Changes in Cancer Screening Rates in Japan Post-COVID-19 Pandemic

(COVID-19の後の日本におけるがん検診の変化)

Abubakar Aminu Kende

PhD Candidate (MEXT Scholar)

Graduate School of Public Health

St. Luke's International University

Email: <u>aminukende8@gmail.com</u>







St.Luke's International University

Outlines

- Background/Research Problem
- Research Objectives/Question
- Methodology and Data
- Reference List

BACKGROUND

Cancer: A Global and National Concern

A leading cause of death globally がんは死亡原因の第一位である



10 million cancer deaths¹



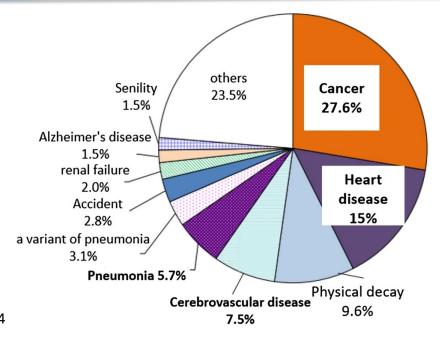
378,385 cancer deaths²

2020

Prevention of Cancer & Early Detection

Healthy lifestyle

Cancer Screening is one of the most effective way to reduce cancer deaths⁴ がん検診は死亡を減らすことができる



Causes of death in Japan (2020), MHLW ³

Impact of COVID-19 Pandemic

Disruption of health services worldwide, including cancer screening

Screening rates declined worldwide, in Japan by 10-30% during the pandemic 新型コロナによるがん検診減少"

Long-Term Effects

Large scale disasters are known to have long-term negative effect on cancer screening

Example: The Great East Japan Earthquake^{6,7} 東日本大震災により福島県のがん検診にも影響が出た

OBJECTIVES

Aim/Objectives

Monitor cancer screening rates three years after the pandemic (2021, 2022 & 2023) がん検診を3年間観察する

Identify social demographic factors influencing cancer screening participation

Determine groups marginally affected for targeted interventions 主に影響を受けた人々を特定する

Provide evidence base information to guide health policy.

公衆衛生に役立つ正確な情報を提供する

Social Determinants of Health	
Age	ı
Gender	ŀ
Race	-
Marital Status	١
Income	
Education	
Occupation/Employement Status	
Geographical Location	
Social Network	
Health Behaviour	

Research Question

How have cancer screening rates changed in three years following the COVID-19 pandemic? 新型コロナウイルス感染症から3年でがん検診はどう変わったのか

What sociodemographic factors have influenced these changes?

社会的、経済的不平等はどのような影響を受けますか

METHOD

Data Source



	3 years Ir	nformation from Participa	nts responses
	2021	2022	2023
	31,000 Participants	32,000 Participants	33,000 Participants

Study Variables

Cancer Screening Participation

Sociodemographic Information

Data Analysis データ分析

Descriptive Analysis for annual screening rates

Inferential Analysis for sociodemographic factors

Ethical Approval 機密情報は研究目的でのみ使用されます JACSIS study approved by Research Ethics Committee of the Osaka International Cancer Institute (Approval No. 20084–2) All participants granted informed consent Non-identifiable data

REFERENCE

- 1. WHO Cancer Fact Sheet https://www.who.int/news-room/fact-sheets/detail/cancer
- 2. <u>Foundation for Promotion of Cancer Research (FPCR) https://www.fpcr.or.jp/</u>
- 3. Ministry of Health, Labour and Welfare: Overview of 2020 vital statistics monthly report (approximate). https://www.mhlw.go.jp/toukei/saikin/hw/jinkou/geppo/nengai20/
- 4. <u>Cancer Screening, National Cancer Institute https://www.cancer.gov/about-cancer/screening/patient-screening-overview-pdq</u>
- 5. Machii R, Takahashi H. Japanese cancer screening programs during the COVID-19 pandemic: Changes in participation between 2017-2020. Cancer Epidemiol. 2023 Feb;82:102313. https://doi.org/10.1016/j.canep.2022.102313
- Ozaki, A., Saito, H., Kaneda, Y. et al. Long-term uptake rate of a breast cancer screening program in Fukushima, Japan, following the 2011 Triple Disaster: a retrospective observational study. Sci Rep 13, 6654 (2023).
 https://doi.org/10.1038/s41598-023-33717-8
- 7. Saito, H., Ozaki, A., Murakami, M. et al. **The long term participation trend for the colorectal cancer screening after the 2011 triple disaster in Minamisoma City, Fukushima, Japan**. Sci Rep 11, 23851 (2021). https://doi.org/10.1038/s41598-021-03225-8
- 8. <u>Japan COVID-19 and Society Internet Survey study (JACSIS)</u> https://jacsis-study.jp/about/index.html