Breast cancer survivorship research and care practices from a Japanese perspective

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Breast cancer in Japanese context

- Cancer is the primary cause of death since 1981.
- Age-adjusted incidence rate of breast cancer is the highest among cancers affecting Japanese women since 1994.
- Approximately 74,000 Japanese women are newly diagnosed with breast cancer (BC) each year.
- The breast is the body part most strongly associated with women’s femininity, maternal role, and sexuality.
- BC survivors are the most active and socially visible cancer survivors.
Cancer survivorship research gives particular attention to the *intervening period*. Cancer survivorship research aims to reveal difficulties that survivors confront in their everyday lives, and tries to find countermeasures to deal with the problems.

Social Ecological Approaches to Influence Health

Public Health Action Model for Cancer Survivorship

- SEM: developed by Bronfenbrenner (1979) and McLeroy (1988)
- A framework for understanding the reciprocal interrelationships between individual and population-level determinants of behavior.
Psychosocial issues among BC survivors in Japan

- Relationship with spouse/partner
- Sexuality
- Fertility
- Employment issues
Psychosocial issues among BC survivors in Japan

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- Sexuality
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A survey of 635 board certified breast cancer surgeons

- It’s not the time to think about sex: **Disagree 88%**
- Surgeons should deal with a patient’s sexual issues: **Agree 59%**.
- Have you ever been consulted about sexual issues: **Yes 32%**

- Healthcare providers acknowledge the importance of addressing patients’ sexual issues, but hesitate to actively explore the topic.
Impact of breast cancer diagnosis and treatment on women’s sexuality: a survey of Japanese patients

Miyako Takahashi¹*, Shinji Ohno², Hiromichi Inoue³, Akemi Kataoka², Hiroshi Yamaguchi², Yoko Uchida², Akira Oshima⁴, Kinuko Abiru⁵, Kikuyo Ono⁵, Rie Noguchi⁵ and Ichiro Kai¹

- Anonymous, postal survey of 121 breast cancer outpatients in 2005
- Sexually active pre-diagnosis : 92 (76%)
- Median time since surgery: 3.5 years
Impact of breast cancer diagnosis and treatment on women’s sexuality: a survey of Japanese patients

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Table 4. Correlates for the frequency of sex maintained after surgery (N = 85)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (50 and over)</td>
<td>−0.668</td>
<td>0.547</td>
<td>0.513</td>
<td>0.175–1.498</td>
</tr>
<tr>
<td>Education (junior college and more)</td>
<td>1.033</td>
<td>0.551</td>
<td>2.811</td>
<td>0.954–8.282</td>
</tr>
<tr>
<td>Perceived importance of sexual relationship before surgery (very/somewhat important)</td>
<td>1.903</td>
<td>0.829</td>
<td>6.705*</td>
<td>1.320–34.051</td>
</tr>
<tr>
<td>Type of surgery (mastectomy)</td>
<td>−0.943</td>
<td>0.547</td>
<td>0.389</td>
<td>0.133–1.139</td>
</tr>
</tbody>
</table>

*p < 0.05.

BC survivors who perceived their sexual relationship as important before surgery were more likely to maintain the frequency of sex as prior to surgery.
FSFI and correlative factors

Age, time since diagnosis, and type of treatment did not have significant correlations with FSFI.

<table>
<thead>
<tr>
<th>FSFI</th>
<th>Total score</th>
<th>desire</th>
<th>arousal</th>
<th>lubrication</th>
<th>orgasm</th>
<th>satisfaction</th>
<th>pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple relationship (Quality marriage index)</td>
<td>*</td>
<td></td>
<td></td>
<td>†</td>
<td></td>
<td>**</td>
<td>†</td>
</tr>
<tr>
<td>Sexual communication (Dyadic sexual communication scale)</td>
<td>** * * *</td>
<td>*</td>
<td>* *</td>
<td>*</td>
<td>†</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Perceived importance of sexual relationship</td>
<td>** * * *</td>
<td>* *</td>
<td>* *</td>
<td>*</td>
<td>†</td>
<td>**</td>
<td>*</td>
</tr>
</tbody>
</table>

†: p<.10, *: p<.05, **: p<.01  Takahashi et al: unpublished data
察し Sasshi

“Ability to understand indirect message”

“To guess unspoken thoughts”

The message receiver guesses and correctly decodes the unspoken thoughts of the sender.

Ms. X  A, B  Mr. X

A, B, C  A, B, ... C?
Japan Society for Fertility Preservation (JSFP) for onco-fertility therapy established in 2012

希望を持ってがんの治療に取り組むために。
「妊とう性温存」に関して正しい情報を、正しいタイミングで知ることが大切です。
Psychosocial issues among BC survivors in Japan

- Interpersonal issues
  - spouse/partner, children, parents
- Sexuality
- Fertility
- Employment issues
The Impact of Breast Cancer on Employment among Japanese Women

Nobue Saito¹, Miyako Takahashi², Toshimi Sairenchi¹ and Takashi Muto¹

¹Department of Public Health, Dokkyo Medical University School of Medicine, Japan and ²Cancer Survivorship Research Division, Center for Cancer Control and Information Services, National Cancer Center, Japan

Table 3. Factors that correlate with job resignation at diagnosis (N=105)

<table>
<thead>
<tr>
<th>Variable</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at diagnosis</td>
<td>0.94</td>
<td>0.87–1.02</td>
</tr>
<tr>
<td>Education (0= junior college or more, 1= high school or less)</td>
<td>2.35</td>
<td>0.59–9.35</td>
</tr>
<tr>
<td>Religion (0= yes, 1= no)</td>
<td>3.22</td>
<td>0.31–33.79</td>
</tr>
<tr>
<td>Presence of dependent family members (0= yes, 1= no)</td>
<td>0.59</td>
<td>0.18–1.97</td>
</tr>
<tr>
<td>Employment status at diagnosis (0= full time, 1= contract/part-time)</td>
<td>2.52*</td>
<td>1.39–4.55</td>
</tr>
<tr>
<td>Type of work (0= professional/technical/managerial, 1= other)</td>
<td>0.69</td>
<td>0.20–2.31</td>
</tr>
<tr>
<td>Number of employees in the workplace (0= 50 and over, 1= less than 50)</td>
<td>1.07</td>
<td>0.33–3.16</td>
</tr>
<tr>
<td>Presence of occupational health physician at workplace at diagnosis (0= yes, 1= no)</td>
<td>1.90</td>
<td>0.52–6.92</td>
</tr>
<tr>
<td>Consulting regarding work-related issues (0= yes, 1= no)</td>
<td>1.13</td>
<td>0.36–3.55</td>
</tr>
</tbody>
</table>

OR, odds ratio; CI, confidence interval. Each variable was adjusted for all other factors listed. * p<0.001.
Players surrounding working cancer survivors

Hospitals
Cancer Information and Support Centers

- SCW1N, Nurses
- Social Insurance Consultants
- Public Employment Security Office Staff

Patient

Worker

Companies

- Business owners
- Supervisors
- Colleagues
- Human relations staff
- Occupational health staff
Please clarify MSW. Should this be "social workers"?

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- Employment issues

National Policy for Cancer Control?
National Policy for Cancer Control in Japan

◆ **Cancer Control Act (2006)**
  - Cancer prevention and early detection
  - Distribution of standard treatment
  - Promotion of cancer research

◆ **Basic Plan to Promote Cancer Control Programs** (planned every 5 years and approved by the Cabinet)
  ◆ All prefectural governments to establish regional cancer control programs based on the national plan.
National Policy for Cancer Control in Japan

- **Revised Cancer Control Act (2016)**
  - Advocacy by cancer survivors

- Cancer prevention and early detection
- Distribution of standard treatment
- Promotion of cancer research
- Employment support for working survivors
- Promotion of cancer education