

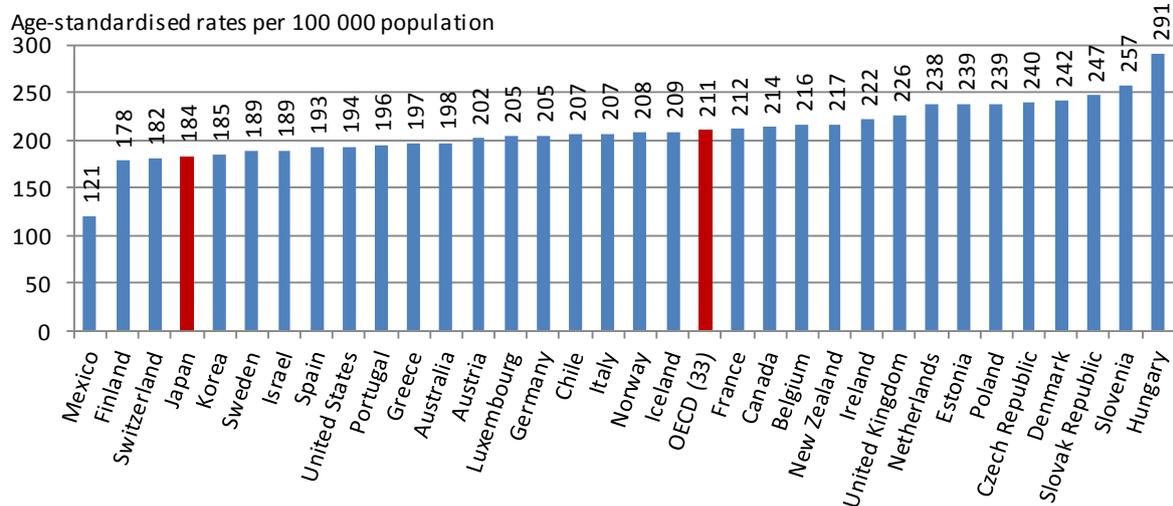


# Cancer Care: Assuring quality to improve survival

## Country note: Japan

Japan has good cancer outcomes: survival is high and mortality is low compared with other OECD countries. According to the latest data, five-year relative survival was 87.3% for breast cancer vs. OECD average of 84.2%, 70.2% for cervical cancer vs. average of 66.0% and 68.0% for colorectal cancer vs. average of 60.7%. The governance of cancer control has been strengthened through three National Cancer Control Plans introduced in 1984, 1994 and 2004, and Basic Plan to promote Cancer Control Programs launched in 2007 and revised in 2012, but in order to improve cancer outcomes even more, Japan could focus on the following areas.

**All cancer mortality rates, 2011 (or nearest year)**



Note: Raw mortality data from the WHO Mortality Database have been age-standardised to the 2010 OECD population.

Source: OECD Health Statistics 2013

### Facilitate timely introduction and appropriate coverage of drugs

Even though the drug lag has become short, it is still long compared with many OECD countries. Europe and also between Australia and New Zealand has cross-national harmonisation and mutual recognition of the approval process, and similar efforts could be undertaken in other parts of the world to facilitate authorisation process. In many OECD countries, health technology assessment is done to identify the public health insurance coverage for new drugs and besides the evaluation on safety and clinical effectiveness, cost analysis may be needed in the future.

### Promote adequate use of diagnostic equipment

Japan stands out with the highest rates of diagnostic equipment with 46.8 MRIs and 101.3 CTs per million population, compared with the OECD average of 13.3 and 23.6 in 2011. On average, OECD countries conduct 55.4 MRI exams and 131.0 CT scans per 1 000 population in 2011, but due to the lack of data, it is not possible to evaluate the use of ubiquitous equipment in Japan. In Korea, rates of medical equipment are also high but much lower than Japan, with 21.3 MRIs and 35.9 CTs per million population, but medical equipment may be underutilised as the number of exams per 1 000

population is low at 18.2 for MRIs and 118.5 for CTs. Given the number of equipment, Japanese situation may be similar to the Korean one. Additional data are needed to evaluate the efficient and effective use and allocation of medical devices.

### **Strengthen monitoring mechanisms**

Japan regularly reports progress on cancer control at the level of designated cancer hospitals, but cancer outcomes by region and providers need to be made more accessible to the public to promote provider accountability and patient-centred care delivery. In addition, monitoring efforts need to be strengthened to reduce practice, quality and outcome variations across providers and regions within the country. In the Netherlands, compliance with recommended care is reported regularly and England monitors the quality and outcomes of medical treatment from patient's point of view through Patient-Reported Outcome Measures (PROMs). Moreover, Japan could strengthen the feedback mechanisms to promote best practices among providers. In Israel, for breast cancer screening, detection rates, recall rates, further examination rates, and staging information, and negative/positive test result rates are provided to all providers every year so that they can compare their performance relative to the national average and to other providers in the country.

More information on *Cancer Care: Assuring quality to improve survival* is available at <http://www.oecd.org/health/health-systems/cancer-care.htm>.

For information on OECD's work on **Japan**, please visit [www.oecd.org/japan](http://www.oecd.org/japan).