In Japan, malignant neoplasm has been the leading cause of death since 1981 and effective cancer countermeasures are needed. Gastric cancer is said to be decreasing for both men and women in Japan and yet gastric cancer is a leading cause of death among malignant neoplasms. This report examined age-adjusted mortality rates for malignant neoplasms of the stomach in 2000 and 2005 for both sexes in Japan as a whole and in each of the 47 prefectures based on Vital Statistics reported by the Ministry of Health, Labour, and Welfare and it compared figures for both years. With the cooperation of the Ishikawa and Tokushima Prefectural Governments, this report studied the current state of measures being taken in prefectures that must quickly act to counter malignant neoplasms of the stomach and it studied preventive measures that should be taken in the future.

During the study period, the age-adjusted mortality rate for malignant neoplasms of the stomach in men decreased in 2005 both nationwide and in each prefecture in comparison to 2000. The age-adjusted mortality rate for women decreased in 2005 nationwide and in 45 prefectures in comparison to 2000, but it rose in Ishikawa and Tokushima Prefectures (/100,000 population; Ishikawa Prefecture: 15.0 (2000), 15.3 (2005); Tokushima Prefecture: 12.6 (2000), 12.8 (2005)). The Ishikawa Prefectural Plan to Promote Cancer Control was drafted in April 2008 and the prefecture is working on cancer countermeasures from the perspective of cancer as a whole. The prefecture has placed considerable emphasis on lifestyle modification such as improving eating habits to prevent gastric cancer, and increasing participation in and improving the quality of cancer screening for early detection and treatment. Similarly, Tokushima Prefecture drafted the Tokushima Prefectural Plan to Promote Cancer Control as a five-year plan starting in 2008; the prefecture is working to improve eating habits and increase participation in and improve the quality of cancer screening. A feature of Tokushima Prefecture’s cancer countermeasures, including those for gastric cancer, is the enhancement of medical care. This entails efforts like provision of care from the initial stages of treatment to palliative care, facilitation of enhanced treatment such as radiation therapy and chemotherapy, enhancement of at-home care, promotion of cancer registries, provision of counselling support systems and an increase in medical facilities that can distribute pamphlets with information on cancer. While measures to prevent gastric cancer should also be implemented in each region, from a national perspective individual regions should implement such measures in concert in order to bring about a further decline in the gastric cancer mortality rate (1).

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