

子宮癌検診の財源の変化(一般財源化)による母性保健活動へ及ぼす影響に関する検討：福岡県について

加来, 恒壽

九州大学医学部保健学科看護学専攻：福岡県対ガン協会(加来)

平田, 伸子

九州大学医学部保健学科看護学専攻(平田, 新小田, 野口, 北原)

新小田, 春美

九州大学医学部保健学科看護学専攻(平田, 新小田, 野口, 北原)

野口, ゆかり

九州大学医学部保健学科看護学専攻(平田, 新小田, 野口, 北原)

他

<https://doi.org/10.15017/31>

出版情報：九州大学医学部保健学科紀要. 1, pp.23-28, 2003-03. School of Health Sciences, Faculty of Medicine, Kyushu University

バージョン：

権利関係：

Influences on Women Health Care After Change and Reduction of Financial Resources for Cytological Screening of Cervical Cancer in Fukuoka Prefecture, Japan

Tsunehisa Kaku^{*/***}, Nobuko Hirata^{*}, Harumi Shinkoda^{*}, Yukari Noguchi^{*},
Etsuko Kitahara^{*}, Toshio Hirakawa^{**}, Noriko Miyahara^{***}, Munetomo Enjoji^{***}

子宮癌検診の財源の変化（一般財源化）による 母性保健活動へ及ぼす影響に関する検討

— 福岡県について —

加未恒壽^{*/***}、平田伸子^{*}、新小田春美^{*}、野口ゆかり^{*}、
北原悦子^{*}、平川俊夫^{**}、宮原典子^{***}、遠城寺宗知^{***}

- * Department of Nursing, Faculty of Medicine, Kyushu University. (九州大学医学部保健学科看護学専攻)
- ** Department of Obstetrics and Gynecology, Graduate School of Medical Sciences, Kyushu University. (九州大学大学院医学研究院生殖病態生理学)
- *** Fukuoka Cancer Society. (福岡県対ガン協会)

Summary

In women health care, early detection of cervical cancer which is the most common malignancy in gynecologic field, is one of the most important issues to keep women health. In 1998, the ministry of health and welfare-commissioned project for screening for cervical cancer was discontinued and reduction of financial resources for this project from the Ministry of Health and Welfare occurred because these financial resources were included in the general ones, and most cities, towns and villages decided to reduce the cost for screening program.

The Fukuoka Cancer Association is covering about half of screening for cervical cancer [59/97 (60%) municipalities] in Fukuoka Prefecture. In this study, the changing pattern of number of people who undergo cancer screening and anti-cancer movement of these 59 municipalities after 1998 were reviewed.

The number of people declined from 59,606 in 1997 to 54,100 (90.7%) in 1998. The number were on the fall among women in every age group, especially in their 30s (88%) and 40s (83.8%). In 42 (71%) municipalities, there were cutting the expenses by ten percent, cutting the public health nurses, and diminishing the public relation for Pap in 1998 to cut the indirect cost for screening, and then decreasing of applicants occurred. In 17 (29%) municipalities with the increase of women having screening was reported in 1998. The municipal authorities promoted the package of several medical examination such as Pap test, group stomach checkup, breast checkup, and so forth, and the business concerning the screening was computerized to be effective. Announcement for screening was sent to residents on their own birthday and questionnaire of women health was also sent to applicants

before Pap test.

National, prefectural, and municipal governments should offer financial support to preventive health care and screening, and these activity should be promoted by gynecologists, and public health nurses in charge of it in each municipalities.

Key Words: Women health care, Cancer screening, Cervical cancer, Financial resources, Pap smear.

抄 録

母性保健の領域では子宮頸癌は婦人科性器腫瘍の中でも最も罹患者が多く、その早期発見が大切なテーマである。平成10年（1998年）から国のがん検診費の一般財源化により、多くの市町村で子宮癌検診に関わる費用の軽減が行われた。これに伴う子宮癌検診に実態について検討した。福岡県の97市町村のうち59市町村（60%）で子宮頸癌集団検診を施行している福岡県対ガン協会のデータをもとに解析し、検診受診者の増減が大きかった市町村には担当保健師にインタビューを行った。がん検診費の一般財源化の前年度の平成9年度の市町村でのがん検診受診者数は59,606名から、施行された平成10年の54,100名（前年比90.7%）と急激に受診者数が減少している。年齢別にみると全年齢層で減少しているが、特に30歳代（前年比88%）、40歳代（83.8%）の減少が大きかった。市町村別にみるとがん検診費の一般財源化後における変化が最も大きかったA町は地方交付税の不交付団体で、全国で唯一がん検診を一旦中止の方針を決め、その後例年より時期を遅らせて検診が実施されたため、平成9年度1,093名から平成10年度687名（前年比62.9%）と激減した。また他の受診者数が減少した市町村はがん検診は継続したが、がん検診に関する広報活動を縮小したり、担当の保健師を減員したところがみられた。一方で、少数ではあるが住民の誕生日にがん検診の通知を行い、さらに申込者に問診票を送付するなど積極的に住民保健活動を行ない前年比120%と受診者を伸ばした市町村もあった。

がん検診費の一般財源化によりがん検診受診者が減少していることが明らかとなった。特に30歳代、40歳代の減少が大きかった。また各市町村の取り組み方により受診者数が大きな影響を受けていることも示唆された。

最近の子宮頸癌の若年化の傾向や予防医学の重要性を考慮すると、改めてがん検診に対する財政面を含めた行政と直接担当する保健師の積極的取り組みが母性保健を充実させるために重要であると思われる。

Introduction

In women health care, early detection of cervical cancer which is the most common malignancy in gynecologic field, is one of the most important issues to keep women health in younger people as well as older^{1, 2)}. There is convincing evidence that cytologic screening programs are effective in reducing mortality from carcinoma of the cervix^{1~4)}. The extent of the reduction in mortality achieved is directly related to the proportion of the population that has been

screened. All studies world wide show that screening for cancer not only decreases mortality but also probably does so by decreasing the incidence. There has been no decrease in the incidence of cervical cancer without a screening program being implemented³⁾.

In 1998, the ministry of health and welfare-commissioned project for screening for cervical cancer was discontinued and reduction of financial resources for this project from the Ministry of Health and Welfare occurred because these financial resources were

included in the general ones, and most cities, towns and villages decided to reduce the cost for screening program. In Fukuoka Prefecture, the number of people declined from 138,877 in 1997 to 126,266 (90.9%) in 1998⁵⁾.

In this study, the changing pattern of the number of people who undergo cancer screening and anti-cancer movement of municipalities in Fukuoka Prefecture, Japan after 1998 were reviewed.

Materials and Methods

The Fukuoka Cancer Association, privately organized anti-cancer movement in Fukuoka Prefecture, is covering about half of screening for cervical cancer [fifty nine/ ninety seven municipalities (60%) in Fukuoka Prefecture] by screening vehicles in this area. Data from this association, concerning the age and the number of people who undergo cancer screening in each cities, towns and villages from 1997 to 2000 are reviewed. We interviewed public health nurses who were charged with the cancer screening programs in each city, towns and villages in which the marked increase or decrease of the number of people having screening occurred in 1998.

Results

The number of people who undergo cancer screening done by the Fukuoka Cancer Association is shown in Figure 1. The number of people declined from

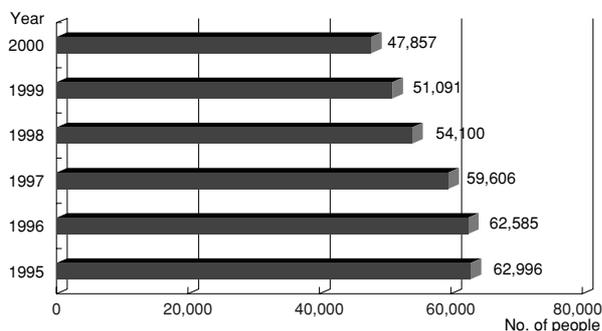


Figure 1. The number of people having cancer screening in Fukuoka Prefecture done by the Fukuoka Cancer Association from 1995 to 2000.

59,606 in 1997 to 54,100 (90.7%) in 1998. The age distribution of these people is shown in Figure 2. The number was on the fall among women in every age group, especially in their 30s (88%) and 40s (83.8%).

The total expenses for Papanicolaou test (Pap test) is about 3,000 yen for each woman. However, all cities, towns and villages did not change the price of the resident's own expenses for Pap test in 1998, which were zero to 1,000 yen depending on each municipality.

There were 42 (71%) municipalities where the decrease in the number of women having screening was reported in 1998. In A town, the number of women having screening markedly declined from 1,093 in 1997 to 687 (62.9%) in 1998, but slightly recovered to 850 in 1999 (Figure 3). The following was its cause and situation obtained from the interview with the public health nurse. The screening program for cervical cancer financially supported by this town was once decided to stop in 1998, but the newly elect-

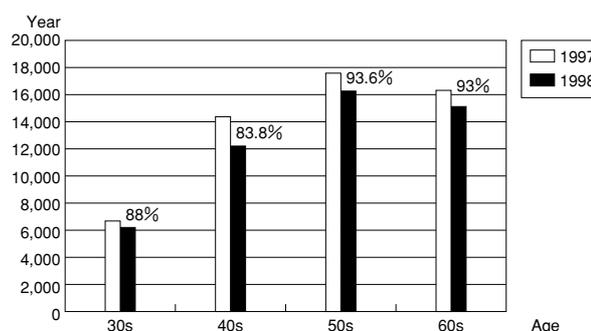


Figure 2. Age distribution of the number of people having cancer screening in Fukuoka Prefecture from 1997 to 1998.

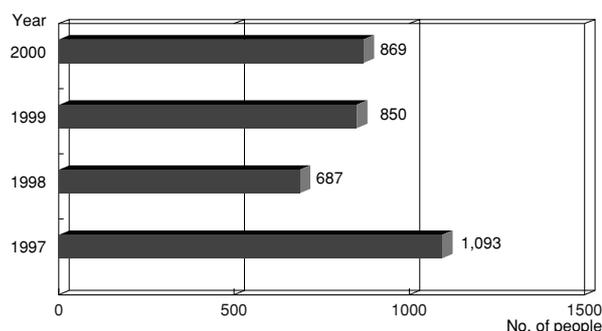


Figure 3. The number of people having cancer screening in A town from 1997 to 2000.

ed mayor decided to revive this program in 1998, and Pap test was performed late in 1998 with insufficient preparation for it. In B city, the number of women having screening markedly declined from 1,404 in 1997 to 1096 (78%) in 1998 (Figure 4). The ways to announce the screening for cervical cancer and to apply to the municipal office for cytological examination were changed from on the phone personally, to by mail in 1998. In C town, the number of women having screening markedly decreased from 590 in 1997 to 405 (68.6%) in 1998 (Figure 5). The town office cut the expenses by ten percent, and stopped the announcement for screening by mail. In D city, the number of women having screening markedly declined from 1,206 in 1997 to 1,014 (84%) in 1998 (Figure 6). The health nurses charging the cancer screening pointed out the reduction of their efforts to encourage women living there to have Pap test on the phone or by mail.

On the other hand, there were 17 (29%) municipali-

ties where the increase in the number of women having screening was reported in 1998. In E city, the number of women having screening markedly increased from 1,436 in 1997 to 1734 (121%) in 1998 (Figure 7). Announcement for screening was sent to residents on their own birthday and questionnaire of women health was also sent to applicants before Pap test. The public health nurses there took a positive attitude toward anti-cancer movement to residents. In F city, the number of women having screening markedly increased from 663 in 1997 to 761 (115%) in 1998 (Figure 8). The municipal authorities promote the package of several medical examination such as Pap test, group stomach checkup, breast checkup, lung checkup and electrocardiogram. In G town, the number of women having screening markedly increased from 424 in 1997 to 558 (132%) in 1998 (Figure 9). The business concerning the screening for cervical cancer and so forth was computerized, and became effective.

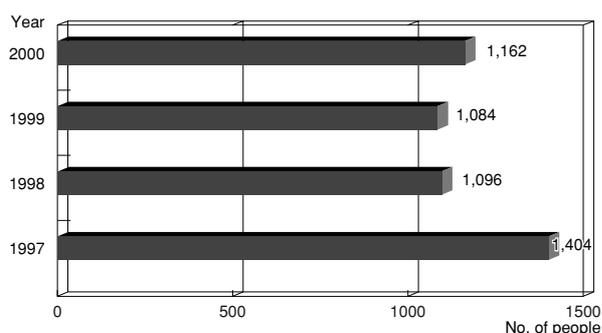


Figure 4. The number of people having cancer screening in B city from 1997 to 2000.

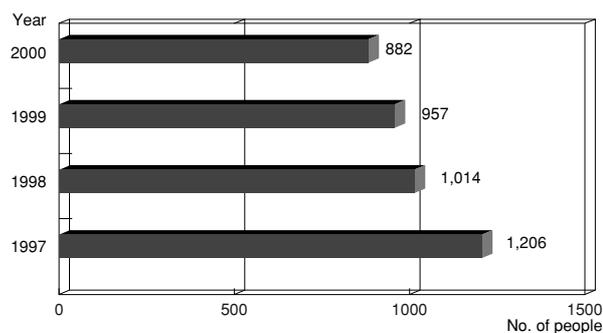


Figure 6. The number of people having cancer screening in D city from 1997 to 2000.

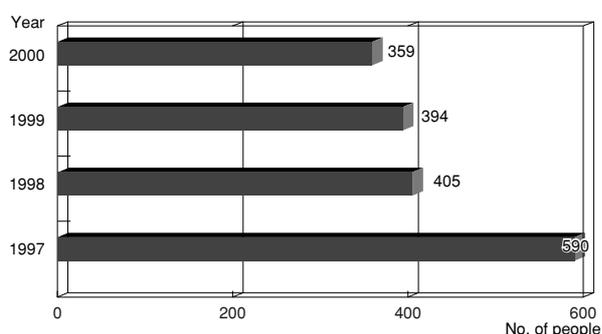


Figure 5. The number of people having cancer screening in C town from 1997 to 2000.

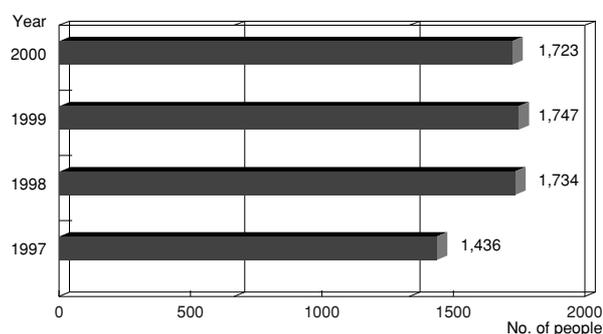


Figure 7. The number of people having cancer screening in E city from 1997 to 2000.

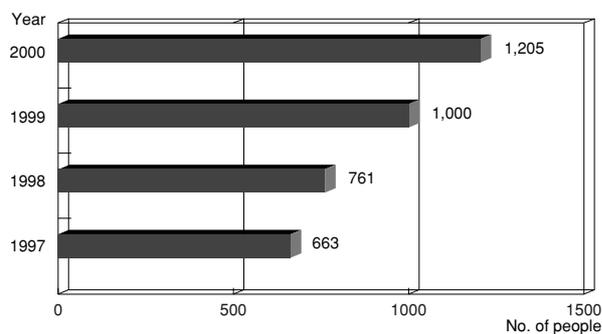


Figure 8. The number of people having cancer screening in F city from 1997 to 2000.

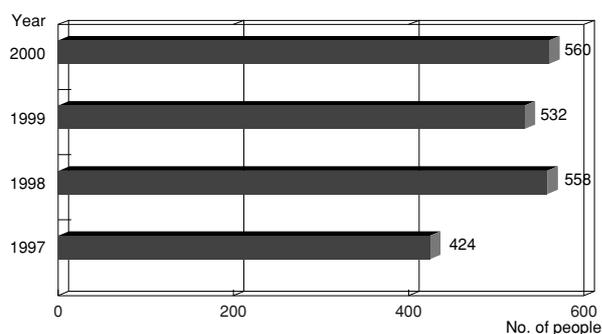


Figure 9. The number of people having cancer screening in G town from 1997 to 2000.

Discussion

In Japan, early detection and treatment of cervical cancer is one of the most important issues to keep woman's healthy life¹⁾. The eradication of cervical intraepithelial neoplasia (CIN), precursor lesions, has preceded significant declines in cervical cancer incidence and mortality in areas where screening has been widespread and prolonged, such as Kentucky, British Columbia, and many of Scandinavia^{6,7)}. In Japan, death rate from uterine cancer have dropped from number 2 among all cancers to number 7. Number of death declined from 8,356 in 1950 to 5,202 in 2000¹⁾. The percentage of death from uterine cancer among all cancers also decreased from 26.3% in 1950 to 4.5% in 2000¹⁾. All researchers concluded that screening was a major contributor to the fall in death rate^{3,4,6-10)}. The value of preventive services is apparent in trends such as the reduced mortality of cervical cancer, in part resulting from the increased use of Pap tests. It should be emphasized that the purpose of

cytologic screening of the cervix is to identify the patients who has CIN and not the one who has invasive cancer^{3,4)}. It is important that the purpose of screening is to identify preinvasive lesions early, when the cost of treatment is considerably less than it is after the patient has developed invasive cancer. Cost effectiveness is an important consideration in any screening program³⁾. In USA, the annual Pap smear has routinely led to evaluation of patient in regard to other malignancies and medical conditions, it would appear that this is an important consideration in the health care of American women. It has been estimated that annual Pap smear reduces a women's chance of dying of cervical cancer from 4/1000 to 5/10,000³⁾.

In England and Wales in the mid-1960s a political decision was made not to pay for Pap smears in women under the age of 35 unless they had three or more children. During the ensuing decade, there was a doubling of deaths resulting from cervical cancer in that age group¹¹⁾. In Japan, Health Services Facilities for the Elderly were established by the Amendment to the Health and Medical Service Law for the Elderly which was promulgated in 1986¹⁾. Screening for cervical cancer has been financially supported by the Japanese Government and each municipality. The reduction of cancer death from cervical cancer depends on screening for cervical cancer¹⁾. In 1998, the Ministry of Health and Welfare-commissioned project for screening for cervical cancer was discontinued and reduction of financial resources for this project from the Ministry of Health and Welfare occurred because these financial resources were included in the general ones, and most cities, towns and villages decided to reduce the expenses for screening program. However, all cities, towns and villages did not change the price of the resident's own expenses for Pap test in 1998. There were cutting the expenses by ten percent, cutting the public health nurses charging cancer screening, and diminishing the public relation for Pap test in those municipalities in 1998 to cut the indirect expenses for screening, and then decreasing

of applicants for it occurred.

On the other hand, there were several municipalities where the increase in the number of women having screening was reported in 1998. The municipal authorities promoted the package of several medical examination such as Pap test, group stomach check-up, breast checkup, lung checkup and electrocardiogram and the business concerning the screening was computerized to be effective. Announcement for screening was sent to residents on their own birthday and questionnaire of women health was also sent to applicants before Pap test.

Although invasive carcinoma of the cervix is not as common in younger women as it is in their older counterparts, recently, an increasing number of patients with invasive cancer are in their twenties and thirties³⁾. Women should be screened for CIN shortly after becoming sexually active in Japan as well as in USA³⁾. Moreover, cancer deaths are on the rise among women in their 30s and older, and the anti-cancer movement is becoming increasingly important.

In conclusion, national, prefectural, and municipal governments should offer financial support to preventive health care and screening, and these activities should be promoted by gynecologists, and health nurses who are experts in health care and charging it in each municipality.

References

- 1) Health and Welfare Statistics Association: Annual Report of National Hygiene. J Health Welfare Statistics 49(Supple):48-54, 2002 (in Japanese).
- 2) Hillard PA: Preventive Health Care and Screening, in Berek JS, Adashi EY, Hillard PA (eds) : Novak's Gynecology, 12th edition, Williams & Wilkins, Baltimore, 1996, pp175-194.
- 3) DiSaia PJ, Creasman WT: Clinical Gynecologic Oncology, 5th edition. Mosby, St. Louis, 1997.
- 4) Brinton LA, Hoover RN: Epidemiology of Gynecologic Cancers, in Hoskins WJ, Perez CA, Young RC (eds) : Principles and Practice of Gynecologic Oncology 3rd edition, Lippincott-Raven, Philadelphia, 1997, pp3-29.
- 5) Health and Welfare Division, Fukuoka Prefectural Government: Annual Report of Health and Medical Service for the Elderly in Fukuoka Prefecture in 2000. Health and Welfare Division, Fukuoka Prefectural Government, 2000 (in Japanese).
- 6) Boyes DA: The value of a Pap smear program and suggestions for its implementation. Cancer 48:613-621, 1981.
- 7) Christopherson WM, Parker JE, Mendez WM, et al: Cervix cancer death rates and mass cytologic screening. Cancer 26:808-811, 1970.
- 8) Clarke EA, Anderson TW: Does screening by "Pap" smears help prevent cervical cancer? A case-control study. Lancet 2:1-4, 1979.
- 9) La Vecchia C, Franceschi S, Decarli A, et al: "Pap" smear and the risk of cervical neoplasia. Quantitative estimates from a case-control study. Lancet 2(8406):779-782, 1984.
- 10) Olesen F: A case-control study of cervical cytology before diagnosis of cervical cancer in Denmark. Int J Epidemiol 17:501-508, 1988.
- 11) Cook GA, Draper GJ: Trends in cervical cancer and carcinoma in situ in Great Britain. Br J Cancer. 50:367-375, 1984.