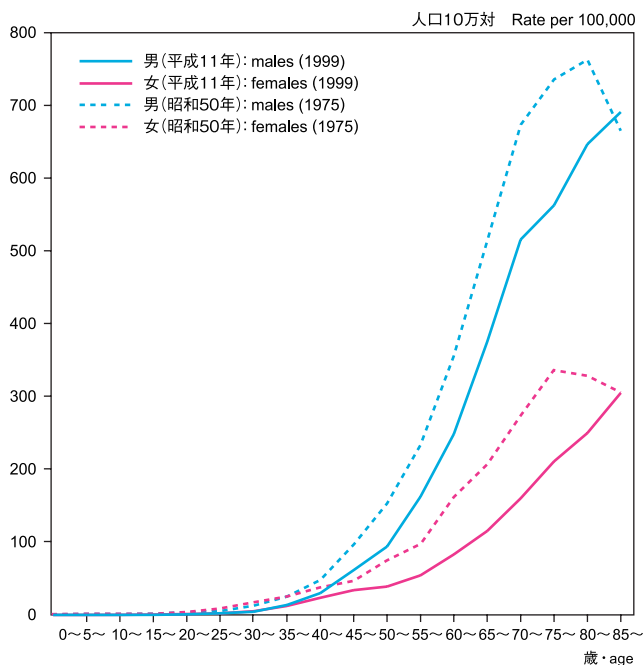
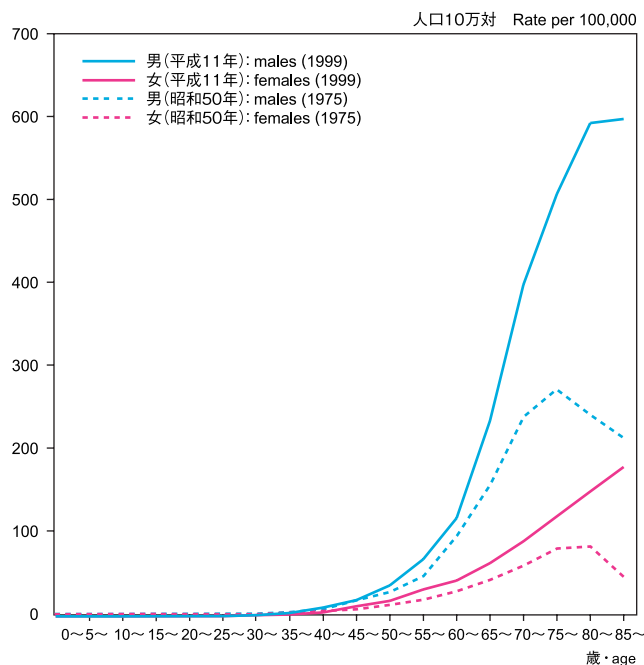


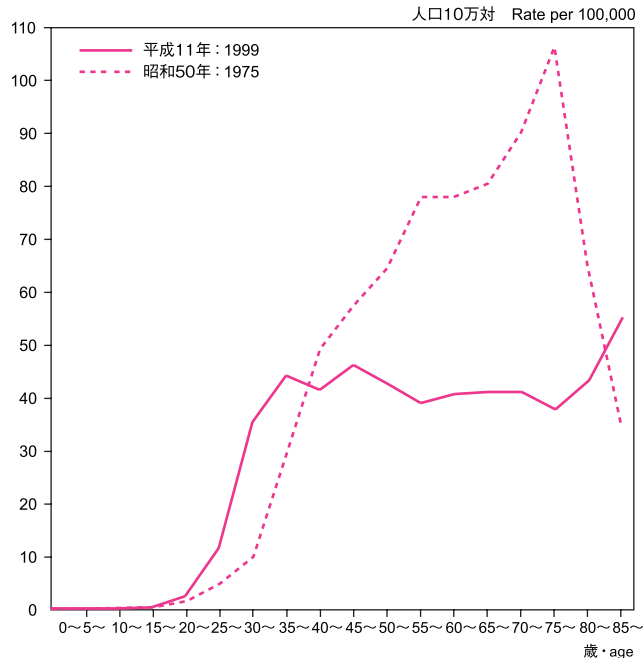
1) 胃がん Stomach cancer



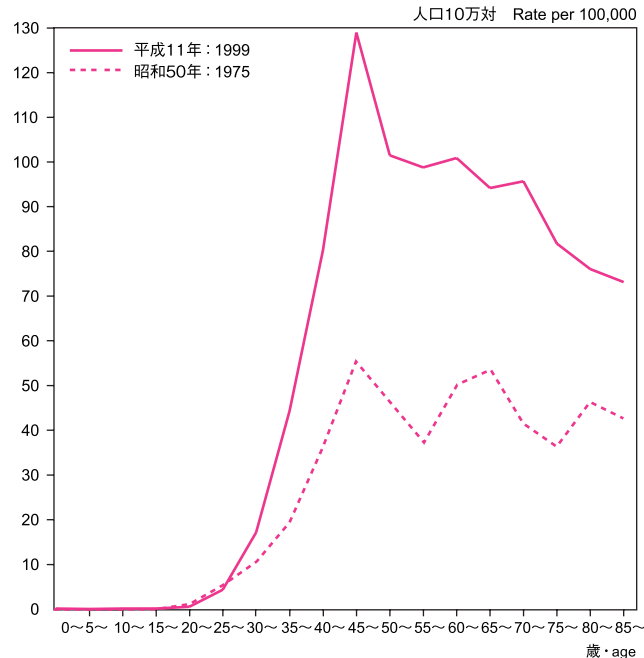
2) 肺がん Lung cancer



3) 子宮がん Uterine cancer



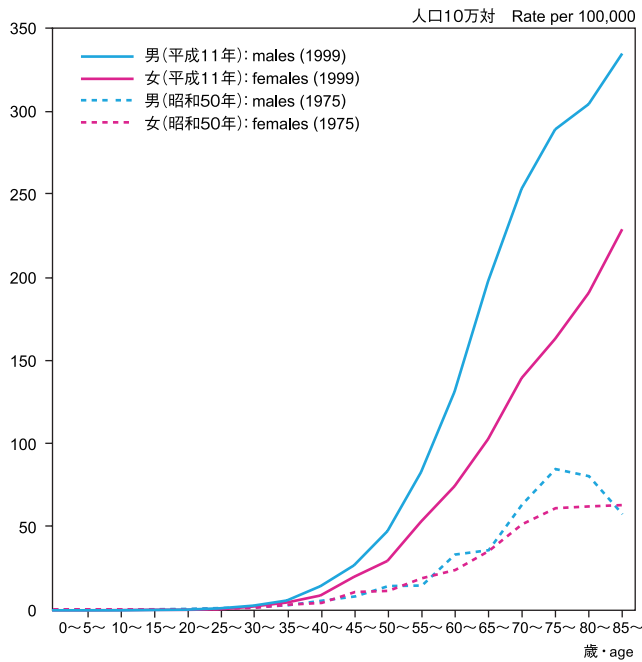
4) 乳がん Breast cancer



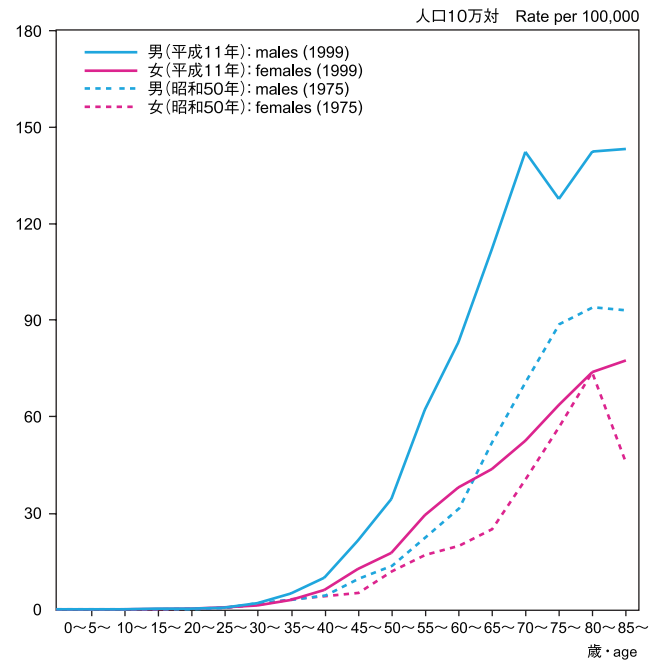
昭和50年と平成11年の各種がんの罹患率の変化をみると、胃がん、40歳以上の子宮がんは後期の方が減少しているが、肺がん、結腸がん、膵臓がんなど多くのがんで増加がみられる。高齢まで続く増加は昔は見られなかったもので、高齢者ががんの診断精度向上も寄与していると思われる。

The cancer incidences in 1975 and 1999 revealed marked decreases in stomach cancer and uterine cancer aged 40 and above. Lung, colon and pancreatic cancer, however, showed marked increases for every age category. The high level in the aged was not observed previously. The improved diagnosis of cancer in elderly people may have contributed to the increase.

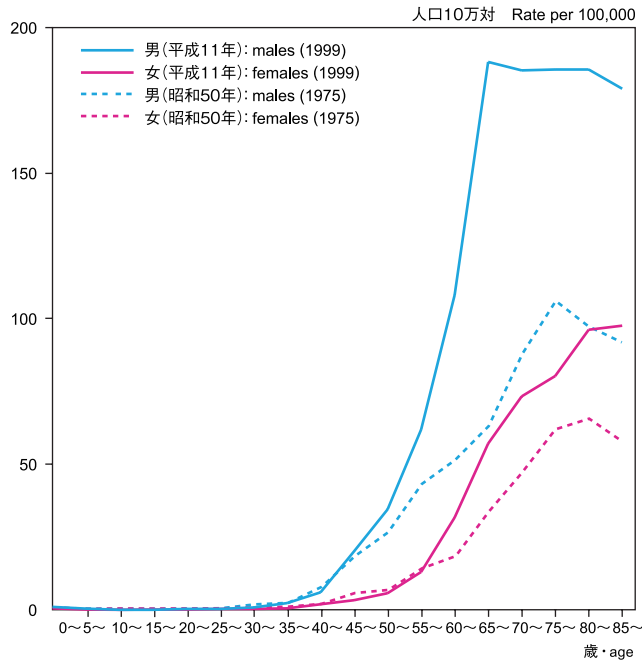
5) 結腸がん Colon cancer



6) 直腸がん Rectal cancer

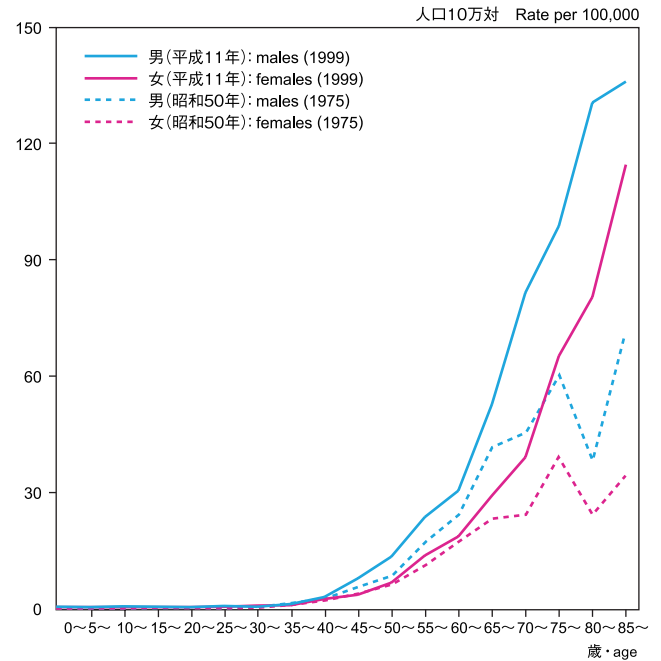


7) 肝臓がん Liver cancer



男性肝臓がんでは50歳代からの急激な増加がみられ、男女の乖離が大きい。子宮がんの著明な減少に反して、乳がんは40歳代の閉経前の増加が目立つ。

8) 膵臓がん Pancreatic cancer



A rapid increase in liver cancer is noted after the 50's, and the disparity between males and females becomes greater. In contrast to the decrease in uterine cancer, premenopausal breast cancer increased in the latter period.

資料：厚生労働省がん研究助成金「地域がん登録」研究班（主任研究者 津熊秀明）平成15年度報告書。がん罹患数・率の全国値の推計方法とその利用における留意事項についてはp.31参照のこと。

Source: Report of the Research Group for Population-based Cancer Registration in Japan (Chairperson: Hideaki Tsukuma), 2003, supported by a Grant-in-Aid from the Ministry of Health, Labour and Welfare. Please see notes on p.31 for the estimation methods and attention to the use of cancer incidence rates for all Japan.