

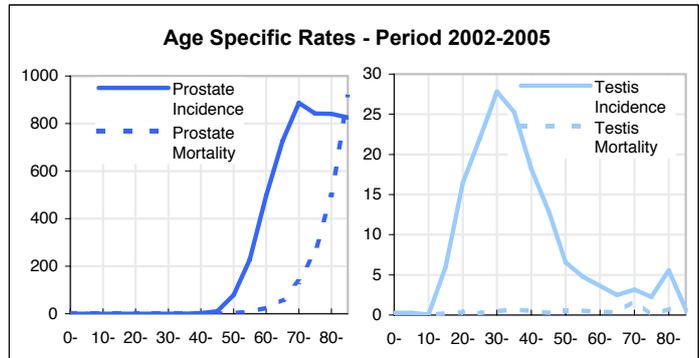
Prostate and Testis

NICER and Swiss Cancer Registries

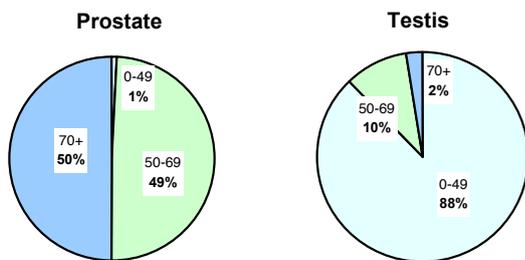
Raw data - Period 2002-2005

Site	Yearly averages		5-year Prevalence (3)	Years of life lost (4)
	New cases (1)	Deaths (2)		
Prostate	5605	1289	18852	2196
Testis	394	14	1704	368

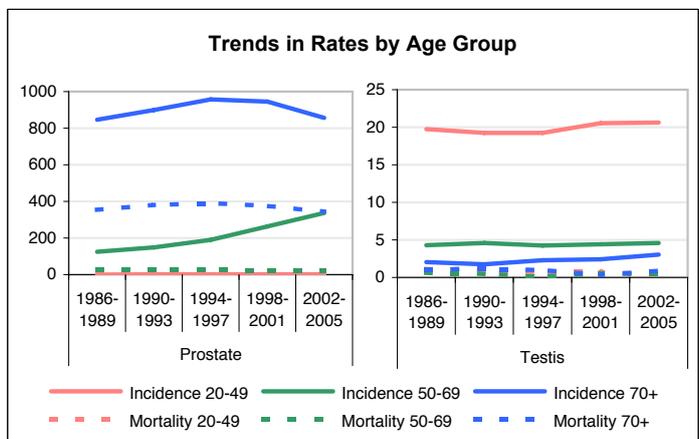
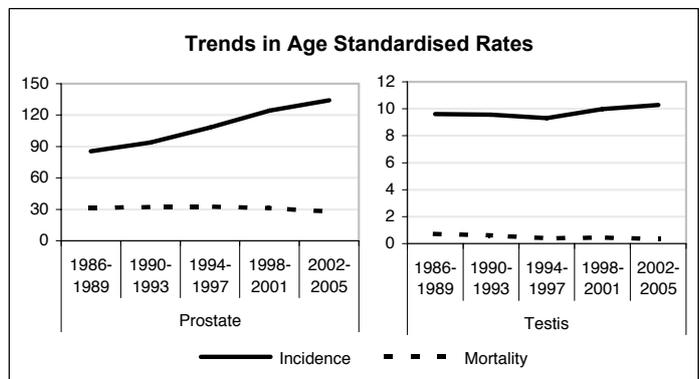
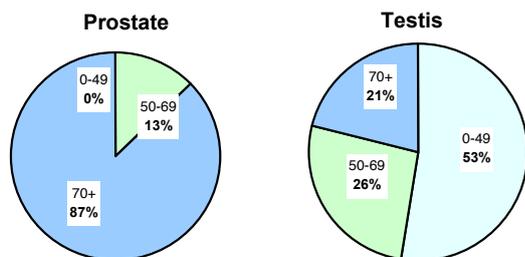
- (1) Swiss estimates on basis of nine registries
- (2) Computed from data of Statistical Federal Office
- (3) Estimated from Globocan 2002, IARC - Lyon
- (4) Years lost each year before age 75



New cases by age group



Deaths by age group



Prostate

Carcinoma of the prostate is the most common tumour in men in Switzerland, with an estimated 5'600 new cases and 1'300 deaths per year, representing about 30% of new cancers and 15% of cancer deaths among men. Exceptional before age 50, the risk of getting cancer increase dramatically between 50 and 69 years old: 50% of all prostate cancer occurs during this period, and 50% after age 70.

The main known risk factors are family history, hormones (the degree of cumulative exposure to androgens), dietary fat (though not for all studies) and dairy and calcium intake (although the increase of risk may be small).

It is clear that the increase of incidence during the nineties is related with prostate-specific antigen (PSA) testing (available since 1986) and that the impact of this testing is not clearly related with the small decrease of mortality.

Of all the means of management, only radical prostatectomy has been found to be superior to surveillance in men with localized prostate cancer in terms of reduced rates of metastases.

Survival after prostate cancer improved regularly over the last 15 years in Switzerland: 5-year relative survival for patients diagnosed during 1990-94, 1995-99 and 2000-2003 was 69%, 83% and 88% respectively (Eurocare study).

Because of considerable uncertainty regarding the efficacy of treatment and the difficulty with selecting patients for whom there is a known risk of disease progression, opinion in the medical community is divided regarding screening for carcinoma of the prostate. While both digital rectal examination and PSA screening have demonstrated reasonable performance characteristics (sensitivity, specificity, and positive predictive value) for the early detection of prostate cancer, the lack of evidence that screening and treatment affect ultimate population morbidity or mortality has led many organizations to eschew screening. For instance the U.S. Preventive Services Task Force (USPSTF) is advising against the routine use of PSA testing to screen for prostate cancer in men age 75 and older.

Bladder

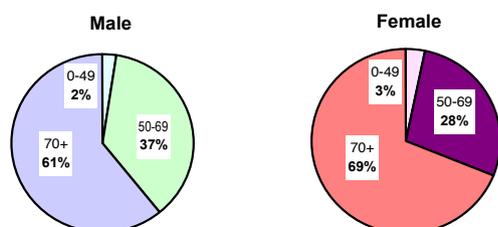
NICER and Swiss Cancer Registries

Raw data - Period 2002-2005

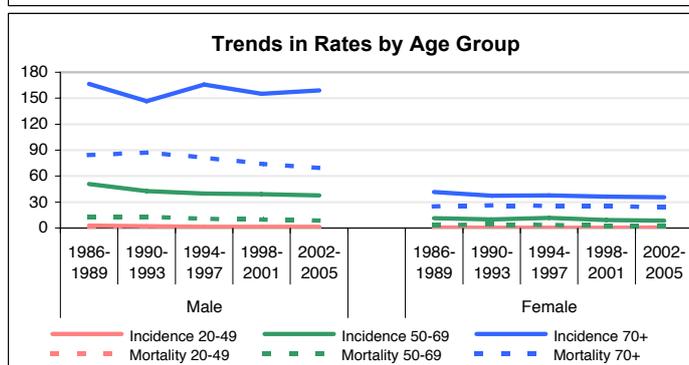
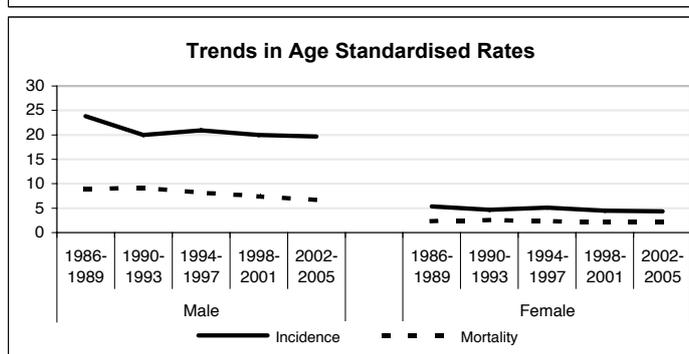
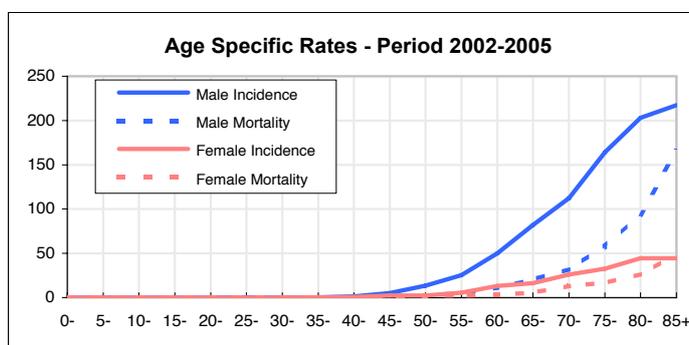
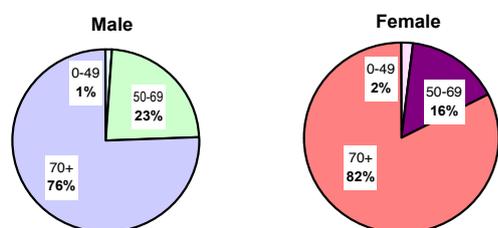
Gender	Yearly averages		5-year Prevalence (3)	Years of life lost (4)
	New cases (1)	Deaths (2)		
Male	852	300	5184	1041
Female	264	150	1299	430
Total	1116	450	6483	1471

- (1) Swiss estimates on basis of nine registries
- (2) Computed from data of Statistical Federal Office
- (3) Estimated from Globocan 2002, IARC - Lyon
- (4) Years lost each year before age 75

New cases by age group



Deaths by age group



Testis

It accounts for only 2% of all cancers in men in Switzerland: about 400 men are diagnosed with testis cancer, and about 15 men die of this disease each year. Testis cancer is a *young men's tumour*: 88% of these occur before age 50.

The exact causes of testis cancer are not known. However, the major risk factors are cryptorchidism, congenital abnormalities, history and family history of testis cancer. A possible association with pesticides (DDT) has been suggested but testing this hypothesis has been a challenge because the disease is rare. Vasectomy has also been proposed as risk factor, but results of research on the association with prostate and testis cancer were not consistent.

Survival after testis cancer is rather good in Switzerland: 5-year relative survival for patients diagnosed during 1990-94, 1995-99 and 2000-2003 was 98%, 94% and 96% (Eurocare study).

Most men with testis cancer can be cured with surgery, radiation therapy, and/or chemotherapy. The side effects depend on the type of treatment and may be different for each person. Nowadays, more than 95 percent of cases can be cured. Seminomas are more sensitive to radiotherapy.

Bladder

In Switzerland, bladder cancer is estimated at 1'100 new cases (850 men and 260 women) and 450 deaths (300 men and 150 women) per year, which represents 5% of new cancers and 3.5% of cancer deaths among men and 1.7% and 2.9% respectively among women.

By far the greatest known environmental risk factor in the general population is tobacco, especially cigarette smoking, with individuals who smoke having a fourfold to sevenfold increased risk of developing bladder cancer than individuals who have never smoked.

Many chemical exposures are also known risk factors (aromatic amines, combustion gases and soot from coal, chlorinated aliphatic hydrocarbons, chlorination by-products and certain aldehydes, arsenic, cyclophosphamide and other alkylating agents) as well as some infectious diseases such as bilharzias. Renal transplant recipients appear to have an increased incidence of bladder cancer.

The major prognostic factors in carcinoma of the bladder are the depth of invasion into the bladder wall and the degree of differentiation of the tumour.

Edited by: Jean-Michel Lutz & Pierre Pury, NICER