



ORIGINAL ARTICLE

Comparative analysis of the incidence of bladder cancer in the communities of Andalusia, Catalonia and Madrid in 2011[☆]



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KEYWORDS

Incidence;
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Abstract

Objectives: To determine the incidence of bladder cancer (BC) in the autonomous communities that include the largest number of cases in the national hospital BC registry (Andalusia, Catalonia and Madrid) and report the clinical, pathological and diagnostic differences and similarities of BC in these regions.

Material and methods: An observational epidemiological study was performed in 2011 in 12 public hospitals with reference population areas according to the National Health System (Spain). Demographic and clinical variables were collected from new cases and relapses, with histopathologic confirmation of BC. The raw incidence rate was calculated using the number of diagnosed cases in all the participating centers compared with the aggregate total population

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assigned to each center. The raw rates by age and sex were obtained from the National Institute of Statistics (2011) by weighting the assigned population with the distribution by age and sex. *Results:* The 3 autonomous communities recorded 51% of the 4285 cases included in the national registration, with relapses corresponding to 42.8% of these cases. The raw annual incidence rate for new episodes was 22.6 (95% CI: 20.7; 24.6) in Andalusia, 23.5 (95% CI: 20.9; 26.0) in Catalonia and 22.0 (95% CI: 19.9; 24.1) in Madrid.

Conclusions: Except for the larger proportion of smokers and lower tumor grade of lesions in Andalusia, the 3 autonomous communities studied are similar in terms of clinical characteristics, comorbidities, patient symptoms and diagnostic processes for BC.

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PALABRAS CLAVE

Incidencia;
Cáncer vejiga;
Características;
Población;
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España

Análisis comparativo de la incidencia de cáncer de vejiga en las comunidades de Andalucía, Cataluña y Comunidad de Madrid en el año 2011

Resumen

Objetivos: Estimar la incidencia del cáncer de vejiga (CAV) en las comunidades autónomas que incluyeron mayor número de casos en el registro nacional hospitalario de CAV (Andalucía, Cataluña y Comunidad de Madrid) y describir las diferencias y similitudes clínicas, patológicas y diagnósticas del CAV en estas regiones.

Material y métodos: Estudio observacional epidemiológico realizado en el año 2011 en 12 hospitales públicos con área de población de referencia según el Sistema Nacional de Salud. Se recogieron variables sociodemográficas y clínicas de nuevos casos y recidivas con confirmación histopatológica de CAV. La tasa bruta de incidencia se calculó mediante el número de casos diagnosticados en todos los centros participantes respecto al total agregado de población adscrita de cada uno de ellos. Las tasas brutas por edad y sexo se obtuvieron ponderando la población adscrita con la distribución por edad y sexo del Instituto Nacional de Estadística (INE) 2011.

Resultados: Las 3 comunidades autónomas registraron el 51% de los 4.285 casos incluidos en el registro nacional, correspondiendo el 42,8% de estos a recidivas. La tasa de incidencia bruta anual para los nuevos episodios fue de 22,6 (IC 95%: 20,7; 24,6) en Andalucía, de 23,5 (IC 95%: 20,9; 26,0) en Cataluña y de 22,0 (IC 95%: 19,9; 24,1) en la Comunidad de Madrid.

Conclusiones: Salvo la mayor proporción de fumadores y el menor grado tumoral de las lesiones en Andalucía, las 3 comunidades autónomas estudiadas presentan similitudes en cuanto a características clínicas, comorbilidades, sintomatología de los pacientes y procesos diagnósticos del CAV.

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Introduction

Bladder cancer (BCA) is the most common in the urinary tract and is one of the most prevalent cancer diseases in the United States and Europe.¹⁻³ In Europe it accounts for 4.4% of all new cancer cases diagnosed for both sexes, excluding non-melanoma skin cancer.² In Spain, which is among the European countries with the highest incidence, this rate reaches 6.40%, being the fourth most common tumor in men and the fifth for both sexes.⁴

This tumor is a real challenge to national health systems due to associated costs of its high incidence and recurrence; diagnostic and follow-up costs, surgical treatments, chemotherapy and immunoprophylaxis.^{5,6} Knowing the actual incidence and clinicopathological characteristics of patients diagnosed with BCA is important for planning health care and prioritization of research lines aimed at improving prevention, diagnosis, and treatment. During the period between January 1st and December 31st,

2011, the Spanish Association of Urology (AEU) conducted a nationwide hospital register on BCA. The objectives of this record were to evaluate the incidence of the disease, the clinical profile of patients, the characteristics of the lesions, and the diagnostic and therapeutic approach. The study concluded that the incidence in Spain is 24 new cases × 100,000 inhabitants/year.⁷

Currently in Spain there are various population cancer records locally, but they do not cover the entire population. Hospital-based records, like the one used in this study, make it possible to obtain direct information and whenever the sample is representative and large enough.⁸

In the analysis presented here, the results of the 3 Autonomous Communities are described, which recorded a higher number of cases, the sum of which represented at least 50% of the cases of the whole record. The objective of this analysis is to describe the clinical, pathological, and diagnostic differences and similarities of BCA in these regions.

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