

Lung cancer in Japan: policy response to improving lung cancer care



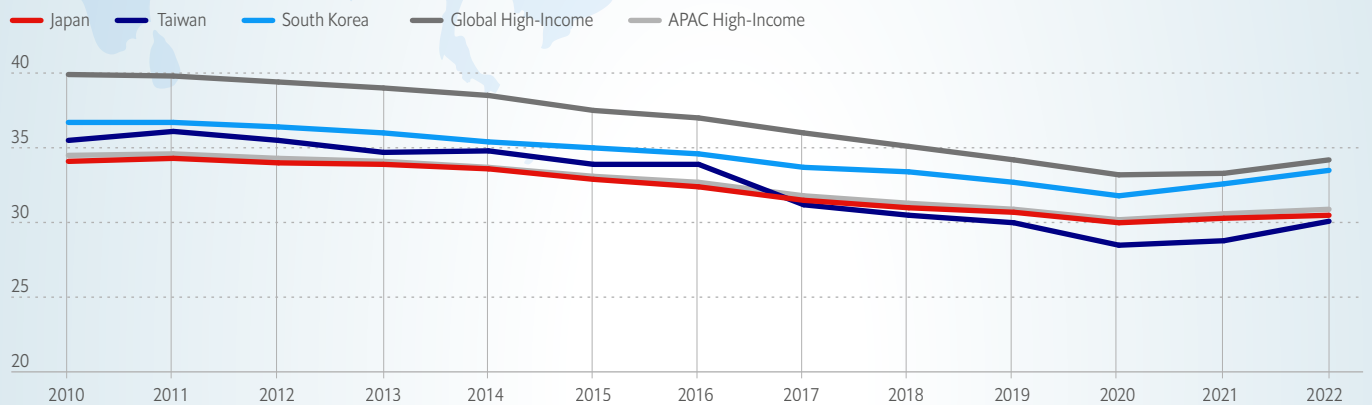
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Lung cancer is one of the most common cancers and the leading cause of cancer-related deaths in Japan.¹ Globally, Japan ranked third for both new lung cancer cases and deaths in 2020.²

The age-standardised incidence rates (ASIR) for lung cancer in Japan show a declining trend, mirroring the pattern observed in other high-income countries worldwide, including those in the Asia-Pacific (APAC) region and East Asia.

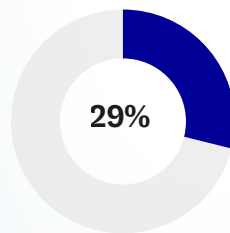
Lung cancer incidence rate per 100,000 (2010-2022)



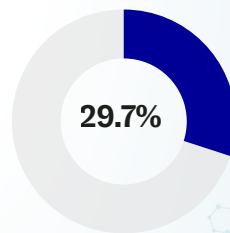
Source: Institute for Health Metrics Evaluation. Used with permission. All rights reserved.³ All figures are age-standardised

Continued improvements in the 5-year survival rate

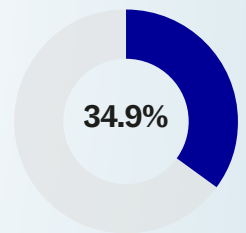
While Japan has seen enhancements in the 5-year survival rates for lung cancer (the current estimate at around 35% for 2009-11), there remains considerable room for improvement.



2000-2002



2003-2005



2009-2011

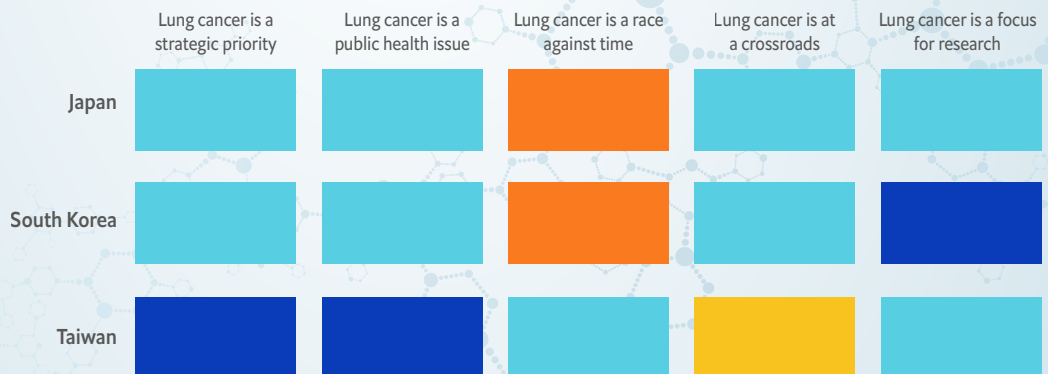
Source: Cancer statistics in Japan⁴

How prepared is Japan?

Success against lung cancer requires a wide range of policies or guidelines that impact prevention, early detection, treatment, and patient support throughout the patient journey.

Economist Impact created a framework to assess these policies and guidelines across five key domains influencing lung cancer care in Japan, South Korea and Taiwan.

- Low
- Moderately low
- Moderate
- Moderately high
- High



Japan scores 'moderately high across most domains, with the exception of the 'lung cancer race against time' domain, where it scores 'moderately low'. Japan performs well in the strategic priority, public health issue and lung cancer at crossroads domains. It performs 'moderately low' in the race against time domain due to the lack of well-defined referral pathways and expedited pathways for diagnosis of suspected patients.

While Japan demonstrates overall strong performance, enhancements could focus on:



Japan has demonstrated improvements with respect to its enhanced tobacco policies. However, there is room for further advancement through better regulation of e-cigarette control.



Given that tobacco advertising is currently only self-regulated by the companies themselves, there is a need to mandate regulations for the same in Japan.



There is a need for a well-defined referral pathway for timely diagnosis of suspected patients and psychological support services, inclusion of shared decision-making in guidelines, and improvements to the population-based cancer registry could improve the overall lung cancer care.

Japan's effective strategies

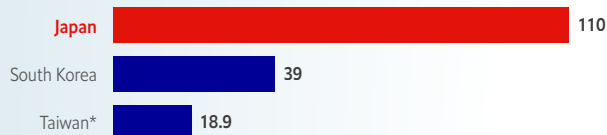
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Enhancing screening and early detection strategies



Japan excels in early-stage lung cancer detection, leading to improved overall 5-year survival rates for lung cancer patients. The availability and easy access to CT scans often result in incidental diagnosis of early stage lung cancer, even though Low-Dose Computed Tomography (LDCT) screening is not mandatory in the country.

CT scanners per 1m population



*calculated from number of CT scanners and population

Source: OECD data⁵ and Annual Report of Medical Care Institution & Hospital Utilization, 2020, Taiwan⁶

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Continued focus on research and clinical trials



Japan is at the forefront of clinical research, with robust efforts in conducting clinical trials funded by both the government for surgical procedures and the private sector for pharmaceutical developments, which are instrumental in advancing treatment options.

3

Developing an extensive cancer care network



The Japanese government has made significant strides in cancer care by creating a comprehensive clinical support network nationwide. This network includes national, prefectural, and district-designated cancer care hospitals, totalling 456 in number.⁷

"In the working population, I think the lung cancer screening [by chest x-ray] is not so bad because the companies implement the rules that mandate screenings for all employees. However, as a larger number of females do not work outside their homes, we see that the screening among them is a little bit lower."

Hidehito Horinouchi

National Cancer Center Hospital; Assistant Chief, Department of Thoracic Oncology; Chief, Office for Patient Flow Management; Chief, Office for Professional Education Management; Japan Clinical Oncology Group (JCOG); Secretary-General, Lung Cancer Study Group, Tokyo, Japan



The way ahead...



Improve screening uptake, especially among women

The lung cancer screening uptake in women is lower than in men. Experts attribute this disparity partly to the fact that a substantial number of women tend to quit the workforce after marriage, which limits their access to screening programmes offered at workplaces. This is concerning as **the incidence of lung cancer is increasing in women**.

The low uptake of government-promoted screenings highlights the need to **tailor strategies to improve participation, particularly for women**, to enhance early detection and treatment outcomes.



Adapting to the pulse of progress, updating drug approval system in Japan

Japan's Pharmaceuticals and Medical Devices Agency (PMDA) and Ministry of Health, Labour and Welfare (MHLW) oversee new therapy approvals, ensuring all approved drugs are reimbursed. Yet, **a growing gap exists between drugs approved in Japan and other developed countries**. For instance, only about 60% of drugs approved in the US are approved in Japan.⁸ This discrepancy is partly due to an influx of smaller venture capitals that are developing drugs and obtaining approval in the US faster than in Japan.

To maintain access to innovative therapies, Japan needs to **modernise its drug approval process**, adapting to the evolving landscape of drug development.



Enhance referral pathway for diagnosis after screening

In Japan's lung cancer screening programme, individuals can directly access hospital care without intermediary referrals, potentially affecting follow-up rates. In 2017, **only 83.5% followed up after abnormal screenings**, missing the 90% national target.⁹

Improving this requires **establishing clear referral guidelines, speeding up diagnosis processes, and educating the public** on the importance of follow-ups, along with supporting hesitant patients.

References

¹ Cancer Statistics in Japan. 2023. Available at: https://ganjoho.jp/public/qa_links/report/statistics/pdf/cancer_statistics_2023.pdf

² Sharma R. Mapping of global, regional and national incidence, mortality and mortality-to-incidence ratio of lung cancer in 2020 and 2050. *Int J Clin Oncol*. 2022 Apr;27(4):665-675. doi: 10.1007/s10147-021-02108-2. Epub 2022 Jan 12. PMID: 35020103; PMCID: PMC8753949.

³ Institute for Health Metrics Evaluation. Used with permission. All rights reserved.

⁴ Cancer Statistics in Japan. Available at https://ganjoho.jp/public/qa_links/report/statistics/en.html

⁵ OECD data. Available at https://www.oecd-ilibrary.org/sites/26b007cd-en/1/3/5/3/index.html?itemId=/content/publication/26b007cd-en&_csp_=_9d6efe24f5294256e88ec3744093e084&itemGO=oeed&itemContentType=book#:2

⁶ Annual Report of Medical Care Institution & Hospital Utilization, 2020, Taiwan

⁷ National Cancer Center, Japan: Overview. 2023. Available at https://www.ncc.go.jp/en/about/NCC_Overview_en_24_nov_2023.pdf

⁸ Maeda H, Hara A, Ofuchi M, Shingai R, Misumi T, Murai Y. Trends in oncology drug lags in Japan from 2001 to 2020: A cross-sectional study. *Clin Transl Sci*. 2023 Dec;16(12):2665-2674. doi: 10.1111/cts.13660. Epub 2023 Oct 17. PMID: 37815272; PMCID: PMC10719463.

⁹ Cancer control act. Basic plan to Promote Cancer Control Programs. Available at <https://atlas.ncc.go.jp/media/2-Cancer-Control-Act-Basic-Plan-to-Promote-Cancer-Control-Programs.pdf>

To find out more, download our report **Breathing in a new era: A comparative analysis of lung cancer policies in Taiwan, South Korea and Japan**