

# Center for Cancer Control and Information Services

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## Preface

The Center for Cancer Control and Information Services (CIS) is a nationally funded program established in 2006, as an essential part of NCC's extramural activities.

The mission statement of the CIS is as follows: "The Center for Cancer Control and Information Services provides information needed to promote comprehensive and systematic cancer control program in Japan." In collaboration with designated cancer care hospitals, the Ministry of Health Labour and Welfare and other relevant Ministries, the Center plays a central role in the planning, management and evaluation of nation-wide cancer control programs, through promotion of specialized, multidisciplinary and comprehensive cancer research, coordination of training and information dissemination, and support of prevention, diagnosis, treatment of cancer, rehabilitation from cancer and the continuing care of cancer patients and their families.

Since its inception, the CIS has been providing comprehensive, scientifically based, unbiased information to patients, their families, and the general public about all aspects of living with cancer, via the CIS website (<http://ganjoho.jp/>) as well as other dissemination channels. The CIS also provides physicians and other health professionals, with up-to-date information on early detection, diagnosis, treatment, care, cancer research, clinical trials and cancer statistics, via our various information channels and professional training programs.

To ensure that we remain relevant to the needs and perspectives of patients, their families, healthcare professionals, and the general public, we are committed to facilitating the participation of all of these stakeholders in shaping both what information we provide, and how this is delivered. In formulating our key publications, we have sought active input from our on-going nationwide panel of cancer patients as well as specialist review boards. The CIS Advisory Board, representing both healthcare professionals and patient advocacy organizations, has also been proactive in helping the CIS prioritize its efforts. We will firmly grasp every opportunity to improve our services and we truly appreciate your continued support.

Fumihiko Wakao, M.D.  
Director, Center for Cancer Control and Information Services

# Organization

## President:

Tomomitsu Hotta

## Director:

Fumihiko Wakao

### Cancer Information Service Division

Chief: Fumihiko Wakao

Information Development Research Section

Communication Research Section

Evaluation Research Section

### Surveillance Division

Chief: Hiroshi Nishimoto

Epidemiology and Statistics Section

Population-based Cancer Registry Section

Hospital-based Cancer Registry Section

Cancer Care Statistics Section

Economics Section

### Medical Support and Partnership Division

Chief: Masashi Kato

Medical Support and Partnership Section

Pathology Consultation Section

Diagnostic Radiology Section

Outreach Radiation Oncology and Physics Section

Cancer Control Educations and Trainings Section

### Tobacco Policy Research Division

Chief: Yumiko Mochizuki-Kobayashi

# Activities of the Divisions

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## CANCER INFORMATION SERVICE DIVISION

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### Introduction

The mission of the Cancer Information Services is to provide credible information about cancer. In the National Cancer Information Network, the Cancer Information Services plays an important role in disseminating cancer-related information directly to our audiences, including patients and their families, the public at large, healthcare professionals, policy makers and researchers. Our dissemination channels also include the 397 designated cancer care hospitals and their respective cancer information and support teams. Currently, multi-channel cancer information services are provided through the internet, brochures, lectures, and public meetings. One of our key mandates, is to provide all patients and their dear ones, the means to access comprehensive cancer-related information at the point of need, and with appropriate context including websites such as “[ganjoho.jp](http://ganjoho.jp)” and “[www.ganjoho.jp](http://www.ganjoho.jp)”. Followed by publications for patients with an initial cancer diagnosis, the spring 2012 launch of a cancer information handbook for patients with recurrent cancer, the “When cancer returns: Information for patients and families”, represented an important step in this direction. Over 80,000 copies have been disseminated among healthcare professionals, with a view to making the language of this handbook the *lingua franca* between cancer patients, their physicians and other healthcare professionals. In order to disseminate information effectively to citizens, we concluded agreements for the spread of information with health insurance companies and pharmaceutical companies.

### Line of service

#### Cancer Information Development Section

The Cancer Information Development Section has exerted efforts to provide reliable, evidence-based cancer information to patients, their families, citizens, healthcare professionals, researchers, and policy makers. Evidence databases such as clinical practice guidelines and research findings are continuously sourced, assessed, and edited, ensuring that the information is presented in a manner

consistent with how the users digest and process the information. Information is disseminated through various media formats, including the website “Cancer Information Service <http://ganjoho.jp>”, a wide range of patient education brochures and more recently, a handbook (“Kanja-Hikkei”) that contains comprehensive cancer information to help empower patients throughout the continuum of cancer survivorship. The Section also helps direct health care providers to an extensive library of articles on cancer treatment and supportive information that have undergone CIS peer reviews, as well as other cancer information sources that are of interest to health care professionals.

#### Communication Research Section

In order to disseminate reliable cancer information, the Communication Research Section is in charge of supporting the smooth operation of cancer information services and of encouraging the collaboration among relevant stakeholders, such as the cancer information & counseling centers in designated cancer hospitals (397 locations around the nation), support groups, patient advocate groups, prefectural government units responsible for planning and managing their respective regional cancer programs, and other information specialists like public libraries. The Section handles large volumes of inquiries to cancer information services and to call centers, prepares and manages the collaborative work with the “Patient-civil panel” which consists of 100 supporters of various cancer experience and regional background from throughout Japan, and provides mutual educational forums for media professionals.

#### Evaluation Research Section

In order to meet our mandate, to continually provide reliable information in an easily understood format, the section evaluates the credibility of cancer-related information to be disseminated through “[ganjoho.jp](http://ganjoho.jp)” (Cancer Information Services). Treatment guidelines are evaluated using the AGREE (Appraisal of Guidelines for Research & Evaluation) instrument and are accumulated as evidence repositories. This Section plays a role as the editorial office of the Cancer Information Service.

## Research activities

### Cancer Information Development Section

To ensure timely dissemination of accurate and pertinent information on cancer, and to more effectively support decision-making by patients, their families and citizens, we conduct extensive surveys to better gauge what type of information is needed, how it needs to be delivered in order to make a timely impact, and which stakeholders in the community needs to be part of the delivery/dissemination network. Increasingly, we are also involving regional community stakeholders, patients and care providers, to help compile more a regionally pertinent set of information, in the effort to improve our community outreach efforts. .

### Communication Research Section

To overcome the disparities of cancer related information all over Japan and to contribute to building better cancer information and support systems, this section conducts a portfolio of research, in wide ranging areas such as the identification of underserved populations, building a cross-

functional network of community care providers, defining the activities of cancer information centers, developing innovative educational programs and training methods that help accelerate best practice adoption among cancer information counselors.

### Evaluation Research Section

In collaboration with the Japan Public Health Center-based prospective Study and other epidemiological and clinical studies, the association of various risk/prognostic factors and cancer have been evaluated. A statistical contribution is being performed for therapeutic development. A new cohort is being established for breast cancer patients, to investigate the effect of lifestyle factors and alternative medicine on their QOL and prognosis. Health communication research using social marketing methods is being conducted in order to fill the gap between practice and evidence of cancer prevention and cancer screening. As for the educational contribution, an e-learning system for clinical research methodology has been established for anyone involved in clinical research.

## List of papers published in 2012

### Journal

1. Mizota Y, Yamamoto S. Prevalence of Breast Cancer Risk Factors in Japan. *Jpn J Clin Oncol*, 42:1008-1012, 2012
2. Okayama H, Takashi T, Ishii Y, Shimada Y, Shiraishi K, Iwakawa R, Furuta K, Tsuta K, Shibata T, Yamamoto S, Watanabe S, Sakamoto S, Kumamoto K, Takenoshita S, Gotoh N, Mizuno H, Sarai A, Kawano S, Yamaguchi R, Miyano S, Yokota J. Identification of Genes Up-regulated in ALK-positive and EGFR/KRAS/ALK-negative Lung Adenocarcinomas. *Cancer Res*, 72:100-111, 2012

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## SURVEILLANCE DIVISION

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**Hiroshi Nishimoto, Kota Katanoda, Tomohiro Matsuda, Akiko Shibata, Koichi B. Ishikawa, Ayako Matsuda, Kumiko Saika (joint), Takahiro Higashi, Yoshiko Emori, Tomomi Kikuchi, Aya Inoue, Kaori Nakano, Mika Mizuochi**

### Introduction

The Surveillance Division is in charge of providing credible cancer statistics to patients and their families, the general public, healthcare professionals, policy makers and researchers. The Division also collects accurate and useful information on cancer statistics at the national level. We promote the standardization of hospital-based cancer registries in designated cancer care hospitals and population-based cancer registries in prefectures. The data are collected from both hospital-based and population-based cancer registries, analyzed to calculate accurate cancer statistics and disseminated throughout Japan. A newly-incorporated economics section will augment epidemiologic data with economic information crucial for formulation of future policy.

### Routine activities

#### Population-based Cancer Registries

The division has continuously exerted efforts to develop a reliable cancer surveillance system in Japan, which is stated as a key element in the Cancer Control Act. In the year 2012, the entire Japanese population was covered by population-based prefectural cancer registries. The Division supports all 47 of these registries, by disseminating up-to-date information through websites and mailing lists; by setting up a Q&A service; by holding a one day seminar in May for administrative officers in charge of cancer control who were new to their post, a total of 38 participants; and organizing 2-day educational workshops for cancer registrars and administrative officers, a total of 211 participants, in December. The Division also provided site visiting as part of training for the Standard Database System (SDS), to promote the protection of personal information, and for cancer registry start-up preparation. This activity supported a total of 19 prefectures this year. Standardization of the population-based cancer registry has steadily advanced: 43 registries out of 47 use the standard registry items. Thirty-seven registries had introduced the SDS as of December 2012. Introduction is in progress in one registry and

4 are planning to introduce it in 2013. The self-check software on security control in cancer registration, and security educational materials for new workers was updated and provided by the division.

#### Hospital-based Cancer Registries

Since a hospital-based cancer registry (HCR) is essential to evaluate cancer care in each hospital and also to achieve high completeness of population-based cancer registries, it should be established urgently for cancer control. The Division plays an important role as a driving force for the standardization and quality improvement of HCRs, which has been performed at 397 designated cancer care hospitals (DCCHs) and over 300 other hospitals in 2012. In collaboration with other relevant parties, the division develops data standards for all HCRs, modifies datasets, and distributes the standardized software "Hos-CanR PLUS", which is used in about 400 hospitals. In 2012, individual records for 484,771 cancer cases diagnosed in 2010 were collected from 387 DCCHs. To improve the data quality, the Division devised an education program for cancer registrars through holding three one-week-long workshops for experts in Tokyo per year and 2-day workshops for beginners twice a year at 8 cities in which about 800 registrars participated. Furthermore, the Division performed site visits to 32 DCCHs in 2012.

#### Cancer Statistics

The Division is in charge of providing information on cancer statistics. The updated data on cancer mortality, incidence, survival, and prevalence, the secular trends of cancer mortality and incidence, and the framework of cancer control in Japan have been published both on the website and in a book titled "Cancer Statistics in Japan".

### Research activities

#### Population-based Cancer Registries

The national cancer incidences in 2007 were estimated based on the data from 33 cancer registries. The estimation for the incidences in 2008 is ongoing. The prefectures that have met the data quality standards have increased since last year.



The incidence data were then analyzed in detail by cancer site. The study results were published in an international journal. The cancer incidence data have been used in a couple of research analyses; the results have been presented at conferences both in Japan and abroad.

#### Quality Indicators

Ensuring the quality of cancer care is an important aspect of cancer control. We have developed quality indicators for 5 major cancers in Japan and palliative care. To enable timely feedback, these quality indicators focus on the process of care rather than outcomes. We are now pilot testing the feasibility of these quality indicators in a real practice setting. At the same time, we determined the priority of quality indicators by an expert panel. The high-priority indicators can be incorporated into a future national quality measurement system.

#### Cancer Statistics

International comparisons of time trends in cancer mortality and cancer burden attributable to tobacco were conducted based on the WHO mortality database and Global Report. The population

attributable fraction of mortality was estimated for various risk factors among the Japanese population. A trend analysis of cancer incidence in Japan was conducted using selected population-based cancer registries. A trend analysis was also conducted for chronic myelogenous leukemia and adult T-cell leukemia/lymphoma. The effect of tobacco control policies on the smoking prevalence was estimated for the Japanese population. A systematic review was conducted regarding the association between adiponectin and smoking status.

#### Economic studies on cancer care

The development and analysis of large-scale health care datasets is crucial in understanding current status and future projections related to cancer care. Using a historical dataset at the National Cancer Center Hospital, the course of care for chemotherapy patients is analyzed to clarify changes in chemotherapeutic regimens. The GIS database of cancer care facilities, their practice volumes and future population projections has been formulated to assess regional accessibility to care and changes in the coming years.

**Table 1. Population-based Cancer Registries from Prefectural Registries**

Year of Diagnosis	Prefectures	Number of New Cancer Cases
2007	33 (21 for estimation)	704,090
2008	34 (25 for estimation)	Work in progress

**Table 2. Data on Cancer Patients from Hospital-based Cancer Registries at Designated Cancer Care Hospitals**

Year of Diagnosis	Applied Hospitals	Number of New Cancer Cases
2009	370	484,771
2010	387	548,979

## List of papers published in 2012

### Journal

1. Saika K, Matsuda T. Time trends in liver cancer mortality (1980-2008) in Japan, the USA and Europe. *Jpn J Clin Oncol*, 42:84, 2012
2. Saika K, Machii R. Cancer mortality attributable to tobacco in Asia based on the WHO Global Report. *Jpn J Clin Oncol*, 42:985, 2012
3. Saika K, Machii R. Cancer mortality attributable to tobacco by region based on the WHO Global Report. *Jpn J Clin Oncol*, 42:771-772, 2012
4. Matsuda T, Saika K. Trends in liver cancer mortality rates in Japan, USA, UK, France and Korea based on the WHO mortality database. *Jpn J Clin Oncol*, 42:360-361, 2012
5. Matsuda T, Marugame T, Kamo K-I, Katanoda K, Ajiki W, Sobue T. Cancer incidence and incidence rates in Japan in 2006: based on data from 15 population-based cancer registries in the monitoring of cancer incidence in Japan (MCIJ) project. *Jpn J Clin Oncol*, 42:139-147, 2012
6. Matsuda A, Matsuda T. Mortality attributable to tobacco by selected countries in Asia based on the WHO Global Report. *Jpn J Clin Oncol*, 42:659-660, 2012
7. Matsuda A, Machii R. Trends in stomach cancer mortality rates in Japan, USA, UK, France and Korea based on the WHO mortality database. *Jpn J Clin Oncol*, 42:154, 2012
8. Machii R, Saika K. Mortality attributable to tobacco by region based on the WHO Global Report. *Jpn J Clin Oncol*, 42:464-465, 2012
9. Kotani K, Hazama A, Hagimoto A, Saika K, Shigeta M, Katanoda K, Nakamura M. Adiponectin and smoking status: a systematic review. *J Atheroscler Thromb*, 19:787-794, 2012
10. Katanoda K, Yako-Suketomo H. Cancer mortality attributable to tobacco by selected countries based on the WHO Global Report. *Jpn J Clin Oncol*, 42:866, 2012
11. Katanoda K, Yako-Suketomo H. Mortality attributable to tobacco by selected countries based on the WHO Global Report. *Jpn J Clin Oncol*, 42:561-562, 2012
12. Katanoda K, Yako-Suketomo H. Trends in lung cancer mortality rates in Japan, USA, UK, France and Korea based on the WHO mortality database. *Jpn J Clin Oncol*, 42:239-240, 2012
13. Katanoda K, Levy DT, Nakamura M, Hagimoto A, Oshima A. Modeling the effect of disseminating brief intervention for smoking cessation at medical facilities in Japan: a simulation study. *Cancer Causes Control*, 23:929-939, 2012
14. Katanoda K, Ajiki W, Matsuda T, Nishino Y, Shibata A, Fujita M, Tsukuma H, Ioka A, Soda M, Sobue T. Trend analysis of cancer incidence in Japan using data from selected population-based cancer registries. *Cancer Sci*, 103:360-368, 2012
15. Ikeda N, Inoue M, Iso H, Ikeda S, Satoh T, Noda M, Mizoue T, Imano H, Saito E, Katanoda K, Sobue T, Tsugane S, Naghavi M, Ezzati M, Shibuya K. Adult mortality attributable to preventable risk factors for non-communicable diseases and injuries in Japan: a comparative risk assessment. *PLoS Med*, 9:e1001160, 2012
16. Chihara D, Ito H, Matsuda T, Katanoda K, Shibata A, Saika K, Sobue T, Matsuo K. Decreasing trend in mortality of chronic myelogenous leukemia patients after introduction of imatinib in Japan and the U.S. *Oncologist*, 17:1547-1550, 2012
17. Chihara D, Ito H, Katanoda K, Shibata A, Matsuda T, Tajima K, Sobue T, Matsuo K. Increase in incidence of adult T-cell leukemia/lymphoma in non-endemic areas of Japan and the United States. *Cancer Sci*, 103:1857-1860, 2012

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## MEDICAL SUPPORT AND PARTNERSHIP DIVISION

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Masashi Kato, Hitoshi Tsuda, Hiroaki Onaya, Jun Itami, Yoshinori Makino, Miki Hosoya, Hiroko Yako-Suketomo, Toshiyuki Minemura, Yuko Ogo, Saran Yoshida, Yoko Nakazawa, Kyohei Fukata, Takashi Hanada, Tadakazu Shimoda, Yoshihiro Matsuno, Satoshi Ishikura, Megumi Fukuda, Ritsuko Chinda, Hiroyo Ohchi, Chisako Ito, Yoshiko Suzuki

### Introduction

The Division builds partnerships with Designated Cancer Hospitals to support all health allied professionals concerned with cancer control in Japan. The Medical Support and Partnership Section (MSPS) plays a unique role in suggesting the cancer control policy in Japan. The Pathology Consultation Section makes effort to perform human pathology research based on the histology of tumor cells and tumor-stromal cells to improve diagnostic pathology of the tumors. The Diagnostic Radiology Section (DRS) provides a consultation service and a cancer image reference database (NCC-CIR). A radiology consultation service is aimed at the improvement of the quality of diagnosis based on medical images. The NCC-CIR is a web-based reference database system of images of neoplasms for physicians, radiologists, and pathologists, providing medical diagnostic images and information together with the pathology. The Outreach Radiation Oncology and Physics Section (ORPS) provides the following support programs for designated regional cancer centers and institutions participating in clinical trials. The Cancer Control Educations and Trainings Section (CCET), Medical Support and Partnership Division and the Center for Cancer Control and Information Services, produce, or plan and operate several training programs in the clinical and cancer registry disciplines to provide a leadership base for the promotion of a certain level of cancer treatment programs and epidemiological surveillance. To correct medical inequality in the provision of cancer care throughout Japan, the CCET organizes a number of special training programs for physicians, nurses, pharmacists, cancer information (CI) specialists, other health professionals and cancer registries staff personnel of Designated Cancer Hospitals in all parts of the country.

### Routine activities

#### A. Networking among Designated Cancer Hospitals

The MSPS formed a network among the designated cancer hospitals to build partnership

for cancer control in Japan. The designated cancer hospitals are important partners with the NCC to promote comprehensive cancer control in Japan. The MSPS hold conferences in which the prefectural designated cancer hospitals participate. Currently, mailing lists prepared with the permission of participants have been in use for sharing some information among the participating hospitals.

#### B. Pathology consultation service

The pathology slides of lesions arising in various organs were submitted from clients. Eighty-four consultant pathologists who are specialists in various fields are registered, and one pathologist who was assigned as a consultant examined the slides and rapidly sent back the report of their opinion to each client. Most of the clients expressed satisfaction with the contents of the report and this consultation system. The activity of the Section was presented in the annual meeting of the Japanese Society of Pathology. We started the selection of typical and educational consultation cases from accumulated archival slides and the construction of a referential data base.

#### C. Radiology consultation service

Eighty-one consultation reports have been put together for requests mainly from the Kanto and Kyushu regions. Hepato-biliary-pancreatic, musculoskeletal, and lung lesions were the common subjects. Consultation with a specialist was the most frequent reason comprising 39.1% for consultation. The client radiologists have evaluated 213 (91.8%) of the 232 consultation reports as being useful for the presence of clinical impact on the final radiological diagnoses.

#### D. NCC-CIR

The average number of effective accesses to this site was almost the same as that in 2011, about 100000 per month. Cases with lung cancers (n=14), hypopharyngeal cancers (n=4), glioblastoma (n=6), cases with cancers who underwent interventional radiology (n=5) and other cancers have been published, resulting in the total provision of 245 cases.

#### E. Radiotherapy case service

Mailed dosimetry and on-site dosimetry were performed in 36 institutions and 9 institutions, respectively. All data of the institutions were within the permissible limit. In clinical trials, radiotherapy case reviews were performed in 100 institutions.

#### F. Promotion of medical education programs for cancer control

The CCET organizes medical training programs for allied oncology/hematology professionals to rectify medical inequality in the provision of cancer care throughout Japan as a part of our cancer control projects. (Table 1) The training programs are intended for Health Allied Professionals (palliative care physicians, psycho-oncologists, pharmacists, nurses and technologists, CI specialists), for Palliative Care consultation and Chemotherapy teams, and members of In-hospital cancer registries. In the pharmacists education section, we have operated two new programs under the following titles; "Seminar for pharmacists on dispensing neoplastic agents to be trainers" and "On the job training for pharmacists dispensing neoplastic agents to be trainers"

### **Research activities**

#### Suggestion for Cancer Control Policy

To suggest a policy for cancer control and the guidelines for establishing designated cancer hospitals, the fact-finding survey of cancer medical care in Japan was conducted.

#### Build Family Support System

To suggest comprehensive psycho-social support for cancer patients and their families, a database was established on the family support system.

#### Diffuse Cancer Education for School Children

To suggest a policy on cancer education for school children, an interview survey was conducted on cancer education for teachers.

#### Trend of pathology consultation services

In 2012, the Pathology Consultation Section received histopathology slides of 364 cases for a specialist's second opinion regarding the histopathological diagnosis. The number of consultation cases represented a 24% increase in comparison with the number in 2011.

#### Develop and use of a teleradiology system

The section is investigating methods to improve the way how we can send and receive digital imaging files more easily and more quickly using a teleradiology system.

#### Develop the RTPS quality control support program

The Outreach Radiation Oncology and Physics Section have been developing enforcement of "the Radiation Treatment Planning System (RTPS) quality control support program" to confirm the beam modeling data of the RTPS in 9 institutions. We examined enforcement of the on-site dosimetry regarding the output dose of Intensity Modulated Radiotherapy (IMRT) for designated regional cancer centers.

### **Clinical trials**

In the Japan Clinical Oncology Group 1015 (JCOG1015), we performed on-site dosimetry regarding the output dose of IMRT in 4 institutions.

**Table 1. Training programs conducted during April 2011 - March 2012**

Subjects and programs	Education and Training program title	No. of participants
Oncology nurses education	Continuing education and development of oncology nursing Workshop for trainers	55
	Oncology nursing seminar for trainers	194
	Oncology nursing on the job training for trainers	4
	Oncology nursing on the job training for trainers-Follow up course	17
CI specialists education	CI Specialist Education Program -Basic course 1	674
	CI Specialist Education Program -Basic course 2	610
	CI Specialist Education Program -Basic course 3	281
	CI Specialist Education Program for trainers	57
Hospital-based cancer registrars training	Training program for instructors of hospital-based cancer registrars	20
	Supplementary training program for instructors of hospital-based cancer registrars	57
	Continuous training program for instructors of hospital-based cancer registrars	2
	Basic training program for hospital-based cancer registrars	1335
	Supplementary training program for hospital-based cancer registrars of basic course completion	637
	Advanced training program for hospital-based cancer registrars	106
	Supplementary training program for hospital-based cancer registrars of advanced course completion (UICC TNM-7)	301
	Site visiting program on hospital-based cancer registries in national cancer center hospital	97
Population-based cancer registrars and administrative officers in charge of cancer control training	Basic training programs on a population-based cancer registry for cancer registrars and administrative officers	174
Technologists education	Trainer training for oncologic radiology technologists	22
	Trainer training for oncologic laboratory medical technologists	2
Pharmacists education	Seminar for pharmacists of dispensing neoplastic agents to be trainers	56
	On the job training for pharmacists of dispensing neoplastic agents to be trainers	5
Palliative care physicians education	Palliative care education meeting for trainers	64
Psycho-oncologists education	Psycho-oncology education meeting for trainers	35
Palliative care team education	Palliative care team workshops for consultation-Basic course	106
Chemotherapy Team education	Chemotherapy Team workshops to introduce a new drug safety	64

### List of papers published in 2012 Journal

1. Yoshida S, Shiozaki M, Sanjo M, Morita T, Hirai K, Tsuneto S, Shima Y. Pros and cons of prognostic disclosure to Japanese cancer patients and their families from the family's point of view. *J Palliat Med*, 15:1342-1349, 2012
2. Yoshida S, Shiozaki M, Sanjo M, Morita T, Hirai K, Tsuneto S, Shima Y. Practices and evaluations of prognostic disclosure for Japanese cancer patients and their families from the family's point of view. *Palliat Support Care*, 1-6, 2012
3. Yamagishi A, Morita T, Miyashita M, Yoshida S, Akizuki N, Shirahige Y, Akiyama M, Eguchi K. Preferred place of care and place of death of the general public and cancer patients in Japan. *Support Care Cancer*, 20:2575-2582, 2012
4. Yako-Suketomo H, Katanoda K. Burden of cancer incidence in Asia extrapolated from the cancer incidence in five continents Vol. IX. *Jpn J Clin Oncol*, 42:1233, 2012
5. Kishi Y, Kato M, Okuyama T, Thurber S. Treatment of delirium with risperidone in cancer patients. *Psychiatry Clin Neurosci*, 66:411-417, 2012

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## TOBACCO POLICY RESEARCH DIVISION

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Yumiko Mochizuki, Seiko Ishiuchi, Jun'ichi Adachi, Saori Ikuyo, Yuri Kuronuma, Sayuri Takise

### Introduction

Every year, tobacco kills more than six million people in the world and 130-200 thousands in Japan. Without immediate action, the number of deaths will reach eight million by 2030. As the tobacco epidemic emerged from human activities and it could also be prevented by human efforts, it can be referred to as a "man-made disaster". To help counteract this trend, collective efforts are being made globally to build a tobacco-free society for the next generation, and Japan should not be left behind. Thus, the mission of our Division is to advance tobacco control policy and its implementation with scientific evidence in order to end this tobacco epidemic in our lifetime. The WHO Framework Convention on Tobacco Control (FCTC) entered into force in 2005 and Japan, as a Party to the FCTC, is obliged to implement its provisions and fulfill its international responsibilities as well as its domestic requirements. Based on the Health Promotion Act and Cancer Control Act, the government recently released its future vision on tobacco with reduction of adult smoking prevalence by 40% within 10 years. Driven by such policy climate changes, our Division serves as a professional think-tank to evaluate tobacco policies and to develop strategies to curb the tobacco epidemic, building concrete partnerships with national and international organizations and institutions.

### Routine activities

Knowledge transfer on tobacco and cancer: As a party to the FCTC, Japan is obligated to implement each article. A smoke-free policy (article 8) and a tax policy (article 6) are two prioritized areas to curb the tobacco epidemic, but are the most controversial. The guidelines for article 8 to protect the public from exposure to tobacco smoke, were the first to be implemented rigorously. As the Division is being involved in policy development processes at national and local level, accurate and convincing scientific evidence to mobilize political will and obtain public supports is essential to dispel emotional and doubtful messages among stakeholders. We have been developing a relational database on tobacco-related literature from Ministry of Health,

Labour and Welfare grant studies since 1997 to compile the data from their output and to follow up the outcomes of these data as scientific papers. This enables both researchers and policy makers to know how the governmental funded research could contribute to the tobacco control research and to allow them to perform research mapping. For the further development of a tobacco control policy, we need a more systematic roadmap as a policy recommendation tool with critical evidence that no policy maker would be able to disregard, as well as a precise advocacy plan to mobilize public support.

Stakeholder analysis and capacity building for programme implementation: To increase the net resource for on tobacco control, the roles of health professionals are essential but their potential remains unfulfilled. We developed a smoking cessation guide for pharmacists to respond to their need for capacity building. In order to build an interactive platform of information sharing, we jointly work with the Japan National Committee for UICC (Union for International Cancer Control) to launch the Tobacco Free Women TV (<http://www.ustream.tv/channel/tobaccofreewomentv>) project, developed as the world's first-ever streamed channel specifically for tobacco control. This project has developed more than 70 live and recorded programs on its website and obtained nearly 10,000 total views of our program reaching more than 3,000 individual viewers. This is an innovative way of information infrastructure at a lower cost and at a maximum impact and flexibility, and has increased the communication capacity of local NGOs and academic communities.

WHO Collaborating Centre for Reference on Smoking and Health: The National Cancer Center has been designated as a WHO Collaborating Centre (WHO-CC) for Reference on Smoking and Health since 1978 and our Division took over as Head of the WHO-CC since 2009. It has sponsored an annual series of tobacco control meetings, such as the "World No Tobacco Day (WNTD) Symposium", with the Ministry of Health, Labour and Welfare, and has translated WHO related materials such as guidelines of the WHO Framework Convention on Tobacco Control and other technical reports.

# Tobacco Free Women TV

www.ustream.tv/channel/tobaccofreewomentv

- Various contents
  - Epidemiology, youth, women, politics, beauty, dental medicine, industry tactics, movie reviews, civil movements, academic activities, prevention, cessation, smokefree policy, empowerment, advocacy, global trends, etc.
- Various guests
  - Doctors, dentists, nurses, public health nurses, pharmacists, business men/women, teachers, school nurses, administrators, politicians, high school students, college students, university students, NGOs, activists, journalists, singers, etc.
- Various areas and communities
  - Akita, Yamagata, Miyagi, Ibaragi, Yamanashi, Tokyo, Aichi, Gifu, Kyoto, Shiga, Osaka, Hyogo, Kagawa, Kumamoto, Fukuoka, Okinawa, cancer, cardiovascular, universities, etc.

Figure 1.

## Tobacco Free Women TV: samples of streaming live show



Figure 2.