3.25 Bladder

Table 3.25.1

Overview of key epidemiological parameters for Germany, ICD-10 C67

Incidence		2019		2020		
	Women	Men	Women	Men		
Incident cases⁴	4,930 (7,790)	13,690 (24,410)	4,630 (7,540)	12,500 (23,270)		
Crude incidence rate ^{1,4}	11.7 (18.5)	33.4 (59.5)	11.0 (17.9)	30.5 (56.7)		
Age-standardised incidence rate ^{1, 2, 4}	5.6 (9.3)	19.6 (35.4)	5.2 (8.9)	17.6 (33.2)		
Median age at diagnosis⁴	77 (75)	75 (74)	77 (76)	75 (74)		
Mortality		2019		2020		2021
	Women	Men	Women	Men	Women	Men
Deaths	1,814	3,824	1,935	3,942	1,852	3,891
Crude mortality rate ¹	4.3	9.3	4.6	9.6	4.4	9.5
Age-standardised mortality rate 1,2	1.6	5.0	1.7	4.9	1.7	4.8
Median age at death	82	80	83	81	82	81
Prevalence and survival rates		5 Jahre		10 Jahre		25 Jahre
	Women	Men	Women	Men	Women	Men
Prevalence	12,200	40,300	19,100	63,800	30,400	97,500
Absolute survival rate (2019-2020) ³	37 (31–48)	45 (42–54)	27 (23–32)	29 (26–38)		
Relative survival rate (2019-2020) ³	46 (38–58)	58 (53–67)	43 (35 – 50)	50 (44–62)		

per 100,000 persons ² age-standardised (old European Standard) ³ in percent (lowest and highest value of the included German federal states) in parentheses: including in situ tumours and neoplasms of uncertain or unkown behavior (D09.0, D41.4)

Epidemiology

Around 17,100 people were diagnosed with invasive bladder cancer in 2020, including 4,630 women. In addition, about 13,680 people were diagnosed with non-invasive papillary carcinomas and in situ carcinomas of the bladder. The latter in particular have an increased risk of tumour growth (progression) and recurrence of the disease (relapse). They are therefore of particular clinical relevance, although they are not currently classified as malignant tumours according to ICD-10. Urinary bladder cancers are predominantly urothelial tumours, which often occur simultaneously in different parts of the bladder and urinary tract.

The age-standardised incidence and mortality rates for men have fallen significantly since the end of the 1990s. This is probably due to a reduction in tobacco consumption and possibly also to a decrease in occupational exposure to carcinogenic substances. For women, both rates have remained largely constant over the years, but at a significantly lower level than for men.

The higher relative 5-year survival rates of men (58%) compared to women (46%) correspond to a more favourable distribution of tumour stages.

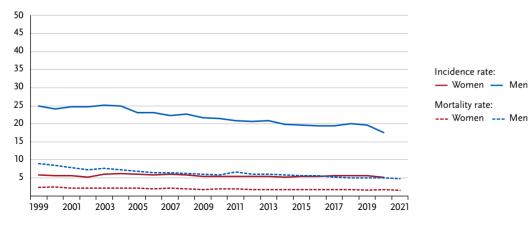
Risk factors

Active and passive smoking are the most important risk factors for bladder cancer. In addition, some chemical substances such as aromatic amines increase the risk. The known risk-increasing substances have now largely disappeared from everyday working life in Europe. However, the latency period between exposure and the development of cancer is long, so that work-related bladder cancers continue to be registered. Cytostatic drugs used in cancer therapy and radiotherapy of this body region can increase the risk. Other drugs such as the antidiabetic drug pioglitazone also appear to trigger bladder cancer.

Air pollution and arsenic or chlorine in drinking water increase the risk of developing bladder cancer as well. Aristolochic acid from Aristolochia plants such as Easter lily also increases the risk of bladder cancer. Chronic inflammatory damage to the bladder mucosa increases the risk of the disease, too. Familial clusters are observed: There is evidence that genetic factors play a role in the development of bladder cancer by influencing sensitivity to carcinogens.

Figure 3.25.1a

Age-standardised incidence and mortality rates by sex, ICD-10 C67, Germany 1999 – 2020/2021 per 100,000 (old European Standard)





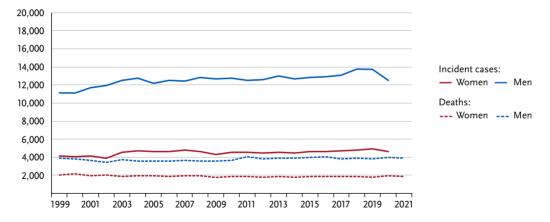


Figure 3.25.2

Age-specific incidence rates by sex, ICD-10 C67, Germany 2019 - 2020 per 100,000

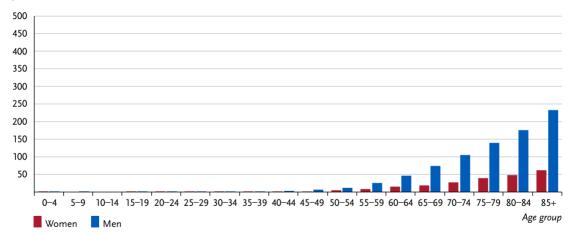


Table 3.25.2

Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C67, database 2019

	Mortality risk							
Women aged	in the next 10 years		ever		in the next 10 years		ever	
35 years	< 0.1 %	(1 in 9,000)	0.9 %	(1 in 110)	< 0.1 %	(1 in 43,900)	0.4 %	(1 in 270)
45 years	< 0.1 %	(1 in 2,600)	0.9 %	(1 in 110)	< 0.1 %	(1 in 16,800)	0.4 %	(1 in 270)
55 years	0.1 %	(1 in 860)	0.9 %	(1 in 110)	< 0.1 %	(1 in 4,800)	0.4 %	(1 in 270)
65 years	0.2 %	(1 in 430)	0.8 %	(1 in 120)	0.1 %	(1 in 1,800)	0.4 %	(1 in 270)
75 years	0.4 %	(1 in 250)	0.7 %	(1 in 150)	0.2 %	(1 in 640)	0.4 %	(1 in 280)
Lifetime risk			0.9 %	(1 in 110)			0.4 %	(1 in 270)
Men aged	in the	next 10 years	ever		in the next 10 years			ever
35 years	< 0.1 %	(1 in 4,200)	2.7 %	(1 in 37)	< 0.1 %	(1 in 42,900)	0.9 %	(1 in 120)
45 years	0.1 %	(1 in 920)	2.7 %	(1 in 37)	< 0.1 %	(1 in 8,100)	0.9 %	(1 in 110)
55 years	0.4 %	(1 in 260)	2.7 %	(1 in 37)	0.1 %	(1 in 1,800)	0.9 %	(1 in 110)
65 years	0.9 %	(1 in 120)	2.6 %	(1 in 39)	0.2 %	(1 in 610)	0.9 %	(1 in 110)
75 years	1.3 %	(1 in 77)	2.2 %	(1 in 46)	0.4 %	(1 in 250)	1.0 %	(1 in 110)
Lifetime risk			2.7 %	(1 in 37)			0.9 %	(1 in 120)

Figure 3.25.3

Distribution of UICC stages at diagnosis by sex, ICD-10 C67, Germany 2019 – 2020 (top: incl. missing data and DCO cases; bottom: valid values only)

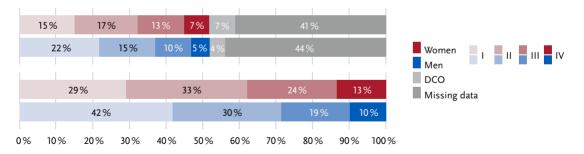


Figure 3.25.4



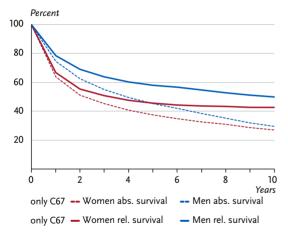


Figure 3.25.5

Relative 5-year survival by UICC stage (7th and 8th edition TNM) and sex, ICD-10 C67, Germany 2019 – 2020

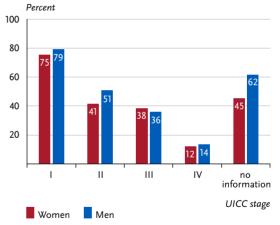
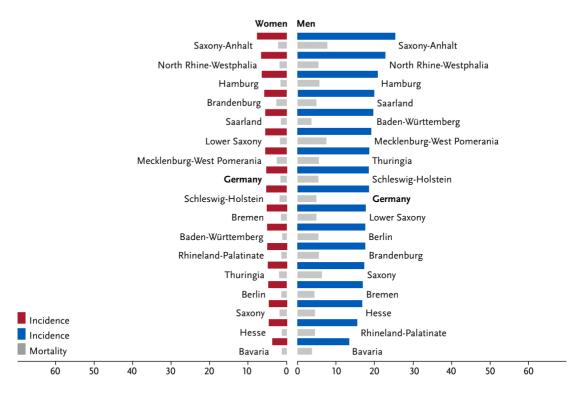
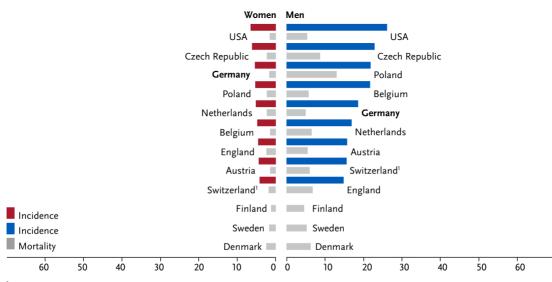


Figure 3.25.6

Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C67, 2019 – 2020 per 100,000 (old European Standard)







¹ Switzerland: incidence data for 2015 - 2019