

ORIGINAL ARTICLE

Time trend analysis of rare cancer incidence 2011–2018: Nationwide population-based cancer registries in Japan

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Abstract

Rare cancers collectively account for a significant proportion of the overall cancer burden in Japan. We aimed to describe and examine the incidence of each rare cancer and the temporal changes using the internationally agreed rare cancer classification. Cancer cases registered in regional population-based cancer registries from 2011 to 2015 and the National Cancer Registry (NCR) from 2016 to 2018 were classified into 18 families, 68 Tier-1 cancer groupings, and 216 single cancer entities based on the RARECAREnet list. Crude incidence rates and age-standardized incidence rates (ASR) were calculated for Tier-1 and Tier-2 cancers. The annual percent change and the 95% and 99% confidence limits for annual ASR for each of the 68 Tier-1 cancers were estimated using the log-linear regression of the weighted least squares method. The differences in ASRs between 2011 and 2018 were evaluated as an absolute change. A total of 5,640,879 cases were classified into Tier-1 and Tier-2 cancers. The ASRs of 18 out of 52 Tier-1 cancers in the rare cancer families increased, whereas the ASR for epithelial tumors of gallbladder decreased. The ASRs of 6 out of the 16 Tier-1 cancers in the common cancer families increased, whereas those of epithelial tumors of stomach and liver decreased. There was no significant change in the incidence of the other 40 Tier-1 cancers. The incidence of several cancers increased due to the dissemination of diagnostic concepts, improved diagnostic techniques, changes in coding practice, and the initiation of the NCR.

KEYWORDS

incidence, National Cancer Registry, population-based cancer registry, rare cancer, time trend

1 | INTRODUCTION

Since 2012, there has been an impetus on the control of rare cancers in Japan based on the Basic Plan to Cancer Control Program.¹ The cancer incidence statistics based on the PBCRs have been provided

according to ICD-10 to ensure comparability with cancer mortality.² However, the ICD-10 classification does not include definitions for each rare cancer with a combination of topography and histological type. Thus, there was a paucity of comprehensive epidemiological analyses focusing on rare cancers until around 2010.

Abbreviations: APC, annual percent change; ASR, age-standardized incidence rate; CI, confidence interval; CL, confidence limit; CNS, central nervous system; CR, crude rate; DCO, death certificate only; EU, European Union; FL, follicular lymphoma; GIST, gastrointestinal stromal tumor; HBV, hepatitis B virus; HCV, hepatitis C virus; ICD-10, International Classification of Diseases, 10th Revision; ICD-O-3, International Classification of Disease for Oncology, 3rd Edition; MDS, myelodysplastic syndrome; MI, mortality incidence; NCR, National Cancer Registry; NET, neuroendocrine tumor; NOS, not otherwise specified; PBCR, population-based cancer registry; PNET, pancreatic neuroendocrine tumor; SEER, Surveillance Epidemiology and End Results.

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The RARECARE, the rare cancer network project in the EU, developed the RARECARE list to classify all cancers and measured the burden of rare cancers diagnosed between 1988 and 2002 in the EU in 2011.³ Subsequently, a study published in 2014 investigated the incidence of rare cancer in Japan between 1998 and 2007 based on the data from 12 PBCRs using the RARECARE list.⁴ The RARECAREnet was the second project of the RARECARE, which evaluated the burden and centralized treatment in the EU using the RARECAREnet list.^{5,6} Accordingly, the RARECAREnet Asia team reported the rare cancer incidence between 2011 and 2015 and compared the rates among Japan, Korea, Taiwan, and the EU in 2020.⁷ They also verified the usefulness of the RARECAREnet list for the analysis of the Japanese PBCR data and confirmed the data quality using the same methods as the RARECAREnet. Recently, we published the Rare Cancer Data Book based on the PBCRs in Japan,⁸ which describes the epidemiology of the incidence of both rare and common cancers by age, time, and geography based on the high-quality PBCRs and the latest NCR data in Japan.

This study aimed to undertake a comprehensive analysis of the time trend of the incidence of rare and common cancers and to examine the factors that impacted the incidence trend of each rare cancer, adding a more detailed discussion on the Rare Cancer Data Book.⁸

2 | METHODS

2.1 | Population-based regional cancer registries and the NCR in Japan

In Japan, 46 of the 47 prefectures operationalized their respective regional PBCR in 2011 under the Health Promotion Act and the Cancer Control Act. The Cancer Registry Promotion Act was promulgated in 2016, and the NCR, a nationwide PBCR covering a population of 126,933,000, was initiated. The NCR requires mandatory reporting of information regarding cancer patients by all hospitals and designated clinics to the National Cancer Center through the regional cancer registry office (i.e., personal information, cancer diagnosis, extent of disease, treatment, and vital status). The vital status and cause of death obtained from the local municipalities are registered in the centralized NCR database. Cancer patients are identified using personal information (e.g., name, date of birth, sex, address) in the database. For the cases initiated to register by death certificate (death certificate initiated [DCI]), the regional cancer registry offices carry out a follow-back survey of the hospitals that have diagnosed the cause of death. All cancers are coded using ICD-O-3 and summarized using the international rules for multiple primary cancers of the International Association of Cancer Registries/IARC.

2.2 | Definition of rare and common cancers

The RARECAREnet list was used to group all cancer cases.³ In brief, the list is organized into three tiers: the bottom tier (Tier-3) includes

pathological cancer entities corresponding to ICD-O-3 morphological codes (ICD-O-3-M), which are grouped into Tier-2 as "cancer entities" with a clinical and pathological meaning. Based on the PBCRs covered by the EUROCARE study, Tier-2 cancer with a CR of $\leq 6/100,000$ was regarded as a "rare cancer." Tier-2 cancer entities and cases for which the morphology was NOS are grouped into Tier-1, which corresponds to "cancer grouping" with organizational importance (e.g., to describe epidemiological features of each cancer). Finally, 52 Tier-1 cancer groupings (hereinafter referred to as "Tier-1 cancer") with CR of $\leq 6/100,000$ are grouped into 12 families of rare cancers, and 16 other Tier-1 cancers with CR of $> 6/100,000$ are grouped into six families of common cancers, as proposed by the EU Joint Action on Rare Cancers.³ Although the rarity of cancer varies depending on the area, race, and country, most rare cancers are consistent across Europe and Japan.⁷ We used 52 Tier-1 cancers included in the 12 rare cancer families as "rare cancer" and 16 Tier-1 cancers included in the 6 common cancer families as "common cancer," to ensure the comparability with the incidence of each cancer among EU and Asian countries and in the time trend analyses, too.⁷

2.3 | Patients, quality indicators, and population

We obtained data pertaining to patients diagnosed with a primary malignancy (ICD-O-3, behavior: 3) between 2011 and 2015 and registered in the prefectural PBCRs and those registered in the NCR from 2016 to 2018. Data by year of diagnosis and prefecture satisfied the good criteria (MI ratio < 0.45 and the proportion of cases registered by DCO $< 10\%$) and were selected. Then, cases for analysis were assessed using qualitative measures to examine the accuracy of pathological diagnosis and coding (details in Appendix S1). We used the total population by year, 5-year age group (0–4, 5–9, ..., 85+), and prefecture estimated by the Statistics Bureau of Japan using the National Census (e-stat: <https://www.e-stat.go.jp/>). The total population for Japan and for each prefecture were the sum of the population in each of the age groups.

2.4 | Statistical analysis

All cases were grouped into 68 Tier-1 cancers and 216 Tier-2 cancers. The number of incident cases, CRs, and ASRs per 100,000 population standardized for the Japanese 1985 model population and Segi's world standard population were calculated for 68 Tier-1 cancers and 216 Tier-2 cancers by 2011–2015, 2016–2018, and over the study period. The logarithmic APCs of the ASRs adjusted for the Japanese model population in 68 Tier-1 cancers from 2011 to 2018 were estimated using a weighted least squares regression. The 95% and 99% CIs of APCs were calculated as the standard error of $APC \pm 2.447$ and ± 3.707 , respectively, following t-distribution (degrees of freedom: 6). The funnel plot of the APCs for the 68 Tier-1 cancers were plotted with precision as the inverse of standard errors of the APCs. The significant increase or decrease of each APC was

decided based on whether the APC was beyond the 99% CLs of the funnel plot. The difference in the ASRs for each of the 68 Tier-1 cancers between 2011 and 2018 was also calculated to examine the absolute changes in the ASRs.

SEER*Stat version 8.4.0.1 (<https://seer.cancer.gov/seerstat>), SAS version 9.4 (SAS Institute Inc.), and Microsoft Excel 365 (Microsoft Corporation) were used for all analyses and data visualization.

3 | RESULTS

3.1 | Data quality

Data pertaining to 7,331,235 primary malignancies registered in 46 out of the 47 prefectural PBCRs (2011–2015) and the NCR (2016–2018) were obtained. After excluding the cases that were not residents of Japan or for whom the address was unknown, the data quality for 7,327,422 cases was assessed. We selected the 5,705,916 cases diagnosed from 2011 to 2015, which satisfied the criteria (MI ratio <0.45 and DCO% <10%) with accurate ICD-O-3 coding from 16 prefectural PBCRs (Miyagi, Yamagata, Gunma, Niigata, Fukui, Nagano, Aichi, Shiga, Osaka, Tottori, Shimane, Hiroshima, Yamaguchi, Kagawa, Nagasaki, and Kumamoto) covering a population of 38,300,000 in 2011 to 42 prefectural PBCRs (Hokkaido, Aomori, Iwate, Miyagi, Akita, Yamagata, Fukushima, Ibaraki, Tochigi, Gunma, Saitama, Chiba, Tokyo, Kanagawa, Niigata, Ishikawa, Fukui, Yamanashi, Nagano, Gifu, Shizuoka, Aichi, Mie, Shiga, Kyoto, Osaka, Hyogo, Nara, Wakayama, Tottori, Shimane, Hiroshima, Yamaguchi, Tokushima, Kagawa, Ehime, Fukuoka, Saga, Kumamoto, Oita, Kagoshima, and Okinawa) covering a population of 120,893,000 in 2015. All cases from the NCR covering the whole population (average population: 126,704,333 during 2016–2018) were selected because the quality of data from PBCRs of all prefectures was satisfactory over the period (Tables S1 and S2). Overall, the data quality for all indicators was satisfactory in both periods (2011–2015 and 2016–2018) and improved over time (i.e., MI ratio: 0.412–0.374; proportion of DCO: 5.44%–2.34%; proportion of MV: 84.3%–86.5%) (Table 1). Finally, according to the RARECAREnet list, 5,640,879 cancers (98.9%) were classified as Tier-1 cancers. Other 65,037 cancers (1.1%), such as topography NOS cases and cases with a biologically implausible combination of topography and morphology, could not be classified as Tier-1.

3.2 | Age-standardized incidence rates by Tier-1 cancer grouping and Tier-2 cancer

The number of cases, CRs, and ASRs by Tier-1 and Tier-2 cancer by period are shown in Table 2. Of the 5,640,879 cancer cases, 1,059,541 cases (18.8%) and 4,581,338 cases (81.2%) were classified into 52 Tier-1 cancers in the rare cancer families and 16 Tier-1 cancers in common cancer families, respectively.

Over the observation period from 2011 to 2018, the CRs of most Tier-1 cancers were lower than 6/100,000 in the rare cancer families

TABLE 1 Number of cases, person-years, and quality indicators by period (2011–2015 and 2016–2018).

| | 2011–2015 | 2016–2018 |
|----------------------------|-------------|-------------|
| PBCR system | Regional | National |
| Number of prefectures | 16–42 | 47 |
| Number of cases | 2,709,099 | 2,996,817 |
| Person-years | 387,815,000 | 380,113,000 |
| MI ratio | 0.412 | 0.374 |
| DCO (%) | 5.44 | 2.43 |
| Autopsy only (%) | 0.045 | 0.054 |
| MV (%) | 84.3 | 86.5 |
| Morphology NOS (%) | 16.3 | 14.2 |
| Topography NOS (%) | 0.24 | 0.20 |
| Not classified into Tier-1 | 1.19 | 1.10 |

Note: Cases are all malignant (ICD-O-3] behavior: 3). Morphology not otherwise specified (NOS): ICD-O-3-M: 8000: 8001, 8010 (solid cancer); 9590, 9591, 9760, 9800, 9801, 9820, 9860, 9989 (hematological cancer). Topography NOS: ICD-O-3-T: C14.0, C14.8, C26.0, C26.8, C26.9, C39.0, C39.8, C39.9, C55.9, C57.7, C57.8, C57.9, C63.2, C63.8, C63.9, C68.8, C68.9, C75.2, C75.4, C75.5, C75.8, C75.9, C76.0–C76.8.

Abbreviations: DCO, death certificate only; MI, mortality incidence; MV, microscopically verified; PBCR, population-based cancer registry.

(Table 2). However, the CRs of epithelial tumors of the hypopharynx and larynx (7.44/100,000), oral cavity and lip (7.20/100,000), gallbladder and extrahepatic biliary tract (17.96/100,000), pelvis and ureter (6.39/100,000), thyroid gland (12.64/100,000), lymphoid diseases (34.01/100,000), and myelodysplastic syndrome and myelodysplastic/myeloproliferative diseases (7.33/100,000) were higher than 6/100,000. In the common cancer families, the ASRs of all Tier-1 cancers were higher than 6/100,000.

3.3 | Time trend of ASRs of whole rare cancer families and whole common cancer families

The ASR of whole rare cancer families progressively increased from 70.4/100,000 in 2011 to 84.2/100,000 in 2018 (APC = 3.50%; 95% CI, 2.25%–4.76%). The ASR of whole common cancer families decreased from 289.9/100,000 in 2011 to 287.2/100,000 in 2014. Then the rate showed an abrupt increase to 316.8/100,000 in 2016 followed by a decrease to 301.0/100,000 in 2018 (APC = 1.2%; 95% CI, –0.1% to 2.51%) (Figure 1). The proportion of whole rare cancer families showed a slight increase from 18.2% in 2011 to 19.6% in 2018 (Figure 2).

3.4 | Relative change of ASRs between 2011 and 2018 for each Tier-1 cancer

Of the 52 Tier-1 cancers in 12 rare cancer families, the ASRs of 18 Tier-1 cancers increased, whereas the ASR of epithelial tumors of

TABLE 2 Number of rare cancer cases in Japan, crude rates, age-standardized incidence rates (ASRs) by RARECAREnet list Tier-1 cancer grouping and Tier-2 cancer by period (2011–2015 and 2016–2018).

| Family | Tier | RARECAREnet list | 2011–2015 | | | |
|------------------|---|--|---------------------------|--------------|--------------------------------------|-----------------------------------|
| | | | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| | | | Person-years: 387,815,000 | | | |
| Head and neck | 1 | Epithelial tumors of nasal cavity and sinuses | 3655 | 0.94 | 0.52 | 0.39 |
| | 2 | Squamous cell carcinoma with variants of nasal cavity and sinuses | 2854 | 0.74 | 0.43 | 0.32 |
| | 2 | Lymphoepithelial carcinoma of nasal cavity and sinuses | 6 | 0.00 | 0.00 | 0.00 |
| | 2 | Undifferentiated carcinoma of nasal cavity and sinuses | 77 | 0.02 | 0.01 | 0.01 |
| | 2 | Intestinal type adenocarcinoma of nasal cavity and sinuses | 5 | 0.00 | 0.00 | 0.00 |
| | 1 | Epithelial tumors of nasopharynx | 2127 | 0.55 | 0.38 | 0.30 |
| | 2 | Squamous cell carcinoma with variants of nasopharynx | 1691 | 0.44 | 0.31 | 0.24 |
| | 2 | Papillary adenocarcinoma of nasopharynx | 7 | 0.00 | 0.00 | 0.00 |
| | 1 | Epithelial tumors of major salivary glands and salivary gland type tumors | 6519 | 1.68 | 1.07 | 0.83 |
| | 2 | Epithelial tumor of major salivary glands | 4676 | 1.21 | 0.77 | 0.60 |
| | 2 | Salivary gland type tumor of head and neck | 1843 | 0.48 | 0.30 | 0.23 |
| | 1 | Epithelial tumors of hypopharynx and larynx | 27,324 | 7.05 | 3.68 | 2.66 |
| | 2 | Squamous cell carcinoma with variants of hypopharynx | 10,611 | 2.74 | 1.51 | 1.11 |
| | 2 | Squamous cell carcinoma with variants of larynx | 14,454 | 3.73 | 1.92 | 1.38 |
| | 1 | Epithelial tumors of oropharynx | 9784 | 2.52 | 1.48 | 1.11 |
| | 2 | Squamous cell carcinoma with variants of oropharynx | 8986 | 2.32 | 1.38 | 1.03 |
| | 1 | Epithelial tumors of oral cavity and lip | 25,444 | 6.56 | 3.55 | 2.60 |
| | 2 | Squamous cell carcinoma with variants of oral cavity | 22,601 | 5.83 | 3.27 | 2.40 |
| | 2 | Squamous cell carcinoma with variants of lip | 409 | 0.11 | 0.04 | 0.03 |
| | 1 | Epithelial tumors of eye and adnexa | 336 | 0.09 | 0.05 | 0.04 |
| | 2 | Squamous cell carcinoma with variants of eye and adnexa | 143 | 0.04 | 0.02 | 0.01 |
| | 2 | Adenocarcinoma with variants of eye and adnexa | 121 | 0.03 | 0.02 | 0.02 |
| | 1 | Epithelial tumors of middle ear | 94 | 0.02 | 0.01 | 0.01 |
| 2 | Squamous cell carcinoma with variants of middle ear | 71 | 0.02 | 0.01 | 0.01 | |
| 2 | Adenocarcinoma with variants of middle ear | 10 | 0.00 | 0.00 | 0.00 | |
| Digestive (rare) | 1 | Epithelial tumors of small intestine | 7227 | 1.86 | 0.96 | 0.69 |
| | 2 | Adenocarcinoma with variants of small intestine | 6004 | 1.55 | 0.84 | 0.61 |
| | 2 | Squamous cell carcinoma with variants of small intestine | 25 | 0.01 | 0.00 | 0.00 |
| | 1 | Epithelial tumors of anal canal | 2846 | 0.73 | 0.37 | 0.27 |
| | 2 | Squamous cell carcinoma with variants of anal canal | 875 | 0.23 | 0.13 | 0.09 |
| | 2 | Adenocarcinoma with variants of anal canal | 1597 | 0.41 | 0.21 | 0.15 |
| | 2 | Paget's disease of anal canal | 20 | 0.01 | 0.00 | 0.00 |
| | 1 | Epithelial tumors of gallbladder and extrahepatic biliary tract (EBT) | 70,165 | 18.09 | 7.15 | 4.78 |
| | 2 | Adenocarcinoma with variants of gallbladder | 11,874 | 3.06 | 1.45 | 0.99 |
| | 2 | Adenocarcinoma with variants of EBT | 26,992 | 6.96 | 3.09 | 2.09 |
| 2 | Squamous cell carcinoma of gallbladder and EBT | 259 | 0.07 | 0.03 | 0.02 | |
| Thoracic (rare) | 1 | Epithelial tumors of trachea | 200 | 0.05 | 0.03 | 0.02 |
| | 2 | Squamous cell carcinoma with variants of trachea | 83 | 0.02 | 0.01 | 0.01 |
| | 2 | Adenocarcinoma with variants of trachea | 8 | 0.00 | 0.00 | 0.00 |
| | 2 | Salivary gland type tumor of trachea | 74 | 0.02 | 0.01 | 0.01 |

| 2016-2018 | | | | 2011-2018 | | | |
|---------------------------|------------|--------------------------------------|-----------------------------------|---------------------------|------------|--------------------------------------|-----------------------------------|
| Person-years: 380,113,000 | | | | Person-years: 767,928,000 | | | |
| Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| 3851 | 1.01 | 0.54 | 0.40 | 7506 | 0.98 | 0.53 | 0.39 |
| 3048 | 0.80 | 0.45 | 0.33 | 5902 | 0.77 | 0.44 | 0.33 |
| 3 | 0.00 | 0.00 | 0.00 | 9 | 0.00 | 0.00 | 0.00 |
| 101 | 0.03 | 0.02 | 0.01 | 178 | 0.02 | 0.02 | 0.01 |
| 9 | 0.00 | 0.00 | 0.00 | 14 | 0.00 | 0.00 | 0.00 |
| 2222 | 0.58 | 0.40 | 0.31 | 4349 | 0.57 | 0.39 | 0.30 |
| 1779 | 0.47 | 0.33 | 0.26 | 3470 | 0.45 | 0.32 | 0.25 |
| 13 | 0.00 | 0.00 | 0.00 | 20 | 0.00 | 0.00 | 0.00 |
| 7662 | 2.02 | 1.27 | 0.99 | 14,181 | 1.85 | 1.17 | 0.91 |
| 5480 | 1.44 | 0.90 | 0.70 | 10,156 | 1.32 | 0.83 | 0.65 |
| 2182 | 0.57 | 0.37 | 0.29 | 4025 | 0.52 | 0.34 | 0.26 |
| 29,795 | 7.84 | 3.90 | 2.80 | 57,119 | 7.44 | 3.79 | 2.73 |
| 13,174 | 3.47 | 1.84 | 1.34 | 23,785 | 3.10 | 1.67 | 1.22 |
| 14,406 | 3.79 | 1.83 | 1.30 | 28,860 | 3.76 | 1.88 | 1.34 |
| 12,179 | 3.20 | 1.84 | 1.37 | 21,963 | 2.86 | 1.66 | 1.24 |
| 11,298 | 2.97 | 1.74 | 1.29 | 20,284 | 2.64 | 1.56 | 1.16 |
| 29,824 | 7.85 | 4.11 | 3.03 | 55,268 | 7.20 | 3.83 | 2.81 |
| 27,029 | 7.11 | 3.84 | 2.84 | 49,630 | 6.46 | 3.55 | 2.62 |
| 488 | 0.13 | 0.05 | 0.03 | 897 | 0.12 | 0.05 | 0.03 |
| 466 | 0.12 | 0.07 | 0.05 | 802 | 0.10 | 0.06 | 0.04 |
| 204 | 0.05 | 0.03 | 0.02 | 347 | 0.05 | 0.02 | 0.02 |
| 175 | 0.05 | 0.03 | 0.02 | 296 | 0.04 | 0.02 | 0.02 |
| 88 | 0.02 | 0.01 | 0.01 | 182 | 0.02 | 0.01 | 0.01 |
| 64 | 0.02 | 0.01 | 0.00 | 135 | 0.02 | 0.01 | 0.01 |
| 5 | 0.00 | 0.00 | 0.00 | 15 | 0.00 | 0.00 | 0.00 |
| 9254 | 2.43 | 1.20 | 0.87 | 16,481 | 2.15 | 1.08 | 0.78 |
| 7958 | 2.09 | 1.08 | 0.79 | 13,962 | 1.82 | 0.96 | 0.70 |
| 28 | 0.01 | 0.00 | 0.00 | 53 | 0.01 | 0.00 | 0.00 |
| 3204 | 0.84 | 0.42 | 0.30 | 6050 | 0.79 | 0.39 | 0.28 |
| 1065 | 0.28 | 0.15 | 0.11 | 1940 | 0.25 | 0.14 | 0.10 |
| 1819 | 0.48 | 0.24 | 0.17 | 3416 | 0.44 | 0.22 | 0.16 |
| 14 | 0.00 | 0.00 | 0.00 | 34 | 0.00 | 0.00 | 0.00 |
| 67,723 | 17.82 | 6.53 | 4.38 | 137,888 | 17.96 | 6.84 | 4.58 |
| 12,880 | 3.39 | 1.48 | 1.02 | 24,754 | 3.22 | 1.47 | 1.00 |
| 29,917 | 7.87 | 3.20 | 2.15 | 56,909 | 7.41 | 3.15 | 2.12 |
| 265 | 0.07 | 0.03 | 0.02 | 524 | 0.07 | 0.03 | 0.02 |
| 267 | 0.07 | 0.04 | 0.03 | 467 | 0.06 | 0.03 | 0.03 |
| 91 | 0.02 | 0.01 | 0.01 | 174 | 0.02 | 0.01 | 0.01 |
| 16 | 0.00 | 0.00 | 0.00 | 24 | 0.00 | 0.00 | 0.00 |
| 91 | 0.02 | 0.02 | 0.01 | 165 | 0.02 | 0.02 | 0.01 |

(Continues)

TABLE 2 (Continued)

| Family | Tier | RARECAREnet list | 2011–2015 | | | |
|-----------------------|------------------------------------|--|--|-------------|--------------------------------------|-----------------------------------|
| | | | Person-years: 387,815,000 | | | |
| | | | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| | 1 | Epithelial tumors of thymus | 3618 | 0.93 | 0.61 | 0.46 |
| | 2 | Malignant thymoma | 2547 | 0.66 | 0.45 | 0.34 |
| | 2 | Squamous cell carcinoma of thymus | 689 | 0.18 | 0.11 | 0.08 |
| | 2 | Adenocarcinoma with variants of thymus | 100 | 0.03 | 0.02 | 0.01 |
| | 1 | Malignant mesothelioma | 5072 | 1.31 | 0.63 | 0.45 |
| | 2 | Mesothelioma of pleura and pericardium | 4412 | 1.14 | 0.55 | 0.38 |
| | 2 | Mesothelioma of peritoneum and tunica vaginalis | 453 | 0.12 | 0.07 | 0.05 |
| Female genital (rare) | 1 | Nonepithelial tumors of ovary | 1159 | 0.30 | 0.36 | 0.38 |
| | 2 | Sex cord tumor of ovary | 129 | 0.03 | 0.03 | 0.02 |
| | 2 | Malignant/immature teratoma of ovary | 614 | 0.16 | 0.19 | 0.20 |
| | 2 | Germ cell tumor of ovary | 416 | 0.11 | 0.14 | 0.16 |
| | 1 | Epithelial tumors of vulva and vagina | 3288 | 0.85 | 0.37 | 0.26 |
| | 2 | Squamous cell carcinoma with variants of vulva and vagina | 2063 | 0.53 | 0.24 | 0.17 |
| | 2 | Adenocarcinoma with variants of vulva and vagina | 187 | 0.05 | 0.03 | 0.02 |
| | 2 | Paget's disease of vulva and vagina | 782 | 0.20 | 0.08 | 0.06 |
| | 2 | Undifferentiated carcinoma of vulva and vagina | 2 | 0.00 | 0.00 | 0.00 |
| | 2 | Mullerian mixed tumor of vulva and vagina | 2 | 0.00 | 0.00 | 0.00 |
| | 1 | Trophoblastic tumors of placenta | 148 | 0.04 | 0.04 | 0.04 |
| | 2 | Choriocarcinoma of placenta | 128 | 0.03 | 0.04 | 0.03 |
| | Male genital and urogenital (rare) | 1 | Testicular and paratesticular cancers | 5600 | 1.44 | 1.64 |
| 2 | | Paratesticular adenocarcinoma with variants | 12 | 0.00 | 0.00 | 0.00 |
| 2 | | Nonseminomatous testicular cancer | 1537 | 0.40 | 0.50 | 0.47 |
| 2 | | Seminomatous testicular cancer | 3786 | 0.98 | 1.08 | 0.90 |
| 2 | | Spermatocytic seminoma | 22 | 0.01 | 0.00 | 0.00 |
| 2 | | Teratoma with malignant transformation | 11 | 0.00 | 0.00 | 0.00 |
| 2 | | Testicular sex cord cancer | 15 | 0.00 | 0.00 | 0.00 |
| 1 | | Epithelial tumors of penis | 1474 | 0.38 | 0.17 | 0.12 |
| 2 | | Squamous cell carcinoma with variants of penis | 1027 | 0.26 | 0.13 | 0.09 |
| 2 | | Adenocarcinoma with variants of penis | 325 | 0.08 | 0.04 | 0.02 |
| 1 | | Epithelial tumors of pelvis and ureter | 22,877 | 5.90 | 2.52 | 1.69 |
| 2 | | Transitional cell carcinoma of pelvis and ureter | 16,426 | 4.24 | 1.94 | 1.32 |
| 2 | | Squamous cell carcinoma with variants of pelvis and ureter | 320 | 0.08 | 0.04 | 0.03 |
| 2 | | Adenocarcinoma with variants of pelvis and ureter | 201 | 0.05 | 0.03 | 0.02 |
| 1 | | Epithelial tumors of urethra | 480 | 0.12 | 0.06 | 0.04 |
| 2 | | Transitional cell carcinoma of urethra | 218 | 0.06 | 0.02 | 0.02 |
| 2 | | Squamous cell carcinoma with variants of urethra | 86 | 0.02 | 0.01 | 0.01 |
| 2 | | Adenocarcinoma with variants of urethra | 108 | 0.03 | 0.01 | 0.01 |
| 1 | | Extragenital germ cell tumors | 1026 | 0.26 | 0.35 | 0.40 |
| 2 | | Nonseminomatous germ cell tumor | 325 | 0.08 | 0.10 | 0.11 |
| 2 | | Seminomatous germ cell tumor | 121 | 0.03 | 0.04 | 0.04 |
| 2 | | Germ cell tumor of CNS | 474 | 0.12 | 0.18 | 0.22 |

| 2016-2018 | | | | 2011-2018 | | | |
|---------------------------|-------------|--------------------------------------|-----------------------------------|---------------------------|-------------|--------------------------------------|-----------------------------------|
| Person-years: 380,113,000 | | | | Person-years: 767,928,000 | | | |
| Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| 5725 | 1.51 | 0.98 | 0.75 | 9343 | 1.22 | 0.80 | 0.61 |
| 4166 | 1.10 | 0.76 | 0.58 | 6713 | 0.87 | 0.60 | 0.46 |
| 979 | 0.26 | 0.15 | 0.11 | 1668 | 0.22 | 0.13 | 0.10 |
| 114 | 0.03 | 0.02 | 0.01 | 214 | 0.03 | 0.02 | 0.01 |
| 5337 | 1.40 | 0.63 | 0.44 | 10,409 | 1.36 | 0.63 | 0.44 |
| 4678 | 1.23 | 0.54 | 0.38 | 9090 | 1.18 | 0.55 | 0.38 |
| 464 | 0.12 | 0.07 | 0.05 | 917 | 0.12 | 0.07 | 0.05 |
| 1330 | 0.35 | 0.44 | 0.45 | 2489 | 0.32 | 0.40 | 0.41 |
| 183 | 0.05 | 0.04 | 0.03 | 312 | 0.04 | 0.03 | 0.03 |
| 691 | 0.18 | 0.23 | 0.24 | 1305 | 0.17 | 0.21 | 0.22 |
| 456 | 0.12 | 0.17 | 0.18 | 872 | 0.11 | 0.16 | 0.17 |
| 3650 | 0.96 | 0.40 | 0.28 | 6938 | 0.90 | 0.39 | 0.27 |
| 2351 | 0.62 | 0.26 | 0.18 | 4414 | 0.57 | 0.25 | 0.18 |
| 229 | 0.06 | 0.03 | 0.03 | 416 | 0.05 | 0.03 | 0.02 |
| 793 | 0.21 | 0.08 | 0.06 | 1575 | 0.21 | 0.08 | 0.06 |
| 6 | 0.00 | 0.00 | 0.00 | 8 | 0.00 | 0.00 | 0.00 |
| 7 | 0.00 | 0.00 | 0.00 | 9 | 0.00 | 0.00 | 0.00 |
| 141 | 0.04 | 0.05 | 0.04 | 289 | 0.04 | 0.05 | 0.04 |
| 134 | 0.04 | 0.04 | 0.04 | 262 | 0.03 | 0.04 | 0.04 |
| 6285 | 1.65 | 1.90 | 1.66 | 11,885 | 1.55 | 1.77 | 1.54 |
| 3 | 0.00 | 0.00 | 0.00 | 15 | 0.00 | 0.00 | 0.00 |
| 1704 | 0.45 | 0.57 | 0.55 | 3241 | 0.42 | 0.53 | 0.51 |
| 4296 | 1.13 | 1.26 | 1.05 | 8082 | 1.05 | 1.17 | 0.97 |
| 26 | 0.01 | 0.00 | 0.00 | 48 | 0.01 | 0.00 | 0.00 |
| 11 | 0.00 | 0.00 | 0.00 | 22 | 0.00 | 0.00 | 0.00 |
| 12 | 0.00 | 0.00 | 0.00 | 27 | 0.00 | 0.00 | 0.00 |
| 1624 | 0.43 | 0.19 | 0.13 | 3098 | 0.40 | 0.18 | 0.12 |
| 1125 | 0.30 | 0.14 | 0.09 | 2152 | 0.28 | 0.13 | 0.09 |
| 350 | 0.09 | 0.04 | 0.03 | 675 | 0.09 | 0.04 | 0.02 |
| 26,194 | 6.89 | 2.68 | 1.79 | 49,071 | 6.39 | 2.60 | 1.74 |
| 19,038 | 5.01 | 2.12 | 1.43 | 35,464 | 4.62 | 2.04 | 1.38 |
| 287 | 0.08 | 0.03 | 0.02 | 607 | 0.08 | 0.03 | 0.02 |
| 203 | 0.05 | 0.03 | 0.02 | 404 | 0.05 | 0.03 | 0.02 |
| 549 | 0.14 | 0.06 | 0.04 | 1029 | 0.13 | 0.06 | 0.04 |
| 284 | 0.07 | 0.03 | 0.02 | 502 | 0.07 | 0.03 | 0.02 |
| 95 | 0.02 | 0.01 | 0.01 | 181 | 0.02 | 0.01 | 0.01 |
| 99 | 0.03 | 0.01 | 0.01 | 207 | 0.03 | 0.01 | 0.01 |
| 1237 | 0.33 | 0.44 | 0.50 | 2263 | 0.29 | 0.39 | 0.45 |
| 375 | 0.10 | 0.12 | 0.14 | 700 | 0.09 | 0.11 | 0.12 |
| 143 | 0.04 | 0.04 | 0.04 | 264 | 0.03 | 0.04 | 0.04 |
| 607 | 0.16 | 0.24 | 0.29 | 1081 | 0.14 | 0.21 | 0.25 |

(Continues)

TABLE 2 (Continued)

| Family | Tier | RARECAREnet list | 2011–2015 | | | |
|-------------|-----------|---|---|-------------|--------------------------------------|-----------------------------------|
| | | | Person-years: 387,815,000 | | | |
| | | | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| Skin (rare) | 1 | Malignant melanoma of mucosa and extracutaneous | 1463 | 0.38 | 0.18 | 0.13 |
| | 2 | Malignant melanoma of mucosa and extracutaneous | 1463 | 0.38 | 0.18 | 0.13 |
| | 1 | Malignant melanoma of eye | 271 | 0.07 | 0.04 | 0.03 |
| | 2 | Malignant melanoma of conjunctiva | 52 | 0.01 | 0.01 | 0.01 |
| | 2 | Malignant melanoma of uvea | 202 | 0.05 | 0.03 | 0.03 |
| | 1 | Adnexal carcinomas of skin | 3970 | 1.02 | 0.46 | 0.32 |
| | 2 | Adnexal carcinoma of skin | 3970 | 1.02 | 0.46 | 0.32 |
| | 1 | Kaposi's sarcoma | 150 | 0.04 | 0.03 | 0.03 |
| | 2 | Kaposi's sarcoma | 150 | 0.04 | 0.03 | 0.03 |
| | Pediatric | 1 | Neuroblastoma and ganglioneuroblastoma | 481 | 0.12 | 0.20 |
| 2 | | Neuroblastoma and ganglioneuroblastoma | 481 | 0.12 | 0.20 | 0.33 |
| 1 | | Nephroblastoma | 152 | 0.04 | 0.06 | 0.10 |
| 2 | | Nephroblastoma | 152 | 0.04 | 0.06 | 0.10 |
| 1 | | Retinoblastoma | 184 | 0.05 | 0.08 | 0.13 |
| 2 | | Retinoblastoma | 184 | 0.05 | 0.08 | 0.13 |
| 1 | | Hepatoblastoma | 154 | 0.04 | 0.07 | 0.11 |
| 2 | | Hepatoblastoma | 154 | 0.04 | 0.07 | 0.11 |
| 1 | | Pleuropulmonary blastoma | 8 | 0.00 | 0.00 | 0.01 |
| 2 | | Pleuropulmonary blastoma | 8 | 0.00 | 0.00 | 0.01 |
| 1 | | Pancreatoblastoma | 7 | 0.00 | 0.00 | 0.00 |
| 2 | | Pancreatoblastoma | 7 | 0.00 | 0.00 | 0.00 |
| 1 | | Olfactory neuroblastoma | 245 | 0.06 | 0.05 | 0.04 |
| 2 | | Olfactory neuroblastoma | 245 | 0.06 | 0.05 | 0.04 |
| 1 | | Odontogenic malignant tumors | 65 | 0.02 | 0.01 | 0.01 |
| 2 | | Odontogenic malignant tumor | 65 | 0.02 | 0.01 | 0.01 |
| Sarcomas | 1 | Soft tissue sarcoma | 17,596 | 4.54 | 3.25 | 2.66 |
| | 2 | Soft tissue sarcoma of head and neck | 924 | 0.24 | 0.15 | 0.12 |
| | 2 | Soft tissue sarcoma of limbs | 4347 | 1.12 | 0.76 | 0.61 |
| | 2 | Soft tissue sarcoma of superficial trunk | 1750 | 0.45 | 0.30 | 0.25 |
| | 2 | Soft tissue sarcoma of mediastinum | 241 | 0.06 | 0.05 | 0.04 |
| | 2 | Soft tissue sarcoma of heart | 131 | 0.03 | 0.03 | 0.02 |
| | 2 | Soft tissue sarcoma of breast | 609 | 0.16 | 0.14 | 0.11 |
| | 2 | Soft tissue sarcoma of uterus | 2282 | 0.59 | 0.46 | 0.36 |
| | 2 | Soft tissue sarcoma of paratestis | 143 | 0.04 | 0.02 | 0.02 |
| | 2 | Soft tissue sarcomas of other genitourinary tract (vulva, vagina, ovary, penis, prostate, testis, kidney, renal pelvis, ureter, bladder, urethra) | 515 | 0.13 | 0.09 | 0.08 |
| | 2 | Soft tissue sarcoma of viscera | 982 | 0.25 | 0.15 | 0.12 |
| | 2 | Soft tissue sarcoma of retroperitoneum and peritoneum | 2037 | 0.53 | 0.34 | 0.26 |
| | 2 | Soft tissue sarcoma of pelvis | 707 | 0.18 | 0.12 | 0.10 |
| | 2 | Soft tissue sarcoma of skin | 1460 | 0.38 | 0.30 | 0.25 |
| | 2 | Soft tissue sarcoma of paraorbit | 20 | 0.01 | 0.01 | 0.01 |
| | 2 | Soft tissue sarcoma of brain and other parts of nervous system | 474 | 0.12 | 0.10 | 0.09 |
| | 2 | Embryonal rhabdomyosarcoma of soft tissue | 90 | 0.02 | 0.03 | 0.05 |

| 2016-2018 | | | | 2011-2018 | | | |
|---------------------------|------------|--------------------------------------|-----------------------------------|---------------------------|------------|--------------------------------------|-----------------------------------|
| Person-years: 380,113,000 | | | | Person-years: 767,928,000 | | | |
| Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| 1541 | 0.41 | 0.18 | 0.13 | 3004 | 0.39 | 0.18 | 0.13 |
| 1541 | 0.41 | 0.18 | 0.13 | 3004 | 0.39 | 0.18 | 0.13 |
| 347 | 0.09 | 0.06 | 0.05 | 618 | 0.08 | 0.05 | 0.04 |
| 76 | 0.02 | 0.01 | 0.01 | 128 | 0.02 | 0.01 | 0.01 |
| 241 | 0.06 | 0.04 | 0.03 | 443 | 0.06 | 0.04 | 0.03 |
| 4311 | 1.13 | 0.49 | 0.34 | 8281 | 1.08 | 0.47 | 0.33 |
| 4311 | 1.13 | 0.49 | 0.34 | 8281 | 1.08 | 0.47 | 0.33 |
| 148 | 0.04 | 0.03 | 0.03 | 298 | 0.04 | 0.03 | 0.03 |
| 148 | 0.04 | 0.03 | 0.03 | 298 | 0.04 | 0.03 | 0.03 |
| 495 | 0.13 | 0.22 | 0.36 | 976 | 0.13 | 0.21 | 0.35 |
| 495 | 0.13 | 0.22 | 0.36 | 976 | 0.13 | 0.21 | 0.35 |
| 146 | 0.04 | 0.07 | 0.11 | 298 | 0.04 | 0.06 | 0.11 |
| 146 | 0.04 | 0.07 | 0.11 | 298 | 0.04 | 0.06 | 0.11 |
| 242 | 0.06 | 0.11 | 0.19 | 426 | 0.06 | 0.09 | 0.16 |
| 242 | 0.06 | 0.11 | 0.19 | 426 | 0.06 | 0.09 | 0.16 |
| 161 | 0.04 | 0.07 | 0.12 | 315 | 0.04 | 0.07 | 0.12 |
| 161 | 0.04 | 0.07 | 0.12 | 315 | 0.04 | 0.07 | 0.12 |
| 9 | 0.00 | 0.00 | 0.01 | 17 | 0.00 | 0.00 | 0.01 |
| 9 | 0.00 | 0.00 | 0.01 | 17 | 0.00 | 0.00 | 0.01 |
| 5 | 0.00 | 0.00 | 0.00 | 12 | 0.00 | 0.00 | 0.00 |
| 5 | 0.00 | 0.00 | 0.00 | 12 | 0.00 | 0.00 | 0.00 |
| 368 | 0.10 | 0.08 | 0.06 | 613 | 0.08 | 0.06 | 0.05 |
| 368 | 0.10 | 0.08 | 0.06 | 613 | 0.08 | 0.06 | 0.05 |
| 126 | 0.03 | 0.03 | 0.02 | 191 | 0.02 | 0.02 | 0.02 |
| 126 | 0.03 | 0.03 | 0.02 | 191 | 0.02 | 0.02 | 0.02 |
| 20,127 | 5.30 | 3.71 | 3.03 | 37,723 | 4.91 | 3.48 | 2.84 |
| 1045 | 0.27 | 0.16 | 0.13 | 1969 | 0.26 | 0.16 | 0.13 |
| 5212 | 1.37 | 0.90 | 0.71 | 9559 | 1.24 | 0.83 | 0.66 |
| 2222 | 0.58 | 0.40 | 0.32 | 3972 | 0.52 | 0.35 | 0.28 |
| 228 | 0.06 | 0.04 | 0.03 | 469 | 0.06 | 0.04 | 0.04 |
| 121 | 0.03 | 0.03 | 0.02 | 252 | 0.03 | 0.03 | 0.02 |
| 691 | 0.18 | 0.16 | 0.13 | 1300 | 0.17 | 0.15 | 0.12 |
| 2591 | 0.68 | 0.53 | 0.42 | 4873 | 0.63 | 0.50 | 0.39 |
| 181 | 0.05 | 0.03 | 0.02 | 324 | 0.04 | 0.03 | 0.02 |
| 523 | 0.14 | 0.10 | 0.09 | 1038 | 0.14 | 0.10 | 0.09 |
| 1140 | 0.30 | 0.18 | 0.15 | 2122 | 0.28 | 0.17 | 0.13 |
| 2389 | 0.63 | 0.39 | 0.30 | 4426 | 0.58 | 0.36 | 0.28 |
| 798 | 0.21 | 0.14 | 0.11 | 1505 | 0.20 | 0.13 | 0.10 |
| 1600 | 0.42 | 0.32 | 0.27 | 3060 | 0.40 | 0.31 | 0.26 |
| 29 | 0.01 | 0.01 | 0.01 | 49 | 0.01 | 0.01 | 0.01 |
| 538 | 0.14 | 0.11 | 0.10 | 1012 | 0.13 | 0.11 | 0.09 |
| 111 | 0.03 | 0.04 | 0.06 | 201 | 0.03 | 0.04 | 0.05 |

(Continues)

TABLE 2 (Continued)

| Family | Tier | RARECAREnet list | 2011–2015 | | | |
|-----------------|----------|--|---------------------------|--------------|--------------------------------------|-----------------------------------|
| | | | Person-years: 387,815,000 | | | |
| | | | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| | 2 | Alveolar rhabdomyosarcoma of soft tissue | 97 | 0.03 | 0.03 | 0.04 |
| | 2 | Ewing sarcoma of soft tissue | 245 | 0.06 | 0.07 | 0.08 |
| | 1 | Bone sarcoma | 2529 | 0.65 | 0.58 | 0.56 |
| | 2 | Osteogenic sarcoma | 858 | 0.22 | 0.24 | 0.25 |
| | 2 | Chondrogenic sarcoma | 671 | 0.17 | 0.13 | 0.11 |
| | 2 | Notochordal sarcoma, chordoma | 382 | 0.10 | 0.07 | 0.05 |
| | 2 | Vascular sarcoma | 41 | 0.01 | 0.01 | 0.01 |
| | 2 | Ewing sarcoma | 152 | 0.04 | 0.05 | 0.06 |
| | 2 | Other high grade sarcomas (fibrosarcoma, malignant fibrous histiocytoma) | 100 | 0.03 | 0.02 | 0.01 |
| | 1 | Gastrointestinal stromal sarcoma | 4613 | 1.19 | 0.67 | 0.49 |
| | 2 | Gastrointestinal stromal sarcoma | 4613 | 1.19 | 0.67 | 0.49 |
| Neuroendocrine | 1 | NET GEP | 15,347 | 3.96 | 2.64 | 2.01 |
| | 2 | Well diff not funct endocrine carcinoma of pancreas and digestive tract | 10,164 | 2.62 | 1.87 | 1.44 |
| | 2 | Well diff funct endocrine carcinoma of pancreas and digestive tract | 93 | 0.02 | 0.02 | 0.01 |
| | 2 | Poorly differentiated endocrine carcinoma | 5040 | 1.30 | 0.74 | 0.55 |
| | 2 | Malignant mixed pancreatic endocrine and exocrine tumor | 50 | 0.01 | 0.01 | 0.01 |
| | 1 | NET lung | 870 | 0.22 | 0.15 | 0.12 |
| | 2 | Typical and atypical carcinoid of the lung | 870 | 0.22 | 0.15 | 0.12 |
| | 1 | NET other sites | 4321 | 1.11 | 0.68 | 0.51 |
| | 2 | Pheochromocytoma, malignant | 149 | 0.04 | 0.03 | 0.02 |
| | 2 | Paraganglioma | 74 | 0.02 | 0.02 | 0.01 |
| | 2 | Endocrine carcinoma of thyroid gland | 462 | 0.12 | 0.09 | 0.08 |
| | 2 | Neuroendocrine carcinoma of skin | 568 | 0.15 | 0.05 | 0.03 |
| | 2 | Neuroendocrine carcinoma of other sites | 3068 | 0.79 | 0.49 | 0.37 |
| Endocrine organ | 1 | Carcinomas of pituitary gland | 229 | 0.06 | 0.04 | 0.04 |
| | 2 | Carcinoma of pituitary gland | 229 | 0.06 | 0.04 | 0.04 |
| | 1 | Carcinomas of thyroid gland | 42,609 | 10.99 | 8.14 | 6.44 |
| | 2 | Carcinoma of thyroid gland | 42,609 | 10.99 | 8.14 | 6.44 |
| | 1 | Carcinomas of parathyroid gland | 77 | 0.02 | 0.01 | 0.01 |
| | 2 | Carcinoma of parathyroid gland | 77 | 0.02 | 0.01 | 0.01 |
| | 1 | Carcinomas of adrenal cortex | 584 | 0.15 | 0.09 | 0.07 |
| | 2 | Carcinoma of adrenal cortex | 584 | 0.15 | 0.09 | 0.07 |
| CNS | 1 | Tumors of CNS | 15,595 | 4.02 | 2.76 | 2.35 |
| | 2 | Astrocytic tumors of CNS | 10,165 | 2.62 | 1.89 | 1.60 |
| | 2 | Oligodendroglial tumors of CNS | 766 | 0.20 | 0.18 | 0.15 |
| | 2 | Ependymal tumors of CNS | 454 | 0.12 | 0.13 | 0.15 |
| | 2 | Neuronal and mixed neuronal-glia tumors | 20 | 0.01 | 0.00 | 0.00 |
| | 2 | Choroid plexus carcinoma of CNS | 16 | 0.00 | 0.01 | 0.01 |
| | 2 | Malignant meningiomas | 752 | 0.19 | 0.10 | 0.08 |
| | 2 | Tumors of the pineal gland | 99 | 0.03 | 0.03 | 0.03 |
| | 1 | Embryonal tumors of CNS | 364 | 0.09 | 0.14 | 0.20 |
| | 2 | Embryonal tumor of CNS | 364 | 0.09 | 0.14 | 0.20 |
| | 2 | Medulloepithelioma | 0 | 0.00 | 0.00 | 0.00 |

| 2016–2018 | | | | 2011–2018 | | | |
|---------------------------|--------------|--------------------------------------|-----------------------------------|---------------------------|--------------|--------------------------------------|-----------------------------------|
| Person-years: 380,113,000 | | | | Person-years: 767,928,000 | | | |
| Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| 94 | 0.02 | 0.03 | 0.04 | 191 | 0.02 | 0.03 | 0.04 |
| 236 | 0.06 | 0.07 | 0.07 | 481 | 0.06 | 0.07 | 0.07 |
| 2958 | 0.78 | 0.69 | 0.65 | 5487 | 0.71 | 0.63 | 0.60 |
| 875 | 0.23 | 0.26 | 0.27 | 1733 | 0.23 | 0.25 | 0.26 |
| 778 | 0.20 | 0.16 | 0.13 | 1449 | 0.19 | 0.15 | 0.12 |
| 472 | 0.12 | 0.09 | 0.07 | 854 | 0.11 | 0.08 | 0.06 |
| 72 | 0.02 | 0.01 | 0.01 | 113 | 0.01 | 0.01 | 0.01 |
| 161 | 0.04 | 0.06 | 0.07 | 313 | 0.04 | 0.06 | 0.07 |
| 97 | 0.03 | 0.02 | 0.01 | 197 | 0.03 | 0.02 | 0.01 |
| 4475 | 1.18 | 0.66 | 0.49 | 9088 | 1.18 | 0.67 | 0.49 |
| 4475 | 1.18 | 0.66 | 0.49 | 9088 | 1.18 | 0.67 | 0.49 |
| 22,323 | 5.87 | 3.89 | 2.97 | 37,670 | 4.91 | 3.26 | 2.48 |
| 17,328 | 4.56 | 3.22 | 2.48 | 27,492 | 3.58 | 2.54 | 1.96 |
| 56 | 0.01 | 0.01 | 0.01 | 149 | 0.02 | 0.01 | 0.01 |
| 4889 | 1.29 | 0.66 | 0.47 | 9929 | 1.29 | 0.70 | 0.51 |
| 50 | 0.01 | 0.01 | 0.00 | 100 | 0.01 | 0.01 | 0.01 |
| 1091 | 0.29 | 0.19 | 0.14 | 1961 | 0.26 | 0.17 | 0.13 |
| 1091 | 0.29 | 0.19 | 0.14 | 1961 | 0.26 | 0.17 | 0.13 |
| 5468 | 1.44 | 0.88 | 0.67 | 9789 | 1.27 | 0.78 | 0.59 |
| 415 | 0.11 | 0.09 | 0.07 | 564 | 0.07 | 0.06 | 0.05 |
| 160 | 0.04 | 0.03 | 0.03 | 234 | 0.03 | 0.03 | 0.02 |
| 638 | 0.17 | 0.14 | 0.11 | 1100 | 0.14 | 0.11 | 0.09 |
| 692 | 0.18 | 0.06 | 0.04 | 1260 | 0.16 | 0.05 | 0.04 |
| 3563 | 0.94 | 0.56 | 0.42 | 6631 | 0.86 | 0.52 | 0.39 |
| 205 | 0.05 | 0.04 | 0.03 | 434 | 0.06 | 0.04 | 0.04 |
| 205 | 0.05 | 0.04 | 0.03 | 434 | 0.06 | 0.04 | 0.04 |
| 54,419 | 14.32 | 10.83 | 8.61 | 97,028 | 12.64 | 9.47 | 7.51 |
| 54,419 | 14.32 | 10.83 | 8.61 | 97,028 | 12.64 | 9.47 | 7.51 |
| 119 | 0.03 | 0.02 | 0.02 | 196 | 0.03 | 0.02 | 0.01 |
| 119 | 0.03 | 0.02 | 0.02 | 196 | 0.03 | 0.02 | 0.01 |
| 641 | 0.17 | 0.10 | 0.09 | 1225 | 0.16 | 0.10 | 0.08 |
| 641 | 0.17 | 0.10 | 0.09 | 1225 | 0.16 | 0.10 | 0.08 |
| 17,099 | 4.50 | 3.14 | 2.69 | 32,694 | 4.26 | 2.95 | 2.52 |
| 10,758 | 2.83 | 2.04 | 1.73 | 20,923 | 2.72 | 1.96 | 1.66 |
| 1017 | 0.27 | 0.26 | 0.21 | 1783 | 0.23 | 0.22 | 0.18 |
| 605 | 0.16 | 0.17 | 0.18 | 1059 | 0.14 | 0.15 | 0.17 |
| 14 | 0.00 | 0.00 | 0.00 | 34 | 0.00 | 0.00 | 0.00 |
| 10 | 0.00 | 0.00 | 0.00 | 26 | 0.00 | 0.00 | 0.01 |
| 855 | 0.22 | 0.12 | 0.09 | 1607 | 0.21 | 0.11 | 0.08 |
| 141 | 0.04 | 0.04 | 0.04 | 240 | 0.03 | 0.04 | 0.04 |
| 367 | 0.10 | 0.14 | 0.20 | 731 | 0.10 | 0.14 | 0.20 |
| 367 | 0.10 | 0.14 | 0.20 | 731 | 0.10 | 0.14 | 0.20 |
| 0 | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | 0.00 |

(Continues)

TABLE 2 (Continued)

| Family | Tier | RARECAREnet list | 2011–2015 | | | |
|-----------------------|----------------------------------|---|---------------------------|---------------|--------------------------------------|-----------------------------------|
| | | | Person-years: 387,815,000 | | | |
| | | | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| Hematological | 1 | Lymphoid diseases | 120,860 | 31.16 | 17.33 | 13.37 |
| | 2 | Hodgkin lymphoma, classical | 3671 | 0.95 | 0.75 | 0.65 |
| | 2 | Hodgkin lymphoma nodular lymphocyte predominance | 207 | 0.05 | 0.04 | 0.04 |
| | 2 | Precursor B/T lymphoblastic leukemia/lymphoma (and Burkitt leukemia/lymphoma) | 6139 | 1.58 | 1.63 | 1.89 |
| | 2 | T cutaneous lymphoma (Sezary syndrome, mycosis fungoides) | 1465 | 0.38 | 0.24 | 0.19 |
| | 2 | Other T cell lymphomas and NK cell neoplasms | 10,201 | 2.63 | 1.50 | 1.14 |
| | 2 | Diffuse B lymphoma | 38,131 | 9.83 | 5.12 | 3.68 |
| | 2 | Follicular B lymphoma | 12,639 | 3.26 | 2.10 | 1.59 |
| | 2 | Hairy cell leukemia | 161 | 0.04 | 0.02 | 0.02 |
| | 2 | Plasmacytoma/multiple myeloma (and heavy chain diseases) | 20,004 | 5.16 | 2.41 | 1.67 |
| | 2 | Other non-Hodgkin, mature B cell lymphoma | 12,588 | 3.25 | 1.84 | 1.34 |
| | 2 | Mantle cell lymphoma | 1606 | 0.41 | 0.21 | 0.15 |
| | 2 | Prolymphocytic leukemia, B cell | 52 | 0.01 | 0.01 | 0.01 |
| | 1 | Acute myeloid leukemia and related precursor neoplasms | 18,827 | 4.85 | 3.03 | 2.50 |
| | 2 | Acute promyelocytic leukemia (AML with t(15;17) with variants) | 1503 | 0.39 | 0.31 | 0.26 |
| | 2 | Acute myeloid leukemia | 17,324 | 4.47 | 2.72 | 2.24 |
| | 1 | Myeloid and lymphoid neoplasms | 869 | 0.22 | 0.09 | 0.06 |
| | 2 | Myeloid and lymphoid neoplasms | 869 | 0.22 | 0.09 | 0.06 |
| | 1 | Myeloproliferative neoplasms | 12,862 | 3.32 | 2.12 | 1.65 |
| | 2 | Chronic myeloid leukemia | 5634 | 1.45 | 1.04 | 0.84 |
| | 2 | Other myeloproliferative neoplasms | 7225 | 1.86 | 1.08 | 0.81 |
| | 2 | Mast cell tumor | 3 | 0.00 | 0.00 | 0.00 |
| | 1 | Myelodysplastic syndrome and myelodysplastic/myeloproliferative diseases | 26,137 | 6.74 | 2.93 | 2.07 |
| | 2 | Myelodysplastic syndrome with 5q syndrome | 114 | 0.03 | 0.01 | 0.01 |
| | 2 | Other myelodysplastic syndrome | 24,702 | 6.37 | 2.75 | 1.93 |
| | 2 | Chronic myelomonocytic leukemia | 1139 | 0.29 | 0.14 | 0.12 |
| | 2 | Atypical chronic myeloid leukemia BCR/ABL negative | 83 | 0.02 | 0.01 | 0.01 |
| | 1 | Histiocytic and dendritic cell neoplasms | 308 | 0.08 | 0.09 | 0.11 |
| | 2 | Histiocytic malignancies | 202 | 0.05 | 0.07 | 0.10 |
| 2 | Lymph node accessory cell tumors | 106 | 0.03 | 0.02 | 0.02 | |
| Digestive (common) | 1 | Epithelial tumors of esophagus | 66,991 | 17.27 | 8.93 | 6.43 |
| | 2 | Squamous cell carcinoma with variants of esophagus | 55,699 | 14.36 | 7.57 | 5.47 |
| | 2 | Adenocarcinoma with variants of esophagus | 3766 | 0.97 | 0.53 | 0.39 |
| | 2 | Salivary gland type tumor of esophagus | 42 | 0.01 | 0.01 | 0.00 |
| | 2 | Undifferentiated carcinoma of esophagus | 94 | 0.02 | 0.01 | 0.01 |
| | 1 | Epithelial tumors of stomach | 388,958 | 100.29 | 47.64 | 33.28 |
| | 2 | Adenocarcinoma with variants of stomach | 345,059 | 88.98 | 43.66 | 30.61 |
| | 2 | Squamous cell carcinoma with variants of stomach | 615 | 0.16 | 0.08 | 0.06 |
| | 2 | Salivary gland-type tumor of stomach | 9 | 0.00 | 0.00 | 0.00 |
| | 2 | Undifferentiated carcinoma of stomach | 293 | 0.08 | 0.03 | 0.02 |

| 2016-2018 | | | | 2011-2018 | | | |
|---------------------------|---------------|--------------------------------------|-----------------------------------|---------------------------|---------------|--------------------------------------|-----------------------------------|
| Person-years: 380,113,000 | | | | Person-years: 767,928,000 | | | |
| Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| 140,329 | 36.92 | 19.50 | 15.03 | 261,189 | 34.01 | 18.41 | 14.20 |
| 4189 | 1.10 | 0.83 | 0.70 | 7860 | 1.02 | 0.79 | 0.67 |
| 228 | 0.06 | 0.05 | 0.05 | 435 | 0.06 | 0.05 | 0.04 |
| 6506 | 1.71 | 1.79 | 2.09 | 12,645 | 1.65 | 1.71 | 1.99 |
| 1839 | 0.48 | 0.30 | 0.24 | 3304 | 0.43 | 0.27 | 0.21 |
| 11,402 | 3.00 | 1.61 | 1.21 | 21,603 | 2.81 | 1.55 | 1.17 |
| 44,022 | 11.58 | 5.68 | 4.08 | 82,153 | 10.70 | 5.40 | 3.88 |
| 16,041 | 4.22 | 2.52 | 1.90 | 28,680 | 3.73 | 2.31 | 1.74 |
| 177 | 0.05 | 0.03 | 0.02 | 338 | 0.04 | 0.03 | 0.02 |
| 21,903 | 5.76 | 2.55 | 1.77 | 41,907 | 5.46 | 2.48 | 1.72 |
| 16,556 | 4.36 | 2.39 | 1.74 | 29,144 | 3.80 | 2.11 | 1.54 |
| 1870 | 0.49 | 0.24 | 0.17 | 3476 | 0.45 | 0.22 | 0.16 |
| 49 | 0.01 | 0.01 | 0.01 | 101 | 0.01 | 0.01 | 0.01 |
| 19,416 | 5.11 | 3.09 | 2.56 | 38,243 | 4.98 | 3.06 | 2.53 |
| 1836 | 0.48 | 0.39 | 0.32 | 3339 | 0.43 | 0.35 | 0.29 |
| 17,580 | 4.62 | 2.71 | 2.25 | 34,904 | 4.55 | 2.71 | 2.24 |
| 1592 | 0.42 | 0.18 | 0.15 | 2461 | 0.32 | 0.13 | 0.11 |
| 1592 | 0.42 | 0.18 | 0.15 | 2461 | 0.32 | 0.13 | 0.11 |
| 19,425 | 5.11 | 3.18 | 2.46 | 32,287 | 4.20 | 2.65 | 2.05 |
| 7320 | 1.93 | 1.34 | 1.07 | 12,954 | 1.69 | 1.19 | 0.96 |
| 12,095 | 3.18 | 1.83 | 1.38 | 19,320 | 2.52 | 1.45 | 1.09 |
| 10 | 0.00 | 0.00 | 0.00 | 13 | 0.00 | 0.00 | 0.00 |
| 30,160 | 7.93 | 3.24 | 2.27 | 56,297 | 7.33 | 3.08 | 2.17 |
| 257 | 0.07 | 0.03 | 0.02 | 371 | 0.05 | 0.02 | 0.01 |
| 27,876 | 7.33 | 2.96 | 2.06 | 52,578 | 6.85 | 2.86 | 1.99 |
| 1286 | 0.34 | 0.16 | 0.13 | 2425 | 0.32 | 0.15 | 0.12 |
| 131 | 0.03 | 0.02 | 0.01 | 214 | 0.03 | 0.01 | 0.01 |
| 611 | 0.16 | 0.21 | 0.28 | 919 | 0.12 | 0.15 | 0.19 |
| 503 | 0.13 | 0.19 | 0.26 | 705 | 0.09 | 0.13 | 0.18 |
| 108 | 0.03 | 0.02 | 0.01 | 214 | 0.03 | 0.02 | 0.02 |
| 76,268 | 20.06 | 9.92 | 7.09 | 143,259 | 18.66 | 9.43 | 6.76 |
| 65,390 | 17.20 | 8.59 | 6.15 | 121,089 | 15.77 | 8.08 | 5.81 |
| 5415 | 1.42 | 0.77 | 0.57 | 9181 | 1.20 | 0.65 | 0.48 |
| 22 | 0.01 | 0.00 | 0.00 | 64 | 0.01 | 0.00 | 0.00 |
| 66 | 0.02 | 0.01 | 0.01 | 160 | 0.02 | 0.01 | 0.01 |
| 387,959 | 102.06 | 45.06 | 31.28 | 776,917 | 101.17 | 46.38 | 32.30 |
| 358,844 | 94.40 | 42.68 | 29.68 | 703,903 | 91.66 | 43.21 | 30.18 |
| 842 | 0.22 | 0.10 | 0.07 | 1457 | 0.19 | 0.09 | 0.06 |
| 7 | 0.00 | 0.00 | 0.00 | 16 | 0.00 | 0.00 | 0.00 |
| 441 | 0.12 | 0.05 | 0.04 | 734 | 0.10 | 0.04 | 0.03 |

(Continues)

TABLE 2 (Continued)

| Family | Tier | RARECAREnet list | 2011–2015 | | | |
|-------------------------|----------|---|---------------------------|--------------|--------------------------------------|-----------------------------------|
| | | | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| | | | Person-years: 387,815,000 | | | |
| | 1 | Epithelial tumors of colon (including appendix) | 305,966 | 78.89 | 38.40 | 27.20 |
| | 2 | Adenocarcinoma with variants of colon | 262,834 | 67.77 | 34.49 | 24.53 |
| | 2 | Squamous cell carcinoma with variants of colon | 69 | 0.02 | 0.01 | 0.01 |
| | 2 | Fibromyxoma and low grade mucinous adenocarcinoma of the appendix | 968 | 0.25 | 0.16 | 0.12 |
| | 1 | Epithelial tumors of rectum | 100,198 | 25.84 | 13.98 | 10.21 |
| | 2 | Adenocarcinoma with variants of rectum | 86,153 | 22.21 | 12.47 | 9.17 |
| | 2 | Squamous cell carcinoma with variants of rectum | 127 | 0.03 | 0.02 | 0.01 |
| | 1 | Epithelial tumors of pancreas | 109,115 | 28.14 | 12.74 | 8.86 |
| | 2 | Adenocarcinoma with variants of pancreas | 50,093 | 12.92 | 6.73 | 4.80 |
| | 2 | Squamous cell carcinoma with variants of pancreas | 158 | 0.04 | 0.02 | 0.02 |
| | 2 | Acinar cell carcinoma of pancreas | 297 | 0.08 | 0.05 | 0.03 |
| | 2 | Mucinous cystadenocarcinoma of pancreas (invasive) | 149 | 0.04 | 0.02 | 0.02 |
| | 2 | Intraductal papillary mucinous carcinoma invasive of pancreas | 1964 | 0.51 | 0.24 | 0.16 |
| | 2 | Solid pseudopapillary carcinoma of pancreas | 23 | 0.01 | 0.01 | 0.01 |
| | 2 | Serous cystadenocarcinoma of pancreas | 10 | 0.00 | 0.00 | 0.00 |
| | 2 | Carcinoma with osteoclast-like giant cells of pancreas | 15 | 0.00 | 0.00 | 0.00 |
| | 1 | Epithelial tumors of liver and intrahepatic bile tract (IBT) | 128,332 | 33.09 | 15.22 | 10.46 |
| | 2 | Hepatocellular carcinoma of liver and IBT | 103,106 | 26.59 | 12.51 | 8.61 |
| | 2 | Hepatocellular carcinoma, fibrolamellar of liver and IBT | 19 | 0.00 | 0.00 | 0.00 |
| | 2 | Cholangiocarcinoma of IBT | 11,533 | 2.97 | 1.40 | 0.98 |
| | 2 | Adenocarcinoma with variants of liver and IBT | 1608 | 0.41 | 0.21 | 0.15 |
| | 2 | Undifferentiated carcinoma of liver and IBT | 53 | 0.01 | 0.01 | 0.00 |
| | 2 | Squamous cell carcinoma with variants of liver and IBT | 67 | 0.02 | 0.01 | 0.01 |
| | 2 | Bile duct cystadenocarcinoma of IBT | 108 | 0.03 | 0.01 | 0.01 |
| Female genital (common) | 1 | Epithelial tumors of corpus uteri | 39,931 | 10.30 | 7.54 | 5.81 |
| | 2 | Adenocarcinoma with variants of corpus uteri | 33,254 | 8.57 | 6.58 | 5.10 |
| | 2 | Squamous cell carcinoma with variants of corpus uteri | 173 | 0.04 | 0.03 | 0.02 |
| | 2 | Adenoid cystic carcinoma of corpus uteri | 2 | 0.00 | 0.00 | 0.00 |
| | 2 | Clear cell adenocarcinoma, NOS of corpus uteri | 904 | 0.23 | 0.13 | 0.10 |
| | 2 | Serous (papillary) carcinoma of corpus uteri | 1827 | 0.47 | 0.26 | 0.19 |
| | 2 | Mullerian mixed tumor of corpus uteri | 1694 | 0.44 | 0.27 | 0.20 |
| | 1 | Epithelial tumors of cervix uteri | 32,052 | 8.26 | 6.85 | 5.40 |
| | 2 | Squamous cell carcinoma with variants of cervix uteri | 22,883 | 5.90 | 4.94 | 3.90 |
| | 2 | Adenocarcinoma with variants of cervix uteri | 6334 | 1.63 | 1.40 | 1.10 |
| | 2 | Undifferentiated carcinoma of cervix uteri | 49 | 0.01 | 0.01 | 0.01 |
| | 2 | Mullerian mixed tumor of cervix uteri | 55 | 0.01 | 0.01 | 0.01 |
| | 1 | Epithelial tumors of ovary and fallopian tube | 31,312 | 8.07 | 5.71 | 4.41 |
| | 2 | Adenocarcinoma with variants of ovary | 14,924 | 3.85 | 2.82 | 2.17 |
| | 2 | Mucinous adenocarcinoma of ovary | 2797 | 0.72 | 0.60 | 0.48 |
| | 2 | Clear cell adenocarcinoma of ovary | 5523 | 1.42 | 1.19 | 0.93 |
| | 2 | Primary peritoneal serous/papillary carcinoma of ovary | 973 | 0.25 | 0.15 | 0.12 |
| | 2 | Mullerian mixed tumor of ovary | 415 | 0.11 | 0.07 | 0.05 |
| | 2 | Adenocarcinoma with variant of fallopian tube | 1060 | 0.27 | 0.18 | 0.13 |

| 2016-2018 | | | | 2011-2018 | | | |
|---------------------------|------------|--------------------------------------|-----------------------------------|---------------------------|------------|--------------------------------------|-----------------------------------|
| Person-years: 380,113,000 | | | | Person-years: 767,928,000 | | | |
| Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| 346,542 | 91.17 | 42.27 | 29.95 | 652,508 | 84.97 | 40.35 | 28.58 |
| 309,736 | 81.49 | 39.26 | 27.88 | 572,570 | 74.56 | 36.89 | 26.21 |
| 114 | 0.03 | 0.01 | 0.01 | 183 | 0.02 | 0.01 | 0.01 |
| 1299 | 0.34 | 0.23 | 0.17 | 2267 | 0.30 | 0.19 | 0.15 |
| 107,142 | 28.19 | 14.70 | 10.74 | 207,340 | 27.00 | 14.34 | 10.48 |
| 95,604 | 25.15 | 13.54 | 9.94 | 181,757 | 23.67 | 13.01 | 9.55 |
| 170 | 0.04 | 0.02 | 0.02 | 297 | 0.04 | 0.02 | 0.01 |
| 120,448 | 31.69 | 13.45 | 9.33 | 229,563 | 29.89 | 13.10 | 9.10 |
| 63,270 | 16.65 | 8.23 | 5.83 | 113,363 | 14.76 | 7.48 | 5.31 |
| 159 | 0.04 | 0.02 | 0.01 | 317 | 0.04 | 0.02 | 0.01 |
| 365 | 0.10 | 0.06 | 0.04 | 662 | 0.09 | 0.05 | 0.04 |
| 156 | 0.04 | 0.03 | 0.02 | 305 | 0.04 | 0.03 | 0.02 |
| 2310 | 0.61 | 0.27 | 0.19 | 4274 | 0.56 | 0.26 | 0.18 |
| 142 | 0.04 | 0.04 | 0.04 | 165 | 0.02 | 0.02 | 0.02 |
| 8 | 0.00 | 0.00 | 0.00 | 18 | 0.00 | 0.00 | 0.00 |
| 14 | 0.00 | 0.00 | 0.00 | 29 | 0.00 | 0.00 | 0.00 |
| 121,090 | 31.86 | 13.45 | 9.24 | 249,422 | 32.48 | 14.34 | 9.86 |
| 100,181 | 26.36 | 11.20 | 7.68 | 203,287 | 26.47 | 11.86 | 8.15 |
| 14 | 0.00 | 0.00 | 0.00 | 33 | 0.00 | 0.00 | 0.00 |
| 15,613 | 4.11 | 1.75 | 1.21 | 27,146 | 3.53 | 1.58 | 1.10 |
| 1022 | 0.27 | 0.12 | 0.08 | 2630 | 0.34 | 0.16 | 0.12 |
| 18 | 0.00 | 0.00 | 0.00 | 71 | 0.01 | 0.00 | 0.00 |
| 53 | 0.01 | 0.01 | 0.01 | 120 | 0.02 | 0.01 | 0.01 |
| 46 | 0.01 | 0.00 | 0.00 | 154 | 0.02 | 0.01 | 0.01 |
| 47,302 | 12.44 | 9.06 | 6.99 | 87,233 | 11.36 | 8.30 | 6.39 |
| 39,165 | 10.30 | 7.89 | 6.12 | 72,419 | 9.43 | 7.23 | 5.61 |
| 154 | 0.04 | 0.02 | 0.02 | 327 | 0.04 | 0.02 | 0.02 |
| 0 | 0.00 | 0.00 | 0.00 | 2 | 0.00 | 0.00 | 0.00 |
| 1036 | 0.27 | 0.15 | 0.11 | 1940 | 0.25 | 0.14 | 0.10 |
| 2549 | 0.67 | 0.37 | 0.27 | 4376 | 0.57 | 0.31 | 0.23 |
| 2026 | 0.53 | 0.33 | 0.25 | 3720 | 0.48 | 0.30 | 0.22 |
| 32,699 | 8.60 | 7.00 | 5.48 | 64,751 | 8.43 | 6.93 | 5.44 |
| 22,797 | 6.00 | 4.90 | 3.84 | 45,680 | 5.95 | 4.92 | 3.87 |
| 7002 | 1.84 | 1.59 | 1.24 | 13,336 | 1.74 | 1.49 | 1.17 |
| 51 | 0.01 | 0.01 | 0.01 | 100 | 0.01 | 0.01 | 0.01 |
| 77 | 0.02 | 0.01 | 0.01 | 132 | 0.02 | 0.01 | 0.01 |
| 33,738 | 8.88 | 6.15 | 4.75 | 65,050 | 8.47 | 5.93 | 4.58 |
| 16,125 | 4.24 | 3.07 | 2.37 | 31,049 | 4.04 | 2.94 | 2.27 |
| 2801 | 0.74 | 0.59 | 0.47 | 5598 | 0.73 | 0.59 | 0.48 |
| 5871 | 1.54 | 1.27 | 1.00 | 11,394 | 1.48 | 1.23 | 0.97 |
| 1394 | 0.37 | 0.21 | 0.16 | 2367 | 0.31 | 0.18 | 0.14 |
| 468 | 0.12 | 0.08 | 0.06 | 883 | 0.11 | 0.08 | 0.06 |
| 1402 | 0.37 | 0.24 | 0.18 | 2462 | 0.32 | 0.21 | 0.16 |

(Continues)

TABLE 2 (Continued)

| Family | Tier | RARECAREnet list | 2011–2015 | | | |
|--------------------------------------|----------|---|---------------------------|--------------|--------------------------------------|-----------------------------------|
| | | | Person-years: 387,815,000 | | | |
| | | | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| Thoracic (common) | 1 | Epithelial tumors of lung | 348,154 | 89.77 | 41.54 | 28.89 |
| | 2 | Squamous cell carcinoma with variants of lung | 60,371 | 15.57 | 7.25 | 4.94 |
| | 2 | Adenocarcinoma with variants of lung | 156,242 | 40.29 | 21.07 | 15.08 |
| | 2 | Adenosquamous carcinoma of lung | 2778 | 0.72 | 0.35 | 0.25 |
| | 2 | Large cell carcinoma of lung | 2206 | 0.57 | 0.31 | 0.22 |
| | 2 | Poorly differentiated endocrine carcinoma of lung | 31,574 | 8.14 | 4.01 | 2.81 |
| | 2 | Salivary gland type tumor of lung | 322 | 0.08 | 0.06 | 0.05 |
| | 2 | Sarcomatoid carcinoma of lung | 2465 | 0.64 | 0.35 | 0.25 |
| Breast | 1 | Epithelial tumors of breast | 233,632 | 60.24 | 43.00 | 33.04 |
| | 2 | Invasive carcinoma of no special type-NST (obs Invasive ductal carcinoma of breast) | 190,137 | 49.03 | 36.10 | 27.85 |
| | 2 | Invasive lobular carcinoma of breast | 10,253 | 2.64 | 1.86 | 1.43 |
| | 2 | Mammary Paget's disease of breast | 367 | 0.09 | 0.06 | 0.04 |
| | 2 | Special types of adenocarcinoma of breast | 11,814 | 3.05 | 1.99 | 1.49 |
| | 2 | Metaplastic carcinoma of breast | 1013 | 0.26 | 0.18 | 0.14 |
| | 2 | Salivary gland type tumor of breast | 209 | 0.05 | 0.03 | 0.03 |
| Male genital and urogenital (common) | 1 | Epithelial tumors of prostate | 233,482 | 60.20 | 27.78 | 19.07 |
| | 2 | Adenocarcinoma with variants of prostate | 206,517 | 53.25 | 25.60 | 17.72 |
| | 2 | Squamous cell carcinoma with variants of prostate | 57 | 0.01 | 0.01 | 0.00 |
| | 2 | Infiltrating duct carcinoma of prostate | 454 | 0.12 | 0.06 | 0.04 |
| | 2 | Transitional cell carcinoma of prostate | 108 | 0.03 | 0.01 | 0.01 |
| | 2 | Basal cell adenocarcinoma of prostate | 2 | 0.00 | 0.00 | 0.00 |
| | 1 | Epithelial tumors of kidney | 50,377 | 12.99 | 7.49 | 5.51 |
| | 2 | Renal cell carcinoma with variants | 40,256 | 10.38 | 6.43 | 4.80 |
| | 2 | Squamous cell carcinoma spindle cell type of kidney | 39 | 0.01 | 0.01 | 0.00 |
| | 2 | Squamous cell carcinoma with variants of kidney | 41 | 0.01 | 0.01 | 0.00 |
| | 1 | Epithelial tumors of bladder | 63,069 | 16.26 | 7.04 | 4.83 |
| | 2 | Transitional cell carcinoma of bladder | 50,635 | 13.06 | 5.94 | 4.09 |
| | 2 | Squamous cell carcinoma with variants of bladder | 838 | 0.22 | 0.09 | 0.06 |
| | 2 | Adenocarcinoma with variants of bladder | 1053 | 0.27 | 0.15 | 0.11 |
| | 2 | Salivary gland type tumor of bladder | 0 | 0.00 | 0.00 | 0.00 |
| Skin (common) | 1 | Malignant skin melanoma | 5097 | 1.31 | 0.77 | 0.58 |
| | 2 | Malignant skin melanoma | 5097 | 1.31 | 0.77 | 0.58 |
| | 1 | Epithelial tumors of skin | 48,088 | 12.40 | 5.14 | 3.53 |
| | 2 | Basal cell carcinoma of skin | 28,849 | 7.44 | 3.40 | 2.36 |
| | 2 | Squamous cell carcinoma with variants of skin | 19,230 | 4.96 | 1.74 | 1.17 |

Note: Rates are per 100,000. The International Classification of Disease for Oncology, 3rd Edition morphology (ICD-O-3-M) codes of 9599 (B cell lymphoma, not otherwise specified [NOS]) and 9988 (acute myeloid leukemia with myelodysplastic-related changes), which Japanese population-based cancer registries have historically used as unique codes, were converted to 9591 and 9895, respectively.

Abbreviations: CNS, central nervous system; diff, differentiated; funct, functioning; GEP, gastroenteropancreatic; NET, neuroendocrine tumor; NK, natural killer.

^aAge-standardized rate adjusted for the Japanese 1985 model population.

^bAge-standardized rate adjusted for Segi's world standard population.

| 2016-2018 | | | | 2011-2018 | | | |
|---------------------------|--------------|--------------------------------------|-----------------------------------|---------------------------|--------------|--------------------------------------|-----------------------------------|
| Person-years: 380,113,000 | | | | Person-years: 767,928,000 | | | |
| Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b | Number of cases | Crude rate | ASR Japanese population ^a | ASR World population ^b |
| 374,199 | 98.44 | 43.06 | 29.93 | 722,353 | 94.07 | 42.32 | 29.42 |
| 63,490 | 16.70 | 7.37 | 5.00 | 123,861 | 16.13 | 7.31 | 4.97 |
| 173,801 | 45.72 | 22.73 | 16.19 | 330,043 | 42.98 | 21.91 | 15.64 |
| 2642 | 0.70 | 0.32 | 0.22 | 5420 | 0.71 | 0.34 | 0.23 |
| 1352 | 0.36 | 0.19 | 0.14 | 3558 | 0.46 | 0.25 | 0.18 |
| 33,276 | 8.75 | 4.13 | 2.89 | 64,850 | 8.44 | 4.07 | 2.85 |
| 325 | 0.09 | 0.06 | 0.04 | 647 | 0.08 | 0.06 | 0.05 |
| 2489 | 0.65 | 0.34 | 0.25 | 4954 | 0.65 | 0.35 | 0.25 |
| 280,888 | 73.90 | 50.52 | 38.68 | 514,520 | 67.00 | 46.75 | 35.85 |
| 226,959 | 59.71 | 42.17 | 32.42 | 417,096 | 54.31 | 39.13 | 30.12 |
| 13,067 | 3.44 | 2.31 | 1.77 | 23,320 | 3.04 | 2.09 | 1.60 |
| 372 | 0.10 | 0.05 | 0.04 | 739 | 0.10 | 0.05 | 0.04 |
| 15,029 | 3.95 | 2.44 | 1.83 | 26,843 | 3.50 | 2.21 | 1.66 |
| 1218 | 0.32 | 0.21 | 0.16 | 2231 | 0.29 | 0.19 | 0.15 |
| 232 | 0.06 | 0.04 | 0.03 | 441 | 0.06 | 0.04 | 0.03 |
| 272,786 | 71.76 | 30.92 | 21.09 | 506,268 | 65.93 | 29.37 | 20.09 |
| 236,874 | 62.32 | 28.33 | 19.49 | 443,391 | 57.74 | 26.97 | 18.61 |
| 74 | 0.02 | 0.01 | 0.00 | 131 | 0.02 | 0.01 | 0.00 |
| 567 | 0.15 | 0.06 | 0.04 | 1021 | 0.13 | 0.06 | 0.04 |
| 156 | 0.04 | 0.02 | 0.01 | 264 | 0.03 | 0.01 | 0.01 |
| 1 | 0.00 | 0.00 | 0.00 | 3 | 0.00 | 0.00 | 0.00 |
| 61,181 | 16.10 | 9.01 | 6.65 | 111,558 | 14.53 | 8.24 | 6.08 |
| 48,439 | 12.74 | 7.76 | 5.80 | 88,695 | 11.55 | 7.09 | 5.29 |
| 45 | 0.01 | 0.01 | 0.00 | 84 | 0.01 | 0.01 | 0.00 |
| 35 | 0.01 | 0.00 | 0.00 | 76 | 0.01 | 0.00 | 0.00 |
| 69,347 | 18.24 | 7.34 | 5.04 | 132,416 | 17.24 | 7.20 | 4.94 |
| 56,503 | 14.86 | 6.29 | 4.33 | 107,138 | 13.95 | 6.12 | 4.21 |
| 811 | 0.21 | 0.08 | 0.06 | 1649 | 0.21 | 0.09 | 0.06 |
| 1163 | 0.31 | 0.16 | 0.11 | 2216 | 0.29 | 0.15 | 0.11 |
| 0 | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | 0.00 |
| 5535 | 1.46 | 0.79 | 0.59 | 10,632 | 1.38 | 0.78 | 0.58 |
| 5535 | 1.46 | 0.79 | 0.59 | 10,632 | 1.38 | 0.78 | 0.58 |
| 59,460 | 15.64 | 6.08 | 4.20 | 107,548 | 14.00 | 5.62 | 3.87 |
| 36,136 | 9.51 | 4.13 | 2.89 | 64,985 | 8.46 | 3.77 | 2.62 |
| 23,317 | 6.13 | 1.95 | 1.32 | 42,547 | 5.54 | 1.85 | 1.24 |

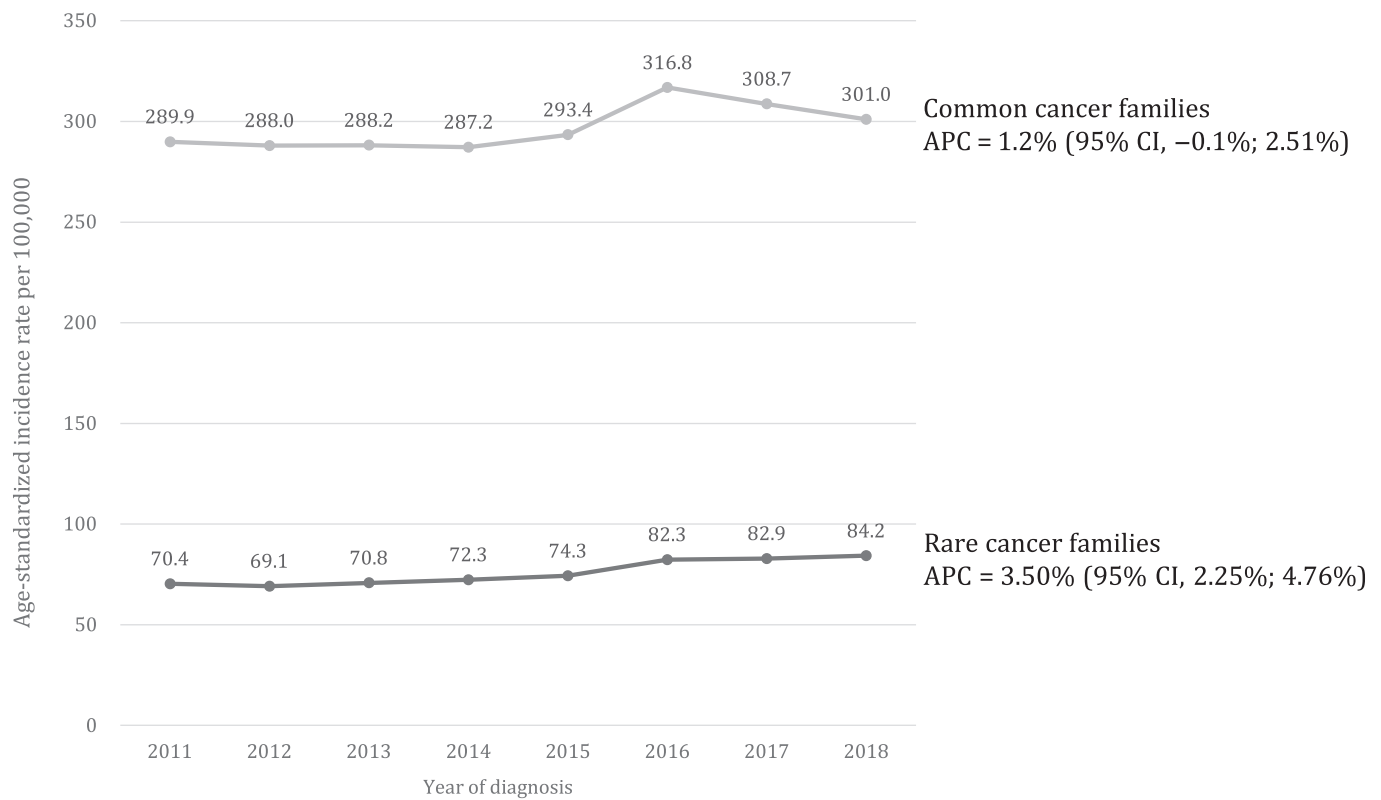


FIGURE 1 Time trend of age-standardized incidence rates of rare cancer families and common cancer families in Japan from 2011 to 2018. The rates were adjusted using the Japanese 1985 model population. APC, annual percent change; CI, confidence interval.

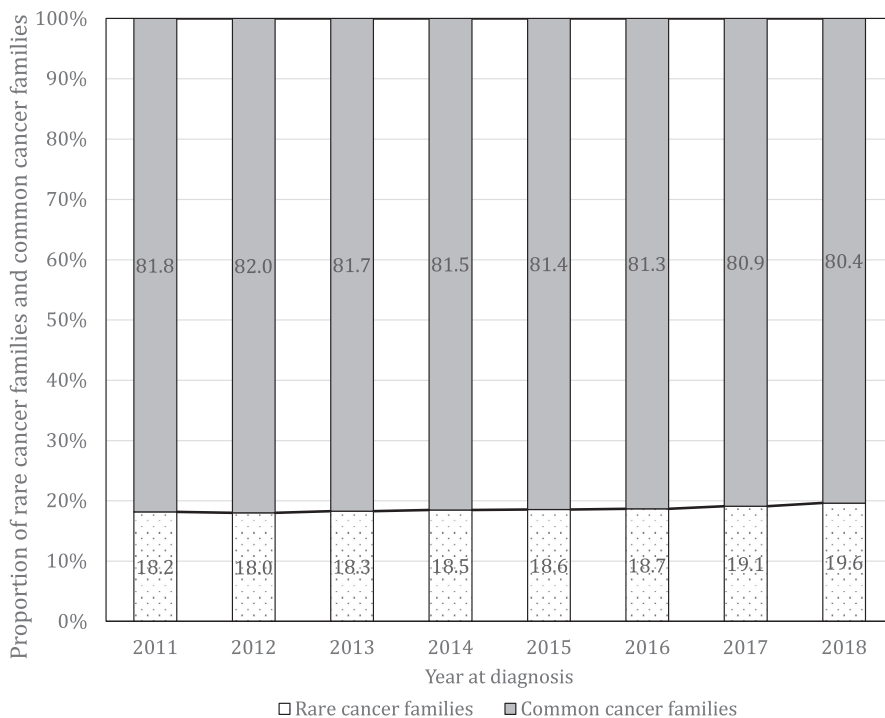


FIGURE 2 Proportion of rare cancer families and common cancer families in Japan, 2011–2018.

the gallbladder and the extrahepatic biliary tract was significantly decreased. The APCs for 32 Tier-1 cancers were within the 99% CL (Table 3 and Figure 3).

Of the 16 Tier-1 cancers in common cancer families, the ASRs of 6 Tier-1 cancers were significantly increased, whereas the ASRs of epithelial tumors of the stomach and liver and intrahepatic bile tract

TABLE 3 Age-standardized incidence rates of rare cancer in Japan, annual percent change (APC), and the difference in age-standardized rates (ASRs) between 2011 and 2018 by RARECAREnet list.

| Family | RARECAREnet list Tier-1 cancer grouping | ASR (per 100,000) in year at diagnosis | | | | | | | | | | Relative change | | Absolute change | |
|------------------------------------|---|--|------|------|------|------|------|------|------|---------|----------------|-----------------|----------------|--|--|
| | | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | APC (%) | Standard error | 95% CI | 99% CI | Difference in ASRs between 2011 and 2018 | |
| Head and neck | Epithelial tumors of nasal cavity and sinuses | 0.56 | 0.48 | 0.50 | 0.53 | 0.53 | 0.55 | 0.53 | 0.54 | 0.88 | 0.66 | -0.71 to 2.5 | -1.55 to 3.31 | 0.02 | |
| | Epithelial tumors of nasopharynx | 0.40 | 0.37 | 0.36 | 0.39 | 0.39 | 0.42 | 0.40 | 0.38 | 0.64 | 0.87 | -1.46 to 2.78 | -2.57 to 3.85 | 0.02 | |
| | Epithelial tumors of major salivary glands and salivary-gland type tumors | 1.01 | 1.03 | 1.04 | 1.13 | 1.09 | 1.27 | 1.29 | 1.27 | 4.14 | 0.78 | 2.24 to 6.08 | 1.23 to 7.05 | 0.26 | |
| Digestive (rare) | Epithelial tumors of hypopharynx and larynx | 3.64 | 3.58 | 3.59 | 3.63 | 3.82 | 3.92 | 3.93 | 3.86 | 1.51 | 0.38 | 0.59 to 2.44 | 0.11 to 2.91 | 0.22 | |
| | Epithelial tumors of oropharynx | 1.42 | 1.31 | 1.48 | 1.50 | 1.57 | 1.77 | 1.81 | 1.94 | 5.77 | 0.62 | 4.26 to 7.3 | 3.47 to 8.07 | 0.52 | |
| | Epithelial tumors of oral cavity and lip | 3.45 | 3.39 | 3.55 | 3.56 | 3.65 | 4.07 | 4.14 | 4.13 | 3.51 | 0.57 | 2.12 to 4.93 | 1.38 to 5.64 | 0.68 | |
| | Epithelial tumors of eye and adnexa | 0.06 | 0.03 | 0.05 | 0.04 | 0.06 | 0.06 | 0.07 | 0.06 | 7.29 | 3.19 | -0.23 to 15.37 | -4.53 to 19.11 | 0.00 | |
| | Epithelial tumors of middle ear | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | -4.03 | 3.17 | -11.48 to 4.04 | -15.79 to 7.73 | 0.00 | |
| Thoracic (rare) | Epithelial tumors of small intestine | 0.90 | 0.96 | 0.95 | 0.93 | 1.01 | 1.19 | 1.23 | 1.19 | 5.21 | 1.06 | 2.65 to 7.84 | 1.28 to 9.14 | 0.29 | |
| | Epithelial tumors of anal canal | 0.42 | 0.34 | 0.37 | 0.38 | 0.37 | 0.42 | 0.39 | 0.44 | 2.40 | 1.13 | -0.34 to 5.21 | -1.8 to 6.6 | 0.02 | |
| | Epithelial tumors of gallbladder and extrahepatic biliary tract (EBT) | 7.67 | 7.46 | 7.34 | 6.98 | 6.85 | 6.79 | 6.58 | 6.24 | -2.73 | 0.22 | -3.26 to -2.2 | -3.53 to -1.93 | -1.43 | |
| | Epithelial tumors of trachea | 0.04 | 0.03 | 0.03 | 0.03 | 0.03 | 0.04 | 0.03 | 0.04 | 1.46 | 2.47 | -4.4 to 7.69 | -7.7 to 10.62 | 0.00 | |
| Female genital (rare) | Epithelial tumors of thymus | 0.62 | 0.52 | 0.58 | 0.64 | 0.66 | 0.71 | 0.74 | 1.50 | 16.56 | 5.09 | 4.76 to 29.68 | -2.32 to 35.44 | 0.88 | |
| | Malignant mesothelioma | 0.69 | 0.66 | 0.63 | 0.59 | 0.64 | 0.65 | 0.64 | 0.60 | -0.76 | 0.70 | -2.46 to 0.97 | -3.36 to 1.84 | 0.09 | |
| | Nonepithelial tumors of ovary | 0.34 | 0.37 | 0.38 | 0.34 | 0.38 | 0.42 | 0.46 | 0.44 | 4.31 | 1.12 | 1.6 to 7.1 | 0.14 to 8.48 | 0.10 | |
| | Epithelial tumors of vulva and vagina | 0.35 | 0.36 | 0.36 | 0.40 | 0.37 | 0.41 | 0.39 | 0.41 | 1.99 | 0.65 | 0.4 to 3.6 | -0.43 to 4.41 | 0.06 | |
| Male genital and urogenital (rare) | Trophoblastic tumors of placenta | 0.04 | 0.06 | 0.05 | 0.05 | 0.04 | 0.04 | 0.05 | 0.05 | -0.64 | 2.70 | -7.04 to 6.19 | -10.66 to 9.38 | 0.01 | |
| | Testicular and paratesticular cancers | 1.44 | 1.52 | 1.64 | 1.73 | 1.70 | 1.93 | 1.86 | 1.93 | 3.90 | 0.70 | 2.2 to 5.63 | 1.3 to 6.5 | 0.49 | |
| | Epithelial tumors of penis | 0.18 | 0.16 | 0.17 | 0.18 | 0.17 | 0.19 | 0.19 | 0.18 | 1.40 | 0.84 | -0.65 to 3.48 | -1.73 to 4.53 | 0.00 | |
| | Epithelial tumors of pelvis and ureter | 2.46 | 2.43 | 2.47 | 2.60 | 2.53 | 2.74 | 2.71 | 2.59 | 1.35 | 0.58 | -0.07 to 2.79 | -0.82 to 3.52 | 0.13 | |
| Skin (rare) | Epithelial tumors of urethra | 0.05 | 0.06 | 0.05 | 0.06 | 0.05 | 0.06 | 0.06 | 0.06 | 0.87 | 1.17 | -1.95 to 3.77 | -3.46 to 5.2 | 0.01 | |
| | Extragenital germ cell tumors | 0.30 | 0.34 | 0.31 | 0.37 | 0.37 | 0.43 | 0.45 | 0.44 | 6.04 | 1.02 | 3.58 to 8.55 | 2.28 to 9.8 | 0.14 | |
| | Malignant melanoma of mucosa and extracutaneous | 0.19 | 0.17 | 0.16 | 0.18 | 0.19 | 0.18 | 0.18 | 0.19 | 0.81 | 0.86 | -1.27 to 2.94 | -2.38 to 4 | 0.00 | |
| Adnexal carcinomas of skin | Malignant melanoma of eye | 0.04 | 0.04 | 0.04 | 0.04 | 0.05 | 0.06 | 0.07 | 0.05 | 7.27 | 3.50 | -0.95 to 16.18 | -5.71 to 20.25 | 0.01 | |
| | Adnexal carcinomas of skin | 0.49 | 0.46 | 0.45 | 0.45 | 0.48 | 0.48 | 0.50 | 0.48 | 0.95 | 0.61 | -0.54 to 2.46 | -1.32 to 3.22 | 0.01 | |
| | Kaposi's sarcoma | 0.04 | 0.04 | 0.03 | 0.04 | 0.03 | 0.04 | 0.04 | 0.03 | -1.67 | 2.24 | -6.99 to 3.96 | -9.96 to 6.62 | 0.01 | |

(Continues)

TABLE 3 (Continued)

| Family | RARECAREnet list Tier-1 cancer grouping | ASR (per 100,000) in year at diagnosis | | | | | | | | | | Relative change | | | Absolute change | |
|------------------------------|--|--|-------|-------|-------|-------|-------|-------|-------|---------|----------------|-----------------|-----------------|--|-----------------|--|
| | | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | APC (%) | Standard error | 95% CI | 99% CI | Difference in ASRs between 2011 and 2018 | | |
| Pediatric | Neuroblastoma and ganglioneuroblastoma | 0.14 | 0.14 | 0.18 | 0.21 | 0.24 | 0.24 | 0.22 | 0.20 | 4.32 | 2.87 | -2.46 to 11.58 | -6.31 to 14.95 | 0.06 | | |
| | Nephroblastoma | 0.06 | 0.05 | 0.04 | 0.06 | 0.08 | 0.07 | 0.07 | 0.06 | 2.55 | 3.40 | -5.43 to 11.2 | -10.05 to 15.15 | 0.00 | | |
| | Retinoblastoma | 0.07 | 0.09 | 0.08 | 0.07 | 0.08 | 0.11 | 0.12 | 0.10 | 7.14 | 2.80 | 0.5 to 14.21 | -3.24 to 17.52 | 0.03 | | |
| | Hepatoblastoma | 0.05 | 0.06 | 0.07 | 0.08 | 0.06 | 0.08 | 0.08 | 0.06 | 1.65 | 3.27 | -6.04 to 9.98 | -10.48 to 13.78 | 0.01 | | |
| | Pleuropulmonary blastoma | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 5.51 | 5.49 | -7.08 to 19.8 | -14.85 to 25.87 | 0.01 | | |
| | Pancreatoblastoma | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | NA | NA | NA | NA | NA | | |
| | Olfactory neuroblastoma | 0.05 | 0.03 | 0.06 | 0.04 | 0.06 | 0.09 | 0.08 | 0.08 | 10.10 | 3.78 | 1.24 to 19.74 | -3.91 to 24.11 | 0.03 | | |
| | Odontogenic malignant tumors | 0.02 | 0.01 | 0.01 | 0.01 | 0.01 | 0.03 | 0.02 | 0.03 | 15.83 | 5.28 | 3.63 to 29.47 | -3.74 to 35.4 | 0.01 | | |
| Sarcomas | Soft tissue sarcoma | 3.33 | 2.97 | 3.10 | 3.32 | 3.40 | 3.66 | 3.75 | 3.73 | 3.36 | 0.67 | 1.73 to 5.02 | 0.87 to 5.85 | 0.40 | | |
| | Bone sarcoma | 0.60 | 0.54 | 0.57 | 0.61 | 0.59 | 0.71 | 0.67 | 0.69 | 3.54 | 1.08 | 0.92 to 6.22 | -0.47 to 7.55 | 0.09 | | |
| | Gastrointestinal stromal sarcoma | 0.81 | 0.75 | 0.69 | 0.67 | 0.58 | 0.60 | 0.58 | 0.81 | -0.66 | 2.51 | -6.62 to 5.68 | -9.98 to 8.66 | 0.00 | | |
| | NET GEP | 2.02 | 2.30 | 2.41 | 2.73 | 3.07 | 3.71 | 3.94 | 4.03 | 11.04 | 1.03 | 8.55 to 13.58 | 7.23 to 14.85 | 2.01 | | |
| Neuroendocrine | NET lung | 0.13 | 0.15 | 0.15 | 0.14 | 0.17 | 0.19 | 0.18 | 0.19 | 5.32 | 1.10 | 2.66 to 8.05 | 1.24 to 9.4 | 0.06 | | |
| | NET other sites | 0.66 | 0.66 | 0.65 | 0.66 | 0.72 | 0.81 | 0.80 | 1.03 | 7.26 | 1.52 | 3.6 to 11.05 | 1.62 to 12.9 | 0.37 | | |
| | Carcinomas of pituitary gland | 0.06 | 0.05 | 0.05 | 0.04 | 0.03 | 0.04 | 0.04 | 0.04 | -4.09 | 2.06 | -9.01 to 1.09 | -11.74 to 3.56 | 0.02 | | |
| Endocrine organ | Carcinomas of thyroid gland | 8.20 | 7.58 | 7.80 | 8.14 | 8.62 | 10.74 | 10.71 | 11.02 | 6.73 | 1.30 | 3.61 to 9.95 | 1.93 to 11.53 | 2.82 | | |
| | Carcinomas of parathyroid gland | 0.02 | 0.01 | 0.01 | 0.01 | 0.02 | 0.02 | 0.02 | 0.02 | 11.35 | 4.18 | 1.6 to 22.04 | -4.13 to 26.83 | 0.00 | | |
| Central nervous system (CNS) | Carcinomas of adrenal cortex | 0.07 | 0.10 | 0.10 | 0.10 | 0.09 | 0.11 | 0.10 | 0.10 | 2.43 | 1.60 | -1.41 to 6.42 | -3.5 to 8.36 | 0.03 | | |
| | Tumors of CNS | 2.54 | 2.64 | 2.78 | 2.79 | 2.86 | 3.32 | 3.05 | 3.06 | 2.95 | 0.99 | 0.55 to 5.4 | -0.72 to 6.62 | 0.52 | | |
| Hematological | Embryonal tumors of CNS | 0.12 | 0.14 | 0.13 | 0.12 | 0.16 | 0.14 | 0.16 | 0.13 | 2.07 | 1.92 | -2.53 to 6.89 | -5.07 to 9.21 | 0.01 | | |
| | Lymphoid diseases | 16.82 | 16.86 | 17.25 | 17.43 | 17.71 | 19.31 | 19.58 | 19.63 | 2.83 | 0.42 | 1.8 to 3.86 | 1.27 to 4.39 | 2.81 | | |
| | Acute myeloid leukemia and related precursor neoplasms | 3.12 | 3.11 | 3.04 | 3.04 | 2.96 | 3.04 | 3.15 | 3.09 | 0.17 | 0.38 | -0.74 to 1.1 | -1.22 to 1.56 | 0.03 | | |
| | Myeloid and lymphoid neoplasms | 0.08 | 0.09 | 0.10 | 0.09 | 0.08 | 0.15 | 0.16 | 0.23 | 18.52 | 3.81 | 9.55 to 28.22 | 4.38 to 32.66 | 0.15 | | |
| | Myeloproliferative neoplasms | 1.66 | 1.80 | 2.01 | 2.19 | 2.42 | 2.86 | 3.22 | 3.45 | 11.85 | 0.53 | 10.56 to 13.16 | 9.88 to 13.82 | 1.79 | | |
| | Myelodysplastic syndrome and myelodysplastic/myeloproliferative diseases | 2.87 | 2.74 | 2.91 | 2.89 | 3.07 | 3.30 | 3.22 | 3.19 | 2.44 | 0.62 | 0.95 to 3.96 | 0.16 to 4.72 | 0.32 | | |
| | Histiocytic and dendritic cell neoplasms | 0.05 | 0.05 | 0.04 | 0.08 | 0.16 | 0.19 | 0.20 | 0.23 | 27.78 | 5.69 | 14.61 to 42.47 | 6.68 to 48.88 | 0.18 | | |

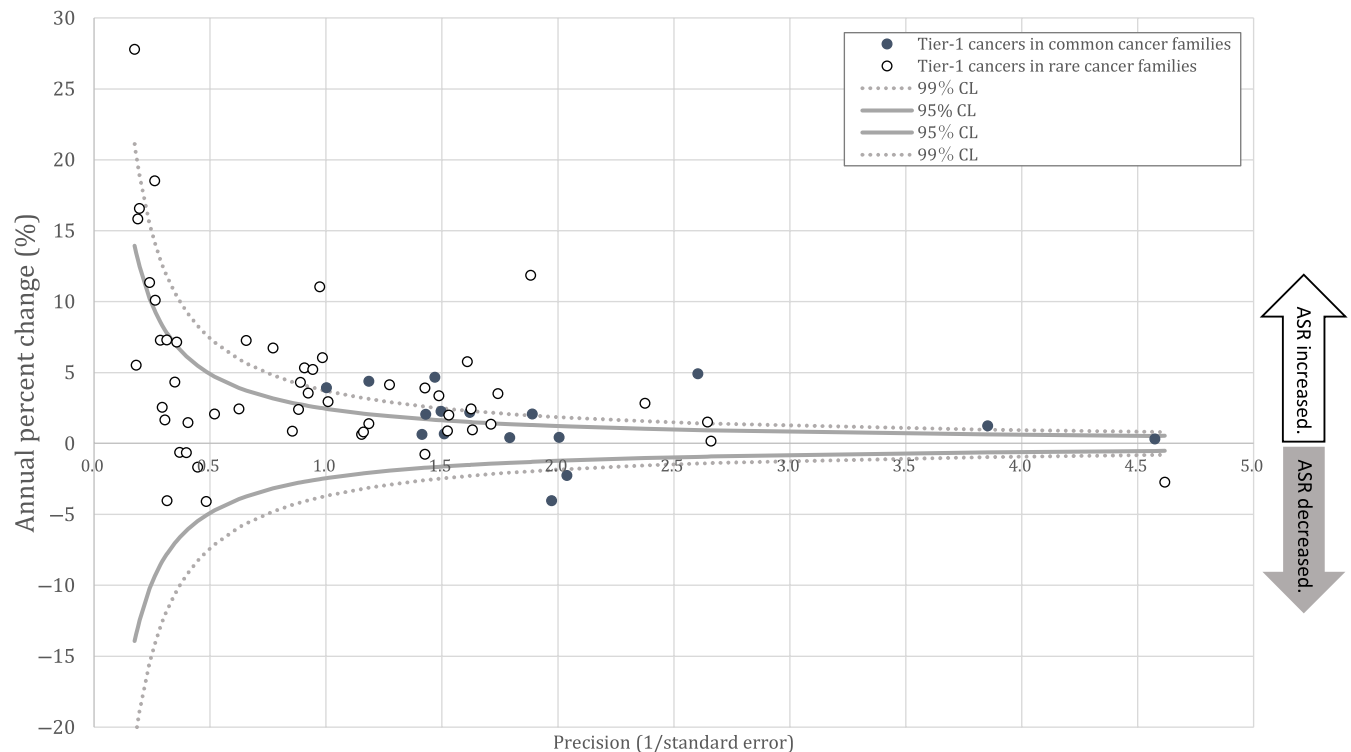


FIGURE 3 Plot showing the annual percent change (APC) in the age-standardized incidence rates (ASRs) for 68 Tier-1 cancers based on the Japanese population-based cancer registries from 2011 to 2018. The 95% and 99% confidence limits (CLs) of APCs were calculated as standard error ± 2.447 and ± 3.707 , respectively, following *t*-distribution (degrees of freedom: 6). Precision indicates the inverse of the standard error of APC.

were significantly decreased. The APCs of 8 Tier-1 cancers were within the 99% CL. In 2016, a notable increase in the incidence of all Tier-1 cancers in common cancer families was observed (Table 3 and Figure 3).

3.5 | Absolute change of ASRs between 2011 and 2018 for each Tier-1 cancer

The difference in the ASRs between 2011 and 2018 as absolute changes of ASRs for 68 Tier-1 cancers are shown in Table 3. The APCs of Tier-1 cancers in rare cancer families varied widely (APC range, -4.09% to 27.78%), while the absolute changes in the ASRs were small (range of difference in ASRs between 2011 and 2018, -1.43 to 2.82). The APCs of many Tier-1 cancers in common cancer families were small (range, -4.04% to 4.91%), whereas the absolute changes in ASRs were great (range of difference in ASRs between 2011 and 2018, -9.17 to 11.27). Tier-1 cancers that showed an increase or decrease in APC at the 1% significant level are shown in Figure 4.

4 | DISCUSSION

Based on the high-quality Japanese regional PBCR and NCR data, we found an increase in the ASRs of 18 Tier-1 cancers and a decrease in the ASR of one Tier-1 cancer among rare cancer families.

Consequently, the proportion of rare cancers increased by 1.4% point because of the decrease in the incidence of two Tier-1 common cancers (i.e., epithelial tumors of stomach and liver). The APCs of 18 Tier-1 cancers in rare cancer families increased, whereas the absolute change was small because the ASRs of each rare cancer were essentially low.

4.1 | Rare cancer families

4.1.1 | Head and neck cancer families

The ASRs of epithelial tumors of major salivary glands and salivary gland type tumors, hypopharynx and larynx, oropharynx, and oral cavity and lip increased during the study reference period. As the incidence of laryngeal cancer in Japanese men has shown a progressive decrease from 1985 to 2015 due to the reduction in smoking rate,¹⁰ the increased incidence of hypopharynx cancer may be attributable to the increase in epithelial tumors of the hypopharynx and larynx. The widespread use of narrow-band imaging endoscopy, specifically in Japan,^{11,12} and the promotion of aggressive surveillance for multiple tumors among patients with esophageal and lung cancers might have contributed to the increasing ASRs of hypopharyngeal and oral and lip cancers.¹¹ Alcohol consumption is a known risk factor for hypopharyngeal cancer, however, the prevalence of net alcohol consumption above the recommended limits (i.e., 40g or more per day

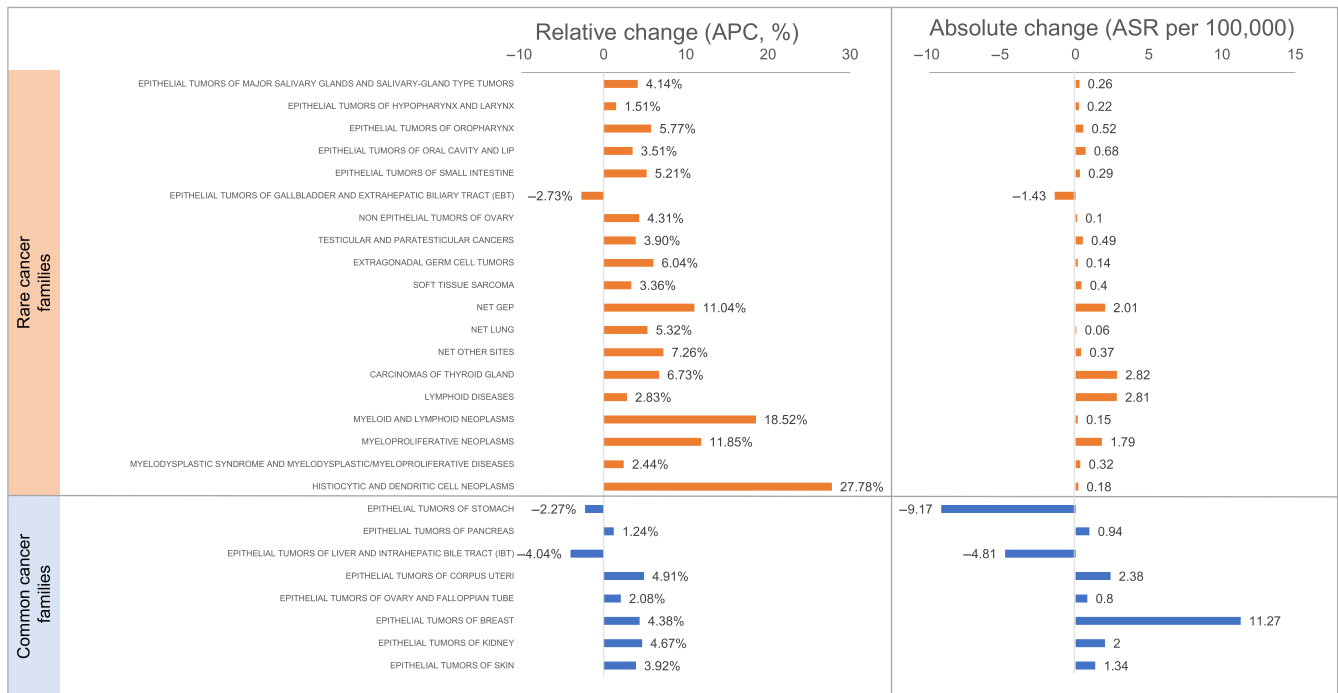


FIGURE 4 Relative change (annual percent change [APC]) and absolute change (difference in age-standardized incidence rates [ASRs] from 2011 to 2018) in rare and common Tier-1 cancers. Tier-1 cancers whose APC increased or decreased at the 1% significance level are shown. GEP, gastroenteropancreatic; NET, neuroendocrine tumor.

for men and 20g or more per day for women) did not change during the study period (i.e., from 16.3% in 2011 to 15.0% in 2018 for men, and from 8.2% in 2011 to 9.1% in 2018 for women).¹³ An increased prevalence of human papillomavirus type 16 in patients with oropharynx cancer might affect the increase of oropharyngeal cancer.¹⁴

4.1.2 | Digestive (rare)

An increasing trend of adenocarcinoma of the small intestine from 2005 to 2015 was reported by Hiroshima PBCR in Japan.¹⁵ This was likely due to the early detection of cases owing to the recent standardization and wider use of improved upper gastrointestinal endoscopy techniques (e.g., endoscopy with a combination of narrow-band imaging, balloon-assisted endoscopy, and capsule endoscopy^{16,17}). Of note, the decreasing ASR of epithelial tumors of the gallbladder and the extrahepatic biliary tract may be attributable to the rapid increase in laparoscopic cholecystectomy for cholecystitis and gallstone, which are risk factors for gallbladder cancer.¹⁸

4.1.3 | Female genital (rare)

Although the incidence of nonepithelial tumors of the ovary showed an increase (APC=4.31%), the absolute change in ASRs was small at 0.1 (0.34 in 2011 to 0.44 in 2018). Namely, the change in the number of cases over successive years ranged within 36 (number of cases: 430 in 2016, 466 in 2017, 434 in 2018).

4.1.4 | Male genital (rare)

Hispanics, US Black Africans, and Asians (including Japanese) have a lower incidence of testicular cancer compared to Caucasians in the EU and United States.^{19,20} Our study showed an increase in the incidence of testicular and paratesticular tumors in Japan, similar to that in lower-risk countries in Europe.²¹ A Canadian study suggested that the birth-cohort effects impacted the testicular cancer incidence rather than diagnostic improvements usually observed as period effects.²² The risk factors for testicular cancer are not well-characterized other than race (i.e., Northern European ancestry), cryptorchidism, and personal or family history of testicular cancer; thus, further studies are required to explore the environmental and socioeconomic risk factors and to identify high-risk groups of the birth cohort. The ASR of extragonadal germ cell tumors significantly increased as the relative change, while the absolute change was small at 0.14. The change in the number of cases over successive years was within the range of 17 (number of cases: 406 in 2016, 423 in 2017, 408 in 2018).

4.1.5 | Sarcoma

There are many histological types of soft tissue sarcoma and bone sarcoma. Unfortunately, the RARECAREnet list does not group Tier-1 soft tissue sarcoma into Tier-2 cancer by topography and histological type. Therefore, we could not identify the histological types that contribute to the increase in the soft tissue sarcoma entity. The

ASR of GIST decreased from 2011 to 2017 but showed an abrupt increase in 2018 due to the change in the coding system from ICD-O-3.1 to ICD-O-3.2, in which all GIST were coded as malignant (i.e., ICD-O-3.1-M/behavior: 8936/0, 8936/1 to ICD-O-3.2-M/behavior: 8936/3).

4.1.6 | Neuroendocrine tumors

The incidence of all NET GEP, NET lung, and NET other sites increased. A nationwide survey of PNETs and gastrointestinal NETs revealed an increasing trend in the estimated incidence rates. This phenomenon was attributed to the wider dissemination of the disease concept of NETs among general clinicians and the increased availability of endoscopic ultrasound-guided fine-needle aspiration, contributing to a more accurate pathologic diagnosis, particularly for PNETs.²³ An increasing trend of neuroendocrine cancers was also reported in Norway,²⁴ the United States,²⁵ Australia,²⁶ and Taiwan.²⁷ In the ICD-O-3.2, the behavior code of NETs with benign and behavior NOS were changed to malignant (i.e., ICD-O-3.1-M/behavior: 8150-8151/0; 8150/1; 8152-3/1; 8155-6/1; 8158/1, 8240/1; 8242/1 to ICD-O-3.2-M/behavior: 8150-3/3; 8156/3; 8158/3; 8241-2/3). These tumors diagnosed before 2017 were not reported to the PBCR according to ICD-O 3.1 because the behavior was benign or uncertain whether benign or malignant. However, these tumors diagnosed after 2018 were coded as malignant tumors using ICD-O-3.2 and became reportable cancers to be counted as incident cases. Since benign or behavior NOS NETs are extremely rare, reporting these tumors as malignant after 2018 is unlikely to have had a significant impact on the incidence of NETs; however, this may explain the increased incidence in 2018.

4.1.7 | Endocrine tumors

Municipalities in Japan do not have formal programs for thyroid cancer screening. The increased incidence of thyroid cancer is likely attributable to the improvement of ultrasound diagnosis and the increase in the number of hospitals and clinics that can diagnose using ultrasound.²⁸

4.1.8 | Hematological

Increasing trends of lymphoid disease can be explained by increasing ASRs of diffuse large B-cell lymphoma, FL, and plasma cell neoplasms.²⁹ The number of FLs in the small intestine and duodenum has increased since Yoshino et al. first reported a primary FL of the duodenum.³⁰ Older adult patients with MDS (i.e., age >65 years) were not eligible for hematopoietic stem cell transplantation in Japan. New drugs (e.g., lenalidomide in 2010, azacitidine in 2011, and darbeopetin in 2014)³¹ enabled the treatment for older adult patients, thereby increasing the ASR trend of MDS with the

promotion of aggressively definitive diagnoses. The change in the ASR of histiocytic and dendritic cell neoplasm (APC=27.78%) was the greatest among all Tier-1 cancers. The ASR before 2014 was approximately 0.05/100,000, then increased from 0.08/100,000 in 2014 to 0.23/100,000. The changes in morphology and behavior code of several tumors might have resulted in the sudden increase after the adoption of the ICD-O-3 updated version in 2012 (i.e., 9752-4/1 to 9751-4/3).

4.1.9 | Thoracic (rare), skin (rare), CNS, and pediatric

The ASRs of all Tier-1 cancers in the thoracic rare family, skin rare family, and CNS family showed no significant change. Among the Tier-1 cancers of pediatric families, the ASR of neuroblastoma and ganglioneuroblastoma was 0.21, while for others the ASR was <0.1; thus, the CIs of APCs were too wide to evaluate the temporal trend of the incidence. As we did not restrict the subjects to children, further analyses focusing on children are warranted.

4.2 | Common cancer families

We also observed a reduction in the ASR of epithelial tumors of the stomach, liver, and intrahepatic bile duct, similar to a previous study using ICD-10.² The reduced incidence of stomach cancers was thought to be related to the reduced prevalence of *Helicobacter pylori* in younger birth cohorts (e.g., the predicted prevalence was >60% in individuals born before 1940, followed by a gradual decrease to 6.6% in individuals born in 2000).³² The decrease in prevalence of *H. pylori* in younger birth cohorts has been attributed to improved sanitary conditions (e.g., water and sewer services) in early childhood and changes in lifestyle eating behaviors (parent-to-child oral transmission).³³ The health insurance coverage for *H. pylori* eradication therapy for gastritis was initiated in 2013 and this might have contributed to the reduced prevalence.³⁴ Approximately 65% and 15% of hepatocellular carcinoma cases in Japan were estimated to be caused by persistent HCV and HBV infection, respectively.³⁵ The prevalence of HCV and HBV decreased because the carrier rates decreased with younger birth cohorts.³⁵ In addition, the incidence reduction was accelerated by therapeutic improvements such as pegylated interferon in 2004 and a protease inhibitor in 2011.²

We observed an increase in the incidence of epithelial tumors of the ovary. In contrast, postmenopausal ovarian cancer decreased in many countries due largely to the widespread use of oral contraceptive pills (e.g., prevalence of contraceptive pill use: Europe, 19.1%; North America, 15.1%; Australia, 22.0%; Japan, 2.9%³⁶) and changes in cancer registry practices (i.e., change of coding system).³⁷ As there are several risk factors for ovarian cancer (e.g., ethnicity, higher maternal age at childbirth, family history),³⁸ further analyses are required to examine the relationship between the incidence of epithelial tumors of the ovary and risk factors.

A previous study has reported an increasing trend in the diagnosis of breast cancer until 2015 due to the higher participation rate in screening and improved diagnosis.² Breast cancer incidence showed geographical variation by prefecture.⁸ Especially in Kumamoto Prefecture, the ASR for the period 2016–2018 was the highest (63.28/100,000) among the 47 prefectures (ASR in Japan: 50.52/100,000) due to the artificial effect related to the initiation of the NCR.

4.3 | Effects of initiation of NCR and coding change

For all Tier-1 cancers in common cancer families, the ASR in 2016 showed an abrupt increase because of the initiation of mandatory reporting from hospitals in 2016 due to the setting up of the NCR.⁸ In contrast, we did not observe such an apparent increase in ASRs for Tier-1 rare cancers. The ASRs of several cancers were affected by the changes in the definitions of reportable cancers due to the adoption of the ICD-O-3 updated version and ICD-O-3.2. Especially the incidence of thymoma and GIST showed a remarkable increase in 2018 because the Japanese hospital-based cancer registry changed the coding to ICD-O-3.2. Changes in the coding system, especially behavior code, affect the cancer incidence rates and may make the epidemiological interpretation difficult; therefore, the adoption and timing of any change in the coding system should be in sync with the international standard.

4.4 | Limitations and strengths

Some limitations of this study should be acknowledged. We did not evaluate the incidence by sex. Our selected PBCR data covered 30.0% of the Japanese population in 2011. Possible heterogeneity in cancer incidence across prefectures was not considered. The abrupt increase in the ASR for whole common cancer families observed in 2016 was an artificial effect due to the initiation of the NCR in that year.

However, there are several strengths of this study. First, the comprehensive statistics of 68 Tier-1 rare and common cancer incidence were evaluated using the RARECAREnet list. Second, the use of high-quality PBCR data validated by quantitative and qualitative assessment ensured the representativeness of our findings at the national level. Third, the population size was large. Since 2016, the NCR has covered the entire population of Japan (126 million in 2020), which is the 11th largest population in the world and equivalent to approximately 60.6% of the population covered by the RARECAREnet (average population was 207,942,000 during 2000–2007⁷) and approximately 79.1% of the population covered by the US SEER program (159,193,310 in 2020).³⁹

The increasing trend in the incidence of 18 Tier-1 cancers in rare cancer families is likely attributable to a better understanding of the disease, dissemination of the disease concept, and aggressive diagnosis due to the availability of new drugs. The decreasing trend in

the incidence of gallbladder cancer is due to an increase in the rates of cholecystectomy. Changes in the behavior and morphology code system affected the incidence of rare cancers during the study reference period. Due to the paucity of knowledge regarding risk factors for each rare cancer, further studies are required to evaluate the relationship between each cancer and its risk factors (e.g., virus infection, environmental factors, reproductive factors, lifestyle) with time trends to enable more effective control of rare cancers.

AUTHOR CONTRIBUTIONS

Hiromi Sugiyama: Conceptualization; data curation; formal analysis; investigation; methodology; validation; writing – original draft; writing – review and editing. **Manami Konda:** Data curation; formal analysis; software; validation; writing – review and editing. **Kumiko Saika:** Data curation; investigation; software; validation; writing – review and editing. **Tomohiro Matsuda:** Conceptualization; data curation; funding acquisition; resources; software; supervision; writing – review and editing.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

ETHICS STATEMENTS

Approval of the research protocol by an institutional review board: This study was approved by the Institutional Review Board of the National Cancer Center (2019-202).

Registry and the registration no. of the study/trial: N/A. Usage of regional cancer registry data were approved by each municipality. In accordance with Article 21 of the Act on Promotion of Cancer Registry, anonymized National Cancer Registry information usage was approved (A2020-0018R2). The data were processed and analyzed by the authors as approved users. According to the terms of use of the National Cancer Registry information in Japan, when the aggregated cell value is less than 10, the aggregated value must

be kept confidential. In this study, since the aggregate units were Japan and both sexes, the possibility of individual identification was extremely low. Therefore, it was approved by the National Cancer Registry Information Provision Advisory Committee of the National Cancer Center that the aggregated value can be shown as it is.

Informed consent: N/A.

Animal studies: N/A.

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REFERENCES

- Basic plan to promote cancer control programs (in Japanese). Ministry of Health, Labour and welfare. Accessed August 15, 2022. https://www.mhlw.go.jp/bunya/kenkou/dl/gan_keikaku02.pdf. Published 2012.
- Katanoda K, Hori M, Saito E, et al. Updated trends in cancer in Japan: incidence in 1985–2015 and mortality in 1958–2018—a sign of decrease in cancer incidence. *J Epidemiol*. 2021;31(7):426–450. doi:10.2188/jea.JE20200416
- Casali PG, Trama A. Rationale of the rare cancer list: a consensus paper from the Joint Action on Rare Cancers (JARC) of the European Union (EU). *ESMO Open*. 2020;5:e000666. doi:10.1136/esmoopen-2019-000666
- Tamaki T, Dong Y, Ohno Y, Sobue T, Nishimoto H, Shibata A. The burden of rare cancer in Japan: application of the RARECARE definition. *Cancer Epidemiol*. 2014;38(5):490–495. doi:10.1016/j.canep.2014.07.014
- Gatta G, Capocaccia R, Botta L, et al. Burden and centralised treatment in Europe of rare tumours: results of RARECAREnet – a population-based study. *Lancet Oncol*. 2017;18:1022–1039. doi:10.1016/S1470-2045(17)30445-X
- Gatta G, Van Der Zwan JM, Casali PG, et al. Rare cancers are not so rare: the rare cancer burden in Europe. *Eur J Cancer*. 2011;47(17):2493–2511. doi:10.1016/j.ejca.2011.08.008
- Matsuda T, Won Y, Chiang RC, et al. Rare cancer are not rare in Asia as well: the rare cancer burden in East Asia. *Cancer Epidemiol*. 2020;67:67.
- Matsuda T, Sugiyama H, Saika K, Konda M. *Rare Cancer Data Book. Based on the Population-Based Cancer Registries in Japan*. Japanese Association of Cancer Registries; 2022 (in Japanese).
- Curado MP, Okamoto N, Ries L, et al. International rules for multiple primary cancers (ICD-0 third edition). *Eur J Cancer Prev*. 2005;14(4):307–308. doi:10.1097/00008469-200508000-00002
- Smoking Rate by Prefecture in Japan (2001–2019). Cancer Registry and Statistics. Cancer Information Service, National Cancer Center, Japan. Accessed March 14, 2024. https://ganjoho.jp/reg_stat/statistics/dl/index.html#smoking
- Nonaka S, Saito Y. Endoscopic diagnosis of pharyngeal carcinoma by NBI. *Endoscopy*. 2008;40:347–351. doi:10.1055/s
- Muto M, Minashi K, Yano T, et al. Early detection of superficial squamous cell carcinoma in the head and neck region and esophagus by narrow band imaging: a multicenter randomized controlled trial. *J Clin Oncol*. 2010;28(9):1566–1572. doi:10.1200/JCO.2009.25.4680
- National Institute of Health and Nutrition. Health Japan 21 (the Second Term) Analysis and Assessment Project. Historical Data and Current Values Post-Final Assessment. Accessed March 14, 2024. https://www.nibiohn.go.jp/eiken/kenkouinippon21/en/kenkouinippon21/dete_detail.html#detail_05_04_01
- Maruyama H, Yasui T, Ishikawa-Fujiwara T, et al. Human papillomavirus and p53 mutations in head and neck squamous cell carcinoma among Japanese population. *Cancer Sci*. 2014;105(4):409–417. doi:10.1111/cas.12369
- Sugiyama H, Konda M, Saika K, Trama A, Matsuda T. Increased incidence of rare cancers and varied age distributions by cancer group: a population-based cancer registry study in Hiroshima Prefecture, Japan. *Cancer Epidemiol*. 2023;83:102336. doi:10.1016/j.canep.2023.102336
- Ito K, Kakimoto T, Oda T, Yonehara S, Sugiyama H. Incidence of small intestine cancer in Hiroshima prefecture (2003–2018). *JACR Monogr*. 2022;27:3–11 (in Japanese).
- Goda K. Magnifying endoscopic findings of duodenal lesions. *Japanese J Gastroenterol Endosc*. 2015;57(10):2478–2488 (in Japanese).
- Narayan RR, Creasy JM, Goldman DA, et al. Regional differences in gallbladder cancer pathogenesis: insights from a multi-institutional comparison of tumor mutations | enhanced reader. *Cancer*. 2019;125(4):575–585. doi:10.1002/cncr.31850
- American Cancer Society. Risk factor for testicular cancer. Accessed March 14, 2024. <https://www.cancer.org/cancer/testicular-cancer/causes-risks-prevention/risk-factors.html>
- Gurney JK, Florio AA, Znaor A, et al. International trends in the incidence of testicular cancer: lessons from 35 years and 41 countries. *Eur Urol*. 2019;76(5):615–623. doi:10.1016/j.eururo.2019.07.002
- Znaor A, Skakkebaek NE, Rajpert-De Meyts E, et al. Testicular cancer incidence predictions in Europe 2010–2035: a rising burden despite population ageing. *Int J Cancer*. 2020;147(3):820–828. doi:10.1002/ijc.32810
- Brenner DR, Heer E, Ruan Y, Peters CE. The rising incidence of testicular cancer among young men in Canada, data from 1971–2015. *Cancer Epidemiol*. 2019;58:175–177. doi:10.1016/j.canep.2018.12.011
- Ito T, Sasano H, Tanaka M, et al. Epidemiological study of gastroenteropancreatic neuroendocrine tumors in Japan. *J Gastroenterol*. 2010;45(2):234–243. doi:10.1007/s00535-009-0194-8
- Sackstein PE, O'Neil DS, Neugut AI, Chabot J, Fojo T. Epidemiologic trends in neuroendocrine tumors: an examination of incidence rates and survival of specific patient subgroups over the past 20 years. *Semin Oncol*. 2018;45(4):249–258. doi:10.1053/j.seminoncol.2018.07.001
- Dasari A, Shen C, Halperin D, et al. Trends in the incidence, prevalence, and survival outcomes in patients with neuroendocrine tumors in the United States. *JAMA Oncol*. 2017;3(10):1335–1342. doi:10.1001/jamaoncol.2017.0589
- Wyld D, Wan MH, Moore J, Dunn N, Youl P. Epidemiological trends of neuroendocrine tumours over three decades in Queensland, Australia. *Cancer Epidemiol*. 2019;63:101598. doi:10.1016/j.canep.2019.101598
- Tsai HJ, Wu CC, Tsai CR, Lin SF, Chen LT, Chang JS. The epidemiology of neuroendocrine tumors in Taiwan: a nation-wide cancer registry-based study. *PLoS One*. 2013;8(4):1–9. doi:10.1371/journal.pone.0062487
- Shimura H. Frequency and prognosis of thyroid tumors in Japan; data from Ningen dock. *J Jpn Thyroid Assoc*. 2010;1(2):109–113 (in Japanese).
- Annual report of the Hiroshima Tumor Tissue Registry. Report 43. The analysis of lymphoid neoplasms (in Japanese). Hiroshima Prefecture Medical Association. Accessed November 26, 2020. http://www.hiroshima.med.or.jp/cancer_registry/tumor/report/files/report43/07.pdf
- Yoshino T, Miyake K, Ichimura K, et al. Increased incidence of follicular lymphoma in the duodenum. *Am J Surg Pathol*. 2000;24(5):688–693.

31. Morita Y. Treatment for low-risk myelodysplastic syndromes. *Rinsho Ketsueki*. 2018;59(10):2050-2057 (in Japanese). doi:[10.11406/rinketsu.59.2050](https://doi.org/10.11406/rinketsu.59.2050)
32. Wang C, Nishiyama T, Kikuchi S, et al. Changing trends in the prevalence of *H. pylori* infection in Japan (1908–2003): a systematic review and meta-regression analysis of 170,752 individuals. *Sci Rep*. 2017;7(1):1-12. doi:[10.1038/s41598-017-15490-7](https://doi.org/10.1038/s41598-017-15490-7)
33. Inoue M. Changing epidemiology of helicobacter pylori in Japan. *Gastric Cancer*. 2017;20(s1):3-7. doi:[10.1007/s10120-016-0658-5](https://doi.org/10.1007/s10120-016-0658-5)
34. Hiroi S, Sugano K, Tanaka S, Kawakami K. Impact of health insurance coverage for helicobacter pylori gastritis on the trends in eradication therapy in Japan: retrospective observational study and simulation study based on real-world data. *BMJ Open*. 2017;7(7):1-10. doi:[10.1136/bmjopen-2017-015855](https://doi.org/10.1136/bmjopen-2017-015855)
35. Tanaka J, Akita T, Ko K, Miura Y, Satake M. Countermeasures against viral hepatitis B and C in Japan: an epidemiological point of view. *Hepatol Res*. 2019;49(9):990-1002. doi:[10.1111/hepr.13417](https://doi.org/10.1111/hepr.13417)
36. Contraceptive use by method 2019: data booklet (ST/EAA/SER.A/435). 2019. doi:[10.18356/1bd58a10-en](https://doi.org/10.18356/1bd58a10-en)
37. Cabasag CJ, Arnold M, Butler J, et al. The influence of birth cohort and calendar period on global trends in ovarian cancer incidence. *Int J Cancer*. 2020;146(3):749-758. doi:[10.1002/ijc.32322](https://doi.org/10.1002/ijc.32322)
38. Gaona-Luviano P, Medina-Gaona LA, Magaña-Pérez K. Epidemiology of ovarian cancer. *Chin Clin Oncol*. 2020;9(4):47. doi:[10.21037/cco-20-34](https://doi.org/10.21037/cco-20-34)
39. Number of persons by race and hispanic ethnicity for SEER participants (2020 Census Data 1). Surveillance, Epidemiology, and End Results Program, National Cancer Institute. Accessed July 31, 2022. <https://seer.cancer.gov/registries/data.html#a5>

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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