シキュウガンケンシンノサイゲンノヘンカ（イッパングサイゲンカ）ニヨルボセイホケンカツドウヘオヨボスエイキョウニカンスルケントウ : フクオカケンニツイテ

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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.

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 implemented 9).

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 1998.

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 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 elected...
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%) municipalities 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.
In Japan, early detection and treatment of cervical cancer is one of the most important issues to keep women’s healthy life. 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. 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 2000. All researchers concluded that screening was a major contributor to the fall in death rate. 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. 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 program. 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 5/10,000.

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 group. 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 1986. 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 cancer. 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 thirties. Women should be screened for CIN shortly after becoming sexually active in Japan as well as in USA. 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