

Bladder

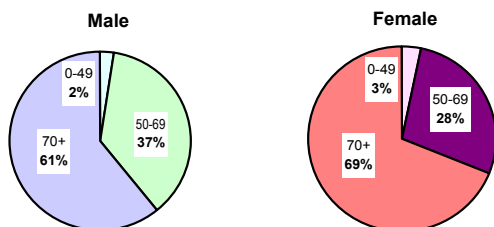
NICER and Swiss Cancer Registries

Raw data - Period 2002-2005

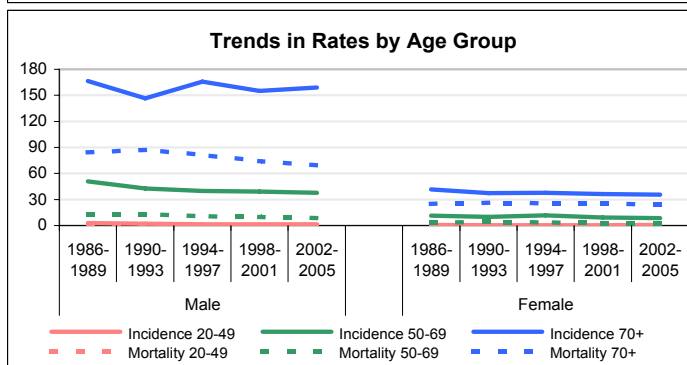
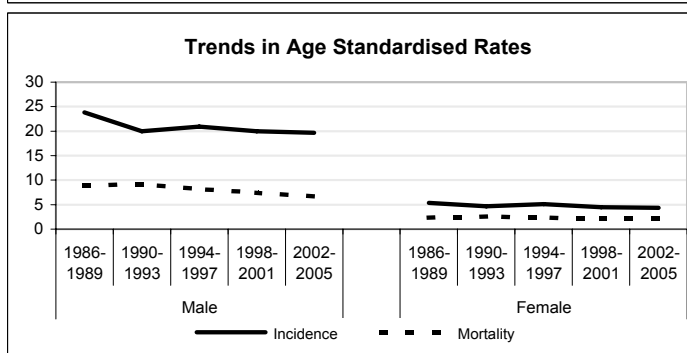
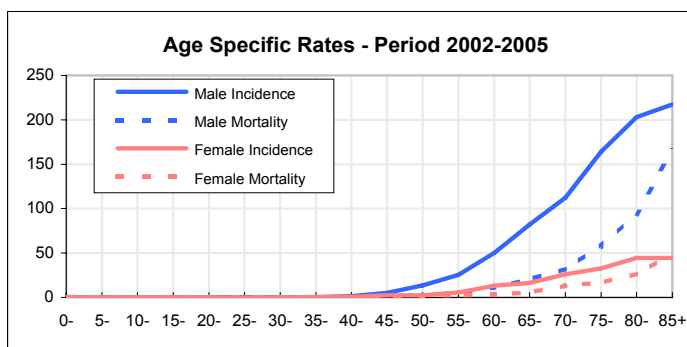
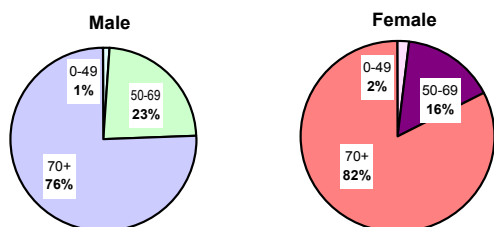
Gender	Yearly averages		5-year Prevalence (3)	Years of life lost (4)
	New cases (1)	Deaths (2)		
Male	852	300	5184	1041
Female	264	150	1299	430
Total	1116	450	6483	1471

- (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.

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