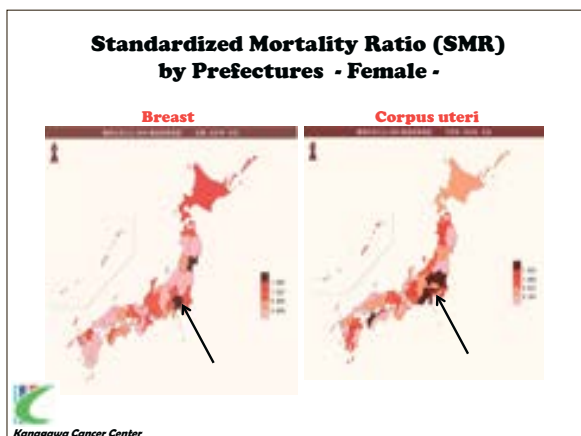
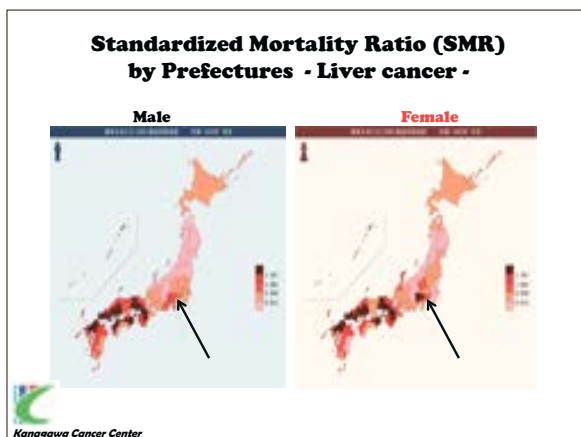
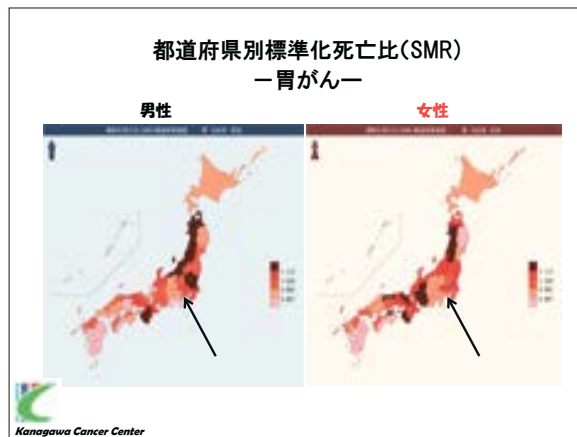
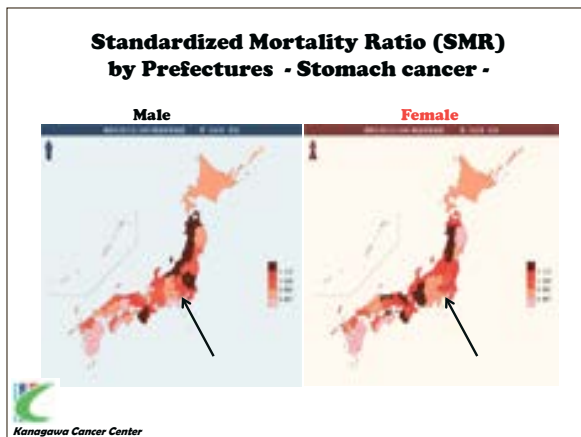
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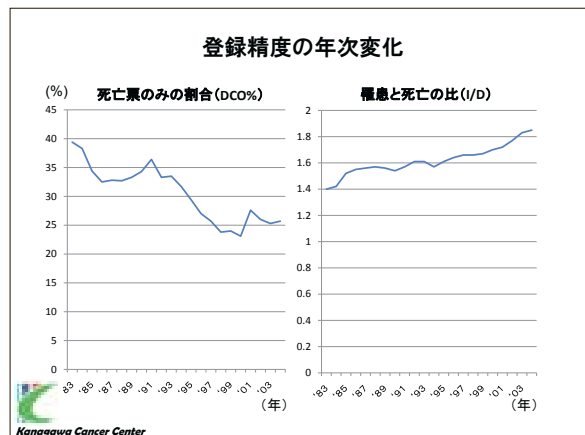
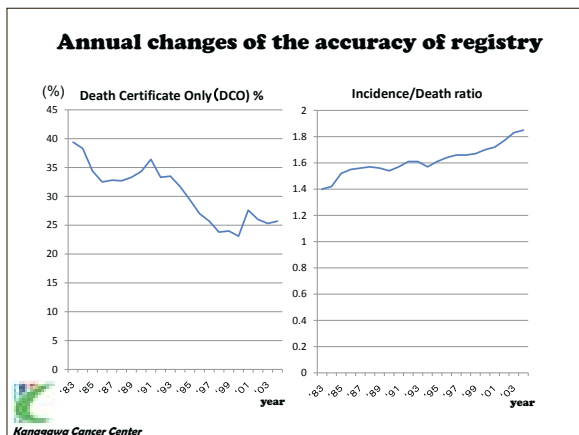
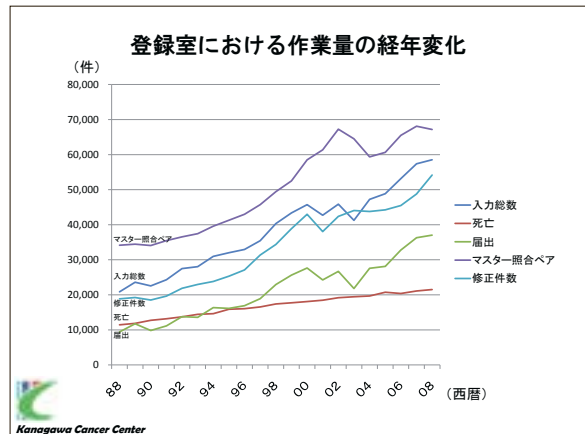
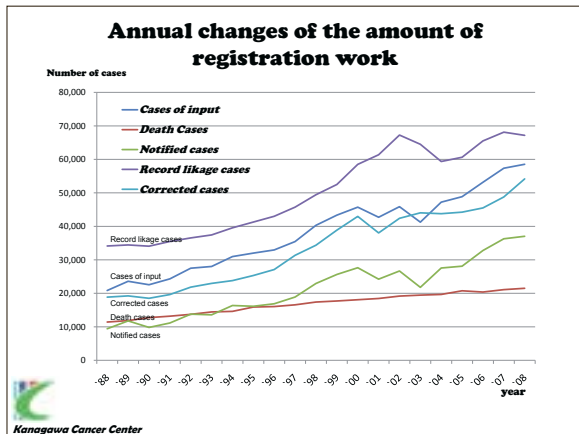
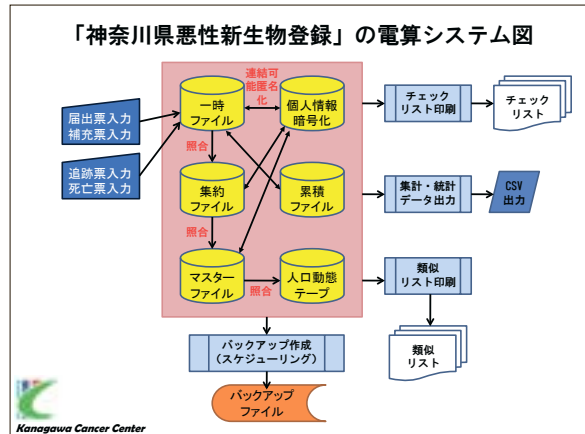
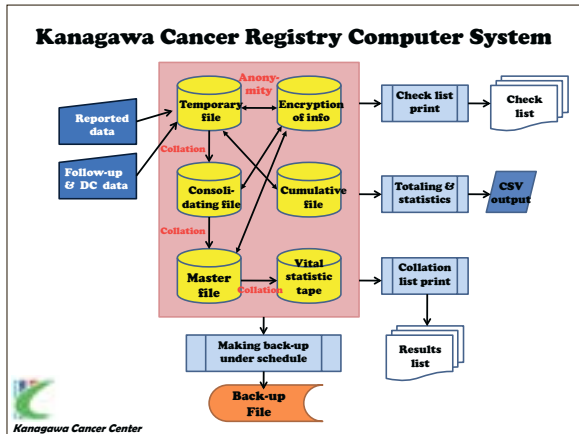
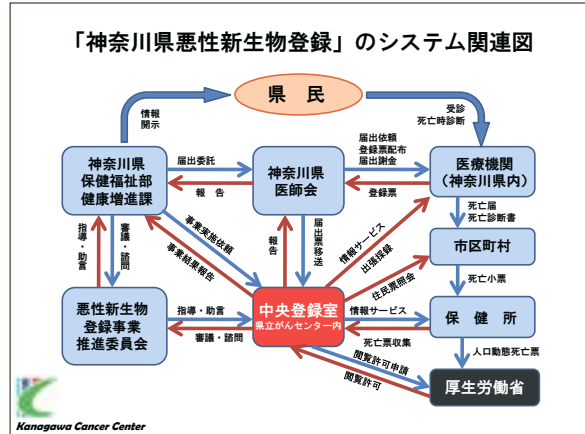
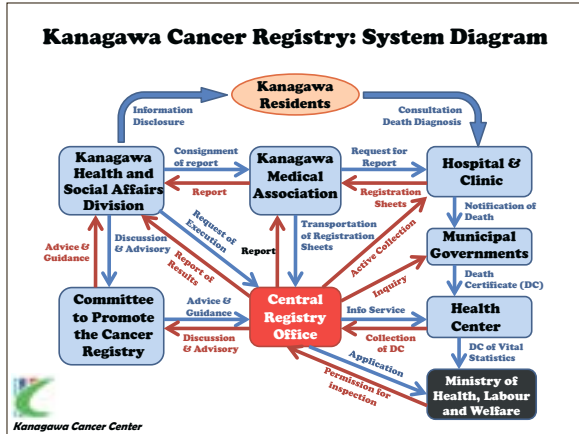
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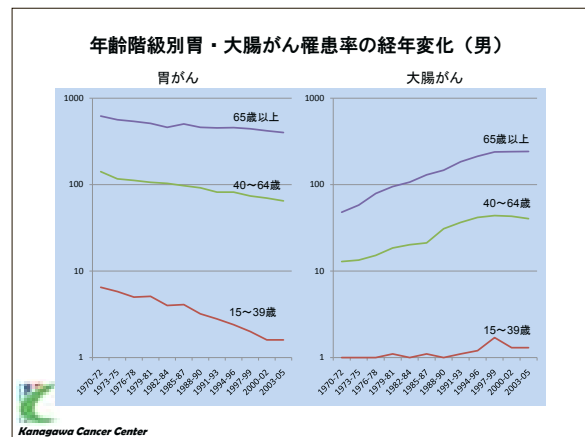
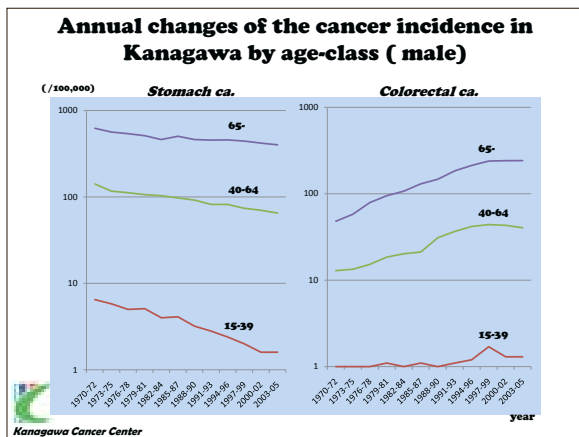
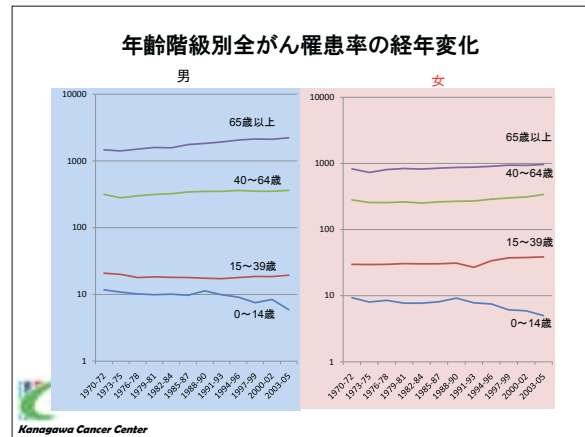
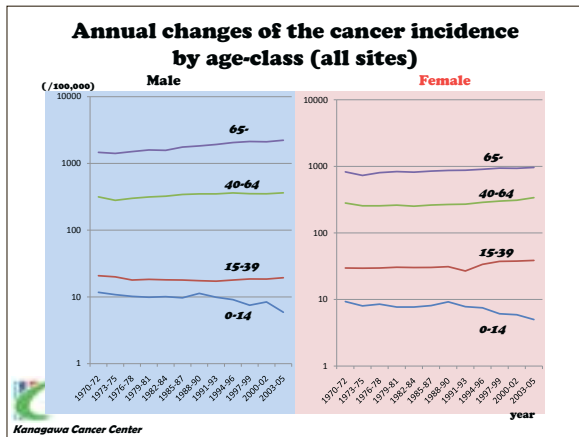
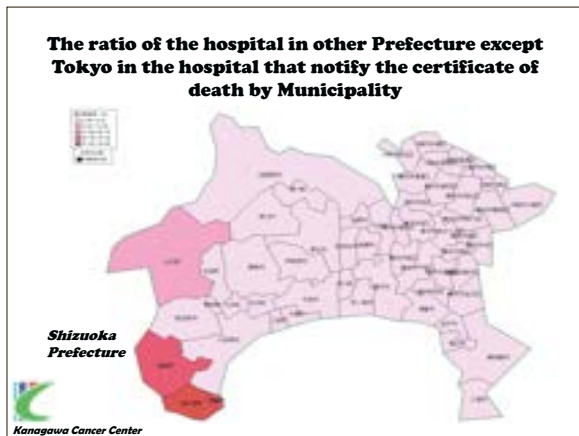
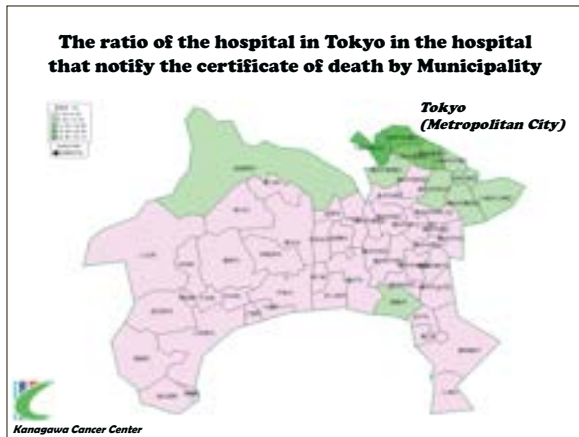


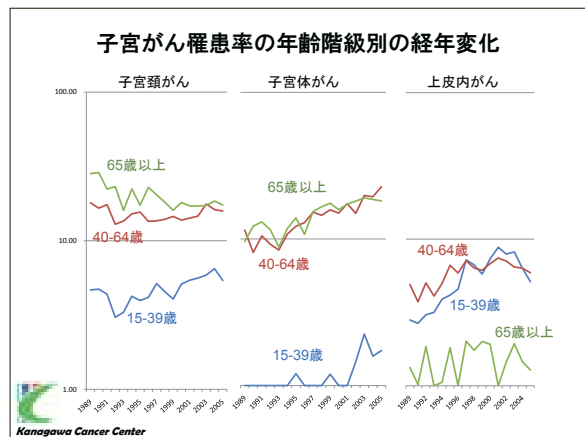
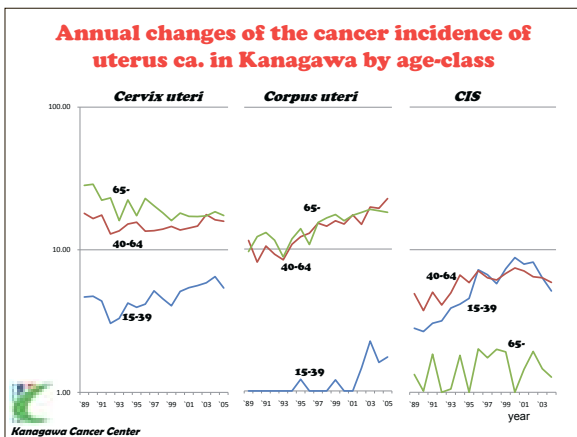
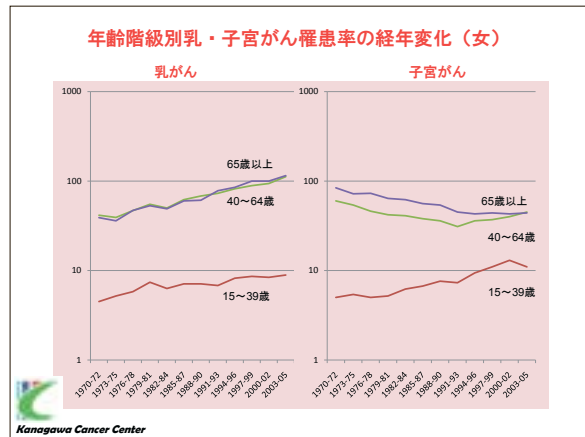
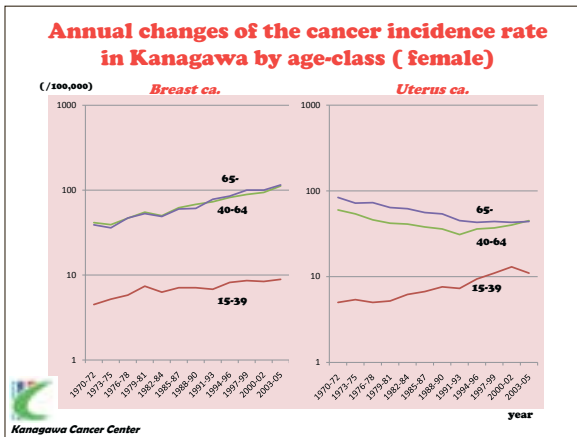
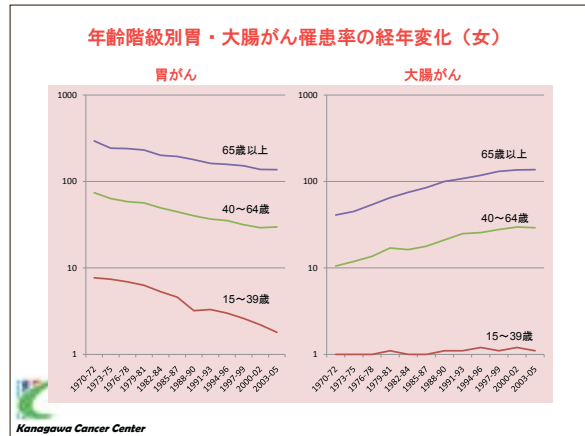
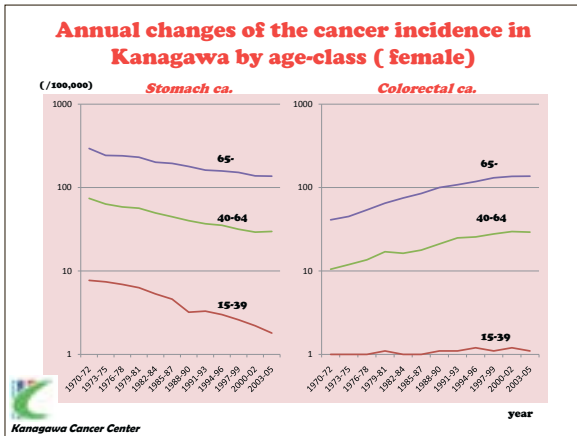
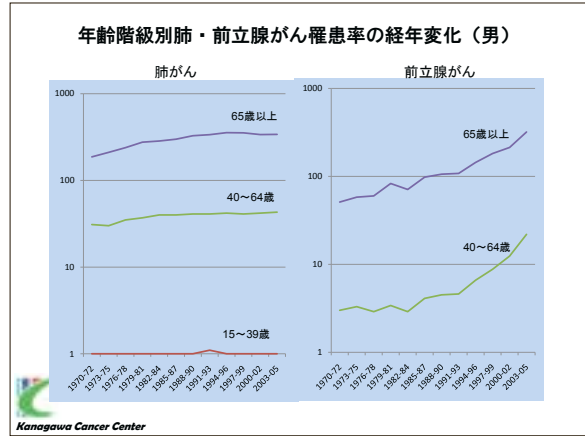
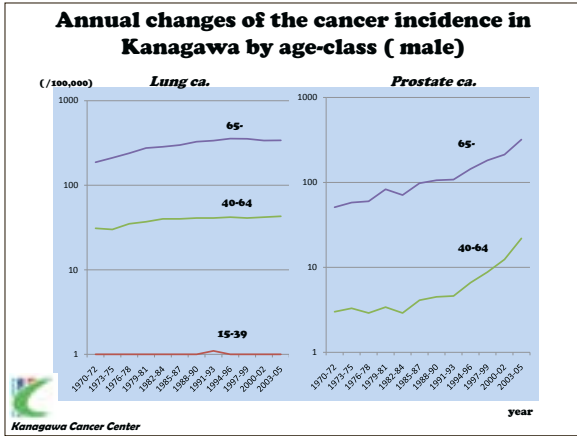
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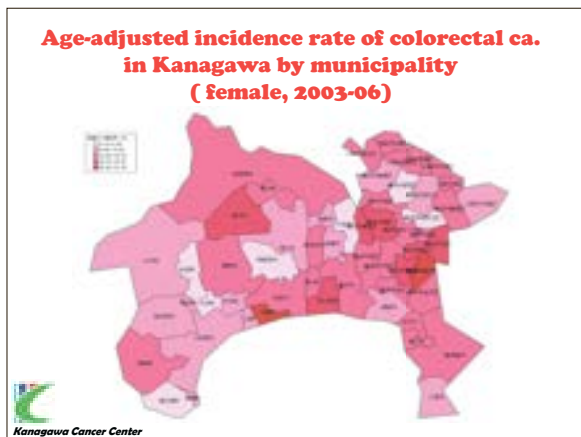
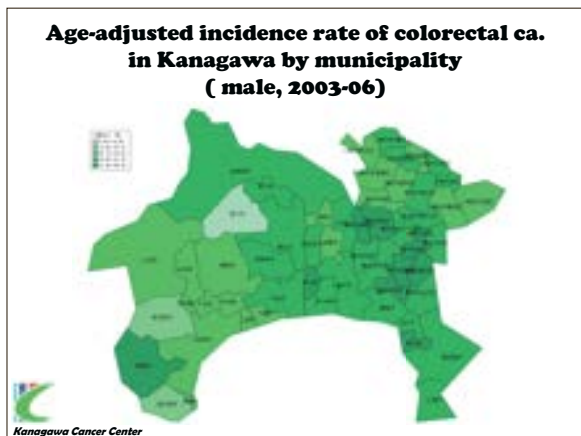
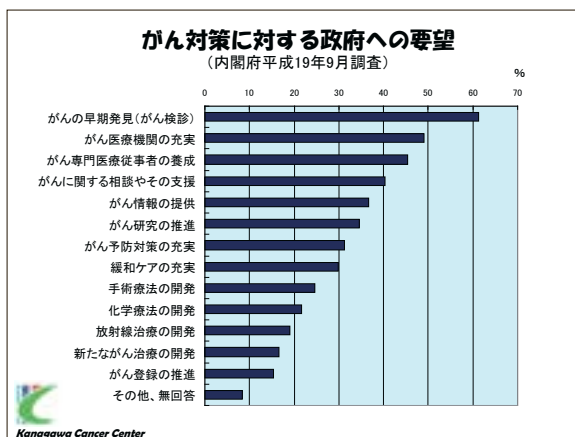
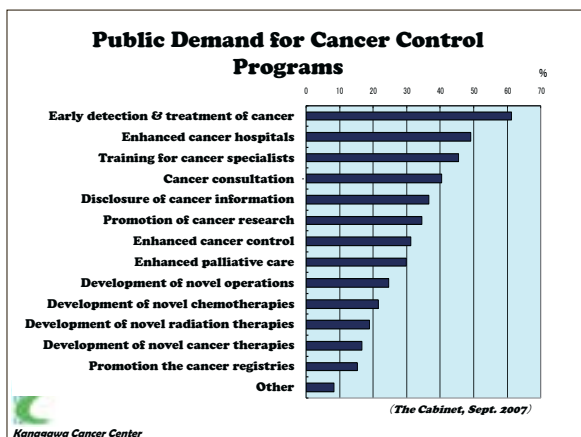


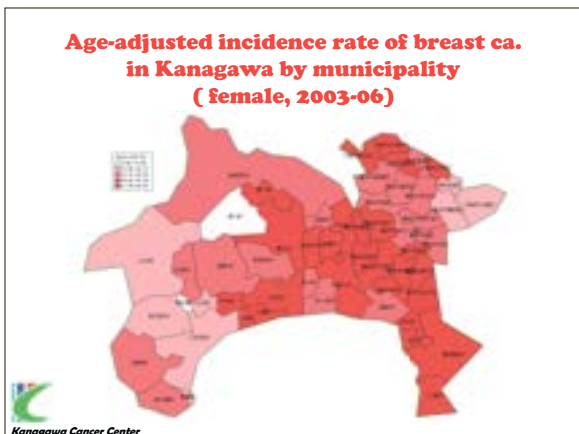












An Image of Kanagawa in the Future

To execute the overall cancer control program and promote cancer prevention, early detection, novel cancer therapies, palliative care, etc. by 2014

↓

- Promote lifestyles with a reduced cancer risk
 - Stop smoking, prevent passive smoking
 - Improve lifestyle overall
 - Enhance cancer screening
 - Offer accurate cancer information
- Promote control programs to overcome cancer
 - Specify base hospitals for cancer treatment
 - Promote advanced cancer therapy and research
 - Enhance palliative care

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目指す神奈川のすがた

予防、早期発見、治療、ターミナルケアまでを見通した総合的ながん対策の展開、平成26年までに目指す

↓

- がんにならない神奈川づくり
 - ・禁煙、分煙の徹底
 - ・食生活、運動などの生活改善
 - ・がん検診の充実
 - ・がんの情報提供
- がんに負けない神奈川づくり
 - ・がん診療連携拠点病院
 - ・高度ながん医療や研究
 - ・緩和ケアの充実

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Emphatic Measures to Achieve an Effective Cancer Control Program

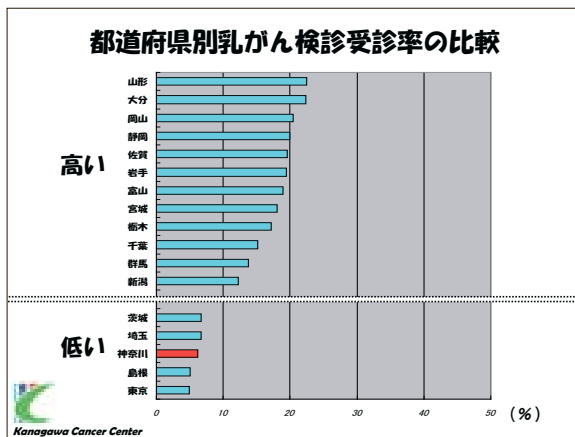
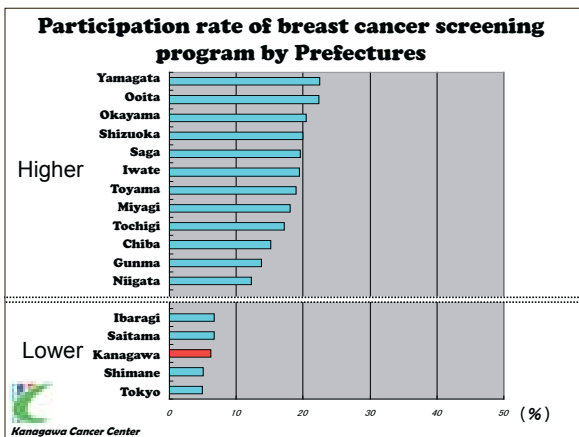
1. Promote cancer prevention measures citizens can do themselves
 - Stop smoking and improve lifestyle
1. Detect cancer early
 - Strengthen the breast cancer screening program
3. Offer advanced cancer therapy and construct a regional cancer treatment network
 - Introduce state-of-the-art medical equipment
 - Promote clinical cancer research cooperatively within the public-industrial-academic complex
 - Construct a hospital network
4. Enhance the regional system for terminal care
 - Offer terminal care to esteem of individuals

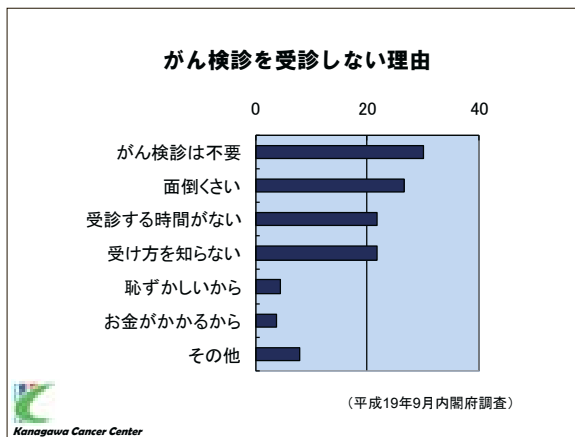
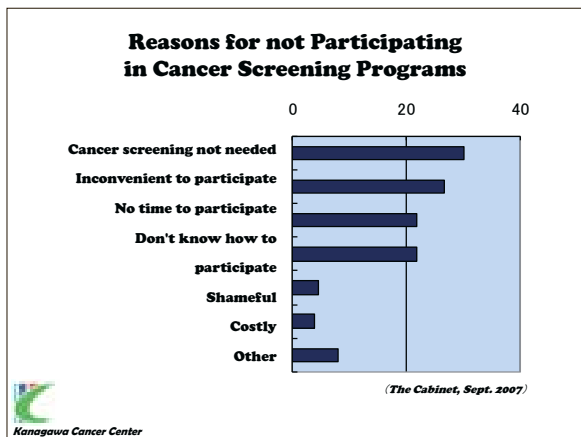
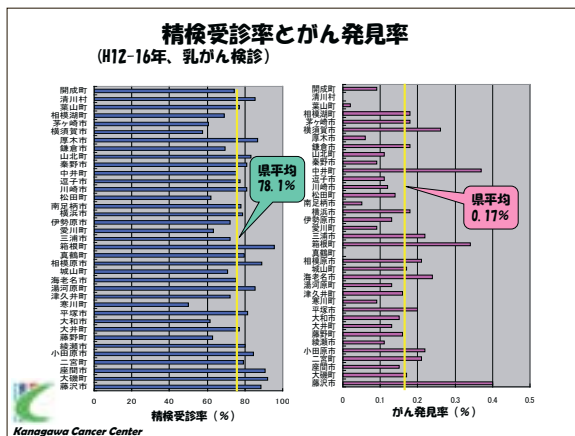
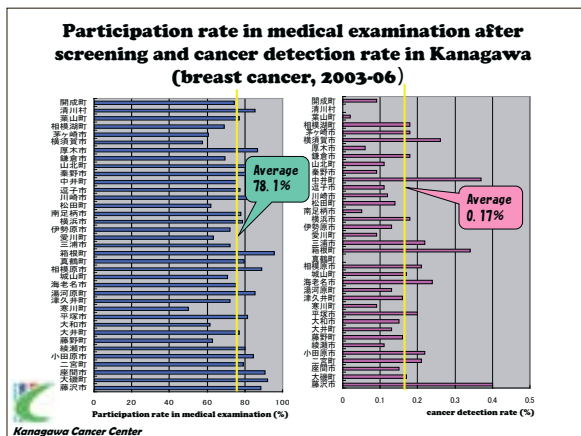
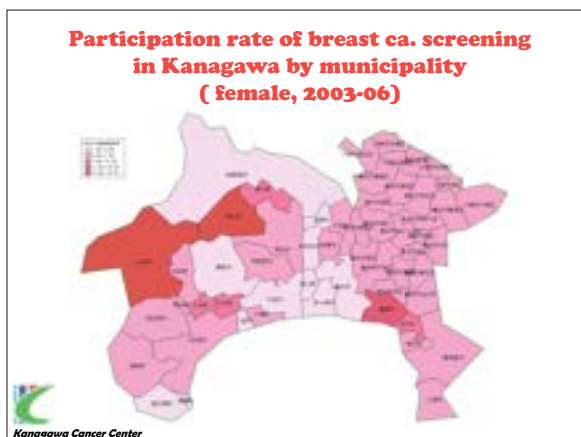
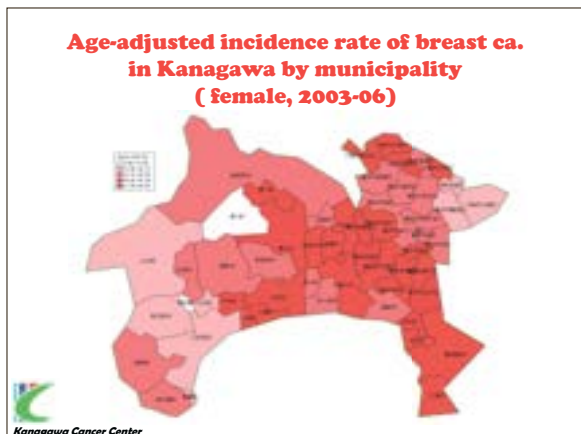
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神奈川のすがたの実現へ向けた重点施策

1. 県民に身近な自ら取組みやすい予防対策の推進
 - ・喫煙率の低下 → 受動喫煙防止条例の制定へ
 - ・食生活改善、生活習慣改善
2. がんを早期に発見する体制の整備
 - ・乳がん検診の充実強化
3. 高度ながん医療の提供と地域がん医療のネットワークづくり
 - ・最先端医療機器の導入
 - ・産学公共同による臨床研究、情報提供
 - ・地域がん診療連携拠点病院のネットワークづくり
4. 地域でのターミナルケア体制の充実
 - ・一人ひとりを尊重したターミナルケアの提供

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Numerical Targets for the Control of Breast Cancer Mortality

From the second to last (worst) position to within the top ten (best)

- Promote participation in breast cancer screening
- Spread enlightenment activities
- Cooperate in regions and occupational organizations
- Maintain the cancer screening system
- Introduce mammographies
- Deploy a mass screening car
- Improve the accuracy of cancer screening
- Promote specialization
- Enhance training at cancer base hospitals
- Control accuracy thoroughly
- Promote of self management
- Manage the historical data for each participant in the cancer screening program
- Promote thorough examination consultation



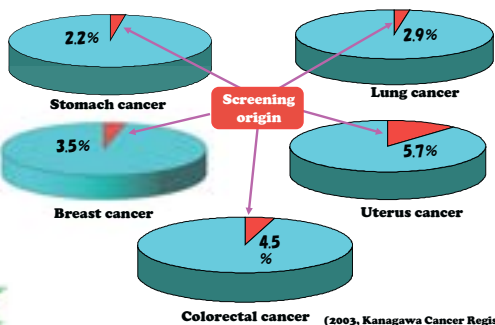
数値目標(乳がんに関して)

乳がん死亡、ワースト2位からベスト10以内へ

1. がん検診の受診促進
 - ・普及啓発
 - ・地域、職域の連携
2. がん検診体制の整備
 - ・マンモグラフィーの導入
 - ・集団検診車の整備
3. がん検診の精度向上
 - ・人材育成
 - ・拠点病院での研修
 - ・精度管理の徹底
4. 一人ひとりの生涯自己管理のしくみ
 - ・がん検診受診歴の管理
 - ・精密検査受診の促進

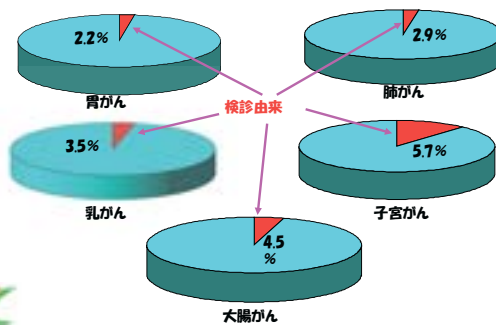


Ratio of cancer patient of cancer screening origin



がん検診由来の患者割合

(H15年、神奈川県地域がん登録データより)



Summary

- In 1970, Kanagawa Prefecture established its population-based cancer registry for the "Surveillance of actual cancer contraction in Kanagawa Prefecture." The number of notified data now exceeds 770,000.
- With regard to the accuracy of registration, the DCO% and ID ratio have been sharply improved, but the introduction of the personal computer system for Chinese character input has been insufficient.
- Regarding cancer reduction and cancer deaths in Kanagawa Prefecture, the incidences and mortalities of colorectal cancer, breast cancer, and corpus uteri cancer are all high.
- Kanagawa is taking measures focused on breast cancer as a ten-year strategy for the cancer control program.
- If more cancers are registered directly via medical examinations, we can expect improvements in cancer control.
- Population-based cancer registration is an indispensable material for the search for cancer trends.
- Kanagawa Prefecture wants its inhabitants and medical personnel to further understand and enhance the cancer registration system as a means of contributing to the cancer control program.



まとめ

- 神奈川県地域がん登録は1975年から「県内のがん罹患のサーベイランス」を目的として開始され、登録データも77万件を越す量となっている。
- 登録の精度(DCO%やID比)はパソコンシステム(漢字入力対応)の導入までは不十分であったが、近年、大きな改善がなされている。
- 神奈川県のがん罹患・死亡の特徴は、大腸がん、乳がん、子宮体がんの罹患率・死亡率が高い。
- 神奈川県では、がん対策10カ年戦略として「乳がん」に焦点を当てた対策が取られている。
- 登録されたデータのなかで、がん検診由来の登録が増加することで、がん対策の評価ができる。
- がんの動向を探るうえで、地域がん登録は必要不可欠な資料となっている。
- 県民の皆さまや医療関係者の皆さまの更なるご理解をいただき、がん対策に貢献できる地域がん登録を充実させたい。

