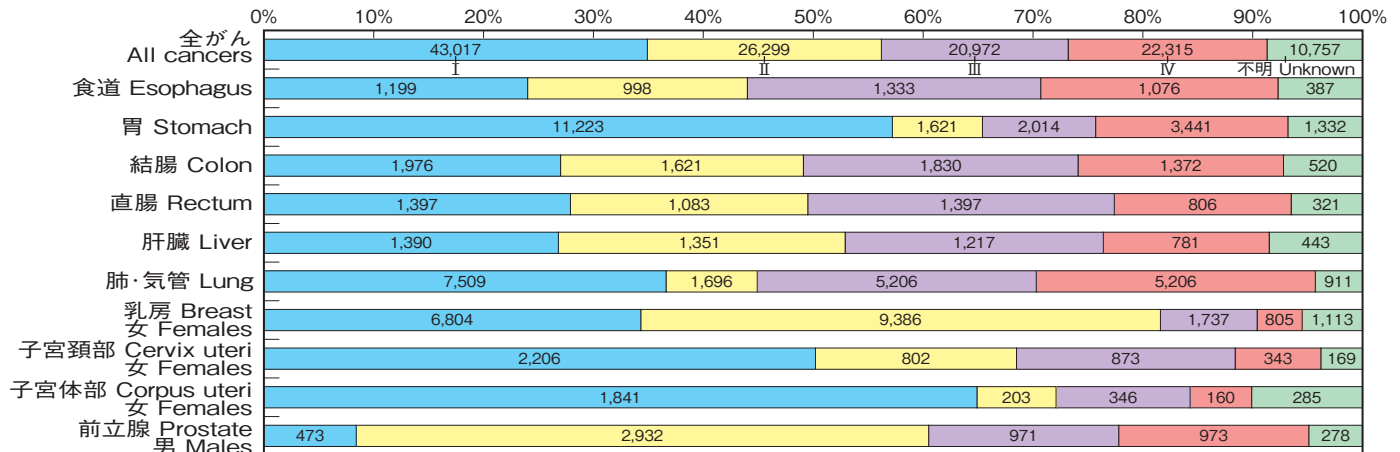
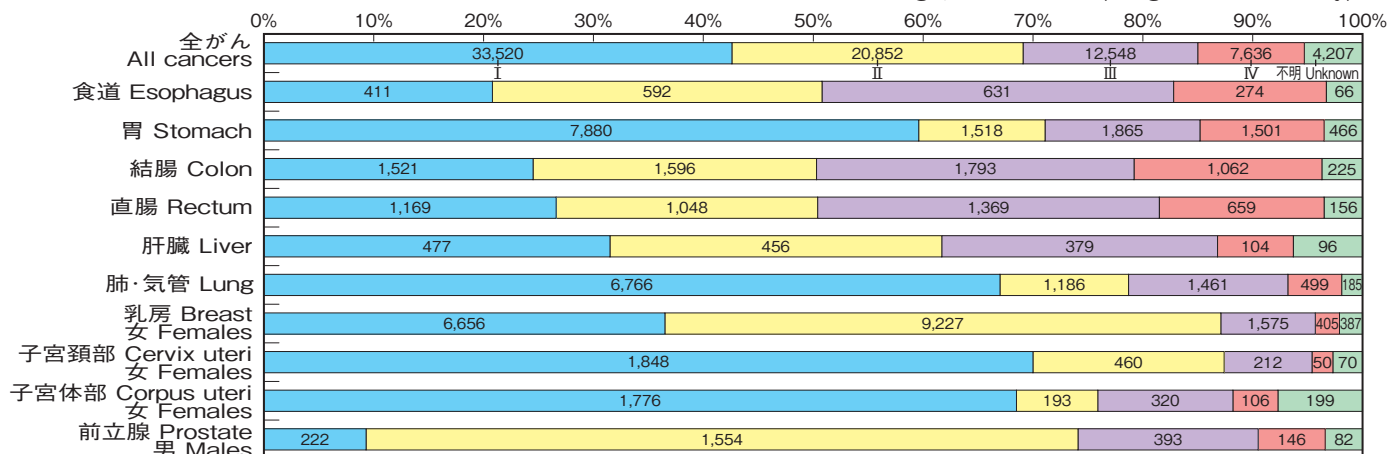


### (1) 臨床病期分布 男女計 (全症例) Distribution of Clinical Stage, Both Sexes (All Cases)



### (2) 臨床病期分布 男女計 (手術症例のみ) Distribution of Clinical Stage, Both Sexes (Surgical Cases Only)



#### (1) (2) 全がん協臨床病期分布

全症例では、前立腺がんにおいてI期症例が少なく、早期発見の重要性が示唆される。胃がん、子宮がんはI期症例の割合が高く比較的早期に発見されていることがうかがえる。乳がんにおいてはII期の症例が一番多く、検診のさらなる普及により、より多くの症例がI期で発見される体制が望まれる。

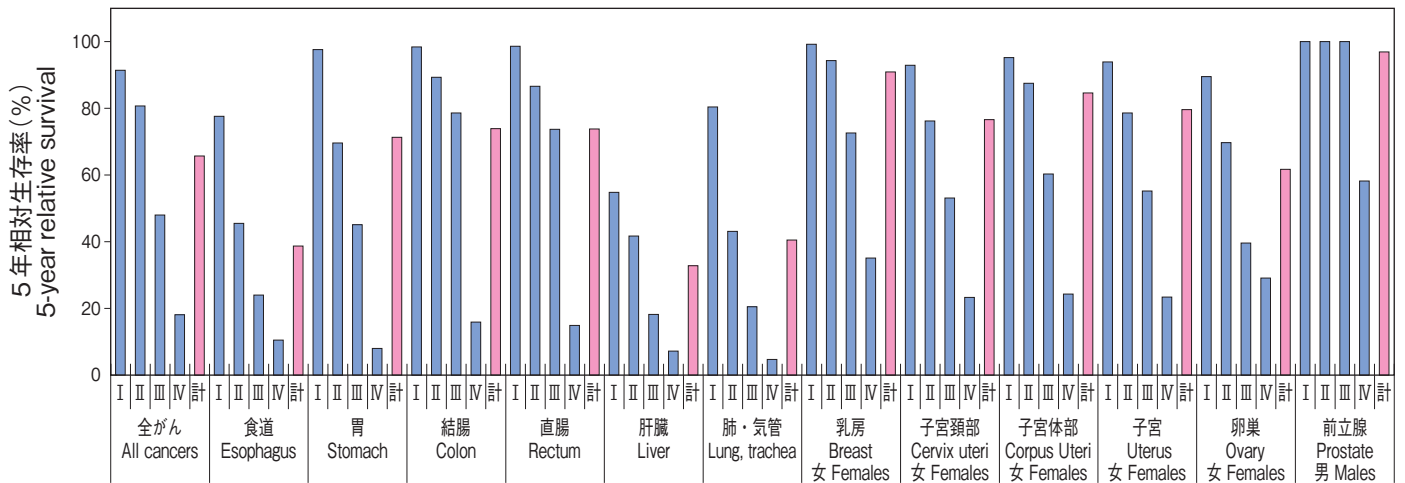
- (注) 1) 対象は全がん協加盟29施設  
 2) 2000年から2004年に初回入院治療を行った症例を対象とし、15歳未満の小児がんおよび95歳以上の高齢者は算定から除外  
 3) 良性腫瘍、上皮内がん、ステージ0は算定から除外  
 4) 症例区分4 (他院で診断と初回治療実施)、5 (剖検による診断) および診断結果3 (治療開始後) の症例は除外  
 5) ステージはUICCの臨床病期別  
 6) 合計には病期不明も例も含む  
 7) 消息判明率 (追跡率) はいずれの部位も95%以上  
 8) 手術症例には、化学療法または放射線療法との併用療法、腹腔鏡手術、胸腔鏡手術を含む。

#### (1) (2) Distribution of clinical stage

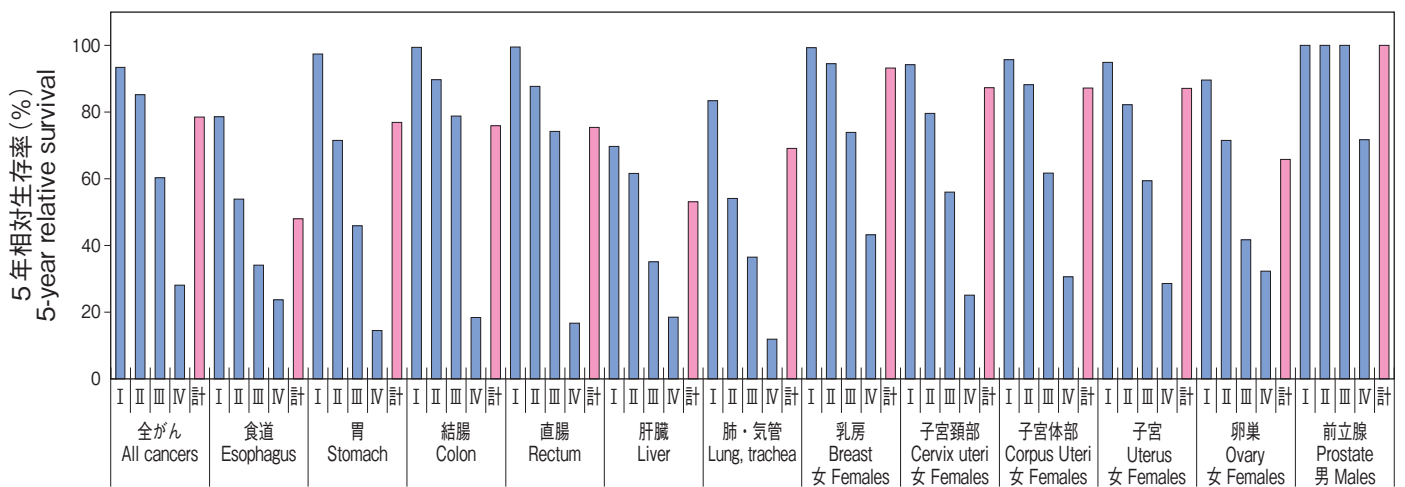
For all cases, the proportion of stage I at diagnosis was small for cancer of the prostate, suggesting the failure of early detection. The proportion of stage I for cancer of the stomach and uterus was large, suggesting relatively successful early detection. Stage II accounted for the largest part of female breast cancer; therefore dissemination of breast cancer screening is necessary to decrease this proportion.

- Note: 1) Data from 29 member hospitals in the Association of Clinical Cancer Centers are included.  
 2) Study cases are inpatients that underwent the first treatment in 2000-2004. Cases under age 15 or aged 95 or older were excluded.  
 3) Benign tumors, carcinoma in situ (CIS), or cases of stage 0 were excluded.  
 4) Cases diagnosed and first treated at other medical facilities, cases diagnosed by autopsy, and cases registered after starting treatment were excluded.  
 5) Clinical stages were based on UICC.  
 6) Cases with unknown clinical stage were included in the "Total" category.  
 7) Follow-up rate was 95% or more for each of all sites.  
 8) Surgical cases include surgery with laparoscope, thoracoscope, and the treatment combined with chemotherapy or radiotherapy.

### (3) 臨床病期別5年相対生存率 男女計 (全症例) 5-year Relative Survival Rate by Clinical Stage, Both Sexes (All Cases)



### (4) 臨床病期別5年相対生存率 男女計 (手術症例のみ) 5-year Relative Survival Rate by Clinical Stage, Both Sexes (Surgical Cases Only)



#### (3) (4) 全がん協臨床病期別5年相対生存率

主要部位の5年相対生存率は全体的に18ページの地域がん登録の生存率より高く、胃がん、結腸がん、直腸がん、子宮頸がんの5年相対生存率は70%以上、乳がん、子宮体がん、前立腺がんの5年相対生存率は80%以上を示し、特に胃がん、結腸がん、直腸がん、乳がん、子宮体がん、前立腺がんにおいて臨床病期Ⅰ期の生存率は95%を越えている。食道がん、肝臓がん、肺がんはⅠ期の生存率、全病期の生存率ともに低い。一方、前立腺がんではⅠ期、Ⅱ期、Ⅲ期とも100%の相対生存率を示している。特に肝臓がんと肺がんでは、手術症例の生存率が全症例より高い。

学会の臓器別がん登録や個々の病院がホームページ等で公表している生存率は、今回の手術症例の生存率に近いと考えられる。全国がん（成人病）センター協議会加盟施設の生存率は我が国のがん専門病院のデータであり、日本を代表するものではないが、地域がん診療連携拠点病院が今後目指すべき目標値であると考えられる。

#### (3) (4) 5-year relative survival rate, by clinical stage

The 5-year relative survival rates for major sites in the member hospitals of the Association of Clinical Cancer Centers tended to be higher than those measured in population-based cancer registry (See page 18). The survival rates in the member hospitals were over 70% for cancer of the stomach, colon, rectum, and cervix uteri, over 80% for breast (females), corpus uteri, and prostate. Moreover, the survival rates for stage I cases were over 95% for cancer of the stomach, colon, rectum, breast (females), corpus uteri, and prostate. Cancer of the esophagus, liver, and lung showed low survival rates even for stage I cases. Prostate cancer showed survival rate of 100% for stage I, II, and III cases. In the comparisons between all cases and surgical cases, surgical cases in liver and lung cancer showed higher survival rate than all cases.

The data of cancer survival rates reported by site-specific cancer registries or medical facilities are similar to the data for surgical cases presented here. Since the member hospitals of the Association of Clinical Cancer Centers specialize in cancer care, the survival rates presented here are not representative of Japan. Instead, they should serve as a goal for designated cancer care hospitals all around Japan.