

Prefectural Cancer Control Scorecard 2013

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



市民医療協議会
Commission on Citizens and Health

日本医療政策機構
Health and Global Policy Institute

Introduction

The Prefectural Cancer Control Scorecard summarizes key information to capture the current status of cancer control in Japan's 47 prefectures. So that the relative status of each prefecture can be understood, for each category prefectures are ranked on a worst-to-best basis. In addition, for ease of reference, a compact summary of every prefecture's key data is provided.

The Scorecard contains not only data on the current situation regarding deaths from cancer, but also information on efforts to control cancer. In addition to official figures processed to facilitate comparison between prefectures, 25 original items of data were collected through questionnaires sent to all prefectural offices.

Please make use of the Scorecard in any way you think fit. The information can serve for reference purposes during discussions on local cancer control plans and efforts, and also give hints for potentially strengthening measures by providing a clear picture of how the local cancer control situation compares with that in other regions, and what approaches are being employed elsewhere to achieve success. Also, through comparison with the 2011 and 2012 editions of the Prefectural Cancer Control Scorecard, the influence of particular cancer control measures over time may become apparent.

Our hope is that this collection of information can play a role, however small, in driving forward cancer control efforts in Japan.

Last but not least, we would like to take this opportunity to extend our thanks and appreciation to all the prefectural officials who provided responses to our questionnaire survey.

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(As of August 30, 2013. Listed in alphabetical order)

Using 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. All official figures contained within represent the most recently available as of August 2013 (some of the information contained in section “IV. Information about the structure of prefectural cancer control programs” comes from survey responses). Alongside each item of data, the number shown in parentheses () indicates the rank of each prefecture among all Japan’s 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.

■ Using the data

“ I . Mortality rate” section

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

・ I - 1 Cancer mortality rate〔2011〕

When the prefectures with the highest and lowest mortality rates are compared is 1.6 times for men and 1.5 times for women. Urgent attention is essential for those prefectures with particularly high mortality rates.

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

➤ “ I - 1 Cancer mortality rate” Worst 5 prefectures for women (high mortality rate)
Saga, Wakayama, Hokkaido, Osaka, Aomori

・ I - 2 Improvement in cancer mortality rate〔2006-2011〕

There are differences of 19.5 percentage points for men and 26.9 for women between the prefectures with the highest and lowest rates of improvement. There are two prefectures with actual increases in mortality rate of women rather than any improvement. All prefectures with a low rate of improvement need special attention, even those where the cancer mortality rate is high.

➤ “ I - 2 Improvement in cancer mortality rate” Worst 5 prefectures for men (low rate of

improvement)

Iwate, Miyazaki, Fukui, Okinawa, Oita

- “ I - 2 Improvement in cancer mortality rate” Worst 5 prefectures for women (low rate of improvement)

Kagoshima, Toyama, Tottori, Saga, Nagano

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

Looking at mortality rates by type of cancer, the ratios between the highest and lowest rates are 2.4 times for men and 2.2 times for women for stomach cancer, 2.1 times for both men and women for colon cancer, 1.7 times for men and 2.4 times for women for lung cancer, 2.6 times for men and 4.3 times for women for liver cancer, and 2.3 times for women for breast cancer. Consideration could be 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.

- “ I - 3 Mortality rate by type of cancer (stomach)” Worst 5 prefectures for men (high mortality rate)

Akita, Yamagata, Tottori, Niigata, Aomori

- “ I - 3 Mortality rate by type of cancer (stomach)” Worst 5 prefectures for women (high mortality rate)

Toyama, Nara, Akita, Aomori, Tokushima

- “ I - 4 Mortality rate by type of cancer (colon)” Worst 5 prefectures for men (high mortality rate)

Okinawa, Aomori, Akita, Kochi, Iwate

- “ I - 4 Mortality rate by type of cancer (colon)” Worst 5 prefectures for women (high mortality rate)

Akita, Saga, Tottori, Nagasaki, Wakayama

- “ I - 5 Mortality rate by type of cancer (lung)” Worst 5 prefectures for men (high mortality rate)

Wakayama, Tottori, Aomori, Hokkaido, Osaka

- “ I - 5 Mortality rate by type of cancer (lung)” Worst 5 prefectures for women (high mortality rate)

Hokkaido, Osaka, Tottori, Wakayama, Kagawa

- “ I - 6 Mortality rate by type of cancer (liver)” Worst 5 prefectures for men (high mortality rate)
Saga, Fukuoka, Wakayama, Ehime, Yamanashi
- “ I - 6 Mortality rate by type of cancer (liver)” Worst 5 prefectures for women (high mortality rate)
Saga, Hiroshima, Kumamoto, Fukuoka, Osaka
- “ I - 7 Mortality rate by type of cancer (breast)” Worst 5 prefectures for women (high mortality rate)
Toyama, Saga, Yamaguchi, Tokyo, Kanagawa

—What advocates can do—

In regions where the mortality rate is high for cancer overall or for one particular 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 particular 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 [2010]

Looking at cancer screening participation rates, there are differences between the highest and lowest rates of 25.3 percentage points for men and 18.0 for women for stomach cancer, 20.6 for men and 22.1 for women for lung cancer, 18.0 for men and 17.3 for women for colon cancer, 16.1 for women for breast cancer, and 14.3 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 particular type of cancer has both a low screening participation rate and a high mortality rate (as indicated in the “I. Mortality rate” section), it must become a focus for improvement. However, it must be remembered that there is also ongoing debate about how best to grasp screening rates accurately.

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

- “II - 2 Screening rate (lung cancer)” Worst 5 prefectures for men (low screening rate
Osaka, Shiga, Fukuoka, Nara, Wakayama
- “II - 2 Screening rate (lung cancer)” Worst 5 prefectures for women (low screening rate
Osaka, Shiga, Fukuoka, Hokkaido, Nara
- “II - 3 Screening rate (colon cancer)” Worst 5 prefectures for men (low screening rate
Osaka, Tokushima, Wakayama, Nagasaki, Fukuoka
- “II - 3 Screening rate (colon cancer)” Worst 5 prefectures for women (low screening rate)
Tokushima, Osaka, Nagasaki, Fukuoka, Wakayama
- “II - 4 Screening rate (breast cancer)” Worst 5 prefectures for women (low screening rate)
Yamaguchi, Hyogo, Shimane, Osaka, Fukuoka
- “II - 5 Screening rate (uterine cancer)” Worst 5 prefectures (low screening rate)
Wakayama, Yamaguchi, Hyogo, Osaka, Shimane
- II - 6 Smoking rate [2010]

There are differences of 9.3 percentage points for men and 10.8 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 particular type of cancer with a high mortality rate, this evidence can be used to urge improvement on that specific point.

“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. Combined with the frequently noted overall shortage of healthcare personnel, certain types of specialist are entirely absent from some prefectures (based on official figures as of August 2013). Moreover, there are also disparities in terms of facilities, such as the number of hospice beds.

- “III-6 Specialist cancer care nurses” Prefectures with no such resources
Aomori, Akita, Yamagata, Fukui, Kagoshima
- “III-8 Certified radiation therapy nurses” Prefectures with no such resources
Akita, Gunma, Toyama, Fukui, Yamanashi, Wakayama, Shimane, Tokushima, Kagawa, Kochi, Saga, Miyazaki, Okinawa
- “III-10 Certified pain management nurses” Prefectures with no such resources
Aomori, Tottori
- “III-11 Certified home-visit nurses” Prefectures with no such resources
Wakayama, Okayama, Kochi

—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.

There are significant disparities in the systematic responses of prefectural offices toward cancer control in each region. With regard to the 25 items listed in the table on page 8, when read vertically, the number of confirmations (indicated by ○) shows that some measures are carried out uniformly in almost every prefecture, whereas others are undertaken only by a select few prefectures. Read horizontally, meanwhile, it can be seen that the number of measures varies widely from one prefecture to the next. While a ○ does not necessarily guarantee the quality or efficacy of the measure taken, the total number does at least indicate the degree of activity of each prefecture’s cancer control programs.

This table can be utilized to understand what different measures are being undertaken in other prefectures, and to gauge whether similar measures might be valid in your own prefecture. In addition, comparison with previous editions of the Prefectural Cancer Control Scorecard can serve to highlight the recent degree of activity and introduction of new measures elsewhere. By all means, please utilize the information collected here in study groups and committee meetings.

■Example: Participation etc. of patients, citizens, and local residents in cancer control

- No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present = 0 【3 of 47 prefectures】
[In the previous survey, only 1 prefecture had no such members, but this has increased to 3]
- No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) = at least 1 【9 of 47 prefectures】
[While patient-related committee members are now almost the norm, the additional presence of such viewpoints in sub-committees and task forces is far less common]
- No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present = at least 1 【10 of 47 prefectures】
[While there was discussion at Cancer Policy Summit 2013 about the importance of patient participation in Cancer Care Collaboration Committees, the practice has yet to gain real traction]
- No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) = at least 1 【4 of 47 prefectures】
[We can see here a small, select group of “advanced” prefectures in terms of promoting widespread patient participation]

■Example: Disclosure of information relating to deliberations and investigations into cancer control

- The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available 【30 of 47 prefectures】
[Since the publication of such documentation can be seen as providing a basis for activating local discussion of cancer control. While the majority of prefectures follow this practice, more than 1 in 3 do not.]
- The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available 【12 of 47 prefectures】
[Although numbers remain low, the practice is now becoming accepted.]

■Example: Management of cancer control committees and related bodies

- No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) 【Average: 1.6】
[The average number of scheduled meetings has fallen from 3.0 in the 2012 survey. There needs to be local discussion of the number of meetings needed to effectively manage the progress of cancer control.]

- No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) 【Average: 1.6】
 [This committee has a key role to play in the implementation of cancer control plans, and so local discussion of the required number of meetings is important]
- There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region 【24 of 47 prefectures】
 [Providing opportunities for face-to-face discussion and problem-solving among various local stakeholders is vital for the success of specific cancer control measures. Half of all prefectures are already organizing such forums.]

■Example: Examination, evaluation, improvement and review of cancer control measures

- A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled 【35 of 47 prefectures】
 [It is hoped that mid-term evaluations will be implemented in order to bring the PDCA cycle (plan, do, check, act) to bear on the government's Basic Plan to Promote Cancer Control Programs.]
- An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed 【18 of 47 prefectures】
 [A majority of prefectures drew up action plans for the implementation of the 1st phase cancer control plans (2007~12). However, this number has fallen for the current 2nd phase plans. It may be assumed that some prefectures have incorporated an action plan into their overall cancer control plan, but whatever the case, local discussion and planning for the effective implementation of cancer control measures is indispensable.]

■Example: Assessing the current status of cancer control

- The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) 【23 of 47 prefectures】
 [Measuring outcomes (in terms of patient health etc.) and outputs (direct results brought about by measures) to understand the current situation is the basis for any effective evaluation of cancer control measures]
- The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) 【9 of 47 prefectures】
 [Since the overall goal of prefectural cancer control measures relates to improving patient quality of life (QOL), it is necessary to obtain data through a patient satisfaction survey in order to evaluate those measures.]

■Example: Promotion of cancer control-related regulation

- There is movement towards enacting ordinances to promote cancer control 【6 of 23 prefectures that have yet to enact ordinances】

〔As of August 20, 2013, 24 prefectures had enacted some form of cancer control-related regulation. A further 6 prefectures are moving toward the introduction of regulation, and patient-related participation and contribution can be expected to advance this process.〕

- There is movement towards amending existing ordinances to promote cancer control 【5 of 24 prefectures that have already enacted ordinances】

〔As of August 20, 2013, one of the 24 prefectures that have already introduced some form of regulation has made further amendments to the regulation, while another 5 prefectures are moving toward revision.〕

The results of this questionnaire survey are obviously self-reported by each prefecture. Therefore, there are limitations in terms of drawing specific, objective conclusions from the data, since the presence of a ○ does not indicate the quality or efficacy of a particular measure's implementation. Accordingly, it is recommended that further detailed study and verification is undertaken when examining or proposing specific measures.

—What advocates can do—

By checking the various structures and organizations in place in other prefectures, proposals can be made with regard to activities undertaken elsewhere that would be of value in the advocate's own region.

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, conferences, etc., and as explanatory material for local media.

Overview: Cancer Control Survey on cancer measures in 47 prefectures

Prefecture	No. of ○/◎	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1 Hokkaido	7	○				○	○	○					◎			○	○		2	22	3	1	1	21	0	0
2 Aomori	7	○	○			○	○		○						○		○		2	15	1	0	2	18	0	0
3 Iwate	6		○				○				○	○	○				○		1	20	4	0	2	24	0	0
4 Miyagi	6	○	○			○			○							○	○		2	17	2	0	2	20	0	0
5 Akita	7	○			○			○				○	◎				○	○	2	15	2	0	1	18	0	0
6 Yamagata	8		○	○		○		○			○	○			○	○			0	0	0	0	1	11	0	0
7 Fukushima	5					○					○				○	○	○		2	11	1	0	2	21	1	1
8 Ibaraki	4	○	○	○		○													1	9	2	0	1	19	0	0
9 Tochigi	5		○			○			○							○	○		2	14	2	0	2	22	0	0
10 Gunma	12	○	○	○		○	○		○		○	○	◎	○	○		○		2	20	2	6	3	22	0	0
11 Saitama	7	○	○			○					○	○					○	○	1	13	1	0	2	23	0	0
12 Chiba	6	○	○	○					○				◎				○		2	14	1	5	2	23	1	0
13 Tokyo	8	○		○		○			○			○	○			○	○		1	26	3	0	1	66	0	0
14 Kanagawa	14	○	○	○	○	○	○	○	○	○		○	◎	○			○	○	2	10	3	0	2	51	0	0
15 Niigata	7		○	○					○	○	○		◎		○				2	16	2	0	1	15	2	0
16 Toyama	8	○	○			○					○		◎		○	○	○		2	30	2	0	1	14	0	0
17 Ishikawa	5					○		○	○		○					○			2	13	1	0	3	25	0	0
18 Fukui	8	○	○			○	○				○	○			○	○			1	12	0	0	2	13	0	0
19 Yamanashi	7		○	○		○						○	◎			○	○		1	21	4	0	1	14	0	0
20 Nagano	11		○		○	○	○	○	○		○	○	○			○	○		2	18	2	0	1	22	0	0
21 Gifu	5					○	○					○	◎				○		1	11	2	0	0	0	0	0
22 Shizuoka	11		○			○	○	○	○	○	○	○				○	○	○	1	23	5	0	1	27	1	0
23 Aichi	10	○	○			○	○	○			○	○	◎			○	○		1	18	2	0	1	24	0	0
24 Mie	5	○	○				○	○					○						2	14	2	0	2	15	0	0
25 Shiga	8		○		○	○			○			○	○			○		○	1	21	3	4	3	17	2	11
26 Kyoto	10	○				○	○		○		○		◎		○	○	○	○	2	25	4	0	2	0	0	0
27 Osaka	11	○	○	○		○	○	○			○	○	◎			○	○		2	30	2	5	TBD	TBD	TBD	TBD
28 Hyogo	10	○	○			○	○	○	○		○	○					○	○	1	20	2	0	1	24	1	0
29 Nara	13	○	○	○	○	○	○	○	○	○	○		◎	◎			○		2	15	4	4	2	8	0	0
30 Wakayama	5	○	○			○				○			◎						2	17	1	0	2	19	0	0
31 Tottori	14	○	○	○		○	○	○	○	○	○	○	◎	○			○	○	3	29	3	0	2	11	0	0
32 Shimane	9	○	○		○	○		○			○	○	◎			○			2	22	4	8	1	34	0	0
33 Okayama	4				○	○						○					○		1	15	2	0	3	40	0	0
34 Hiroshima	9	○	○			○	○		○	○	○					○	○		2	TBD	TBD	TBD	TBD	16	0	0
35 Yamaguchi	3		○						○			○							2	15	2	0	1	21	0	0
36 Tokushima	12	○	○	○		○	○		○		○	○	◎		○	○		○	1	14	3	0	1	27	1	2
37 Kagawa	6			○		○	○	○	○				◎						1	20	1	0	1	14	0	0
38 Ehime	6				○	○						○	◎				○	○	TBD	26	3	4	TBD	21	1	TBD
39 Kochi	10		○	○		○			○	○	○	○	◎	○			○		2	18	3	TBD	1	22	1	0
40 Fukuoka	6		○	○		○						○					○	○	3	21	2	0	2	25	0	0
41 Saga	6	○	○			○					○	○	○						2	17	3	0	1	19	0	0
42 Nagasaki	9	○	○			○			○	○		○	◎	○		○			2	13	2	0	1	18	0	2
43 Kumamoto	7		○	○			○		○		○				○	○			1	15	2	0	2	34	0	0
44 Oita	5			○		○	○						◎			○			2	17	0	1	1	14	0	0
45 Miyazaki	10	○	○	○		○		○			○	○	◎			○	○		1	10	1	0	1	12	0	TBD
46 Kagoshima	3					○										○	○		1	17	2	TBD	2	24	0	0
47 Okinawa	4	○	○										◎					○	TBD	TBD	TBD	TBD	5	34	3	0
All Prefectures	Avg.	Total																	Avg.							
	7.6	27	35	18	8	39	21	16	23	9	24	27	30	6	10	24	30	12	1.6	17.3	2.2	0.9	1.6	21.3	0.3	0.4

<Explanatory notes>

- 1 The Prefectural Office has a dedicated cancer control department
- 2 A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled
- 3 An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed
- 4 There is a bipartisan cancer control caucus of Prefectural Assembly members
- 5 There is a website (or section of a website) specifically for cancer control information
- 6 Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere
- 7 Information and materials in the nature of an annual report on cancer control have been created and made publicly available
- 8 The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14)
- 9 The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14)
- 10 There is a process in place to collect the opinions of prefectural residents on cancer control measures
- 11 Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control
- 12 There is movement towards enacting ordinances to promote cancer control (○)/ Ordinances have already been enacted (◎)
- 13 There is movement towards amending existing ordinances to promote cancer control (○)/ Ordinances have already been amended (◎)
- 14 In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control
- 15 There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region
- 16 The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available
- 17 The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available
- 18 No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013)
- 19 Total no. of Prefectural Committee for Promotion of Cancer Control members at present
- 20 No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present
- 21 No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members)
- 22 No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013)
- 23 Total no. of Prefectural Committee for Cancer Care Collaboration members at present
- 24 No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present
- 25 No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members)

“Index” section

Data includes each prefecture’s numerical indicator and name, estimated population (A), over-75 population growth rate (B), at-home mortality rate (C) and volume of pharmaceutical consumption for medical treatment (D). The 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. The at-home mortality rate indicates what percentage of all deaths occur at home, and has been used as an indicator in evaluating progress on “at-home healthcare” in the 1st phase of the government’s Basic Plan to Promote Cancer Control Programs.

- (A) Estimated population [as of Oct. 1, 2012] (Statistics Bureau, Ministry of Internal Affairs and Communications)
- (B) Estimated future population of Japan by prefecture [2010~2030] (National Institute of Population and Social Security Research)
- (C) Population Survey Report [2011] (Statistics and Information Department, Ministry of Health, Labour and Welfare)
- (D) Ministry of Health, Labour and Welfare [2011]

“ I . 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 major types of cancer (stomach, colon, lung, liver, and breast cancer). “Improvement in cancer mortality rate” indicates the reduction in cancer mortality rate during the 5-year period from 2006 to 2011.

- (I -1 ~ I -7) Cancer mortality data by prefecture taken from “Population Survey Report” [2011]
(National Cancer Center Center for Cancer Control and Information Services)

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

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

“ II . Cancer screening rate, smoking rate” section

Data on cancer screening participation and smoking rates.

- (II -1 ~ II -5) Cancer screening participation rate data by prefecture taken from “National Livelihood Survey” [2010]
(National Cancer Center Center for Cancer Control and Information Services)
- (II -6) Smoking rate data by prefecture taken from “National Livelihood Survey” [2010]
(National Cancer Center Center for Cancer Control and Information Services)

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

“III. 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 designated cancer hospitals and the number of hospice beds.

(III-1)	Japanese Board of Cancer Therapy [as of Apr. 1, 2012]
(III-2)	Japanese Society of Medical Oncology [as of June 4, 2013]
(III-3)	Japanese Society for Therapeutic Radiology and Oncology [as of June 1, 2013]
(III-4)	The Japan Professional Accreditation Board for Radiotherapy Technologists [as of Oct. 1, 2012]
(III-5)	The Japanese Society of Pathology [as of Sept. 1, 2012]
(III-6~III-11)	Japanese Nursing Association [as of June 27, 2013]
(III-12)	Hospice Palliative Care Japan [as of Nov. 1, 2012]
(III-13)	National Cancer Center, Center for Cancer Control and Information Services, Cancer Information Service [as of Jan. 18, 2013]
(III-14)	Ministry of Health, Labour and Welfare (Prefectural inquiry, May 2013)

Note 1) Data processing for III-1~III-12 by Health and Global Policy Institute's Cancer Policy Information Center, based on population estimates as of October 1, 2011 (Statistics Bureau, Ministry of Internal Affairs and Communications)

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

Results of the “Cancer Policy Survey” conducted in July 2013 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 results have been published as “*Results of ‘Cancer Policy Survey / Structure of Prefectural Cancer Control Programs’*”.

(IV-1 ~ IV-25)	Health and Global Policy Institute Cancer Policy Information Center “Cancer Control Survey” (conducted July 2013)
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1. Hokkaido

A. Estimated Population (2012)	Total	5,460	(thousands)
	Male	2,576	(thousands)
	Female	2,884	(thousands)
B. Over-75 population growth rate (2010~2030)		157%	(The 16 highest)
C. At-home mortality rate (2011)		8.7%	(The 3 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		59.8g	(The 45 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	91.5 (worst 5)	Total	4.2% (worst 9)
Male	118.8 (worst 5)	Male	5.6% (worst 7)
Female	68.6 (worst 3)	Female	1.7% (worst 12)
I - 3 Stomach		I - 4 Colon	
Total	10.9 (worst 25)	Total	10.8 (worst 19)
Male	16.5 (worst 22)	Male	14.3 (worst 17)
Female	6.1 (worst 29)	Female	7.9 (worst 13)
I - 6 Liver		I - 7 Breast	
Total	7.5 (worst 15)	Female	11.9 (worst 6)
Male	12.9 (worst 12)		
Female	2.9 (worst 25)		
		I - 5 Lung	
		Total	18.4 (worst 2)
		Male	28.6 (worst 4)
		Female	9.8 (worst 1)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	26.8% (worst 7)	Total	18.7% (worst 5)	Total	21.5% (worst 8)
Male	31.1% (worst 6)	Male	21.8% (worst 8)	Male	25.3% (worst 9)
Female	23.0% (worst 6)	Female	16.0% (worst 4)	Female	18.4% (worst 7)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	21.3% (worst 8)	Female	22.8% (worst 14)	Total	24.8% (worst 1)
				Male	35.0% (worst 10)
				Female	16.2% (worst 1)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	99.7 (worst 35)
III-2	No. of cancer drug therapy specialists ^{*4}	8.2 (worst 36)
III-3	No. of certified radiation therapy specialists ^{*4}	6.9 (worst 40)
III-4	No. of certified radiation therapy technicians ^{*4}	10.2 (worst 27)
III-5	No. of specialist cancer care nurses ^{*4}	20.1 (worst 39)
III-6	No. of certified chemotherapy nurses ^{*4}	2.9 (worst 22)
III-7	No. of certified radiation therapy nurses ^{*4}	12.6 (worst 43)
III-8	No. of certified palliative care nurses ^{*4}	0.7 (worst 26)
III-9	No. of certified palliative care nurses ^{*4}	16.8 (worst 44)
III-10	No. of certified pain management nurses ^{*4}	3.7 (worst 19)
III-11	No. of certified home-visit nurses ^{*4}	1.5 (worst 15)
III-12	No. of certified home-visit nurses ^{*4}	59.3 (worst 39)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 20)	21
III-14	No. of cancer centers designated by prefecture	14

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	22
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	1
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	21
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『保健福祉部地域保健課がん対策・健康づくりグループ』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『－』

2. Aomori

A. Estimated Population (2012)	Total	1,350 (thousands)
	Male	634 (thousands)
	Female	715 (thousands)
B. Over-75 population growth rate (2010~2030)		140% (The 26 highest)
C. At-home mortality rate (2011)		10.5% (The 14 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		60.4g (The 46 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	97.7 (worst 1)	Total	7.1% (worst 22)		
Male	135.1 (worst 1)	Male	6.6% (worst 11)		
Female	66.3 (worst 5)	Female	8.5% (worst 34)		
I - 3 Stomach		I - 4 Colon		I - 5 Lung	
Total	13.5 (worst 2)	Total	13.8 (worst 1)	Total	17.2 (worst 5)
Male	20.2 (worst 5)	Male	20.0 (worst 2)	Male	29.3 (worst 3)
Female	7.8 (worst 4)	Female	8.6 (worst 7)	Female	6.8 (worst 17)
I - 6 Liver		I - 7 Breast			
Total	7.9 (worst 12)	Female 11.0 (worst 16)			
Male	13.6 (worst 8)				
Female	3.0 (worst 20)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	32.7% (worst 33)	Total	28.4% (worst 36)	Total	28.2% (worst 39)
Male	35.8% (worst 29)	Male	29.9% (worst 36)	Male	30.2% (worst 36)
Female	30.0% (worst 32)	Female	27.1% (worst 33)	Female	26.5% (worst 39)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	22.6% (worst 16)	Female	24.0% (worst 19)	Total	24.7% (worst 2)
				Male	38.6% (worst 1)
				Female	12.7% (worst 2)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	54.0 (worst 3)
III-2	No. of cancer drug therapy specialists ^{*4}	3.7 (worst 11)
III-3	No. of certified radiation therapy specialists ^{*4}	5.8 (worst 35)
III-4	No. of certified radiation therapy technicians ^{*4}	14.0 (worst 43)
III-5	No. of specialist cancer care nurses ^{*4}	16.9 (worst 30)
III-6	No. of certified chemotherapy nurses ^{*4}	0.0 (worst 1)
III-7	No. of certified radiation therapy nurses ^{*4}	14.0 (worst 46)
III-8	No. of certified palliative care nurses ^{*4}	1.5 (worst 38)
III-9	No. of certified palliative care nurses ^{*4}	10.3 (worst 23)
III-10	No. of certified pain management nurses ^{*4}	0.0 (worst 1)
III-11	No. of certified home-visit nurses ^{*4}	2.9 (worst 41)
III-12	No. of certified home-visit nurses ^{*4}	30.9 (worst 15)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 5)	6
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	15
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	1
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	18
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『がん・生活習慣病対策課』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『医療審議会』

3. Iwate

A. Estimated Population (2012)	Total	1,303 (thousands)
	Male	623 (thousands)
	Female	680 (thousands)
B. Over-75 population growth rate (2010~2030)		128% (The 41 highest)
C. At-home mortality rate (2011)		9.6% (The 10 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		53.1g (The 43 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	85.7 (worst 12)	Total	-0.2% (worst 1)		
Male	116.3 (worst 8)	Male	-2.9% (worst 1)		
Female	59.0 (worst 28)	Female	5.2% (worst 25)		
I - 3 Stomach		I - 4 Colon	I - 5 Lung		
Total	10.0 (worst 35)	Total	11.5 (worst 7)	Total	13.1 (worst 38)
Male	15.1 (worst 34)	Male	15.6 (worst 5)	Male	21.2 (worst 41)
Female	5.6 (worst 36)	Female	7.7 (worst 19)	Female	6.1 (worst 32)
I - 6 Liver		I - 7 Breast			
Total	6.1 (worst 34)	Female		9.5 (worst 35)	
Male	10.5 (worst 28)				
Female	2.2 (worst 44)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	36.1% (worst 40)	Total	31.5% (worst 44)	Total	31.1% (worst 43)
Male	39.8% (worst 39)	Male	33.7% (worst 44)	Male	34.3% (worst 44)
Female	33.0% (worst 41)	Female	29.9% (worst 44)	Female	28.6% (worst 43)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	26.0% (worst 35)	Female	25.6% (worst 28)	Total	22.4% (worst 11)
				Male	35.4% (worst 6)
				Female	10.1% (worst 13)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	92.8 (worst 29)
III-2	No. of cancer drug therapy specialists ^{*4}	3.8 (worst 13)
III-3	No. of certified radiation therapy specialists ^{*4}	3.8 (worst 16)
III-4	No. of certified radiation therapy technicians ^{*4}	8.4 (worst 18)
III-5	No. of specialist cancer care nurses ^{*4}	14.5 (worst 15)
III-6	No. of certified chemotherapy nurses ^{*4}	3.1 (worst 25)
III-7	No. of certified radiation therapy nurses ^{*4}	6.9 (worst 14)
III-8	No. of certified palliative care nurses ^{*4}	0.8 (worst 27)
III-9	No. of certified palliative care nurses ^{*4}	9.9 (worst 21)
III-10	No. of certified pain management nurses ^{*4}	2.3 (worst 7)
III-11	No. of certified home-visit nurses ^{*4}	2.3 (worst 31)
III-12	No. of certified home-visit nurses ^{*4}	76.4 (worst 43)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 8)	9
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	-
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	○
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	20
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	4
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	24
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

4. Miyagi

A. Estimated Population (2012)	Total	2,325	(thousands)
	Male	1,131	(thousands)
	Female	1,194	(thousands)
B. Over-75 population growth rate (2010~2030)		153%	(The 19 highest)
C. At-home mortality rate (2011)		11.6%	(The 23 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		44.4g	(The 32 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	82.1 (worst 20)	Total	8.3% (worst 29)
Male	105.6 (worst 24)	Male	8.4% (worst 18)
Female	60.1 (worst 24)	Female	9.5% (worst 37)
I - 3 Stomach		I - 4 Colon	
Total	11.2 (worst 24)	Total	10.1 (worst 27)
Male	16.9 (worst 17)	Male	12.2 (worst 36)
Female	5.7 (worst 33)	Female	8.3 (worst 8)
I - 6 Liver		I - 7 Breast	
Total	5.7 (worst 41)	Female	11.0 (worst 15)
Male	8.8 (worst 41)		
Female	2.8 (worst 31)		
		I - 5 Lung	
		Total	15.3 (worst 11)
		Male	24.1 (worst 13)
		Female	7.0 (worst 13)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	43.4% (worst 46)	Total	33.8% (worst 45)	Total	35.4% (worst 46)
Male	49.4% (worst 46)	Male	36.4% (worst 46)	Male	38.7% (worst 47)
Female	38.1% (worst 45)	Female	31.5% (worst 45)	Female	32.4% (worst 46)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	34.5% (worst 47)	Female	33.2% (worst 46)	Total	22.9% (worst 4)
				Male	35.4% (worst 7)
				Female	11.2% (worst 10)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	64.6 (worst 8)
III-2	No. of cancer drug therapy specialists ^{*4}	11.2 (worst 41)
III-3	No. of certified radiation therapy specialists ^{*4}	5.2 (worst 29)
III-4	No. of certified radiation therapy technicians ^{*4}	8.6 (worst 21)
III-5	No. of specialist cancer care nurses ^{*4}	16.0 (worst 25)
III-6	No. of certified chemotherapy nurses ^{*4}	2.2 (worst 17)
III-7	No. of certified radiation therapy nurses ^{*4}	6.9 (worst 15)
III-8	No. of certified palliative care nurses ^{*4}	1.3 (worst 34)
III-9	No. of certified palliative care nurses ^{*4}	6.1 (worst 8)
III-10	No. of certified pain management nurses ^{*4}	5.2 (worst 34)
III-11	No. of certified home-visit nurses ^{*4}	0.9 (worst 5)
III-12	No. of certified home-visit nurses ^{*4}	28.9 (worst 12)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 2, regional cancer center 5)	7
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	17
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	20
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『 疾病・感染症対策室 がん対策班 』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『 - 』

5. Akita

A. Estimated Population (2012)	Total	1,063 (thousands)
	Male	498 (thousands)
	Female	564 (thousands)
B. Over-75 population growth rate (2010~2030)		122% (The 45 highest)
C. At-home mortality rate (2011)		10.2% (The 13 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		63.0g (The 47 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	90.7 (worst 7)	Total	6.8% (worst 21)		
Male	121.0 (worst 4)	Male	7.8% (worst 15)		
Female	64.6 (worst 7)	Female	7.0% (worst 32)		
I - 3 Stomach		I - 4 Colon	I - 5 Lung		
Total	15.1 (worst 1)	Total	13.3 (worst 3)	Total	13.0 (worst 41)
Male	23.4 (worst 1)	Male	17.1 (worst 3)	Male	21.3 (worst 39)
Female	7.9 (worst 3)	Female	10.1 (worst 1)	Female	5.7 (worst 39)
I - 6 Liver		I - 7 Breast			
Total	4.8 (worst 45)	Female		10.6 (worst 20)	
Male	8.0 (worst 42)				
Female	1.9 (worst 46)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	35.0% (worst 38)	Total	26.7% (worst 28)	Total	30.0% (worst 42)
Male	39.5% (worst 38)	Male	28.6% (worst 31)	Male	32.6% (worst 42)
Female	31.5% (worst 39)	Female	25.1% (worst 29)	Female	27.9% (worst 42)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	24.9% (worst 26)	Female	26.6% (worst 38)	Total	22.5% (worst 10)
				Male	37.4% (worst 2)
				Female	9.8% (worst 15)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	70.2 (worst 13)
III-2	No. of cancer drug therapy specialists ^{*4}	3.7 (worst 12)
III-3	No. of certified radiation therapy specialists ^{*4}	3.7 (worst 15)
III-4	No. of certified radiation therapy technicians ^{*4}	13.1 (worst 41)
III-5	No. of specialist cancer care nurses ^{*4}	17.7 (worst 35)
III-6	No. of certified chemotherapy nurses ^{*4}	0.0 (worst 1)
III-7	No. of certified radiation therapy nurses ^{*4}	5.6 (worst 5)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	12.1 (worst 33)
III-10	No. of certified pain management nurses ^{*4}	1.9 (worst 5)
III-11	No. of certified home-visit nurses ^{*4}	0.9 (worst 9)
III-12	No. of certified home-visit nurses ^{*4}	31.7 (worst 16)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 7)	8
III-14	No. of cancer centers designated by prefecture	3

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	○

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	-
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	15
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	18
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26 Title of the dedicated cancer control department 『 秋田県健康福祉部健康推進課がん対策室 』

IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

6. Yamagata

A. Estimated Population (2012)	Total	1,152 (thousands)
	Male	553 (thousands)
	Female	599 (thousands)
B. Over-75 population growth rate (2010~2030)		120% (The 46 highest)
C. At-home mortality rate (2011)		11.3% (The 18 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		48.4g (The 39 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	82.0	(worst 21)	Total	5.8%	(worst 16)			
Male	105.2	(worst 26)	Male	9.8%	(worst 26)			
Female	60.8	(worst 22)	Female	1.8%	(worst 14)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	13.3	(worst 4)	Total	10.2	(worst 26)	Total	14.3	(worst 24)
Male	21.2	(worst 2)	Male	12.8	(worst 32)	Male	23.1	(worst 18)
Female	5.7	(worst 34)	Female	7.7	(worst 21)	Female	6.2	(worst 30)
I - 6 Liver			I - 7 Breast					
Total	5.1	(worst 44)	Female	11.3	(worst 11)			
Male	7.8	(worst 44)						
Female	2.6	(worst 36)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	47.0% (worst 47)	Total	35.5% (worst 47)	Total	36.3% (worst 47)
Male	50.5% (worst 47)	Male	37.1% (worst 47)	Male	38.6% (worst 46)
Female	43.6% (worst 47)	Female	34.2% (worst 46)	Female	33.9% (worst 47)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	33.1% (worst 46)	Female	33.6% (worst 47)	Total	20.6% (worst 21)
				Male	33.2% (worst 21)
				Female	8.9% (worst 25)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	77.4 (worst 22)
III-2	No. of cancer drug therapy specialists ^{*4}	6.9 (worst 30)
III-3	No. of certified radiation therapy specialists ^{*4}	4.3 (worst 21)
III-4	No. of certified radiation therapy technicians ^{*4}	12.1 (worst 36)
III-5	No. of specialist cancer care nurses ^{*4}	16.4 (worst 27)
III-6	No. of certified chemotherapy nurses ^{*4}	0.0 (worst 1)
III-7	No. of certified radiation therapy nurses ^{*4}	9.5 (worst 35)
III-8	No. of certified palliative care nurses ^{*4}	0.9 (worst 31)
III-9	No. of certified palliative care nurses ^{*4}	8.7 (worst 17)
III-10	No. of certified pain management nurses ^{*4}	2.6 (worst 8)
III-11	No. of certified home-visit nurses ^{*4}	0.9 (worst 7)
III-12	No. of certified home-visit nurses ^{*4}	23.4 (worst 6)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 5)	6
III-14	No. of cancer centers designated by prefecture	1

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	0
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	0
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	0
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	11
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department	『 - 』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress	『 健康長寿推進協議会 』

7. Fukushima

A. Estimated Population (2012)	Total	1,962 (thousands)
	Male	954 (thousands)
	Female	1,007 (thousands)
B. Over-75 population growth rate (2010~2030)		133% (The 34 highest)
C. At-home mortality rate (2011)		12.8% (The 30 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		42.3g (The 27 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	81.9 (worst 22)	Total	7.4% (worst 25)		
Male	107.0 (worst 20)	Male	7.6% (worst 14)		
Female	57.9 (worst 31)	Female	10.0% (worst 38)		
I - 3 Stomach		I - 4 Colon		I - 5 Lung	
Total	12.1 (worst 13)	Total	11.3 (worst 8)	Total	14.3 (worst 23)
Male	18.3 (worst 9)	Male	13.9 (worst 20)	Male	22.5 (worst 25)
Female	6.1 (worst 28)	Female	8.8 (worst 6)	Female	6.4 (worst 26)
I - 6 Liver		I - 7 Breast			
Total	6.8 (worst 22)	Female	9.2 (worst 37)		
Male	10.5 (worst 27)				
Female	3.1 (worst 17)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	39.6% (worst 44)	Total	28.3% (worst 35)	Total	29.1% (worst 41)
Male	42.5% (worst 43)	Male	29.2% (worst 33)	Male	31.1% (worst 41)
Female	37.0% (worst 44)	Female	27.8% (worst 40)	Female	27.2% (worst 41)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	25.8% (worst 33)	Female	26.9% (worst 40)	Total	23.0% (worst 3)
				Male	36.2% (worst 3)
				Female	10.5% (worst 12)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	48.0 (worst 1)
III-2	No. of cancer drug therapy specialists ^{*4}	2.0 (worst 4)
III-3	No. of certified radiation therapy specialists ^{*4}	2.5 (worst 2)
III-4	No. of certified radiation therapy technicians ^{*4}	6.1 (worst 7)
III-5	No. of specialist cancer care nurses ^{*4}	12.1 (worst 7)
III-6	No. of certified chemotherapy nurses ^{*4}	1.0 (worst 9)
III-7	No. of certified radiation therapy nurses ^{*4}	6.1 (worst 10)
III-8	No. of certified palliative care nurses ^{*4}	0.5 (worst 21)
III-9	No. of certified palliative care nurses ^{*4}	4.5 (worst 2)
III-10	No. of certified pain management nurses ^{*4}	4.0 (worst 24)
III-11	No. of certified home-visit nurses ^{*4}	1.5 (worst 17)
III-12	No. of certified home-visit nurses ^{*4}	25.2 (worst 8)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 7)	8
III-14	No. of cancer centers designated by prefecture	1

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	11
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	1
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	21
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	1
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	1

<Titles>

IV - 26	Title of the dedicated cancer control department 『 - 』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『 福島県医療審議会、健康ふくしま21推進協議会 』

8. Ibaraki

A. Estimated Population (2012)	Total	2,943	(thousands)
	Male	1,467	(thousands)
	Female	1,476	(thousands)
B. Over-75 population growth rate (2010~2030)		170%	(The 7 highest)
C. At-home mortality rate (2011)		11.3%	(The 18 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		35.8g	(The 11 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	83.0 (worst 17)	Total	9.4% (worst 34)
Male	107.0 (worst 21)	Male	9.9% (worst 27)
Female	59.5 (worst 27)	Female	8.4% (worst 33)
I - 3 Stomach		I - 4 Colon	
Total	11.7 (worst 17)	Total	11.2 (worst 10)
Male	17.6 (worst 14)	Male	14.6 (worst 13)
Female	5.7 (worst 32)	Female	7.8 (worst 17)
I - 6 Liver		I - 7 Breast	
Total	6.8 (worst 25)	Female	10.6 (worst 19)
Male	11.1 (worst 22)		
Female	2.4 (worst 41)		
		I - 5 Lung	
		Total	13.7 (worst 33)
		Male	21.2 (worst 40)
		Female	6.3 (worst 27)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	29.8% (worst 18)	Total	24.0% (worst 21)	Total	23.3% (worst 14)
Male	33.5% (worst 19)	Male	26.1% (worst 23)	Male	25.7% (worst 13)
Female	26.3% (worst 20)	Female	22.1% (worst 20)	Female	21.0% (worst 15)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	24.4% (worst 22)	Female	24.3% (worst 22)	Total	21.4% (worst 16)
				Male	34.1% (worst 17)
				Female	9.1% (worst 23)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	63.2 (worst 6)
III-2	No. of cancer drug therapy specialists ^{*4}	1.7 (worst 3)
III-3	No. of certified radiation therapy specialists ^{*4}	2.4 (worst 1)
III-4	No. of certified radiation therapy technicians ^{*4}	5.1 (worst 3)
III-5	No. of specialist cancer care nurses ^{*4}	12.0 (worst 6)
III-6	No. of certified chemotherapy nurses ^{*4}	1.4 (worst 13)
III-7	No. of certified radiation therapy nurses ^{*4}	5.8 (worst 6)
III-8	No. of certified palliative care nurses ^{*4}	0.7 (worst 25)
III-9	No. of certified palliative care nurses ^{*4}	7.9 (worst 12)
III-10	No. of certified pain management nurses ^{*4}	1.7 (worst 4)
III-11	No. of certified home-visit nurses ^{*4}	2.1 (worst 27)
III-12	No. of certified home-visit nurses ^{*4}	19.2 (worst 4)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 8)	9
III-14	No. of cancer centers designated by prefecture	7

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	9
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	19
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26 Title of the dedicated cancer control department 『保健福祉部保健予防課総合がん対策グループ』

IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

9. Tochigi

A. Estimated Population (2012)	Total	1,992 (thousands)
	Male	989 (thousands)
	Female	1,002 (thousands)
B. Over-75 population growth rate (2010~2030)		163% (The 12 highest)
C. At-home mortality rate (2011)		12.8% (The 30 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		46.3g (The 35 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	83.9 (worst 15)	Total	10.3% (worst 38)		
Male	106.9 (worst 22)	Male	10.6% (worst 30)		
Female	62.0 (worst 18)	Female	10.8% (worst 42)		
I - 3 Stomach		I - 4 Colon		I - 5 Lung	
Total	12.8 (worst 6)	Total	11.2 (worst 11)	Total	14.1 (worst 27)
Male	18.9 (worst 8)	Male	15.2 (worst 9)	Male	21.6 (worst 36)
Female	6.8 (worst 14)	Female	7.3 (worst 26)	Female	6.8 (worst 19)
I - 6 Liver		I - 7 Breast			
Total	6.8 (worst 21)	Female	10.4 (worst 24)		
Male	11.3 (worst 19)				
Female	2.4 (worst 39)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	32.1% (worst 28)	Total	28.7% (worst 38)	Total	26.8% (worst 29)
Male	36.1% (worst 30)	Male	30.1% (worst 38)	Male	29.0% (worst 32)
Female	28.6% (worst 27)	Female	27.4% (worst 36)	Female	24.7% (worst 31)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	26.9% (worst 38)	Female	25.8% (worst 30)	Total	22.8% (worst 6)
				Male	35.7% (worst 4)
				Female	10.7% (worst 11)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	79.3 (worst 23)
III-2	No. of cancer drug therapy specialists ^{*4}	2.5 (worst 6)
III-3	No. of certified radiation therapy specialists ^{*4}	4.1 (worst 19)
III-4	No. of certified radiation therapy technicians ^{*4}	6.6 (worst 10)
III-5	No. of specialist cancer care nurses ^{*4}	14.7 (worst 17)
III-6	No. of certified chemotherapy nurses ^{*4}	1.5 (worst 16)
III-7	No. of certified radiation therapy nurses ^{*4}	6.6 (worst 13)
III-8	No. of certified palliative care nurses ^{*4}	0.5 (worst 22)
III-9	No. of certified palliative care nurses ^{*4}	5.6 (worst 7)
III-10	No. of certified pain management nurses ^{*4}	3.5 (worst 17)
III-11	No. of certified home-visit nurses ^{*4}	1.5 (worst 18)
III-12	No. of certified home-visit nurses ^{*4}	41.0 (worst 24)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 5)	6
III-14	No. of cancer centers designated by prefecture	11

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	- *
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	14
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	22
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

10. Gunma

A. Estimated Population (2012)	Total	1,992 (thousands)
	Male	980 (thousands)
	Female	1,012 (thousands)
B. Over-75 population growth rate (2010~2030)		154% (The 17 highest)
C. At-home mortality rate (2011)		11.3% (The 18 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		46.5g (The 36 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	81.4	(worst 26)	Total	4.8%	(worst 11)			
Male	101.5	(worst 36)	Male	6.2%	(worst 10)			
Female	63.2	(worst 13)	Female	2.0%	(worst 15)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	10.0	(worst 36)	Total	11.0	(worst 16)	Total	14.2	(worst 26)
Male	15.3	(worst 29)	Male	14.4	(worst 16)	Male	21.7	(worst 35)
Female	5.0	(worst 43)	Female	7.8	(worst 16)	Female	7.1	(worst 11)
I - 6 Liver			I - 7 Breast					
Total	7.3	(worst 16)	Female	10.8	(worst 17)			
Male	11.8	(worst 17)						
Female	3.1	(worst 19)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	33.7% (worst 35)	Total	27.4% (worst 32)	Total	26.4% (worst 28)
Male	37.1% (worst 33)	Male	28.5% (worst 30)	Male	28.9% (worst 30)
Female	30.7% (worst 36)	Female	26.4% (worst 32)	Female	24.1% (worst 28)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	25.3% (worst 29)	Female	26.4% (worst 36)	Total	22.8% (worst 7)
				Male	34.1% (worst 18)
				Female	11.3% (worst 9)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	90.3 (worst 28)
III-2	No. of cancer drug therapy specialists ^{*4}	4.1 (worst 15)
III-3	No. of certified radiation therapy specialists ^{*4}	13.2 (worst 47)
III-4	No. of certified radiation therapy technicians ^{*4}	8.7 (worst 22)
III-5	No. of specialist cancer care nurses ^{*4}	16.3 (worst 26)
III-6	No. of certified chemotherapy nurses ^{*4}	8.1 (worst 46)
III-7	No. of certified radiation therapy nurses ^{*4}	8.7 (worst 28)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	11.7 (worst 32)
III-10	No. of certified pain management nurses ^{*4}	4.1 (worst 25)
III-11	No. of certified home-visit nurses ^{*4}	2.0 (worst 26)
III-12	No. of certified home-visit nurses ^{*4}	29.5 (worst 13)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 9)	10
III-14	No. of cancer centers designated by prefecture	7

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013-14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013-14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	○

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	20
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	6
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	3
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	22
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department	『保健予防課がん対策推進室』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress	『群馬県がん対策推進協議会がん対策推進計画検討部会』

11. Saitama

A. Estimated Population (2012)	Total	7,212	(thousands)
	Male	3,612	(thousands)
	Female	3,600	(thousands)
B. Over-75 population growth rate (2010~2030)		215%	(The 1 highest)
C. At-home mortality rate (2011)		11.8%	(The 24 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		34.1g	(The 8 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	82.9 (worst 18)	Total	8.5% (worst 30)
Male	103.9 (worst 31)	Male	9.5% (worst 23)
Female	62.6 (worst 16)	Female	5.7% (worst 28)
I - 3 Stomach		I - 4 Colon	
Total	11.4 (worst 22)	Total	10.6 (worst 22)
Male	16.7 (worst 21)	Male	13.5 (worst 24)
Female	6.3 (worst 21)	Female	7.8 (worst 18)
I - 6 Liver		I - 7 Breast	
Total	6.4 (worst 28)	Female	11.5 (worst 7)
Male	10.3 (worst 29)		
Female	2.5 (worst 38)		
		I - 5 Lung	
		Total	14.8 (worst 16)
		Male	22.3 (worst 29)
		Female	7.4 (worst 8)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	28.8% (worst 15)	Total	22.9% (worst 19)	Total	26.9% (worst 30)
Male	33.1% (worst 15)	Male	25.1% (worst 20)	Male	29.8% (worst 35)
Female	24.8% (worst 14)	Female	20.9% (worst 17)	Female	24.1% (worst 29)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	22.9% (worst 17)	Female	22.3% (worst 11)	Total	22.7% (worst 8)
				Male	34.0% (worst 19)
				Female	11.8% (worst 5)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	49.1 (worst 2)
III-2	No. of cancer drug therapy specialists ^{*4}	2.5 (worst 5)
III-3	No. of certified radiation therapy specialists ^{*4}	3.3 (worst 7)
III-4	No. of certified radiation therapy technicians ^{*4}	3.0 (worst 2)
III-5	No. of specialist cancer care nurses ^{*4}	11.2 (worst 1)
III-6	No. of certified chemotherapy nurses ^{*4}	1.1 (worst 11)
III-7	No. of certified radiation therapy nurses ^{*4}	3.9 (worst 3)
III-8	No. of certified palliative care nurses ^{*4}	0.4 (worst 16)
III-9	No. of certified palliative care nurses ^{*4}	8.4 (worst 15)
III-10	No. of certified pain management nurses ^{*4}	2.8 (worst 11)
III-11	No. of certified home-visit nurses ^{*4}	2.0 (worst 25)
III-12	No. of certified home-visit nurses ^{*4}	11.1 (worst 1)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 10)	11
III-14	No. of cancer centers designated by prefecture	11

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	13
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	1
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	23
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『 疾病対策課 がん・疾病対策担当 』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『 - 』

12. Chiba

A. Estimated Population (2012)	Total	6,195	(thousands)
	Male	3,084	(thousands)
	Female	3,111	(thousands)
B. Over-75 population growth rate (2010~2030)		203%	(The 2 highest)
C. At-home mortality rate (2011)		14.3%	(The 41 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		39.0g	(The 20 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	79.6 (worst 32)	Total	10.8% (worst 42)
Male	100.0 (worst 37)	Male	13.2% (worst 43)
Female	60.2 (worst 23)	Female	6.3% (worst 29)
I - 3 Stomach		I - 4 Colon	
Total	10.6 (worst 28)	Total	10.4 (worst 23)
Male	15.2 (worst 33)	Male	13.7 (worst 22)
Female	6.2 (worst 23)	Female	7.2 (worst 27)
I - 6 Liver		I - 7 Breast	
Total	6.1 (worst 35)	Female	10.6 (worst 21)
Male	10.1 (worst 31)		
Female	2.2 (worst 43)		
		I - 5 Lung	
		Total	14.0 (worst 30)
		Male	21.8 (worst 34)
		Female	6.4 (worst 25)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	31.4% (worst 26)	Total	25.3% (worst 23)	Total	27.1% (worst 32)
Male	33.9% (worst 20)	Male	25.5% (worst 22)	Male	28.1% (worst 25)
Female	29.0% (worst 29)	Female	25.1% (worst 28)	Female	26.3% (worst 38)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	29.3% (worst 42)	Female	27.0% (worst 41)	Total	22.8% (worst 5)
				Male	34.4% (worst 13)
				Female	11.5% (worst 7)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	64.5 (worst 7)
III-2	No. of cancer drug therapy specialists ^{*4}	5.2 (worst 20)
III-3	No. of certified radiation therapy specialists ^{*4}	5.8 (worst 31)
III-4	No. of certified radiation therapy technicians ^{*4}	5.4 (worst 5)
III-5	No. of specialist cancer care nurses ^{*4}	13.5 (worst 12)
III-6	No. of certified chemotherapy nurses ^{*4}	2.3 (worst 18)
III-7	No. of certified radiation therapy nurses ^{*4}	5.9 (worst 7)
III-8	No. of certified palliative care nurses ^{*4}	0.5 (worst 19)
III-9	No. of certified palliative care nurses ^{*4}	4.2 (worst 1)
III-10	No. of certified pain management nurses ^{*4}	5.1 (worst 31)
III-11	No. of certified home-visit nurses ^{*4}	2.9 (worst 40)
III-12	No. of certified home-visit nurses ^{*4}	27.9 (worst 10)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 13)	14
III-14	No. of cancer centers designated by prefecture	14

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	-
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013-14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013-14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	14
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	1
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	5
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	23
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	1
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『千葉県健康福祉部健康づくり支援課がん対策班』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

13. Tokyo

A. Estimated Population (2012)	Total	13,230 (thousands)
	Male	6,536 (thousands)
	Female	6,694 (thousands)
B. Over-75 population growth rate (2010~2030)		167% (The 10 highest)
C. At-home mortality rate (2011)		16.1% (The 46 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		44.2g (The 31 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	82.4 (worst 19)	Total	9.6% (worst 37)		
Male	104.0 (worst 29)	Male	12.0% (worst 39)		
Female	63.1 (worst 14)	Female	5.0% (worst 23)		
I - 3 Stomach		I - 4 Colon		I - 5 Lung	
Total	10.2 (worst 33)	Total	10.8 (worst 20)	Total	14.6 (worst 17)
Male	15.3 (worst 31)	Male	14.2 (worst 18)	Male	22.4 (worst 27)
Female	5.5 (worst 39)	Female	7.6 (worst 23)	Female	7.4 (worst 9)
I - 6 Liver		I - 7 Breast			
Total	6.5 (worst 26)	Female 13.0 (worst 4)			
Male	10.6 (worst 26)				
Female	2.6 (worst 35)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	27.6% (worst 10)	Total	19.2% (worst 7)	Total	25.0% (worst 24)
Male	32.1% (worst 8)	Male	22.0% (worst 9)	Male	27.5% (worst 22)
Female	23.6% (worst 11)	Female	16.8% (worst 7)	Female	22.8% (worst 25)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	25.0% (worst 27)	Female	24.7% (worst 23)	Total	20.3% (worst 25)
				Male	30.3% (worst 42)
				Female	11.4% (worst 8)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	130.9 (worst 45)
III-2	No. of cancer drug therapy specialists ^{*4}	10.7 (worst 40)
III-3	No. of certified radiation therapy specialists ^{*4}	7.2 (worst 41)
III-4	No. of certified radiation therapy technicians ^{*4}	8.6 (worst 20)
III-5	No. of specialist cancer care nurses ^{*4}	29.9 (worst 46)
III-6	No. of certified chemotherapy nurses ^{*4}	5.7 (worst 45)
III-7	No. of certified radiation therapy nurses ^{*4}	8.9 (worst 29)
III-8	No. of certified palliative care nurses ^{*4}	0.2 (worst 15)
III-9	No. of certified palliative care nurses ^{*4}	10.9 (worst 27)
III-10	No. of certified pain management nurses ^{*4}	6.5 (worst 40)
III-11	No. of certified home-visit nurses ^{*4}	5.3 (worst 46)
III-12	No. of certified home-visit nurses ^{*4}	32.3 (worst 17)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 2, regional cancer center 23)	25
III-14	No. of cancer centers designated by prefecture	33

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	○
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	26
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	66
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『東京都福祉保健局医療政策部医療政策課がん対策係』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『－』

14. Kanagawa

A. Estimated Population (2012)	Total	9,067	(thousands)
	Male	4,543	(thousands)
	Female	4,524	(thousands)
B. Over-75 population growth rate (2010~2030)		193%	(The 3 highest)
C. At-home mortality rate (2011)		14.8%	(The 42 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		38.4g	(The 18 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	84.5 (worst 13)	Total	4.1% (worst 7)
Male	107.8 (worst 15)	Male	4.9% (worst 6)
Female	62.6 (worst 15)	Female	2.6% (worst 16)
I - 3 Stomach		I - 4 Colon	
Total	10.7 (worst 26)	Total	11.3 (worst 9)
Male	16.2 (worst 25)	Male	14.7 (worst 12)
Female	5.5 (worst 40)	Female	7.9 (worst 10)
I - 6 Liver		I - 7 Breast	
Total	6.0 (worst 37)	Female	12.7 (worst 5)
Male	9.8 (worst 34)		
Female	2.4 (worst 42)		
		I - 5 Lung	
		Total	14.9 (worst 14)
		Male	22.6 (worst 24)
		Female	7.5 (worst 7)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	30.0% (worst 20)	Total	21.9% (worst 14)	Total	23.9% (worst 16)
Male	35.1% (worst 24)	Male	24.3% (worst 18)	Male	26.6% (worst 17)
Female	25.2% (worst 16)	Female	19.7% (worst 14)	Female	21.2% (worst 17)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	26.0% (worst 36)	Female	26.2% (worst 35)	Total	22.1% (worst 13)
				Male	32.7% (worst 29)
				Female	11.9% (worst 4)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	70.2 (worst 12)
III-2	No. of cancer drug therapy specialists ^{*4}	4.9 (worst 18)
III-3	No. of certified radiation therapy specialists ^{*4}	4.3 (worst 22)
III-4	No. of certified radiation therapy technicians ^{*4}	6.0 (worst 6)
III-5	No. of specialist cancer care nurses ^{*4}	14.7 (worst 16)
III-6	No. of certified chemotherapy nurses ^{*4}	4.8 (worst 39)
III-7	No. of certified radiation therapy nurses ^{*4}	5.9 (worst 8)
III-8	No. of certified palliative care nurses ^{*4}	0.2 (worst 14)
III-9	No. of certified palliative care nurses ^{*4}	13.1 (worst 38)
III-10	No. of certified pain management nurses ^{*4}	10.3 (worst 46)
III-11	No. of certified home-visit nurses ^{*4}	3.1 (worst 42)
III-12	No. of certified home-visit nurses ^{*4}	28.1 (worst 11)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 14)	15
III-14	No. of cancer centers designated by prefecture	8

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	○

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	○

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	10
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	51
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『保健福祉局保健医療部がん対策課』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『－』

15. Niigata

A. Estimated Population (2012)	Total	2,347	(thousands)
	Male	1,135	(thousands)
	Female	1,212	(thousands)
B. Over-75 population growth rate (2010~2030)		133%	(The 34 highest)
C. At-home mortality rate (2011)		12.5%	(The 28 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		40.9g	(The 22 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	78.8 (worst 35)	Total	12.1% (worst 46)
Male	105.6 (worst 25)	Male	12.1% (worst 40)
Female	53.8 (worst 43)	Female	13.7% (worst 45)
I - 3 Stomach		I - 4 Colon	
Total	12.9 (worst 5)	Total	9.6 (worst 35)
Male	20.3 (worst 4)	Male	12.9 (worst 30)
Female	6.0 (worst 30)	Female	6.5 (worst 37)
I - 6 Liver		I - 7 Breast	
Total	4.3 (worst 47)	Female	10.6 (worst 18)
Male	6.8 (worst 47)		
Female	1.9 (worst 45)		
		I - 5 Lung	
		Total	13.7 (worst 34)
		Male	22.7 (worst 23)
		Female	5.4 (worst 41)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	42.8% (worst 45)	Total	30.5% (worst 43)	Total	31.6% (worst 44)
Male	47.9% (worst 45)	Male	33.6% (worst 43)	Male	34.4% (worst 45)
Female	38.2% (worst 46)	Female	27.6% (worst 38)	Female	29.3% (worst 44)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	25.6% (worst 30)	Female	25.9% (worst 32)	Total	21.0% (worst 19)
				Male	33.0% (worst 22)
				Female	9.7% (worst 17)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	66.9 (worst 11)
III-2	No. of cancer drug therapy specialists ^{*4}	5.5 (worst 21)
III-3	No. of certified radiation therapy specialists ^{*4}	3.4 (worst 9)
III-4	No. of certified radiation therapy technicians ^{*4}	6.4 (worst 9)
III-5	No. of specialist cancer care nurses ^{*4}	13.2 (worst 10)
III-6	No. of certified chemotherapy nurses ^{*4}	3.0 (worst 23)
III-7	No. of certified radiation therapy nurses ^{*4}	5.1 (worst 4)
III-8	No. of certified palliative care nurses ^{*4}	0.4 (worst 17)
III-9	No. of certified palliative care nurses ^{*4}	6.4 (worst 9)
III-10	No. of certified pain management nurses ^{*4}	3.8 (worst 22)
III-11	No. of certified home-visit nurses ^{*4}	1.7 (worst 21)
III-12	No. of certified home-visit nurses ^{*4}	40.4 (worst 22)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 8)	9
III-14	No. of cancer centers designated by prefecture	3

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	-
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	16
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	15
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	2
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department	『 - 』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress	『 新潟県生活習慣病検診等管理指導協議会 』

16. Toyama

A. Estimated Population (2012)	Total	1,082 (thousands)
	Male	522 (thousands)
	Female	560 (thousands)
B. Over-75 population growth rate (2010~2030)		141% (The 24 highest)
C. At-home mortality rate (2011)		10.7% (The 16 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		43.7g (The 30 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	81.5	(worst 24)	Total	4.1%	(worst 8)			
Male	98.9	(worst 41)	Male	13.0%	(worst 42)			
Female	65.5	(worst 6)	Female	-9.0%	(worst 2)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	12.6	(worst 7)	Total	9.9	(worst 31)	Total	13.1	(worst 39)
Male	16.8	(worst 18)	Male	12.9	(worst 31)	Male	20.7	(worst 44)
Female	8.7	(worst 1)	Female	7.2	(worst 29)	Female	6.3	(worst 29)
I - 6 Liver			I - 7 Breast					
Total	5.3	(worst 42)	Female 15.0 (worst 1)					
Male	7.6	(worst 45)						
Female	3.2	(worst 16)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	38.4% (worst 43)	Total	29.6% (worst 42)	Total	27.5% (worst 34)
Male	42.6% (worst 44)	Male	30.7% (worst 41)	Male	29.4% (worst 33)
Female	34.9% (worst 43)	Female	28.7% (worst 43)	Female	25.6% (worst 32)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	29.0% (worst 40)	Female	26.5% (worst 37)	Total	20.4% (worst 23)
				Male	35.6% (worst 5)
				Female	7.5% (worst 43)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	98.9 (worst 34)
III-2	No. of cancer drug therapy specialists ^{*4}	14.9 (worst 45)
III-3	No. of certified radiation therapy specialists ^{*4}	4.6 (worst 25)
III-4	No. of certified radiation therapy technicians ^{*4}	15.8 (worst 46)
III-5	No. of specialist cancer care nurses ^{*4}	24.1 (worst 45)
III-6	No. of certified chemotherapy nurses ^{*4}	3.7 (worst 30)
III-7	No. of certified radiation therapy nurses ^{*4}	11.1 (worst 40)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	10.2 (worst 22)
III-10	No. of certified pain management nurses ^{*4}	5.6 (worst 37)
III-11	No. of certified home-visit nurses ^{*4}	1.9 (worst 24)
III-12	No. of certified home-visit nurses ^{*4}	41.8 (worst 25)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 7)	8
III-14	No. of cancer centers designated by prefecture	2

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	30
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	14
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 厚生部健康課がん対策推進班 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 富山県がん対策推進協議会 』

17. Ishikawa

A. Estimated Population (2012)	Total	1,163 (thousands)
	Male	562 (thousands)
	Female	601 (thousands)
B. Over-75 population growth rate (2010~2030)		151% (The 20 highest)
C. At-home mortality rate (2011)		9.4% (The 9 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		51.9g (The 42 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	79.7	(worst 31)	Total	10.3%	(worst 39)			
Male	103.0	(worst 34)	Male	11.5%	(worst 33)			
Female	58.3	(worst 30)	Female	10.8%	(worst 41)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	11.5	(worst 21)	Total	7.9	(worst 47)	Total	14.5	(worst 20)
Male	16.5	(worst 23)	Male	9.7	(worst 46)	Male	22.9	(worst 20)
Female	6.8	(worst 15)	Female	6.3	(worst 39)	Female	6.7	(worst 20)
I - 6 Liver			I - 7 Breast					
Total	6.2	(worst 33)	Female	9.8	(worst 31)			
Male	9.8	(worst 36)						
Female	2.8	(worst 30)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	32.6% (worst 32)	Total	26.0% (worst 26)	Total	24.2% (worst 20)
Male	37.3% (worst 35)	Male	28.1% (worst 27)	Male	27.7% (worst 23)
Female	28.6% (worst 26)	Female	24.1% (worst 22)	Female	21.1% (worst 16)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	22.6% (worst 15)	Female	22.3% (worst 10)	Total	19.8% (worst 29)
				Male	31.1% (worst 38)
				Female	9.3% (worst 21)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	106.9 (worst 38)
III-2	No. of cancer drug therapy specialists ^{*4}	16.4 (worst 47)
III-3	No. of certified radiation therapy specialists ^{*4}	4.3 (worst 23)
III-4	No. of certified radiation therapy technicians ^{*4}	13.8 (worst 42)
III-5	No. of specialist cancer care nurses ^{*4}	35.4 (worst 47)
III-6	No. of certified chemotherapy nurses ^{*4}	2.6 (worst 19)
III-7	No. of certified radiation therapy nurses ^{*4}	10.4 (worst 37)
III-8	No. of certified palliative care nurses ^{*4}	1.7 (worst 41)
III-9	No. of certified palliative care nurses ^{*4}	5.2 (worst 4)
III-10	No. of certified pain management nurses ^{*4}	6.9 (worst 44)
III-11	No. of certified home-visit nurses ^{*4}	0.9 (worst 6)
III-12	No. of certified home-visit nurses ^{*4}	32.8 (worst 18)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 4)	5
III-14	No. of cancer centers designated by prefecture	9

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	13
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	1
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	3
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	25
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

18. Fukui

A. Estimated Population (2012)	Total	799 (thousands)
	Male	387 (thousands)
	Female	412 (thousands)
B. Over-75 population growth rate (2010~2030)		134% (The 31 highest)
C. At-home mortality rate (2011)		11.2% (The 17 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		29.9g (The 3 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011		
Total	74.3	(worst 44)	Total	5.7%	(worst 14)
Male	99.1	(worst 39)	Male	2.7%	(worst 3)
Female	51.1	(worst 45)	Female	11.5%	(worst 44)
I - 3 Stomach			I - 4 Colon		I - 5 Lung
Total	10.6	(worst 27)	Total	10.1	(worst 29)
Male	15.2	(worst 32)	Male	13.3	(worst 26)
Female	6.4	(worst 19)	Female	7.0	(worst 32)
I - 6 Liver			I - 7 Breast		
Total	6.9	(worst 20)	Female	6.4	(worst 47)
Male	11.1	(worst 23)			
Female	2.9	(worst 24)			

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	32.4% (worst 29)	Total	25.8% (worst 24)	Total	25.6% (worst 25)
Male	37.1% (worst 34)	Male	27.6% (worst 26)	Male	28.1% (worst 26)
Female	28.9% (worst 28)	Female	24.4% (worst 24)	Female	24.0% (worst 27)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	23.6% (worst 20)	Female	24.3% (worst 21)	Total	18.7% (worst 42)
				Male	29.9% (worst 45)
				Female	6.2% (worst 46)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	115.7 (worst 41)
III-2	No. of cancer drug therapy specialists ^{*4}	6.3 (worst 26)
III-3	No. of certified radiation therapy specialists ^{*4}	7.5 (worst 42)
III-4	No. of certified radiation therapy technicians ^{*4}	7.6 (worst 13)
III-5	No. of specialist cancer care nurses ^{*4}	11.3 (worst 2)
III-6	No. of certified chemotherapy nurses ^{*4}	0.0 (worst 1)
III-7	No. of certified radiation therapy nurses ^{*4}	12.6 (worst 42)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	11.3 (worst 29)
III-10	No. of certified pain management nurses ^{*4}	11.3 (worst 47)
III-11	No. of certified home-visit nurses ^{*4}	1.3 (worst 13)
III-12	No. of certified home-visit nurses ^{*4}	50.4 (worst 32)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 4)	5
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	12
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	0
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	13
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『健康福祉部健康増進課がん対策推進グループ』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『がん委員会』

19. Yamanashi

A. Estimated Population (2012)	Total	852	(thousands)
	Male	417	(thousands)
	Female	435	(thousands)
B. Over-75 population growth rate (2010~2030)		141%	(The 24 highest)
C. At-home mortality rate (2011)		13.0%	(The 33 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		35.0g	(The 9 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	78.7 (worst 36)	Total	10.5% (worst 41)
Male	105.0 (worst 27)	Male	11.8% (worst 36)
Female	55.2 (worst 39)	Female	8.8% (worst 35)
I - 3 Stomach		I - 4 Colon	
Total	9.5 (worst 41)	Total	10.1 (worst 28)
Male	12.8 (worst 42)	Male	12.6 (worst 34)
Female	6.5 (worst 17)	Female	7.8 (worst 15)
I - 6 Liver		I - 7 Breast	
Total	8.8 (worst 6)	Female	7.6 (worst 45)
Male	15.1 (worst 5)		
Female	2.8 (worst 26)		
		I - 5 Lung	
		Total	12.9 (worst 42)
		Male	21.6 (worst 37)
		Female	5.0 (worst 44)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	34.3% (worst 37)	Total	29.5% (worst 41)	Total	27.3% (worst 33)
Male	38.5% (worst 37)	Male	31.2% (worst 42)	Male	28.6% (worst 29)
Female	30.3% (worst 35)	Female	28.0% (worst 41)	Female	26.1% (worst 36)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	32.6% (worst 45)	Female	25.9% (worst 31)	Total	21.7% (worst 15)
				Male	34.2% (worst 16)
				Female	9.3% (worst 20)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	99.9 (worst 36)
III-2	No. of cancer drug therapy specialists ^{*4}	3.6 (worst 9)
III-3	No. of certified radiation therapy specialists ^{*4}	5.9 (worst 36)
III-4	No. of certified radiation therapy technicians ^{*4}	7.1 (worst 12)
III-5	No. of specialist cancer care nurses ^{*4}	14.2 (worst 13)
III-6	No. of certified chemotherapy nurses ^{*4}	4.7 (worst 38)
III-7	No. of certified radiation therapy nurses ^{*4}	3.6 (worst 1)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	27.2 (worst 47)
III-10	No. of certified pain management nurses ^{*4}	4.7 (worst 29)
III-11	No. of certified home-visit nurses ^{*4}	2.4 (worst 34)
III-12	No. of certified home-visit nurses ^{*4}	17.7 (worst 3)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 3)	4
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	21
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	4
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	14
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

20. Nagano

A. Estimated Population (2012)	Total	2,132	(thousands)
	Male	1,037	(thousands)
	Female	1,095	(thousands)
B. Over-75 population growth rate (2010~2030)		131%	(The 38 highest)
C. At-home mortality rate (2011)		13.6%	(The 37 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		28.9g	(The 2 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	69.4 (worst 47)	Total	5.8% (worst 15)
Male	83.2 (worst 47)	Male	11.6% (worst 34)
Female	56.8 (worst 35)	Female	-3.5% (worst 5)
I - 3 Stomach		I - 4 Colon	
Total	8.6 (worst 44)	Total	8.7 (worst 41)
Male	12.0 (worst 45)	Male	11.3 (worst 41)
Female	5.5 (worst 37)	Female	6.2 (worst 40)
I - 6 Liver		I - 7 Breast	
Total	4.6 (worst 46)	Female	9.8 (worst 30)
Male	7.6 (worst 46)		
Female	1.6 (worst 47)		
		I - 5 Lung	
		Total	11.7 (worst 47)
		Male	17.3 (worst 47)
		Female	6.5 (worst 24)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	35.4% (worst 39)	Total	27.7% (worst 33)	Total	28.1% (worst 38)
Male	40.0% (worst 40)	Male	29.9% (worst 35)	Male	30.6% (worst 37)
Female	31.4% (worst 38)	Female	25.8% (worst 30)	Female	25.8% (worst 35)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	25.9% (worst 34)	Female	26.8% (worst 39)	Total	19.7% (worst 31)
				Male	32.7% (worst 27)
				Female	8.2% (worst 31)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	87.2 (worst 26)
III-2	No. of cancer drug therapy specialists ^{*4}	4.7 (worst 17)
III-3	No. of certified radiation therapy specialists ^{*4}	3.3 (worst 8)
III-4	No. of certified radiation therapy technicians ^{*4}	8.5 (worst 19)
III-5	No. of specialist cancer care nurses ^{*4}	17.0 (worst 31)
III-6	No. of certified chemotherapy nurses ^{*4}	0.5 (worst 6)
III-7	No. of certified radiation therapy nurses ^{*4}	8.0 (worst 24)
III-8	No. of certified palliative care nurses ^{*4}	0.5 (worst 18)
III-9	No. of certified palliative care nurses ^{*4}	15.1 (worst 40)
III-10	No. of certified pain management nurses ^{*4}	5.2 (worst 35)
III-11	No. of certified home-visit nurses ^{*4}	5.2 (worst 45)
III-12	No. of certified home-visit nurses ^{*4}	49.2 (worst 29)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 7)	8
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	○

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	○
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	18
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	22
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

21. Gifu

A. Estimated Population (2012)	Total	2,061 (thousands)
	Male	998 (thousands)
	Female	1,064 (thousands)
B. Over-75 population growth rate (2010~2030)		151% (The 20 highest)
C. At-home mortality rate (2011)		13.3% (The 35 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		38.1g (The 17 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	78.2 (worst 40)	Total	10.9% (worst 43)		
Male	98.3 (worst 43)	Male	14.4% (worst 46)		
Female	59.6 (worst 25)	Female	5.7% (worst 27)		
I - 3 Stomach		I - 4 Colon		I - 5 Lung	
Total	11.6 (worst 18)	Total	9.9 (worst 32)	Total	13.9 (worst 32)
Male	16.1 (worst 26)	Male	13.0 (worst 29)	Male	22.2 (worst 30)
Female	7.4 (worst 6)	Female	7.1 (worst 30)	Female	6.1 (worst 33)
I - 6 Liver		I - 7 Breast			
Total	6.4 (worst 29)	Female	10.0 (worst 27)		
Male	9.6 (worst 37)				
Female	3.4 (worst 13)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	28.0% (worst 13)	Total	22.0% (worst 16)	Total	24.2% (worst 19)
Male	33.1% (worst 16)	Male	25.3% (worst 21)	Male	27.8% (worst 24)
Female	23.5% (worst 9)	Female	19.0% (worst 11)	Female	21.0% (worst 13)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	24.5% (worst 23)	Female	23.8% (worst 17)	Total	19.5% (worst 34)
				Male	32.6% (worst 30)
				Female	7.5% (worst 41)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	74.4 (worst 17)
III-2	No. of cancer drug therapy specialists ^{*4}	7.9 (worst 33)
III-3	No. of certified radiation therapy specialists ^{*4}	2.9 (worst 5)
III-4	No. of certified radiation therapy technicians ^{*4}	8.4 (worst 16)
III-5	No. of specialist cancer care nurses ^{*4}	16.7 (worst 29)
III-6	No. of certified chemotherapy nurses ^{*4}	3.9 (worst 35)
III-7	No. of certified radiation therapy nurses ^{*4}	7.9 (worst 22)
III-8	No. of certified palliative care nurses ^{*4}	0.5 (worst 20)
III-9	No. of certified palliative care nurses ^{*4}	5.4 (worst 6)
III-10	No. of certified pain management nurses ^{*4}	5.9 (worst 39)
III-11	No. of certified home-visit nurses ^{*4}	1.5 (worst 16)
III-12	No. of certified home-visit nurses ^{*4}	21.1 (worst 5)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 6)	7
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	11
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	0
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	0
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

22. Shizuoka

A. Estimated Population (2012)	Total	3,735	(thousands)
	Male	1,839	(thousands)
	Female	1,895	(thousands)
B. Over-75 population growth rate (2010~2030)		160%	(The 13 highest)
C. At-home mortality rate (2011)		13.6%	(The 37 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		43.6g	(The 29 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	79.6 (worst 33)	Total	6.3% (worst 20)
Male	99.1 (worst 40)	Male	11.4% (worst 32)
Female	61.8 (worst 19)	Female	-2.8% (worst 6)
I - 3 Stomach		I - 4 Colon	
Total	9.3 (worst 42)	Total	10.3 (worst 25)
Male	12.5 (worst 43)	Male	13.8 (worst 21)
Female	6.4 (worst 20)	Female	7.0 (worst 33)
I - 6 Liver		I - 7 Breast	
Total	6.3 (worst 32)	Female	11.4 (worst 9)
Male	10.0 (worst 32)		
Female	2.8 (worst 29)		
		I - 5 Lung	
		Total	14.0 (worst 29)
		Male	22.3 (worst 28)
		Female	6.2 (worst 31)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	32.6% (worst 31)	Total	28.3% (worst 34)	Total	27.0% (worst 31)
Male	36.6% (worst 31)	Male	29.0% (worst 32)	Male	28.5% (worst 27)
Female	29.0% (worst 30)	Female	27.8% (worst 39)	Female	25.7% (worst 34)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	24.8% (worst 25)	Female	24.3% (worst 20)	Total	20.9% (worst 20)
				Male	32.9% (worst 24)
				Female	9.7% (worst 18)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	76.4 (worst 20)
III-2	No. of cancer drug therapy specialists ^{*4}	3.3 (worst 7)
III-3	No. of certified radiation therapy specialists ^{*4}	5.1 (worst 28)
III-4	No. of certified radiation therapy technicians ^{*4}	11.6 (worst 31)
III-5	No. of specialist cancer care nurses ^{*4}	14.3 (worst 14)
III-6	No. of certified chemotherapy nurses ^{*4}	5.4 (worst 44)
III-7	No. of certified radiation therapy nurses ^{*4}	7.9 (worst 21)
III-8	No. of certified palliative care nurses ^{*4}	0.8 (worst 28)
III-9	No. of certified palliative care nurses ^{*4}	7.3 (worst 11)
III-10	No. of certified pain management nurses ^{*4}	3.8 (worst 20)
III-11	No. of certified home-visit nurses ^{*4}	1.1 (worst 12)
III-12	No. of certified home-visit nurses ^{*4}	24.1 (worst 7)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 10)	11
III-14	No. of cancer centers designated by prefecture	7

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	23
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	5
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	27
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	1
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

23. Aichi

A. Estimated Population (2012)	Total	7,427	(thousands)
	Male	3,711	(thousands)
	Female	3,716	(thousands)
B. Over-75 population growth rate (2010~2030)		180%	(The 4 highest)
C. At-home mortality rate (2011)		12.0%	(The 26 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		51.9g	(The 41 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	81.4 (worst 25)	Total	7.1% (worst 24)
Male	104.3 (worst 28)	Male	7.5% (worst 13)
Female	59.5 (worst 26)	Female	6.4% (worst 30)
I - 3 Stomach		I - 4 Colon	
Total	11.5 (worst 19)	Total	10.9 (worst 18)
Male	16.7 (worst 20)	Male	13.6 (worst 23)
Female	6.5 (worst 18)	Female	8.3 (worst 9)
I - 6 Liver		I - 7 Breast	
Total	5.9 (worst 39)	Female	9.4 (worst 36)
Male	9.3 (worst 39)		
Female	2.7 (worst 34)		
		I - 5 Lung	
		Total	15.9 (worst 7)
		Male	25.3 (worst 7)
		Female	6.9 (worst 14)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	28.1% (worst 14)	Total	21.2% (worst 13)	Total	24.3% (worst 21)
Male	31.6% (worst 7)	Male	23.5% (worst 13)	Male	25.9% (worst 15)
Female	24.8% (worst 15)	Female	19.2% (worst 13)	Female	22.7% (worst 24)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	23.4% (worst 19)	Female	23.1% (worst 15)	Total	21.7% (worst 14)
				Male	34.3% (worst 14)
				Female	9.9% (worst 14)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	65.1 (worst 9)
III-2	No. of cancer drug therapy specialists ^{*4}	7.3 (worst 31)
III-3	No. of certified radiation therapy specialists ^{*4}	3.1 (worst 6)
III-4	No. of certified radiation therapy technicians ^{*4}	9.6 (worst 25)
III-5	No. of specialist cancer care nurses ^{*4}	15.7 (worst 21)
III-6	No. of certified chemotherapy nurses ^{*4}	3.7 (worst 31)
III-7	No. of certified radiation therapy nurses ^{*4}	8.0 (worst 23)
III-8	No. of certified palliative care nurses ^{*4}	0.8 (worst 29)
III-9	No. of certified palliative care nurses ^{*4}	5.0 (worst 3)
III-10	No. of certified pain management nurses ^{*4}	6.6 (worst 43)
III-11	No. of certified home-visit nurses ^{*4}	2.3 (worst 33)
III-12	No. of certified home-visit nurses ^{*4}	40.9 (worst 23)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 14)	15
III-14	No. of cancer centers designated by prefecture	8

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	18
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	24
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『健康福祉部健康担当局健康対策課がん対策グループ』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『－』

24. Mie

A. Estimated Population (2012)	Total	1,840 (thousands)
	Male	896 (thousands)
	Female	944 (thousands)
B. Over-75 population growth rate (2010~2030)		147% (The 22 highest)
C. At-home mortality rate (2011)		13.6% (The 37 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		38.5g (The 19 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	78.5 (worst 39)	Total	4.3% (worst 10)				
Male	103.1 (worst 33)	Male	5.8% (worst 8)				
Female	55.0 (worst 40)	Female	2.7% (worst 17)				
I - 3 Stomach		I - 4 Colon		I - 5 Lung			
Total	10.4 (worst 31)	Total	9.7 (worst 34)	Total	16.0 (worst 6)		
Male	14.9 (worst 35)	Male	11.5 (worst 39)	Male	26.6 (worst 6)		
Female	6.2 (worst 25)	Female	7.9 (worst 11)	Female	6.0 (worst 35)		
I - 6 Liver		I - 7 Breast					
Total	6.0 (worst 38)	Female	9.1 (worst 41)				
Male	9.4 (worst 38)						
Female	2.7 (worst 33)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	29.0% (worst 16)	Total	22.3% (worst 17)	Total	23.7% (worst 15)
Male	33.3% (worst 18)	Male	23.8% (worst 15)	Male	25.4% (worst 11)
Female	25.3% (worst 17)	Female	21.0% (worst 18)	Female	22.0% (worst 21)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	25.6% (worst 32)	Female	25.3% (worst 26)	Total	20.3% (worst 26)
				Male	32.9% (worst 23)
				Female	9.1% (worst 22)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	55.4 (worst 4)
III-2	No. of cancer drug therapy specialists ^{*4}	6.6 (worst 29)
III-3	No. of certified radiation therapy specialists ^{*4}	2.7 (worst 3)
III-4	No. of certified radiation therapy technicians ^{*4}	9.9 (worst 26)
III-5	No. of specialist cancer care nurses ^{*4}	11.6 (worst 3)
III-6	No. of certified chemotherapy nurses ^{*4}	5.0 (worst 40)
III-7	No. of certified radiation therapy nurses ^{*4}	6.1 (worst 9)
III-8	No. of certified palliative care nurses ^{*4}	0.6 (worst 24)
III-9	No. of certified palliative care nurses ^{*4}	6.6 (worst 10)
III-10	No. of certified pain management nurses ^{*4}	5.5 (worst 36)
III-11	No. of certified home-visit nurses ^{*4}	1.7 (worst 19)
III-12	No. of certified home-visit nurses ^{*4}	57.8 (worst 38)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 5)	6
III-14	No. of cancer centers designated by prefecture	6

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	-
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	○
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	14
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	15
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26 Title of the dedicated cancer control department 『健康福祉部医療対策局健康づくり課がん・健康対策課』

IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『－』

25. Shiga

A. Estimated Population (2012)	Total	1,415 (thousands)
	Male	699 (thousands)
	Female	716 (thousands)
B. Over-75 population growth rate (2010~2030)		169% (The 8 highest)
C. At-home mortality rate (2011)		14.9% (The 43 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		27.2g (The 1 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	74.7	(worst 43)	Total	6.2%	(worst 18)			
Male	93.5	(worst 46)	Male	9.2%	(worst 22)			
Female	56.3	(worst 37)	Female	3.4%	(worst 18)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	10.6	(worst 30)	Total	8.4	(worst 43)	Total	14.1	(worst 28)
Male	14.6	(worst 37)	Male	10.7	(worst 45)	Male	21.8	(worst 33)
Female	6.6	(worst 16)	Female	6.2	(worst 41)	Female	6.6	(worst 22)
I - 6 Liver			I - 7 Breast					
Total	6.3	(worst 31)	Female	8.4	(worst 42)			
Male	9.9	(worst 33)						
Female	2.8	(worst 27)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	27.9% (worst 11)	Total	16.3% (worst 2)	Total	24.0% (worst 17)
Male	33.1% (worst 14)	Male	19.0% (worst 2)	Male	27.3% (worst 20)
Female	23.2% (worst 8)	Female	13.7% (worst 2)	Female	21.0% (worst 14)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	21.8% (worst 9)	Female	21.5% (worst 7)	Total	19.1% (worst 37)
				Male	30.8% (worst 40)
				Female	7.5% (worst 42)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	90.0 (worst 27)
III-2	No. of cancer drug therapy specialists ^{*4}	0.7 (worst 1)
III-3	No. of certified radiation therapy specialists ^{*4}	3.6 (worst 14)
III-4	No. of certified radiation therapy technicians ^{*4}	12.2 (worst 38)
III-5	No. of specialist cancer care nurses ^{*4}	18.7 (worst 37)
III-6	No. of certified chemotherapy nurses ^{*4}	5.0 (worst 41)
III-7	No. of certified radiation therapy nurses ^{*4}	7.2 (worst 17)
III-8	No. of certified palliative care nurses ^{*4}	2.2 (worst 45)
III-9	No. of certified palliative care nurses ^{*4}	11.5 (worst 30)
III-10	No. of certified pain management nurses ^{*4}	5.0 (worst 30)
III-11	No. of certified home-visit nurses ^{*4}	2.9 (worst 39)
III-12	No. of certified home-visit nurses ^{*4}	54.5 (worst 36)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 5)	6
III-14	No. of cancer centers designated by prefecture	6

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	○

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	○
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	21
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	4
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	3
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	17
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	2
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	11

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

26. Kyoto

A. Estimated Population (2012)	Total	2,625	(thousands)
	Male	1,259	(thousands)
	Female	1,366	(thousands)
B. Over-75 population growth rate (2010~2030)		158%	(The 15 highest)
C. At-home mortality rate (2011)		14.1%	(The 40 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		33.8g	(The 6 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	81.8 (worst 23)	Total	9.4% (worst 35)
Male	107.6 (worst 17)	Male	10.8% (worst 31)
Female	58.7 (worst 29)	Female	6.9% (worst 31)
I - 3 Stomach		I - 4 Colon	
Total	11.2 (worst 23)	Total	11.0 (worst 15)
Male	16.8 (worst 19)	Male	14.5 (worst 15)
Female	6.2 (worst 24)	Female	7.8 (worst 14)
I - 6 Liver		I - 7 Breast	
Total	6.5 (worst 27)	Female	9.7 (worst 33)
Male	10.3 (worst 30)		
Female	2.9 (worst 23)		
		I - 5 Lung	
		Total	15.5 (worst 8)
		Male	24.7 (worst 9)
		Female	7.2 (worst 10)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	27.5% (worst 8)	Total	19.2% (worst 8)	Total	22.8% (worst 12)
Male	33.0% (worst 13)	Male	22.1% (worst 10)	Male	26.4% (worst 16)
Female	22.7% (worst 5)	Female	16.9% (worst 8)	Female	19.6% (worst 10)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	22.1% (worst 10)	Female	21.5% (worst 6)	Total	19.1% (worst 38)
				Male	29.9% (worst 44)
				Female	9.7% (worst 16)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	124.5 (worst 43)
III-2	No. of cancer drug therapy specialists ^{*4}	8.1 (worst 35)
III-3	No. of certified radiation therapy specialists ^{*4}	6.6 (worst 38)
III-4	No. of certified radiation therapy technicians ^{*4}	12.0 (worst 34)
III-5	No. of specialist cancer care nurses ^{*4}	21.6 (worst 42)
III-6	No. of certified chemotherapy nurses ^{*4}	3.1 (worst 26)
III-7	No. of certified radiation therapy nurses ^{*4}	8.1 (worst 25)
III-8	No. of certified palliative care nurses ^{*4}	3.1 (worst 47)
III-9	No. of certified palliative care nurses ^{*4}	11.2 (worst 28)
III-10	No. of certified pain management nurses ^{*4}	6.6 (worst 42)
III-11	No. of certified home-visit nurses ^{*4}	2.3 (worst 32)
III-12	No. of certified home-visit nurses ^{*4}	44.0 (worst 27)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 2, regional cancer center 7)	9
III-14	No. of cancer centers designated by prefecture	12

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	25
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	4
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	0
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department	『健康対策課がん対策担当』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress	『京都府がん対策推進府民会議』

27. Osaka

A. Estimated Population (2012)	Total	8,856	(thousands)
	Male	4,274	(thousands)
	Female	4,582	(thousands)
B. Over-75 population growth rate (2010~2030)		178%	(The 5 highest)
C. At-home mortality rate (2011)		15.0%	(The 44 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		41.1g	(The 23 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	91.0 (worst 6)	Total	8.0% (worst 28)
Male	118.3 (worst 6)	Male	9.7% (worst 24)
Female	66.3 (worst 4)	Female	4.3% (worst 20)
I - 3 Stomach		I - 4 Colon	
Total	12.3 (worst 9)	Total	10.9 (worst 17)
Male	18.1 (worst 11)	Male	14.6 (worst 14)
Female	7.0 (worst 9)	Female	7.5 (worst 25)
I - 6 Liver		I - 7 Breast	
Total	8.6 (worst 8)	Female	11.2 (worst 13)
Male	13.5 (worst 9)		
Female	4.1 (worst 5)		
		I - 5 Lung	
		Total	17.6 (worst 4)
		Male	27.4 (worst 5)
		Female	8.5 (worst 2)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	21.5% (worst 1)	Total	14.9% (worst 1)	Total	18.9% (worst 2)
Male	25.2% (worst 1)	Male	16.5% (worst 1)	Male	20.7% (worst 1)
Female	18.3% (worst 1)	Female	13.5% (worst 1)	Female	17.2% (worst 2)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	20.1% (worst 4)	Female	20.3% (worst 4)	Total	22.3% (worst 12)
				Male	33.6% (worst 20)
				Female	12.3% (worst 3)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	114.4 (worst 39)
III-2	No. of cancer drug therapy specialists ^{*4}	10.2 (worst 39)
III-3	No. of certified radiation therapy specialists ^{*4}	5.8 (worst 33)
III-4	No. of certified radiation therapy technicians ^{*4}	10.8 (worst 28)
III-5	No. of specialist cancer care nurses ^{*4}	17.4 (worst 33)
III-6	No. of certified chemotherapy nurses ^{*4}	3.9 (worst 34)
III-7	No. of certified radiation therapy nurses ^{*4}	7.7 (worst 19)
III-8	No. of certified palliative care nurses ^{*4}	1.2 (worst 32)
III-9	No. of certified palliative care nurses ^{*4}	10.5 (worst 24)
III-10	No. of certified pain management nurses ^{*4}	7.4 (worst 45)
III-11	No. of certified home-visit nurses ^{*4}	2.8 (worst 37)
III-12	No. of certified home-visit nurses ^{*4}	38.3 (worst 21)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 13)	14
III-14	No. of cancer centers designated by prefecture	46

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	30
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	5
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	0
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	0
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『健康医療部保健医療室健康づくり課がん対策グループ』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『－』

28. Hyogo

A. Estimated Population (2012)	Total	5,571	(thousands)
	Male	2,663	(thousands)
	Female	2,908	(thousands)
B. Over-75 population growth rate (2010~2030)		164%	(The 11 highest)
C. At-home mortality rate (2011)		15.7%	(The 45 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		37.1g	(The 13 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	84.0 (worst 14)	Total	9.3% (worst 33)
Male	109.7 (worst 13)	Male	11.7% (worst 35)
Female	60.9 (worst 21)	Female	5.2% (worst 24)
I - 3 Stomach		I - 4 Colon	
Total	11.8 (worst 16)	Total	10.3 (worst 24)
Male	17.2 (worst 15)	Male	13.1 (worst 28)
Female	6.9 (worst 10)	Female	7.7 (worst 20)
I - 6 Liver		I - 7 Breast	
Total	8.1 (worst 10)	Female	9.2 (worst 39)
Male	13.1 (worst 11)		
Female	3.6 (worst 10)		
		I - 5 Lung	
		Total	15.1 (worst 13)
		Male	24.0 (worst 14)
		Female	7.0 (worst 12)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	26.5% (worst 5)	Total	18.8% (worst 6)	Total	22.1% (worst 9)
Male	32.2% (worst 9)	Male	21.5% (worst 6)	Male	25.8% (worst 14)
Female	21.6% (worst 2)	Female	16.5% (worst 6)	Female	18.9% (worst 9)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	18.9% (worst 2)	Female	20.1% (worst 3)	Total	19.0% (worst 40)
				Male	31.3% (worst 37)
				Female	8.2% (worst 32)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	70.6 (worst 14)
III-2	No. of cancer drug therapy specialists ^{*4}	6.0 (worst 24)
III-3	No. of certified radiation therapy specialists ^{*4}	5.8 (worst 34)
III-4	No. of certified radiation therapy technicians ^{*4}	8.0 (worst 15)
III-5	No. of specialist cancer care nurses ^{*4}	14.7 (worst 18)
III-6	No. of certified chemotherapy nurses ^{*4}	5.3 (worst 43)
III-7	No. of certified radiation therapy nurses ^{*4}	7.3 (worst 18)
III-8	No. of certified palliative care nurses ^{*4}	1.6 (worst 39)
III-9	No. of certified palliative care nurses ^{*4}	8.5 (worst 16)
III-10	No. of certified pain management nurses ^{*4}	3.8 (worst 21)
III-11	No. of certified home-visit nurses ^{*4}	5.1 (worst 44)
III-12	No. of certified home-visit nurses ^{*4}	45.6 (worst 28)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 13)	14
III-14	No. of cancer centers designated by prefecture	10

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	20
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	24
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	1
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『健康福祉部健康局疾病対策課』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『－』

29. Nara

A. Estimated Population (2012)	Total	1,390 (thousands)
	Male	657 (thousands)
	Female	733 (thousands)
B. Over-75 population growth rate (2010~2030)		169% (The 8 highest)
C. At-home mortality rate (2011)		17.2% (The 47 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		32.3g (The 4 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	80.0	(worst 29)	Total	10.5%	(worst 40)			
Male	98.4	(worst 42)	Male	16.7%	(worst 47)			
Female	63.2	(worst 12)	Female	-0.1%	(worst 10)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	12.0	(worst 15)	Total	8.5	(worst 42)	Total	13.9	(worst 31)
Male	16.3	(worst 24)	Male	9.5	(worst 47)	Male	23.5	(worst 15)
Female	8.1	(worst 2)	Female	7.5	(worst 24)	Female	5.2	(worst 42)
I - 6 Liver			I - 7 Breast					
Total	5.8	(worst 40)	Female	10.5	(worst 22)			
Male	9.0	(worst 40)						
Female	3.0	(worst 22)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	27.6% (worst 9)	Total	18.6% (worst 4)	Total	24.1% (worst 18)
Male	32.3% (worst 10)	Male	21.2% (worst 4)	Male	26.6% (worst 18)
Female	23.6% (worst 10)	Female	16.2% (worst 5)	Female	22.0% (worst 19)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	22.2% (worst 12)	Female	22.6% (worst 13)	Total	18.2% (worst 46)
				Male	29.7% (worst 46)
				Female	7.8% (worst 34)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	76.9 (worst 21)
III-2	No. of cancer drug therapy specialists ^{*4}	4.3 (worst 16)
III-3	No. of certified radiation therapy specialists ^{*4}	7.9 (worst 44)
III-4	No. of certified radiation therapy technicians ^{*4}	13.0 (worst 40)
III-5	No. of specialist cancer care nurses ^{*4}	17.3 (worst 32)
III-6	No. of certified chemotherapy nurses ^{*4}	3.6 (worst 29)
III-7	No. of certified radiation therapy nurses ^{*4}	6.5 (worst 12)
III-8	No. of certified palliative care nurses ^{*4}	1.4 (worst 37)
III-9	No. of certified palliative care nurses ^{*4}	13.7 (worst 39)
III-10	No. of certified pain management nurses ^{*4}	6.5 (worst 41)
III-11	No. of certified home-visit nurses ^{*4}	3.6 (worst 43)
III-12	No. of certified home-visit nurses ^{*4}	14.4 (worst 2)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 4)	5
III-14	No. of cancer centers designated by prefecture	1

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	○

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	◎

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	15
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	4
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	4
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	8
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『保健予防課 がん対策係』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『－』

30. Wakayama

A. Estimated Population (2012)	Total	988	(thousands)
	Male	464	(thousands)
	Female	523	(thousands)
B. Over-75 population growth rate (2010~2030)		131%	(The 38 highest)
C. At-home mortality rate (2011)		13.3%	(The 35 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		37.9g	(The 16 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	94.0 (worst 2)	Total	5.0% (worst 12)
Male	122.5 (worst 3)	Male	8.7% (worst 20)
Female	69.1 (worst 2)	Female	-0.6% (worst 8)
I - 3 Stomach		I - 4 Colon	
Total	12.1 (worst 12)	Total	11.7 (worst 6)
Male	17.7 (worst 13)	Male	15.0 (worst 10)
Female	7.1 (worst 8)	Female	8.9 (worst 5)
I - 6 Liver		I - 7 Breast	
Total	9.2 (worst 4)	Female	11.4 (worst 10)
Male	15.2 (worst 3)		
Female	3.8 (worst 8)		
		I - 5 Lung	
		Total	18.1 (worst 3)
		Male	29.7 (worst 1)
		Female	7.8 (worst 4)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	26.5% (worst 4)	Total	19.9% (worst 10)	Total	19.6% (worst 3)
Male	28.9% (worst 3)	Male	21.4% (worst 5)	Male	21.4% (worst 3)
Female	24.4% (worst 13)	Female	18.7% (worst 10)	Female	18.0% (worst 5)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	22.2% (worst 11)	Female	19.3% (worst 1)	Total	19.3% (worst 36)
				Male	31.3% (worst 35)
				Female	8.6% (worst 28)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	61.2 (worst 5)
III-2	No. of cancer drug therapy specialists ^{*4}	5.1 (worst 19)
III-3	No. of certified radiation therapy specialists ^{*4}	4.0 (worst 18)
III-4	No. of certified radiation therapy technicians ^{*4}	7.1 (worst 11)
III-5	No. of specialist cancer care nurses ^{*4}	13.1 (worst 9)
III-6	No. of certified chemotherapy nurses ^{*4}	1.0 (worst 10)
III-7	No. of certified radiation therapy nurses ^{*4}	9.1 (worst 31)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	8.1 (worst 14)
III-10	No. of certified pain management nurses ^{*4}	3.0 (worst 15)
III-11	No. of certified home-visit nurses ^{*4}	0.0 (worst 1)
III-12	No. of certified home-visit nurses ^{*4}	30.3 (worst 14)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 5)	6
III-14	No. of cancer centers designated by prefecture	3

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	17
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	1
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	19
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department	『 福祉保健部健康局健康推進課がん・疾病対策班 』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress	『 - 』

31. Tottori

A. Estimated Population (2012)	Total	582	(thousands)
	Male	277	(thousands)
	Female	304	(thousands)
B. Over-75 population growth rate (2010~2030)		128%	(The 41 highest)
C. At-home mortality rate (2011)		13.1%	(The 34 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		58.6g	(The 44 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	91.7 (worst 4)	Total	3.2% (worst 5)
Male	122.9 (worst 2)	Male	8.4% (worst 17)
Female	63.9 (worst 10)	Female	-7.1% (worst 3)
I - 3 Stomach		I - 4 Colon	
Total	13.3 (worst 3)	Total	11.1 (worst 12)
Male	20.3 (worst 3)	Male	13.4 (worst 25)
Female	6.9 (worst 11)	Female	9.2 (worst 3)
I - 6 Liver		I - 7 Breast	
Total	8.7 (worst 7)	Female	10.2 (worst 25)
Male	14.5 (worst 7)		
Female	3.4 (worst 12)		
		I - 5 Lung	
		Total	18.4 (worst 1)
		Male	29.3 (worst 2)
		Female	8.5 (worst 3)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	34.1% (worst 36)	Total	28.6% (worst 37)	Total	27.7% (worst 36)
Male	37.8% (worst 36)	Male	29.5% (worst 34)	Male	29.5% (worst 34)
Female	31.0% (worst 37)	Female	27.3% (worst 34)	Female	25.7% (worst 33)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	22.5% (worst 14)	Female	23.4% (worst 16)	Total	19.1% (worst 39)
				Male	30.2% (worst 43)
				Female	6.6% (worst 45)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	172.6 (worst 47)
III-2	No. of cancer drug therapy specialists ^{*4}	12.0 (worst 43)
III-3	No. of certified radiation therapy specialists ^{*4}	3.4 (worst 10)
III-4	No. of certified radiation therapy technicians ^{*4}	22.3 (worst 47)
III-5	No. of specialist cancer care nurses ^{*4}	24.1 (worst 44)
III-6	No. of certified chemotherapy nurses ^{*4}	5.2 (worst 42)
III-7	No. of certified radiation therapy nurses ^{*4}	13.7 (worst 45)
III-8	No. of certified palliative care nurses ^{*4}	1.7 (worst 40)
III-9	No. of certified palliative care nurses ^{*4}	15.5 (worst 42)
III-10	No. of certified pain management nurses ^{*4}	0.0 (worst 1)
III-11	No. of certified home-visit nurses ^{*4}	1.7 (worst 22)
III-12	No. of certified home-visit nurses ^{*4}	68.7 (worst 41)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 4)	5
III-14	No. of cancer centers designated by prefecture	5

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	○

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	3
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	29
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	11
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『がん・生活習慣病対策室』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『－』

32. Shimane

A. Estimated Population (2012)	Total	707	(thousands)
	Male	338	(thousands)
	Female	368	(thousands)
B. Over-75 population growth rate (2010~2030)		118%	(The 47 highest)
C. At-home mortality rate (2011)		11.5%	(The 22 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		46.1g	(The 34 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	78.6 (worst 38)	Total	11.1% (worst 44)
Male	107.1 (worst 19)	Male	12.0% (worst 37)
Female	50.7 (worst 46)	Female	13.9% (worst 46)
I - 3 Stomach		I - 4 Colon	
Total	11.5 (worst 20)	Total	8.7 (worst 40)
Male	17.1 (worst 16)	Male	11.1 (worst 43)
Female	6.2 (worst 22)	Female	6.4 (worst 38)
I - 6 Liver		I - 7 Breast	
Total	7.1 (worst 19)	Female	7.7 (worst 44)
Male	11.2 (worst 20)		
Female	3.1 (worst 18)		
		I - 5 Lung	
		Total	13.2 (worst 37)
		Male	22.7 (worst 22)
		Female	4.0 (worst 47)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	30.8% (worst 24)	Total	27.3% (worst 31)	Total	28.0% (worst 37)
Male	34.5% (worst 23)	Male	27.3% (worst 25)	Male	28.9% (worst 31)
Female	27.8% (worst 24)	Female	27.4% (worst 35)	Female	27.0% (worst 40)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	19.1% (worst 3)	Female	21.2% (worst 5)	Total	17.3% (worst 47)
				Male	29.3% (worst 47)
				Female	5.4% (worst 47)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	129.1 (worst 44)
III-2	No. of cancer drug therapy specialists ^{*4}	8.5 (worst 37)
III-3	No. of certified radiation therapy specialists ^{*4}	8.4 (worst 46)
III-4	No. of certified radiation therapy technicians ^{*4}	12.7 (worst 39)
III-5	No. of specialist cancer care nurses ^{*4}	15.5 (worst 20)
III-6	No. of certified chemotherapy nurses ^{*4}	1.4 (worst 15)
III-7	No. of certified radiation therapy nurses ^{*4}	9.9 (worst 36)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	15.5 (worst 43)
III-10	No. of certified pain management nurses ^{*4}	2.8 (worst 12)
III-11	No. of certified home-visit nurses ^{*4}	2.8 (worst 38)
III-12	No. of certified home-visit nurses ^{*4}	81.9 (worst 44)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 4)	5
III-14	No. of cancer centers designated by prefecture	23

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	○

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	22
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	4
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	8
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	34
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26 Title of the dedicated cancer control department 『 島根県健康福祉部健康推進課がん対策推進室 』

IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

33. Okayama

A. Estimated Population (2012)	Total	1,936 (thousands)
	Male	929 (thousands)
	Female	1,007 (thousands)
B. Over-75 population growth rate (2010~2030)		142% (The 23 highest)
C. At-home mortality rate (2011)		11.4% (The 21 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		43.0g (The 28 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	73.5	(worst 46)	Total	11.6%	(worst 45)			
Male	99.2	(worst 38)	Male	12.0%	(worst 38)			
Female	49.7	(worst 47)	Female	11.2%	(worst 43)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	9.7	(worst 40)	Total	8.4	(worst 44)	Total	13.4	(worst 35)
Male	14.2	(worst 38)	Male	11.5	(worst 38)	Male	22.5	(worst 26)
Female	5.5	(worst 38)	Female	5.5	(worst 44)	Female	5.0	(worst 43)
I - 6 Liver			I - 7 Breast					
Total	7.3	(worst 17)	Female	9.8	(worst 29)			
Male	11.6	(worst 18)						
Female	3.3	(worst 14)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	37.5% (worst 42)	Total	35.4% (worst 46)	Total	31.7% (worst 45)
Male	41.0% (worst 42)	Male	35.2% (worst 45)	Male	33.4% (worst 43)
Female	34.7% (worst 42)	Female	35.6% (worst 47)	Female	30.3% (worst 45)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	29.8% (worst 43)	Female	30.1% (worst 45)	Total	19.6% (worst 33)
				Male	32.8% (worst 25)
				Female	7.7% (worst 37)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	118.9 (worst 42)
III-2	No. of cancer drug therapy specialists ^{*4}	15.6 (worst 46)
III-3	No. of certified radiation therapy specialists ^{*4}	6.8 (worst 39)
III-4	No. of certified radiation therapy technicians ^{*4}	10.9 (worst 29)
III-5	No. of specialist cancer care nurses ^{*4}	20.8 (worst 41)
III-6	No. of certified chemotherapy nurses ^{*4}	2.6 (worst 20)
III-7	No. of certified radiation therapy nurses ^{*4}	6.2 (worst 11)
III-8	No. of certified palliative care nurses ^{*4}	0.5 (worst 23)
III-9	No. of certified palliative care nurses ^{*4}	9.9 (worst 19)
III-10	No. of certified pain management nurses ^{*4}	4.2 (worst 26)
III-11	No. of certified home-visit nurses ^{*4}	0.0 (worst 1)
III-12	No. of certified home-visit nurses ^{*4}	49.9 (worst 31)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 6)	7
III-14	No. of cancer centers designated by prefecture	5

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	○

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	15
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	3
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	40
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

34. Hiroshima

A. Estimated Population (2012)	Total	2,848	(thousands)
	Male	1,374	(thousands)
	Female	1,474	(thousands)
B. Over-75 population growth rate (2010~2030)		154%	(The 17 highest)
C. At-home mortality rate (2011)		12.3%	(The 27 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		48.0g	(The 37 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	80.5 (worst 28)	Total	7.5% (worst 26)
Male	106.6 (worst 23)	Male	9.2% (worst 21)
Female	56.9 (worst 34)	Female	4.3% (worst 21)
I - 3 Stomach		I - 4 Colon	
Total	10.6 (worst 29)	Total	9.8 (worst 33)
Male	15.6 (worst 27)	Male	12.8 (worst 33)
Female	6.1 (worst 27)	Female	7.0 (worst 31)
I - 6 Liver		I - 7 Breast	
Total	9.3 (worst 3)	Female	9.8 (worst 32)
Male	14.6 (worst 6)		
Female	4.5 (worst 2)		
		I - 5 Lung	
		Total	14.4 (worst 21)
		Male	23.0 (worst 19)
		Female	6.5 (worst 23)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	30.5% (worst 23)	Total	21.9% (worst 15)	Total	22.7% (worst 10)
Male	35.1% (worst 25)	Male	23.5% (worst 14)	Male	25.5% (worst 12)
Female	26.4% (worst 21)	Female	20.6% (worst 16)	Female	20.4% (worst 11)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	22.4% (worst 13)	Female	25.6% (worst 29)	Total	19.5% (worst 35)
				Male	32.7% (worst 28)
				Female	7.6% (worst 40)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	97.2 (worst 33)
III-2	No. of cancer drug therapy specialists ^{*4}	7.8 (worst 32)
III-3	No. of certified radiation therapy specialists ^{*4}	7.8 (worst 43)
III-4	No. of certified radiation therapy technicians ^{*4}	14.2 (worst 44)
III-5	No. of specialist cancer care nurses ^{*4}	11.7 (worst 4)
III-6	No. of certified chemotherapy nurses ^{*4}	3.9 (worst 33)
III-7	No. of certified radiation therapy nurses ^{*4}	11.0 (worst 39)
III-8	No. of certified palliative care nurses ^{*4}	1.4 (worst 36)
III-9	No. of certified palliative care nurses ^{*4}	19.5 (worst 45)
III-10	No. of certified pain management nurses ^{*4}	3.9 (worst 23)
III-11	No. of certified home-visit nurses ^{*4}	1.1 (worst 11)
III-12	No. of certified home-visit nurses ^{*4}	51.3 (worst 33)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 10)	11
III-14	No. of cancer centers designated by prefecture	5

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	0
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	0
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	0
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	16
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『がん対策課』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『－』

35. Yamaguchi

A. Estimated Population (2012)	Total	1,431 (thousands)
	Male	675 (thousands)
	Female	756 (thousands)
B. Over-75 population growth rate (2010~2030)		133% (The 34 highest)
C. At-home mortality rate (2011)		10.6% (The 15 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		41.6g (The 25 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	86.5 (worst 10)	Total	7.1% (worst 23)				
Male	112.5 (worst 12)	Male	10.4% (worst 29)				
Female	64.2 (worst 9)	Female	1.8% (worst 13)				
I - 3 Stomach		I - 4 Colon		I - 5 Lung			
Total	12.2 (worst 11)	Total	11.0 (worst 14)	Total	14.8 (worst 15)		
Male	18.2 (worst 10)	Male	15.3 (worst 7)	Male	24.4 (worst 11)		
Female	6.9 (worst 12)	Female	7.2 (worst 28)	Female	6.3 (worst 28)		
I - 6 Liver		I - 7 Breast					
Total	7.2 (worst 18)	Female	13.3 (worst 3)				
Male	11.9 (worst 16)						
Female	3.0 (worst 21)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	27.9% (worst 12)	Total	22.3% (worst 18)	Total	20.6% (worst 6)
Male	32.5% (worst 12)	Male	23.8% (worst 16)	Male	23.3% (worst 6)
Female	24.1% (worst 12)	Female	21.1% (worst 19)	Female	18.4% (worst 6)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	18.4% (worst 1)	Female	19.8% (worst 2)	Total	18.5% (worst 43)
				Male	30.5% (worst 41)
				Female	8.1% (worst 33)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	82.0 (worst 25)
III-2	No. of cancer drug therapy specialists ^{*4}	5.6 (worst 22)
III-3	No. of certified radiation therapy specialists ^{*4}	4.2 (worst 20)
III-4	No. of certified radiation therapy technicians ^{*4}	8.4 (worst 17)
III-5	No. of specialist cancer care nurses ^{*4}	15.4 (worst 19)
III-6	No. of certified chemotherapy nurses ^{*4}	1.4 (worst 14)
III-7	No. of certified radiation therapy nurses ^{*4}	14.0 (worst 47)
III-8	No. of certified palliative care nurses ^{*4}	2.1 (worst 43)
III-9	No. of certified palliative care nurses ^{*4}	10.5 (worst 25)
III-10	No. of certified pain management nurses ^{*4}	4.2 (worst 27)
III-11	No. of certified home-visit nurses ^{*4}	1.4 (worst 14)
III-12	No. of certified home-visit nurses ^{*4}	69.9 (worst 42)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 6)	7
III-14	No. of cancer centers designated by prefecture	3

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	-
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	15
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	21
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

36. Tokushima

A. Estimated Population (2012)	Total	776	(thousands)
	Male	368	(thousands)
	Female	407	(thousands)
B. Over-75 population growth rate (2010~2030)		131%	(The 38 highest)
C. At-home mortality rate (2011)		10.1%	(The 11 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		34.1g	(The 7 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	79.8 (worst 30)	Total	13.1% (worst 47)
Male	104.0 (worst 30)	Male	14.0% (worst 45)
Female	56.1 (worst 38)	Female	15.3% (worst 47)
I - 3 Stomach		I - 4 Colon	
Total	10.2 (worst 32)	Total	8.2 (worst 45)
Male	13.0 (worst 41)	Male	10.8 (worst 44)
Female	7.4 (worst 5)	Female	5.6 (worst 43)
I - 6 Liver		I - 7 Breast	
Total	7.8 (worst 13)	Female	8.0 (worst 43)
Male	12.0 (worst 15)		
Female	3.9 (worst 6)		
		I - 5 Lung	
		Total	15.4 (worst 10)
		Male	24.1 (worst 12)
		Female	6.9 (worst 16)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	24.5% (worst 2)	Total	19.6% (worst 9)	Total	18.4% (worst 1)
Male	28.1% (worst 2)	Male	21.7% (worst 7)	Male	20.8% (worst 2)
Female	21.7% (worst 3)	Female	17.8% (worst 9)	Female	16.6% (worst 1)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	20.9% (worst 6)	Female	22.4% (worst 12)	Total	18.4% (worst 44)
				Male	31.3% (worst 36)
				Female	7.6% (worst 39)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	153.6 (worst 46)
III-2	No. of cancer drug therapy specialists ^{*4}	6.4 (worst 28)
III-3	No. of certified radiation therapy specialists ^{*4}	6.4 (worst 37)
III-4	No. of certified radiation therapy technicians ^{*4}	7.7 (worst 14)
III-5	No. of specialist cancer care nurses ^{*4}	20.6 (worst 40)
III-6	No. of certified chemotherapy nurses ^{*4}	3.9 (worst 32)
III-7	No. of certified radiation therapy nurses ^{*4}	7.7 (worst 20)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	11.6 (worst 31)
III-10	No. of certified pain management nurses ^{*4}	5.2 (worst 33)
III-11	No. of certified home-visit nurses ^{*4}	2.6 (worst 36)
III-12	No. of certified home-visit nurses ^{*4}	25.8 (worst 9)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 3)	4
III-14	No. of cancer centers designated by prefecture	3

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013-14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013-14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	14
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	27
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	1
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	2

<Titles>

- IV - 26 Title of the dedicated cancer control department 『健康増進課健康推進担当』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『徳島県健康対策審議会、生活習慣病管理指導協議会（胃がん、大腸がん、子宮がん、乳がん、肺がん、肝がん、地域がん登録各部会）』

37. Kagawa

A. Estimated Population (2012)	Total	989	(thousands)
	Male	477	(thousands)
	Female	512	(thousands)
B. Over-75 population growth rate (2010~2030)		139%	(The 28 highest)
C. At-home mortality rate (2011)		11.9%	(The 25 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		37.6g	(The 14 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	73.5 (worst 45)	Total	9.6% (worst 36)
Male	95.2 (worst 45)	Male	13.8% (worst 44)
Female	53.4 (worst 44)	Female	1.4% (worst 11)
I - 3 Stomach		I - 4 Colon	
Total	10.0 (worst 37)	Total	8.9 (worst 39)
Male	14.0 (worst 39)	Male	11.1 (worst 42)
Female	6.2 (worst 26)	Female	6.9 (worst 34)
I - 6 Liver		I - 7 Breast	
Total	6.8 (worst 23)	Female	9.2 (worst 38)
Male	11.2 (worst 21)		
Female	2.6 (worst 37)		
		I - 5 Lung	
		Total	14.5 (worst 19)
		Male	21.9 (worst 32)
		Female	7.7 (worst 5)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	30.1% (worst 21)	Total	27.0% (worst 29)	Total	27.5% (worst 35)
Male	35.7% (worst 28)	Male	30.1% (worst 39)	Male	30.9% (worst 39)
Female	25.6% (worst 19)	Female	24.3% (worst 23)	Female	24.6% (worst 30)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	23.6% (worst 21)	Female	24.9% (worst 25)	Total	20.2% (worst 27)
				Male	34.2% (worst 15)
				Female	8.5% (worst 29)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	94.1 (worst 30)
III-2	No. of cancer drug therapy specialists ^{*4}	6.1 (worst 25)
III-3	No. of certified radiation therapy specialists ^{*4}	8.1 (worst 45)
III-4	No. of certified radiation therapy technicians ^{*4}	11.2 (worst 30)
III-5	No. of specialist cancer care nurses ^{*4}	22.3 (worst 43)
III-6	No. of certified chemotherapy nurses ^{*4}	3.1 (worst 24)
III-7	No. of certified radiation therapy nurses ^{*4}	8.1 (worst 26)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	15.2 (worst 41)
III-10	No. of certified pain management nurses ^{*4}	5.1 (worst 32)
III-11	No. of certified home-visit nurses ^{*4}	1.0 (worst 10)
III-12	No. of certified home-visit nurses ^{*4}	33.5 (worst 19)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 4)	5
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	20
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	1
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	14
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

38. Ehime

A. Estimated Population (2012)	Total	1,415 (thousands)
	Male	666 (thousands)
	Female	749 (thousands)
B. Over-75 population growth rate (2010~2030)		134% (The 31 highest)
C. At-home mortality rate (2011)		12.5% (The 28 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		32.9g (The 5 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	80.7	(worst 27)	Total	7.6%	(worst 27)			
Male	107.4	(worst 18)	Male	8.1%	(worst 16)			
Female	57.7	(worst 32)	Female	5.5%	(worst 26)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	12.4	(worst 8)	Total	9.1	(worst 36)	Total	14.5	(worst 18)
Male	19.0	(worst 7)	Male	12.5	(worst 35)	Male	23.3	(worst 16)
Female	6.8	(worst 13)	Female	6.2	(worst 42)	Female	6.8	(worst 18)
I - 6 Liver			I - 7 Breast					
Total	9.1	(worst 5)	Female	9.1	(worst 40)			
Male	15.2	(worst 4)						
Female	3.6	(worst 11)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	30.1% (worst 22)	Total	26.5% (worst 27)	Total	24.5% (worst 23)
Male	33.2% (worst 17)	Male	28.2% (worst 29)	Male	26.6% (worst 19)
Female	27.2% (worst 22)	Female	24.7% (worst 27)	Female	22.7% (worst 23)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	25.6% (worst 31)	Female	26.2% (worst 34)	Total	18.9% (worst 41)
				Male	31.1% (worst 39)
				Female	7.7% (worst 36)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	95.5 (worst 31)
III-2	No. of cancer drug therapy specialists ^{*4}	12.0 (worst 42)
III-3	No. of certified radiation therapy specialists ^{*4}	5.6 (worst 30)
III-4	No. of certified radiation therapy technicians ^{*4}	12.0 (worst 35)
III-5	No. of specialist cancer care nurses ^{*4}	17.7 (worst 34)
III-6	No. of certified chemotherapy nurses ^{*4}	4.2 (worst 37)
III-7	No. of certified radiation therapy nurses ^{*4}	7.1 (worst 16)
III-8	No. of certified palliative care nurses ^{*4}	1.4 (worst 35)
III-9	No. of certified palliative care nurses ^{*4}	9.9 (worst 20)
III-10	No. of certified pain management nurses ^{*4}	2.8 (worst 12)
III-11	No. of certified home-visit nurses ^{*4}	2.1 (worst 28)
III-12	No. of certified home-visit nurses ^{*4}	43.1 (worst 26)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 6)	7
III-14	No. of cancer centers designated by prefecture	6

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	○

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	0
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	26
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	4
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	0
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	21
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	1
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26	Title of the dedicated cancer control department 『 - 』
IV - 27 (related to IV - 14)	Title of the committee to discuss the progress 『 - 』

39. Kochi

A. Estimated Population (2012)	Total	752	(thousands)
	Male	353	(thousands)
	Female	399	(thousands)
B. Over-75 population growth rate (2010~2030)		124%	(The 43 highest)
C. At-home mortality rate (2011)		10.1%	(The 11 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		48.8g	(The 40 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	86.5 (worst 11)	Total	2.5% (worst 4)
Male	115.1 (worst 11)	Male	6.2% (worst 9)
Female	61.2 (worst 20)	Female	-2.1% (worst 7)
I - 3 Stomach		I - 4 Colon	
Total	12.3 (worst 10)	Total	10.0 (worst 30)
Male	19.5 (worst 6)	Male	15.7 (worst 4)
Female	5.8 (worst 31)	Female	4.9 (worst 47)
I - 6 Liver		I - 7 Breast	
Total	6.1 (worst 36)	Female	9.6 (worst 34)
Male	9.8 (worst 35)		
Female	2.7 (worst 32)		
		I - 5 Lung	
		Total	13.4 (worst 36)
		Male	22.1 (worst 31)
		Female	5.8 (worst 38)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	31.2% (worst 25)	Total	27.3% (worst 30)	Total	22.9% (worst 13)
Male	34.0% (worst 21)	Male	28.2% (worst 28)	Male	25.4% (worst 10)
Female	29.1% (worst 31)	Female	26.4% (worst 31)	Female	20.5% (worst 12)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	25.2% (worst 28)	Female	24.8% (worst 24)	Total	19.9% (worst 28)
				Male	32.0% (worst 33)
				Female	8.9% (worst 24)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	76.2 (worst 19)
III-2	No. of cancer drug therapy specialists ^{*4}	8.0 (worst 34)
III-3	No. of certified radiation therapy specialists ^{*4}	3.9 (worst 17)
III-4	No. of certified radiation therapy technicians ^{*4}	9.3 (worst 24)
III-5	No. of specialist cancer care nurses ^{*4}	15.9 (worst 23)
III-6	No. of certified chemotherapy nurses ^{*4}	10.6 (worst 47)
III-7	No. of certified radiation therapy nurses ^{*4}	9.3 (worst 32)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	10.6 (worst 26)
III-10	No. of certified pain management nurses ^{*4}	2.7 (worst 9)
III-11	No. of certified home-visit nurses ^{*4}	0.0 (worst 1)
III-12	No. of certified home-visit nurses ^{*4}	115.2 (worst 47)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 3)	4
III-14	No. of cancer centers designated by prefecture	1

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	○

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	18
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	22
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	1
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

40. Fukuoka

A. Estimated Population (2012)	Total	5,085	(thousands)
	Male	2,400	(thousands)
	Female	2,686	(thousands)
B. Over-75 population growth rate (2010~2030)		159%	(The 14 highest)
C. At-home mortality rate (2011)		8.7%	(The 3 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		36.9g	(The 12 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	88.9 (worst 8)	Total	8.5% (worst 31)
Male	117.7 (worst 7)	Male	8.6% (worst 19)
Female	64.4 (worst 8)	Female	9.2% (worst 36)
I - 3 Stomach		I - 4 Colon	
Total	10.1 (worst 34)	Total	11.1 (worst 13)
Male	15.3 (worst 30)	Male	14.8 (worst 11)
Female	5.7 (worst 35)	Female	7.9 (worst 12)
I - 6 Liver		I - 7 Breast	
Total	10.0 (worst 2)	Female	11.2 (worst 12)
Male	16.7 (worst 2)		
Female	4.1 (worst 4)		
		I - 5 Lung	
		Total	15.4 (worst 9)
		Male	24.4 (worst 10)
		Female	7.6 (worst 6)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	26.6% (worst 6)	Total	17.3% (worst 3)	Total	20.2% (worst 5)
Male	30.7% (worst 5)	Male	19.3% (worst 3)	Male	22.9% (worst 5)
Female	23.1% (worst 7)	Female	15.7% (worst 3)	Female	18.0% (worst 4)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	20.9% (worst 5)	Female	22.3% (worst 9)	Total	22.7% (worst 9)
				Male	35.1% (worst 9)
				Female	11.8% (worst 6)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	105.7 (worst 37)
III-2	No. of cancer drug therapy specialists ^{*4}	9.9 (worst 38)
III-3	No. of certified radiation therapy specialists ^{*4}	5.8 (worst 32)
III-4	No. of certified radiation therapy technicians ^{*4}	11.9 (worst 33)
III-5	No. of specialist cancer care nurses ^{*4}	19.3 (worst 38)
III-6	No. of certified chemotherapy nurses ^{*4}	3.6 (worst 28)
III-7	No. of certified radiation therapy nurses ^{*4}	10.5 (worst 38)
III-8	No. of certified palliative care nurses ^{*4}	1.8 (worst 42)
III-9	No. of certified palliative care nurses ^{*4}	12.5 (worst 34)
III-10	No. of certified pain management nurses ^{*4}	2.2 (worst 6)
III-11	No. of certified home-visit nurses ^{*4}	2.2 (worst 30)
III-12	No. of certified home-visit nurses ^{*4}	91.3 (worst 46)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 2, regional cancer center 13)	15
III-14	No. of cancer centers designated by prefecture	3

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	3
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	21
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	25
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

41. Saga

A. Estimated Population (2012)	Total	843	(thousands)
	Male	397	(thousands)
	Female	446	(thousands)
B. Over-75 population growth rate (2010~2030)		135%	(The 29 highest)
C. At-home mortality rate (2011)		8.0%	(The 1 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		41.5g	(The 24 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011	
Total	92.0 (worst 3)	Total	3.3% (worst 6)
Male	115.3 (worst 10)	Male	9.8% (worst 25)
Female	73.0 (worst 1)	Female	-5.9% (worst 4)
I - 3 Stomach		I - 4 Colon	
Total	12.1 (worst 14)	Total	12.1 (worst 5)
Male	17.9 (worst 12)	Male	15.2 (worst 8)
Female	7.1 (worst 7)	Female	9.4 (worst 2)
I - 6 Liver		I - 7 Breast	
Total	12.2 (worst 1)	Female	14.6 (worst 2)
Male	18.0 (worst 1)		
Female	7.0 (worst 1)		
		I - 5 Lung	
		Total	13.1 (worst 40)
		Male	21.5 (worst 38)
		Female	5.8 (worst 37)

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	32.7% (worst 34)	Total	25.9% (worst 25)	Total	24.5% (worst 22)
Male	35.6% (worst 27)	Male	27.3% (worst 24)	Male	27.3% (worst 21)
Female	30.1% (worst 34)	Female	24.7% (worst 26)	Female	22.0% (worst 20)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	23.2% (worst 18)	Female	25.5% (worst 27)	Total	21.3% (worst 17)
				Male	34.7% (worst 12)
				Female	7.7% (worst 35)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	73.3 (worst 15)
III-2	No. of cancer drug therapy specialists ^{*4}	13.0 (worst 44)
III-3	No. of certified radiation therapy specialists ^{*4}	3.5 (worst 12)
III-4	No. of certified radiation therapy technicians ^{*4}	11.9 (worst 32)
III-5	No. of specialist cancer care nurses ^{*4}	11.9 (worst 5)
III-6	No. of certified chemotherapy nurses ^{*4}	1.2 (worst 12)
III-7	No. of certified radiation therapy nurses ^{*4}	9.5 (worst 34)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	9.5 (worst 18)
III-10	No. of certified pain management nurses ^{*4}	3.6 (worst 18)
III-11	No. of certified home-visit nurses ^{*4}	2.4 (worst 35)
III-12	No. of certified home-visit nurses ^{*4}	62.9 (worst 40)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 3)	4
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	○
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	17
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	3
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	19
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『健康増進課がん対策推進担当』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『－』

42. Nagasaki

A. Estimated Population (2012)	Total	1,408 (thousands)
	Male	657 (thousands)
	Female	750 (thousands)
B. Over-75 population growth rate (2010~2030)		134% (The 31 highest)
C. At-home mortality rate (2011)		9.3% (The 8 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		45.0g (The 33 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	87.8 (worst 9)	Total	5.8% (worst 17)		
Male	116.1 (worst 9)	Male	6.8% (worst 12)		
Female	63.5 (worst 11)	Female	4.9% (worst 22)		
I - 3 Stomach		I - 4 Colon	I - 5 Lung		
Total	9.7 (worst 39)	Total	12.2 (worst 4)	Total	15.2 (worst 12)
Male	15.5 (worst 28)	Male	15.6 (worst 6)	Male	24.9 (worst 8)
Female	4.5 (worst 45)	Female	9.2 (worst 4)	Female	6.9 (worst 15)
I - 6 Liver		I - 7 Breast			
Total	7.7 (worst 14)	Female		11.1 (worst 14)	
Male	12.3 (worst 14)				
Female	3.7 (worst 9)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	25.3% (worst 3)	Total	20.7% (worst 11)	Total	19.7% (worst 4)
Male	29.8% (worst 4)	Male	22.3% (worst 12)	Male	22.6% (worst 4)
Female	21.9% (worst 4)	Female	19.1% (worst 12)	Female	17.3% (worst 3)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	21.0% (worst 7)	Female	21.8% (worst 8)	Total	20.6% (worst 22)
				Male	34.9% (worst 11)
				Female	8.9% (worst 26)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	97.2 (worst 32)
III-2	No. of cancer drug therapy specialists ^{*4}	6.4 (worst 27)
III-3	No. of certified radiation therapy specialists ^{*4}	3.5 (worst 11)
III-4	No. of certified radiation therapy technicians ^{*4}	9.2 (worst 23)
III-5	No. of specialist cancer care nurses ^{*4}	18.4 (worst 36)
III-6	No. of certified chemotherapy nurses ^{*4}	0.7 (worst 7)
III-7	No. of certified radiation therapy nurses ^{*4}	8.5 (worst 27)
III-8	No. of certified palliative care nurses ^{*4}	2.1 (worst 44)
III-9	No. of certified palliative care nurses ^{*4}	19.8 (worst 46)
III-10	No. of certified pain management nurses ^{*4}	5.7 (worst 38)
III-11	No. of certified home-visit nurses ^{*4}	2.1 (worst 29)
III-12	No. of certified home-visit nurses ^{*4}	57.4 (worst 37)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 5)	6
III-14	No. of cancer centers designated by prefecture	2

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	○
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	○

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	13
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	18
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	2

<Titles>

IV - 26 Title of the dedicated cancer control department 『福祉保健部 医療政策課 在宅医療・がん対策班』

IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『－』

43. Kumamoto

A. Estimated Population (2012)	Total	1,807 (thousands)
	Male	849 (thousands)
	Female	958 (thousands)
B. Over-75 population growth rate (2010~2030)		133% (The 34 highest)
C. At-home mortality rate (2011)		9.0% (The 6 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		39.1g (The 21 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	74.8	(worst 42)	Total	8.8%	(worst 32)			
Male	95.4	(worst 44)	Male	12.3%	(worst 41)			
Female	57.5	(worst 33)	Female	4.1%	(worst 19)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	8.1	(worst 45)	Total	9.1	(worst 37)	Total	12.0	(worst 46)
Male	11.4	(worst 46)	Male	11.8	(worst 37)	Male	19.0	(worst 46)
Female	5.2	(worst 42)	Female	6.8	(worst 36)	Female	6.1	(worst 34)
I - 6 Liver			I - 7 Breast					
Total	8.1	(worst 11)	Female	10.5	(worst 23)			
Male	12.6	(worst 13)						
Female	4.2	(worst 3)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	36.1% (worst 41)	Total	29.0% (worst 40)	Total	28.3% (worst 40)
Male	40.1% (worst 41)	Male	30.0% (worst 37)	Male	31.0% (worst 40)
Female	33.0% (worst 40)	Female	28.3% (worst 42)	Female	26.1% (worst 37)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	31.6% (worst 44)	Female	29.5% (worst 44)	Total	19.7% (worst 32)
				Male	32.8% (worst 26)
				Female	8.6% (worst 27)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	115.5 (worst 40)
III-2	No. of cancer drug therapy specialists ^{*4}	3.9 (worst 14)
III-3	No. of certified radiation therapy specialists ^{*4}	4.4 (worst 24)
III-4	No. of certified radiation therapy technicians ^{*4}	12.2 (worst 37)
III-5	No. of specialist cancer care nurses ^{*4}	12.2 (worst 8)
III-6	No. of certified chemotherapy nurses ^{*4}	2.8 (worst 21)
III-7	No. of certified radiation therapy nurses ^{*4}	9.4 (worst 33)
III-8	No. of certified palliative care nurses ^{*4}	2.2 (worst 46)
III-9	No. of certified palliative care nurses ^{*4}	12.7 (worst 36)
III-10	No. of certified pain management nurses ^{*4}	4.4 (worst 28)
III-11	No. of certified home-visit nurses ^{*4}	1.7 (worst 20)
III-12	No. of certified home-visit nurses ^{*4}	87.5 (worst 45)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 7)	8
III-14	No. of cancer centers designated by prefecture	10

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	-
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	○
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	○
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	15
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	34
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 熊本県がん対策推進懇話会 』

44. Oita

A. Estimated Population (2012)	Total	1,185 (thousands)
	Male	560 (thousands)
	Female	625 (thousands)
B. Over-75 population growth rate (2010~2030)		135% (The 29 highest)
C. At-home mortality rate (2011)		8.2% (The 2 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		37.7g (The 15 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	77.2	(worst 41)	Total	6.3%	(worst 19)			
Male	103.1	(worst 32)	Male	3.6%	(worst 5)			
Female	54.5	(worst 42)	Female	10.2%	(worst 40)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	8.7	(worst 43)	Total	8.1	(worst 46)	Total	12.4	(worst 44)
Male	13.5	(worst 40)	Male	11.4	(worst 40)	Male	20.4	(worst 45)
Female	4.5	(worst 44)	Female	5.2	(worst 45)	Female	5.4	(worst 40)
I - 6 Liver			I - 7 Breast					
Total	8.4	(worst 9)	Female	10.1	(worst 26)			
Male	13.4	(worst 10)						
Female	3.8	(worst 7)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	32.6% (worst 30)	Total	23.6% (worst 20)	Total	25.7% (worst 26)
Male	35.6% (worst 26)	Male	24.1% (worst 17)	Male	28.5% (worst 28)
Female	30.1% (worst 33)	Female	23.1% (worst 21)	Female	23.4% (worst 26)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	28.5% (worst 39)	Female	28.6% (worst 42)	Total	19.7% (worst 30)
				Male	32.0% (worst 34)
				Female	7.7% (worst 38)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	74.9 (worst 18)
III-2	No. of cancer drug therapy specialists ^{*4}	5.9 (worst 23)
III-3	No. of certified radiation therapy specialists ^{*4}	5.1 (worst 27)
III-4	No. of certified radiation therapy technicians ^{*4}	14.4 (worst 45)
III-5	No. of specialist cancer care nurses ^{*4}	13.5 (worst 11)
III-6	No. of certified chemotherapy nurses ^{*4}	4.2 (worst 36)
III-7	No. of certified radiation therapy nurses ^{*4}	12.7 (worst 44)
III-8	No. of certified palliative care nurses ^{*4}	0.8 (worst 30)
III-9	No. of certified palliative care nurses ^{*4}	12.7 (worst 35)
III-10	No. of certified pain management nurses ^{*4}	3.4 (worst 16)
III-11	No. of certified home-visit nurses ^{*4}	12.7 (worst 47)
III-12	No. of certified home-visit nurses ^{*4}	49.9 (worst 30)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 6)	7
III-14	No. of cancer centers designated by prefecture	1

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	○
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	17
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	0
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	1
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	14
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

45. Miyazaki

A. Estimated Population (2012)	Total	1,126 (thousands)
	Male	529 (thousands)
	Female	597 (thousands)
B. Over-75 population growth rate (2010~2030)		140% (The 26 highest)
C. At-home mortality rate (2011)		8.7% (The 3 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		48.0g (The 38 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	79.4 (worst 34)	Total	5.1% (worst 13)				
Male	107.8 (worst 16)	Male	2.4% (worst 2)				
Female	54.6 (worst 41)	Female	10.2% (worst 39)				
I - 3 Stomach		I - 4 Colon		I - 5 Lung			
Total	9.7 (worst 38)	Total	9.0 (worst 38)	Total	12.4 (worst 45)		
Male	14.7 (worst 36)	Male	13.3 (worst 27)	Male	20.8 (worst 43)		
Female	5.4 (worst 41)	Female	5.2 (worst 46)	Female	5.0 (worst 45)		
I - 6 Liver		I - 7 Breast					
Total	6.3 (worst 30)	Female	7.4 (worst 46)				
Male	10.7 (worst 24)						
Female	2.4 (worst 40)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	29.3% (worst 17)	Total	20.9% (worst 12)	Total	21.4% (worst 7)
Male	34.3% (worst 22)	Male	22.1% (worst 11)	Male	24.9% (worst 8)
Female	25.4% (worst 18)	Female	19.9% (worst 15)	Female	18.5% (worst 8)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	24.6% (worst 24)	Female	23.9% (worst 18)	Total	21.1% (worst 18)
				Male	35.1% (worst 8)
				Female	8.4% (worst 30)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	65.4 (worst 10)
III-2	No. of cancer drug therapy specialists ^{*4}	3.6 (worst 10)
III-3	No. of certified radiation therapy specialists ^{*4}	3.5 (worst 13)
III-4	No. of certified radiation therapy technicians ^{*4}	6.2 (worst 8)
III-5	No. of specialist cancer care nurses ^{*4}	16.0 (worst 24)
III-6	No. of certified chemotherapy nurses ^{*4}	3.6 (worst 27)
III-7	No. of certified radiation therapy nurses ^{*4}	8.9 (worst 30)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	5.3 (worst 5)
III-10	No. of certified pain management nurses ^{*4}	2.7 (worst 10)
III-11	No. of certified home-visit nurses ^{*4}	0.9 (worst 8)
III-12	No. of certified home-visit nurses ^{*4}	53.2 (worst 35)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 2)	3
III-14	No. of cancer centers designated by prefecture	2

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	○
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	○

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	○
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	○

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	10
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	1
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	12
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26 Title of the dedicated cancer control department 『福祉保健部健康増進課健康づくり・がん対策担当』

IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『－』

46. Kagoshima

A. Estimated Population (2012)	Total	1,690 (thousands)
	Male	790 (thousands)
	Female	900 (thousands)
B. Over-75 population growth rate (2010~2030)		123% (The 44 highest)
C. At-home mortality rate (2011)		9.1% (The 7 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		42.3g (The 26 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer		I - 2 Improvement in cancer mortality rate ※ 2006~2011			
Total	83.6 (worst 16)	Total	2.3% (worst 2)		
Male	107.9 (worst 14)	Male	10.2% (worst 28)		
Female	62.1 (worst 17)	Female	-11.6% (worst 1)		
I - 3 Stomach		I - 4 Colon		I - 5 Lung	
Total	7.8 (worst 46)	Total	10.7 (worst 21)	Total	14.3 (worst 22)
Male	12.0 (worst 44)	Male	14.1 (worst 19)	Male	22.7 (worst 21)
Female	4.0 (worst 47)	Female	7.6 (worst 22)	Female	6.7 (worst 21)
I - 6 Liver		I - 7 Breast			
Total	6.8 (worst 24)	Female 10.0 (worst 28)			
Male	10.7 (worst 25)				
Female	3.2 (worst 15)				

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	32.0% (worst 27)	Total	28.9% (worst 39)	Total	26.2% (worst 27)
Male	36.7% (worst 32)	Male	30.6% (worst 40)	Male	30.6% (worst 38)
Female	28.1% (worst 25)	Female	27.5% (worst 37)	Female	22.5% (worst 22)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	26.0% (worst 37)	Female	26.1% (worst 33)	Total	18.4% (worst 45)
				Male	32.3% (worst 31)
				Female	6.8% (worst 44)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	79.4 (worst 24)
III-2	No. of cancer drug therapy specialists ^{*4}	3.5 (worst 8)
III-3	No. of certified radiation therapy specialists ^{*4}	4.7 (worst 26)
III-4	No. of certified radiation therapy technicians ^{*4}	5.3 (worst 4)
III-5	No. of specialist cancer care nurses ^{*4}	16.5 (worst 28)
III-6	No. of certified chemotherapy nurses ^{*4}	0.0 (worst 1)
III-7	No. of certified radiation therapy nurses ^{*4}	11.8 (worst 41)
III-8	No. of certified palliative care nurses ^{*4}	1.2 (worst 33)
III-9	No. of certified palliative care nurses ^{*4}	13.0 (worst 37)
III-10	No. of certified pain management nurses ^{*4}	3.0 (worst 14)
III-11	No. of certified home-visit nurses ^{*4}	1.8 (worst 23)
III-12	No. of certified home-visit nurses ^{*4}	52.0 (worst 34)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 8)	9
III-14	No. of cancer centers designated by prefecture	14

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	-
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	-
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	○
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	-
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	○
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	○
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	-

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	1
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	17
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	2
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	2
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	24
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	0
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

- IV - 26 Title of the dedicated cancer control department 『 - 』
- IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

47. Okinawa

A. Estimated Population (2012)	Total	1,409 (thousands)
	Male	691 (thousands)
	Female	718 (thousands)
B. Over-75 population growth rate (2010~2030)		175% (The 6 highest)
C. At-home mortality rate (2011)		12.8% (The 30 lowest)
D. Volume of pharmaceutical consumption for medical treatment (2011) (per thousand)		35.0g (The 10 least)

I. Cancer mortality rate ^{*1}[2011]

I - 1 All cancer			I - 2 Improvement in cancer mortality rate ※ 2006~2011					
Total	78.7	(worst 37)	Total	2.3%	(worst 3)			
Male	102.7	(worst 35)	Male	3.4%	(worst 4)			
Female	56.5	(worst 36)	Female	-0.2%	(worst 9)			
I - 3 Stomach			I - 4 Colon			I - 5 Lung		
Total	6.9	(worst 47)	Total	13.4	(worst 2)	Total	12.5	(worst 43)
Male	9.6	(worst 47)	Male	20.4	(worst 1)	Male	21.2	(worst 42)
Female	4.3	(worst 46)	Female	6.8	(worst 35)	Female	4.2	(worst 46)
I - 6 Liver			I - 7 Breast					
Total	5.3	(worst 43)	Female	11.5	(worst 8)			
Male	7.9	(worst 43)						
Female	2.8	(worst 28)						

II. Cancer screening rate, smoking rate [2010]

II - 1 Screening (stomach) ^{*2}		II - 2 Screening (lung) ^{*2}		II - 3 Screening (colon) ^{*2}	
Total	29.9% (worst 19)	Total	24.4% (worst 22)	Total	22.7% (worst 11)
Male	32.3% (worst 11)	Male	24.4% (worst 19)	Male	24.1% (worst 7)
Female	27.7% (worst 23)	Female	24.5% (worst 25)	Female	21.2% (worst 18)
II - 4 Screening (breast) ^{*2}		II - 5 Screening (uterine) ^{*3}		II - 6 Smoking rate	
Female	29.2% (worst 41)	Female	28.9% (worst 43)	Total	20.4% (worst 24)
				Male	32.2% (worst 32)
				Female	9.3% (worst 19)

III. Cancer care resources [as of August 2013]

III-1	No. of certified cancer specialists ^{*4}	73.6 (worst 16)
III-2	No. of cancer drug therapy specialists ^{*4}	1.4 (worst 2)
III-3	No. of certified radiation therapy specialists ^{*4}	2.9 (worst 4)
III-4	No. of certified radiation therapy technicians ^{*4}	2.9 (worst 1)
III-5	No. of specialist cancer care nurses ^{*4}	15.8 (worst 22)
III-6	No. of certified chemotherapy nurses ^{*4}	0.7 (worst 8)
III-7	No. of certified radiation therapy nurses ^{*4}	3.6 (worst 2)
III-8	No. of certified palliative care nurses ^{*4}	0.0 (worst 1)
III-9	No. of certified palliative care nurses ^{*4}	7.9 (worst 13)
III-10	No. of certified pain management nurses ^{*4}	0.7 (worst 3)
III-11	No. of certified home-visit nurses ^{*4}	0.7 (worst 4)
III-12	No. of certified home-visit nurses ^{*4}	36.6 (worst 20)
III-13	No. of cancer centers designated by national government (Breakdown: prefectural cancer center 1, regional cancer center 2)	3
III-14	No. of cancer centers designated by prefecture	0

^{*1} below 75 years of age, age adjusted, per 100,000 population ^{*2} Ages 40 and over ^{*3} Ages 20 and over

^{*4} per 1 million population

IV. Information about the structure of prefectural cancer control programs [as of July 2013]

※All items that apply are indicated by a ○ mark. Figures shown in () indicate the number of “yes” confirmations and responses received from all 47 prefectures.

<Progress management>

IV - 1	The Prefectural Office has a dedicated cancer control department (27/47)	○
IV - 2	A mid-term evaluation of the Prefectural Plan to Promote Cancer Control is scheduled (35/47)	○
IV - 3	An action plan for implementation of the Prefectural Plan to Promote Cancer Control is scheduled to be developed (18/47)	-
IV - 4	There is a bipartisan cancer control caucus of Prefectural Assembly members (8/47)	-

<Information sharing>

IV - 5	There is a website (or section of a website) specifically for cancer control information (39/47)	-
IV - 6	Information relating to the prefectural cancer control budget is made publicly available on the internet or elsewhere (21/47)	-
IV - 7	Information and materials in the nature of an annual report on cancer control have been created and made publicly available (16/47)	-

<Information gathering>

IV - 8	The prefecture plans to conduct its own survey (other than a patient satisfaction survey) on the situation relating to cancer and cancer control (during FY2013~14) (23/47)	-
IV - 9	The prefecture plans to conduct its own patient satisfaction survey on the situation relating to cancer and cancer control (during FY2013~14) (9/47)	-
IV - 10	There is a process in place to collect the opinions of prefectural residents on cancer control measures (24/47)	-
IV - 11	Prefectural hub hospitals etc. have a role in collecting and organizing data to help in managing the progress of cancer control (27/47)	-

<Cancer control ordinance>

IV - 12	There is movement towards enacting ordinances to promote cancer control (○) / Ordinances have already been enacted (◎) (6,24/47)	◎
IV - 13	There is movement towards amending existing ordinances to promote cancer control (○) / Ordinances have already been amended (◎) (5,1/24)	-

<Discussion committee>

IV - 14	In addition to the Prefectural Committee for Promotion of Cancer Control, there is a body or committee to manage the progress (PDCA cycle) and/or conduct evaluation of cancer control (10/47)	-
IV - 15	There is a body or committee to discuss issues such as home care or specific forms of cancer care in each medical region (24/47)	-
IV - 16	The minutes and assorted documentation relating to the Prefectural Committee for Promotion of Cancer Control are made publicly available (30/47)	-
IV - 17	The minutes and assorted documentation relating to the Prefectural Committee for Cancer Care Collaboration are made publicly available (12/47)	○

<Committee>

IV - 18	No. of scheduled meetings of Prefectural Committee for Promotion of Cancer Control (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	0
IV - 19	Total no. of Prefectural Committee for Promotion of Cancer Control members at present (Avg. 17.3)	0
IV - 20	No. of patient/patient-related Prefectural Committee for Promotion of Cancer Control members at present (Avg. 2.2)	0
IV - 21	No. of patient/patient-related members of Prefectural Committee for Promotion of Cancer Control sub-committees, task forces etc. (not including main committee members) (Avg. 0.9)	0
IV - 22	No. of scheduled meetings of Prefectural Committee for Cancer Care Collaboration (not including special committees, task force meetings etc.) (FY2013) (Avg. 1.6)	5
IV - 23	Total no. of Prefectural Committee for Cancer Care Collaboration members at present (Avg. 21.3)	34
IV - 24	No. of patient/patient-related Prefectural Committee for Cancer Care Collaboration members at present (Avg. 0.3)	3
IV - 25	No. of patient/patient-related members of Prefectural Committee for Cancer Care Collaboration sub-committees, task forces etc. (not including main committee members) (Avg. 0.4)	0

<Titles>

IV - 26 Title of the dedicated cancer control department 『福祉保健部医務課（がん対策推進計画策定等）、福祉保健部健康増進課（がん登録、がん検診等） ※（事業内容により所管がことなる） 』

IV - 27 (related to IV - 14) Title of the committee to discuss the progress 『 - 』

Prefectural Cancer Control Scorecard 2013

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