

Cancer Pattern and its Prevention Strategy in Japan and Asia

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In Asian countries, an epidemic pattern of cancer by site is very characteristic due to various geographic condition and different cultural background. From the current international cancer statistics of the WHO, a number of annual deaths in the world were estimated at 7 million and more than 50% are found in Asian regions. The same statistics predicted 50% of increment of cancer deaths by 2020 and remarkable increment in Asian regions. From epidemiological evidences in Asia including Japan, more than 30% of cancers including stomach, liver, cervix, nasopharynx, and etc, are attributable to infectious agents, Hp, HBV/HCV, HPV, EBV, and etc, respectively. Furthermore, habitual smoking and drinking might be cause of 25-35% of cancers, e.g., upper G-I tract and respiratory tract cancers. The remaining 20-30% of cancers, colo-rectum, breast, endometrium, prostate, pancreas, bile duct and etc are caused by dietary habits and physical inactivity.

Now necessary information should be disseminated that cancers are preventable by removing risk factors, e.g., quitting smoking, moderation of drinking, eradication of infectious agents and improvement of dietary habits (primary prevention). Furthermore, we should recognize that most of cancer deaths are preventable by early detection and treatment (secondary prevention). It was reported that more than 90% of main sites of cancer are curable if they are detected in early stage by well organized cancer screening program, especially for breast, uterus, colo-rectum, gastric and lung cancers. For comprehensive cancer prevention strategy in Asia, not only primary prevention but also secondary prevention should be promoted, especially for reduction of cancer deaths.

The current practice of molecular epidemiology can provide critical pointers to prevention programs focused on individuals and ethnic groups, as an adjunct to public prevention programs. Thus strategy of cancer control may change over time with new developments in technology, but the principle idea remains based on general lifestyle improvement. Establishing a practical prevention program for cancer prevention in Japan and Asian countries could be a model of cancer control program in developing countries in the world.



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1972-1977 Resident, General Surgery and Clinical Pathology

1979-1990 Cancer Epidemiologist, Chief (1990-)

Division of Epidemiology & Prevention, Aichi Cancer Center
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Honors and International Academic Activities

IARC Fellowship (1985-86), Incitement Award of the Japanese Cancer Association (1987), Yomiuri Tokai Medical Award (2000), Princess Takamatsu Cancer Research Foundation Academic Award (2002)

Chairman, Task Force of Cancer Epidemiology and Prevention (UICC),
Chairman, Asian Pacific Organization for Cancer Prevention (APOCP)

Specialty and Present Interest

- 1) Studying risk and protective factors for ethnicity-specific cancers
- 2) Promotion of Hospital-based Epidemiologic Research Program at Aichi Cancer Center (HERPACC) for determination of etiological factors for main sites of cancers in Asian Pacific