Current Status of Cancer Treatment in Japan, and Future Prospects for the Japan Society of Clinical Oncology

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The most important topic related to cancer treatment in the world today may be the advent of molecular-targeting drugs. It has been reported that the use of these drugs has resulted in the prolongation of survival in patients with unresectable and advanced lung cancer, breast cancer, colorectal cancer, and liver cancer. The prolongation of survival has been particularly distinct in cases of colorectal cancer, thus leading to a mean survival time of more than 20 months, in contrast to the previous mean of less than 1 year. However, there are emerging issues with regard to the serious adverse events and high medical costs related to these treatments. As a result, there is a need for biomarkers that enable the prediction of the efficacy and toxicity of molecular-targeting drugs.

Japan has been facing a rapid increase in the number of cancer patients. According to vital statistics issued by the Ministry of Health, Labour and Welfare, approximately 1,142,000 people died in 2008 in Japan.[1] Among them, there were 343,000 deaths from cancer, accounting for about 30% of deaths from all causes. Thus, cancer is the most common cause of death in Japan. In addition, although there were approximately 590,000 patients who were newly diagnosed with cancer in 2002, the corresponding number is predicted to increase to 890,000 by 2015. This makes a clear contrast with the situation in the US, where deaths from cancer have been decreasing since the late 1990s. The budget for the National Cancer Institute in the US is about 5 billion USD (425 billion yen, at the exchange rate of 85 yen to the dollar) in 2009, approximately 8-fold higher than the corresponding budget of 52.5 billion yen in Japan.[2,3] This large difference in cancer budgeting may be involved in the difference in the number of cancer deaths.

In Japan, cancer patients who cannot receive the treatments they want and who have no place to go for treatment are called "cancer refugees," and constitute a recently recognized social problem. According to a patient survey in fiscal year 2009 by the Commission on Citizens and Health of the Health Policy Institute of Japan, 28% of cancer patients were not satisfied with their diagnosis or treatment of cancer, and the major reasons cited for the dissatisfaction were the lack of psychological support and inadequacy of the information provided.[4] According to the survey by the Medical Education Division of the Ministry of Education, Culture, Sports, Science and Technology in fiscal year 2008, among 79 medical schools in Japan, only 14 (17.7%) had a course specifically for cancer chemotherapy, 28 (35.4%) had a course of radiation therapy, and 3 (3.8%) had a course specializing in palliative care.[5] The scarcity of these specialized courses may be interfering with fostering medical care providers specializing in cancer. This defect in the education system may be a reason for the increasing number of "cancer refugees" in this country.

The Japan Society of Clinical Oncology (JSCO) was set up in December 1963, with the aim of establishing a democratically managed academic body mainly for the purpose of studying cancer and achieving useful and practical results in the fight against the disease. This Society has the following purposes: to enable

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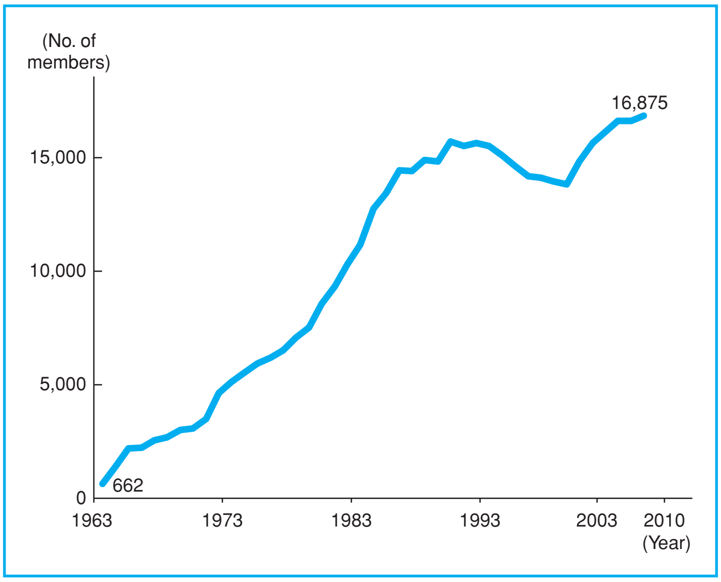

Fig. 1 Changes in the number of members of the Japan Society of Clinical Oncology

Table 1 Chronicle of the Japan Society of Cancer Oncology

Year	Description
2002	Publication of the "Classification of Regional Lymph Nodes in Japan"
2002	UICC-JSCO Joint International Symposium in Fukuoka
2004	Public announcement of the opinion of the Ethics Committee on the freeze preservation of gametes from patients prior to treatment for malignant tumor
2005	JSCO Declaration of Opposition to Smoking
2005	Commencement of the ASCO-JSCO symposium
2006	Participation in the Japanese Board of Cancer Therapy
2007	Initiation of the web publication of the JSCO clinical practice guidelines Setting up the certified data manager system
2008	Formulation and enforcement of the policy of conflict of interest in clinical research for cancer
2009	Foundation as a general aggregate corporation

communication, cooperation, and the promotion of research concerning the prevention, diagnosis and treatment of cancer and to contribute to the progress and dissemination of cancer treatment, thereby contributing to the advancement of science and the well-being of humankind. At present, the JSCO consists of physicians from 19 cancer specialties, including medical oncology and surgery, as well as co-medical professionals. The number of members, initially 662, has increased to 16,875 at present (**Fig. 1**), forming the largest academic society focusing on the clinical aspects of cancer treatment in Japan. The JSCO hosts an academic meeting each year, and this year is its 48th annual meeting. The Society has continued to issue its official English journal, the "International Journal of Clinical Oncology" since 1996, with the 16th volume published this year. I believe that, through these activities, the JSCO has been involved in the improvement of cancer treatment in Japan to an internationally recognized high level of practice, and even to the extent that Japan leads the world in some areas of cancer treatment.

To respond to the changing times, the JSCO adopted the chief-director system for its management in 1997, taking a lead in this kind of movement in Japan. After the first, second, and third Chief Directors Keizo Sugimachi, Masaki Kitajima, and Morito Monden, I have assumed the position as the fourth Chief Director, beginning in 2009. The Society has accomplished rapid reform since the adoption of the chief director system (**Table 1**). The major efforts of the JSCO over the past few years have been targeting fulfillment of its responsibilities to meet people's expectations of cancer treatment.

In Japan, the Cancer Control Act was enforced in April 2008, and, based on this, the Basic Plan to Promote Cancer Control Programs was developed in June of the same year. The Plan includes basic concepts such as the implementation of cancer control measures from the standpoint of cancer patients and the general public, operation of comprehensive and systematic cancer control measures focused on issues that require concentrated efforts, and providing people with equal accessibility to cancer care. The Plan also addresses other priority issues including patient nutrition and the promotion of radiation therapy and chemotherapy specialists, promotion of palliative care, and facilitation of the development of a cancer registry. In addition, a variety of other important issues, including the prevention and early detection of cancer, preparation of key hospitals, and the provision of counseling support and information for patients are also covered.

I believe that further enrichment of the Society is necessary for this plan to become successful. Specifically, important issues to be addressed include 1) holding open lectures and educational symposia for local citizens to promote equal accessibility to medical care, 2) foundation of a clinical studies support fund aimed at improving the quality of cancer treatment, 3) setting up a cancer care coalition committee to listen to comments from cancer patients and to have them reflected in the activities of the Society, and 4) development of a cancer treatment coordinator system for the smooth promotion of cancer care. Bearing these tasks in mind, the JSCO is taking new approaches to the improvement of cancer care in this country. The first lectures for general citizens were held in Fukuoka and Sapporo in 2010. Educational symposia for physicians and co-medical professionals have been held in Fukuoka and Sendai. The recruitment of clinical studies applicable to the clinical studies support fund for this fiscal year will soon be started. In addition, at the 47 and 48th JSCO annual meeting, patient advocacy was officially adopted from the viewpoint of promoting cancer patient-centered care, and a cancer-care coalition committee was set up as a permanent committee and began operations. The JSCO is also beginning to develop a cancer treatment coordinator system, with the aim of eliminating the concerns and anxieties of cancer patients, facilitating smooth cooperation among medical facilities, and resolving the issue of "cancer refugees."

The JSCO intends to attempt a further step into the future, based on the inheritance of its long history, tradition, and past results of the Society, and hopes that such efforts will lead to the advancement of cancer control in Japan.

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