

Fardeau et évolution du cancer de la prostate dans le canton de Fribourg

Master Thesis Defense

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5th of May 2025

**#Pop
Health
Lab**

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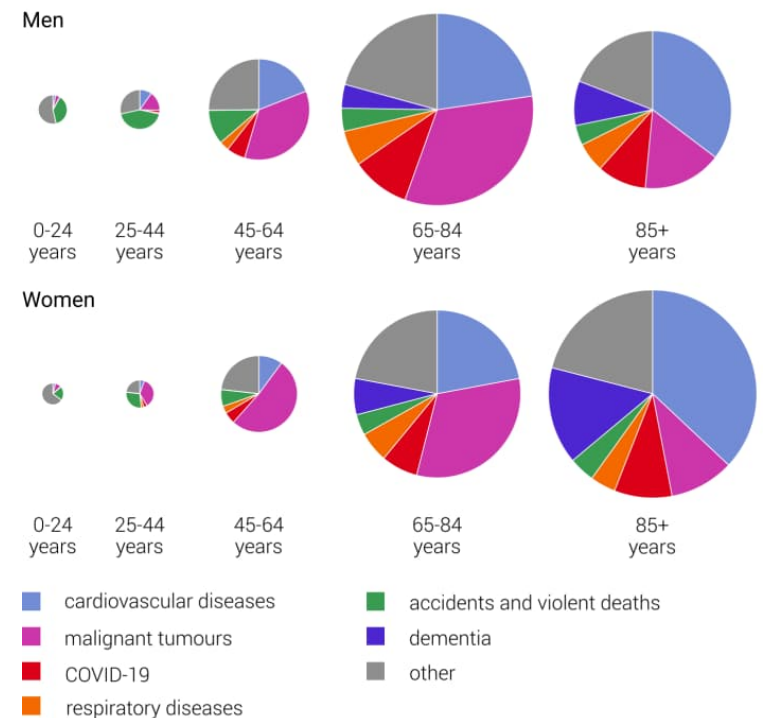
Plan of the presentation

- **Background**
- Methods
- Results
 - Mean number of new cases and deaths
 - Standardised incidence and mortality
 - Age at diagnosis
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 - Method of detection
- Discussion
- Take-home messages

Cancer in Switzerland and worldwide

- Major public health issue
- **Worldwide** (2022)
 - Close to **20 millions** of **new cases**
 - Amongst the leading causes of mortality
 - **9.7 million deaths** from cancer
- **Switzerland** (2017-2021)
 - **46'000 new cases** each year
 - 2nd cause of mortality
 - **17'000 deaths** from cancer each year
 - 26% of deaths in men and 21% of deaths in women due to cancer (2021)

Leading causes of death by age group in 2021



Areas are proportional to the absolute number of deaths.

Source: FSO - Cause of Death Statistics (CoD)

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Prostate cancer worldwide

- **2nd most frequent cancer** (men, 2022)
 - Behind lung cancer
 - **1.5 million new diagnoses**
- **5th cause of cancer mortality** (men, 2022)
 - Nearly **400'000 deaths**
- **Incidence rates** worldwide vary by a **factor ten**
 - Highest: Northern/Western Europe, Australia/New Zealand, North America, Caribbean
 - Lowest: several countries in Asia and North Africa
 - Inequalities in medical infrastructure, access to healthcare, screening practices, quality of cancer registries...
 - Europe: increase (1990s), then stabilization and decrease.
- **Mortality rates : favorable trends** since the 1990s in most countries

Prostate cancer in Switzerland

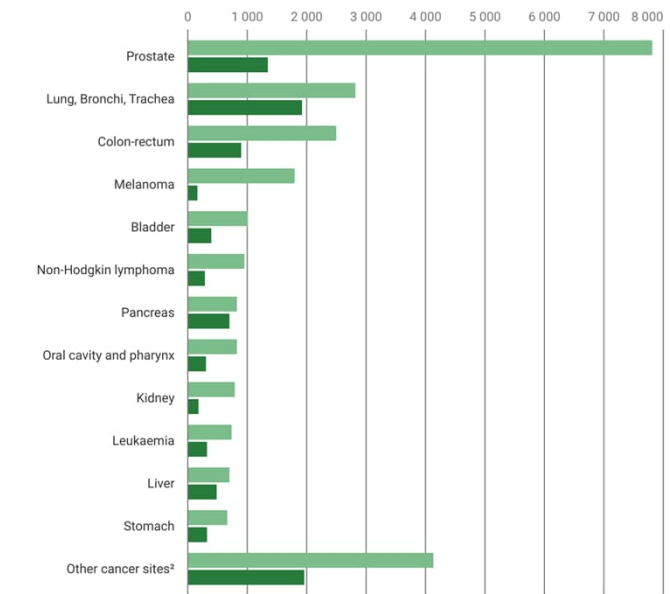
- **Most common cancer** (men)
 - Ahead of lung and colorectal cancers
 - **7800 new diagnoses** each year (2017–2021)
- **2nd** leading cause of **cancer-related death** (men)
 - Behind lung cancer
 - **1350 deaths** each year (2017-2021)
- **Incidence rate :**
 - Increase between 1988 and 2007, followed by a decrease
 - New increase since 2017
- **Mortality rate : decreasing** since 1992

New cases and deaths by cancer site, 2017–2021

Men

Average number per year

■ New cases¹ ■ Deaths



¹ New cases estimated on the basis of cancer registry data

² New cases excl. non-melanoma skin cancer

Data as on: 28.06.2024, published: 10.12.2024
Source: NACR, FSO – CoD, FSO – NKS

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Risk factors and prevention of prostate cancer

- Non modifiable risk factors :
 - **Age** : increasing incidence from the age of **55**
 - **Family history** of prostate cancer
 - close relatives : father, brother
 - **Genetic** predisposition
- **No well-established** possibilities for **primary prevention**

Evolution mode of prostate cancer

- **Slow progression**

- Dysplastic lesions can precede cancer by several years
- Mostly detected as a localized disease
- Early stages mostly asymptomatic
 - Possible urinary tract symptoms in advanced stages

- **Heterogeneous** disease process

- **Asymptomatic** cancers
 - Detected at autopsy in 30–70% of men over 60 years old
- **Metastatic** cancers leading to death
 - Most common localisations: lymph nodes, bones

Screening of prostate cancer

- **Early detection** through measure of **PSA** (prostate specific antigen) level
 - **Good sensitivity, low specificity**
 - False positive : benign prostatic hyperplasia, intense exercise, recent ejaculation...
 - No distinction between indolent and aggressive cancers
- Risk of **overdiagnosis** and **overtreatment**
 - Slow progression and many subclinical cases → Detection of cancers that would not have caused symptoms and do not benefit of treatment
- Widely adopted in the **1990s** → **Increase** in **incidence rate**
- **Uncertain** reduction in **mortality**

Aim of this thesis

- Analyze the **burden of prostate cancer** in the canton of **Fribourg**
 - Evolution of **incidence** and **mortality** from 2006 to 2021
- Redaction of a “**Brève**” summarizing the relevant elements
 - **Information** about the current situation of prostate cancer in the canton
 - For health care professionals and the general public

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Data sources

- **Registre Fribourgeois des tumeurs**
 - Prostate cancer, localisation C61 according to the International Classification of Diseases for Oncology (ICD-O)
 - 2006-2021
 - Residents of the canton Fribourg
- **Office fédéral de la statistique**
 - Mortality data
- Institut National pour l'Epidémiologie et l'Enregistrement du Cancer (**NICER**)
 - Comparison with Switzerland : standardized incidence and mortality rates

Data

- **3741 new diagnoses** (Registre Fribourgeois des tumeurs)
- **588 deaths** due to prostate cancer (Office fédéral de la statistique)
- **Variables used :**
 - Year of diagnosis
 - Age
 - Detection mode
 - TNM stage
 - Year of death

Data analysis

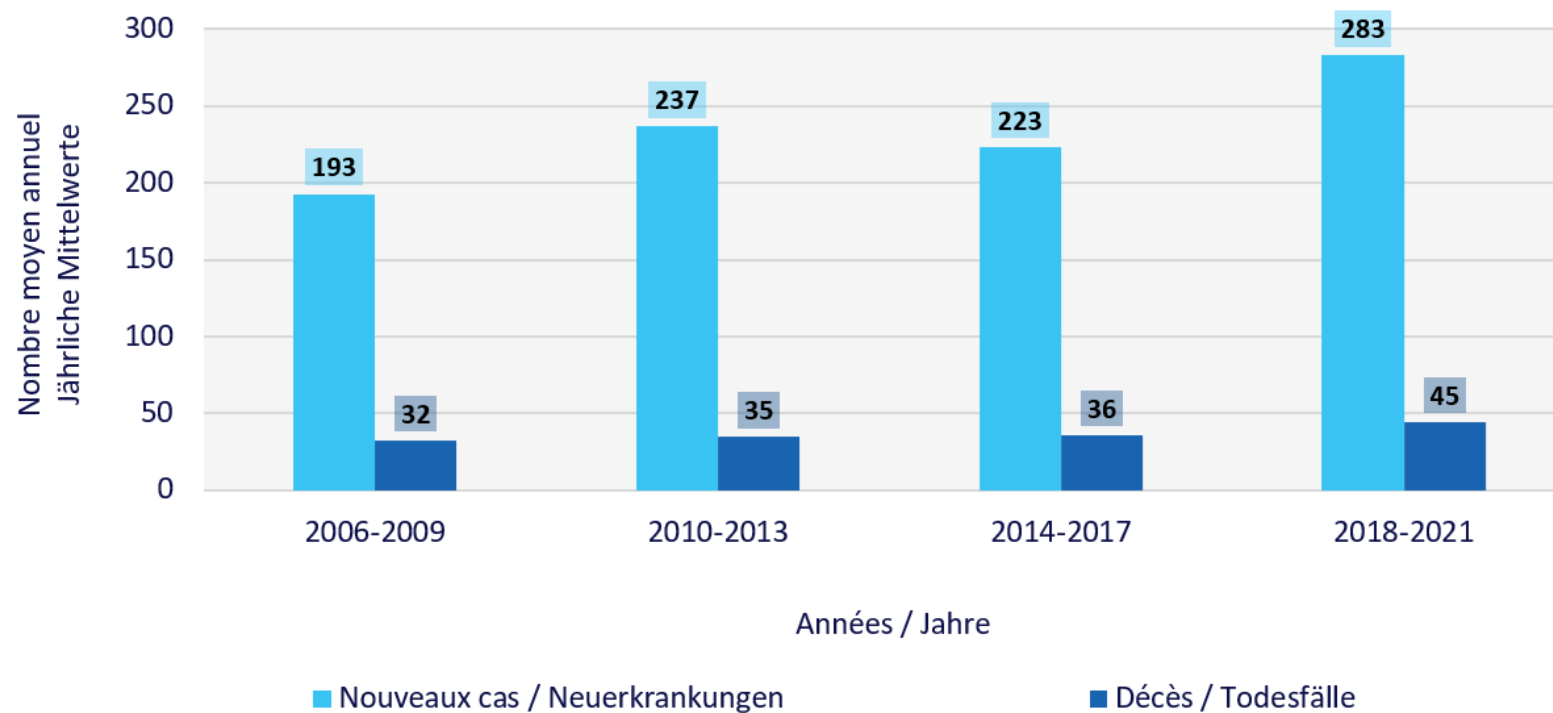
- **Retrospective** statistical analysis with **R Studio**
 - Annual mean number of new cases and deaths
 - Incidence rate
 - Mortality rate
 - Age standardization (European standard population of 1976)
 - Age and TNM stage at diagnosis
 - Method of detection
 - Evolution over time : 4-year intervals

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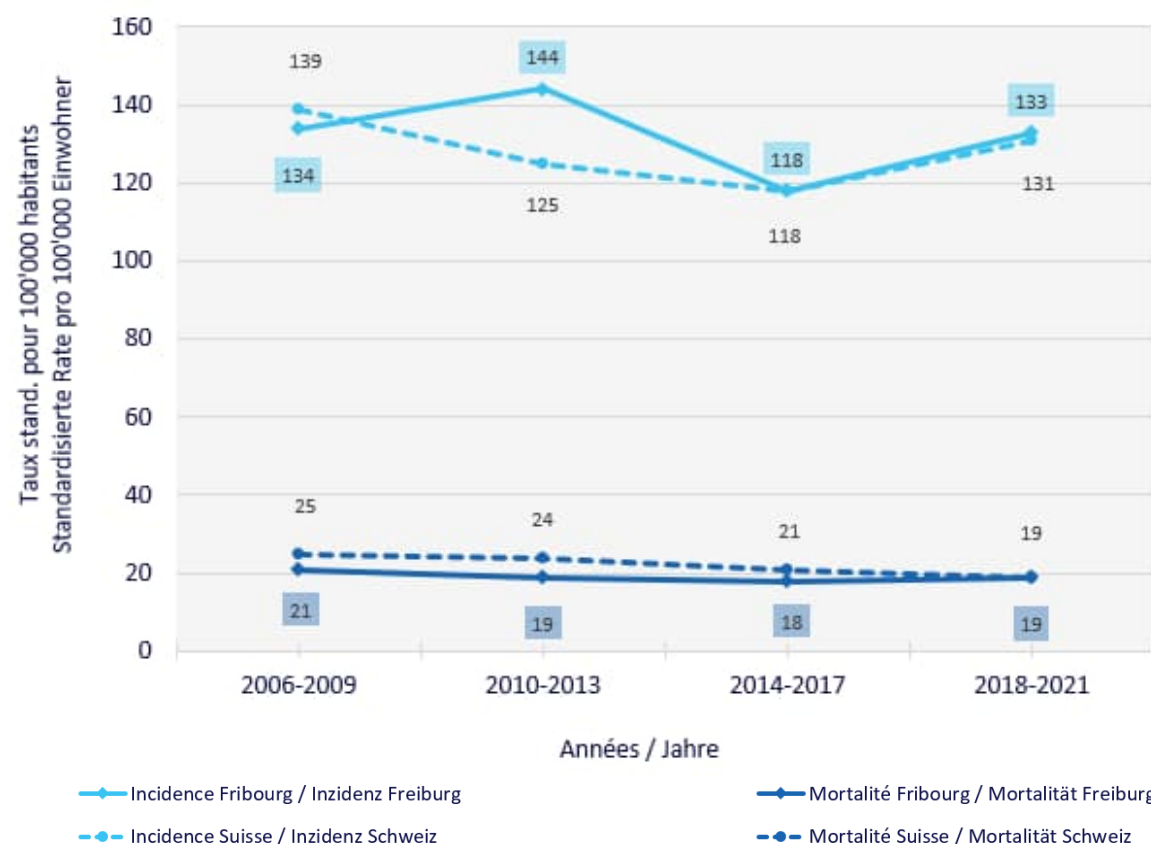
Mean annual number of cases and deaths

- **Increasing** since 2006



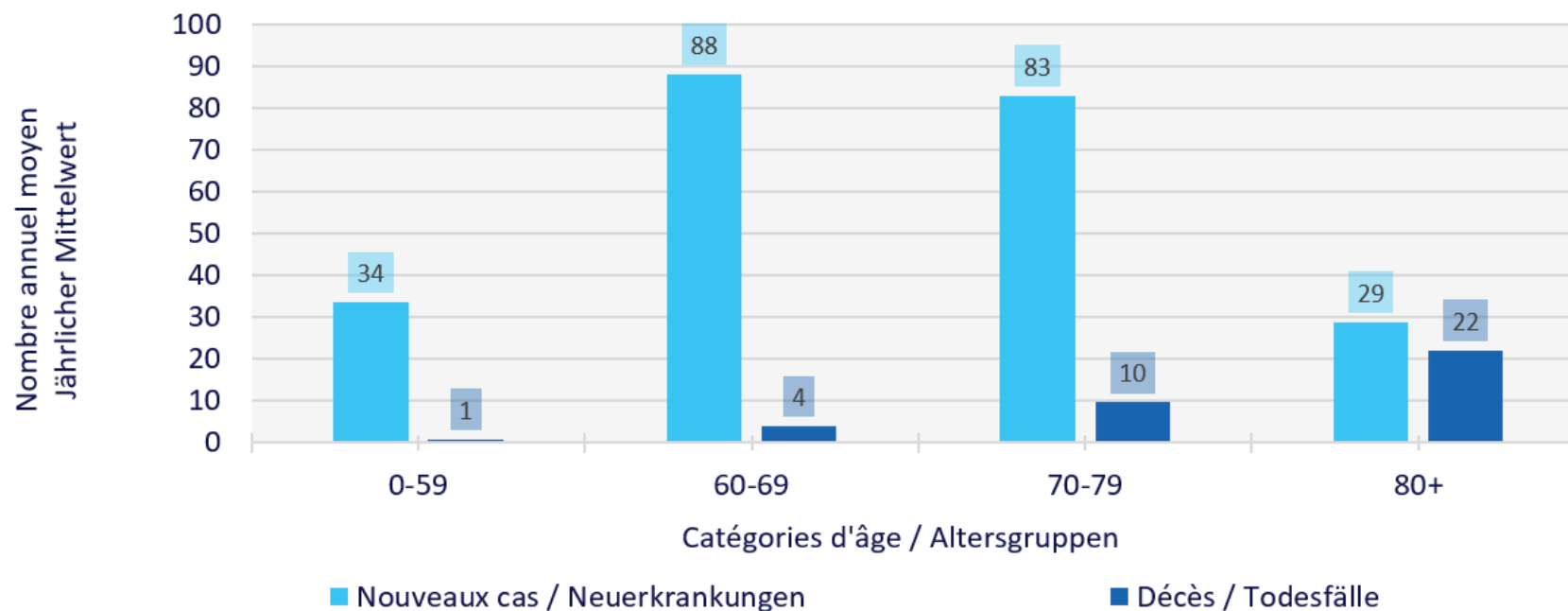
Standardised incidence and mortality

- Rapid **fluctuations** of standardized **incidence rate**
- **Decrease** of standardized **mortality rate**
- Similar trends between Fribourg and Switzerland



Age and prostate cancer

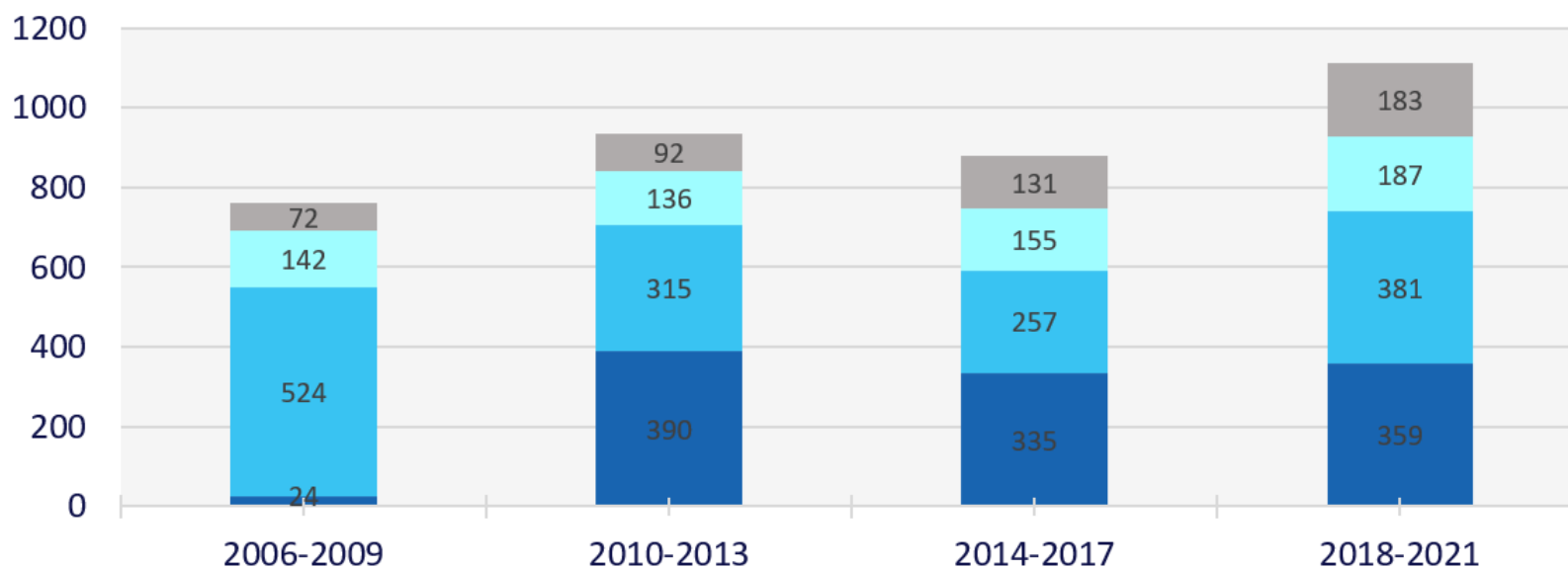
- **73%** of **new diagnoses** occurred in men aged **60-80 years** *
- **60%** of **deaths** occurred in men aged **80+ years** *



TNM stage at diagnosis

70 % of prostate cancer diagnosed in **stage I or II** *

Nombre moyen de nouveaux cas par année
Jährlicher Mittelwert Neuerkrankungen



Années / Jahre

■ Stade I / Stadium I

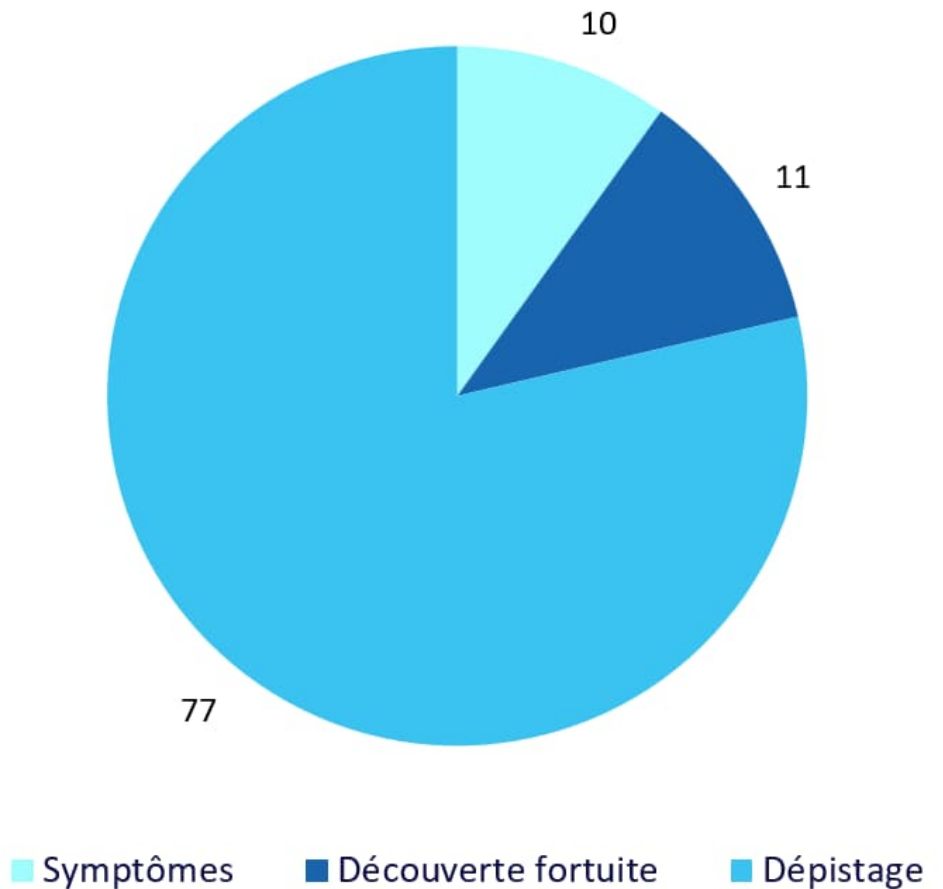
■ Stade II / Stadium II

■ Stade III / Stadium III

■ Stade IV / Stadium IV

Detection mode

- **77%** of new cases detected by screening *
- 11% incidental findings
- 10% by symptoms



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Prostate cancer trends, Fribourg, 2006-2021

- Average annual number of new cases : **increasing**
- Average annual number of deaths: **increasing**
- Standardized incidence rate : **rapid fluctuations**
 - Increase → decrease → increase
- Standardized mortality rate : **decreasing**

Absolute numbers and demographic trends

- Prostate cancer mainly affects the elderly population
- Demographic shift : population **growth** and **ageing**
 - **Increasing number** of diagnoses and deaths due to prostate cancer
 - Growing burden on the healthcare system
- Projections to **2040** : prostate cancer cases worldwide **doubled**
 - Number of cases and deaths are **likely to continue rising**
- Improved **early diagnosis algorithms** needed in the future
 - Facilitate early detection of clinically significant prostate cancers
 - Limit over-diagnosis and the unnecessary treatment
 - Integration of MRI, more specific biomarkers, genetic tests, artificial intelligence

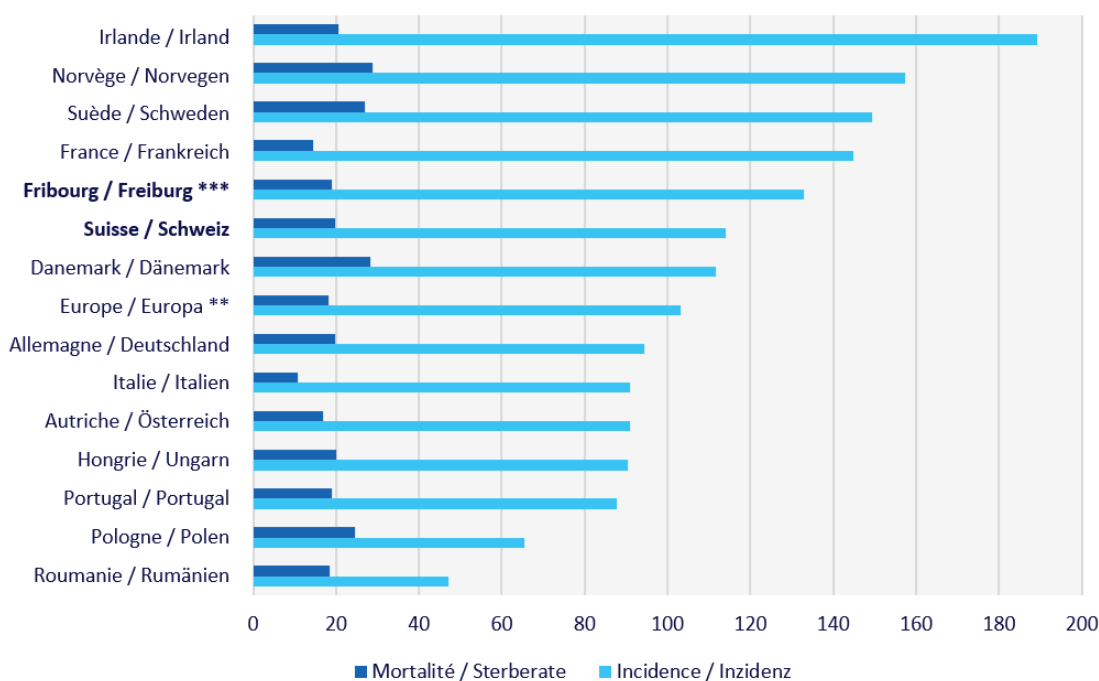
Incidence and screening practices

- PSA screening widely adopted in the **1990s**
 - **increase** of prostate cancer **incidence**
- **Absence of a clear consensus** on the benefits of screening
 - More nuanced recommendation → **Reduced use** of PSA measurement
 - **Decrease** in prostate cancer incidence
- **Swiss society of urology** (2012) : recommends a **cautious use**
 - Informed patients, 50-75 years, life expectancy > 10 years
 - From 45 years in case of family history or urinary symptoms

Mortality and therapeutic improvement

- **Decreasing mortality rate in Fribourg and Switzerland**
 - Does not follow the fluctuations of incidence !
- **Therapeutic improvement**
 - Drugs
 - Radiotherapy technologies
 - Surgery technologies
- Possible impact of screening

International comparison : incidence



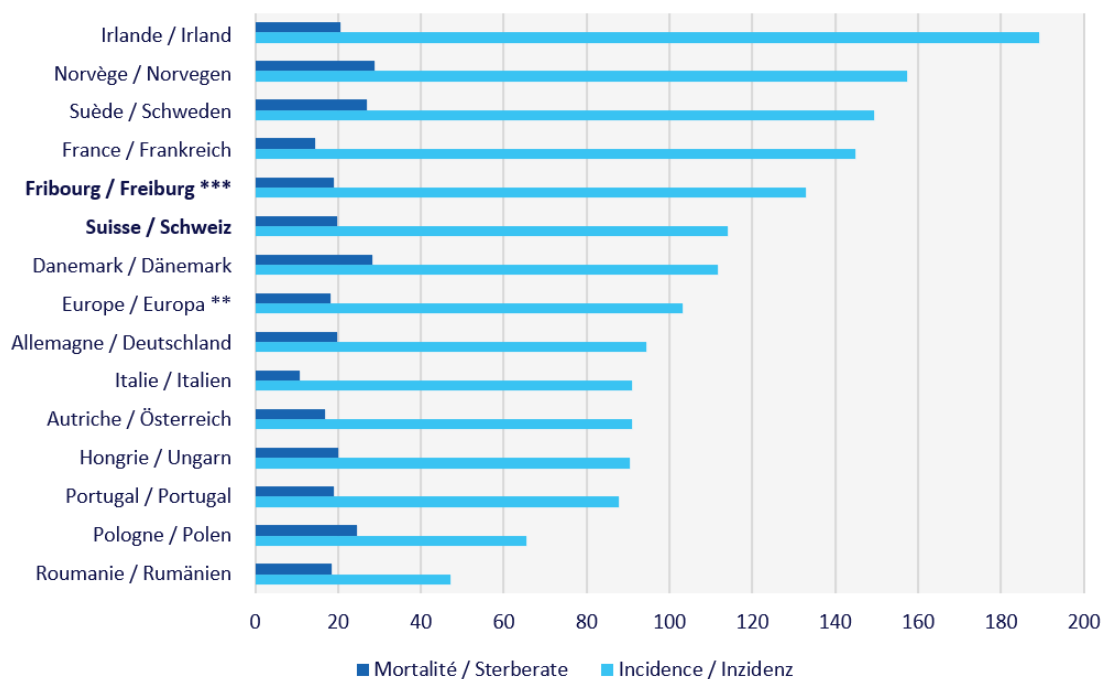
- **Standardized incidence (2018) :**

- Fribourg 133/100'000
- CH 114/100'000
- EU 103/100'000

- Variation by a **factor 5** within Europe

- Highest in western and northern Europe
- Lowest in central and eastern Europe
- Variable screening practices :
 - socio-economic inequalities
 - Healthcare system structures (family doctors as «regulators»)

International comparison : mortality



- **Standardized mortality (2018):**

- Fribourg 19/100'000
- CH 20/100'000
- EU 18/100'000

- **Less variations**

Limitations

- No data prior to 2006
- Change in legislation during the analysis period
 - Loi sur l'enregistrement des maladies oncologiques
 - Obligation to declare since 2020 : influence on the number of cases recorded?

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Take-home messages

- **Prostate cancer trends (canton of Fribourg, 2006-2021)**
 - **Rising number of cases and deaths**
 - Trend expected to continue due to **demographic shifts**
 - Growing burden on the healthcare system
 - Need for improved early diagnosis algorithms
 - **Rapid fluctuations of the incidence rate** related to screening
 - **Decreasing mortality rate related** to therapeutic progress
- **No well-established primary prevention** of prostate cancer
- **Absence of clear consensus on screening**
 - Essential to inform patients of risks and benefits
 - Individual risk factors (family history) need to be taken into account



Thank you for your attention.

Questions ?

Sources

- Pinsky Paul F., Parnes Howard. Screening for Prostate Cancer. N Engl J Med. 2023;388(15):1405-14.
- World Cancer Research Fund/American Institute for Cancer Research. Prostate cancer | What causes prostate cancer? [Internet]. [cité 30 juin 2024]. Disponible sur: <https://www.wcrf.org/diet-activity-and-cancer/cancer-types/prostate-cancer/>
- World Cancer Research Fund/American Institute for Cancer Research. Continuous Update
- Project Expert Report 2018: Diet, nutrition, physical activity and prostate cancer [Internet]. 2018 [cité 30 juin 2024]. Disponible sur: dietandcancerreport.org
- Chiolero A, Paccaud F, Aujesky D, Santschi V, Rodondi N. How to prevent overdiagnosis. Swiss Med Wkly. 2015;145:w14060.
- Wala J, Nguyen P, Pomerantz M. Early Treatment Intensification in Metastatic Hormone-Sensitive Prostate Cancer. J Clin Oncol. 2023;41(20):3584-90.
- Tikkinen KAO, Dahm P, Lytvyn L, Heen AF, Vernooij RWM, Siemieniuk RAC, et al. Prostate cancer screening with prostate-specific antigen (PSA) test: a clinical practice guideline. BMJ. 2018;362:k3581.
- James ND, Tannock I, N'Dow J, Feng F, Gillessen S, Ali SA, et al. The Lancet Commission on prostate cancer: planning for the surge in cases. The Lancet. 2024;403(10437):1683-722. Welch HG, Kramer BS, Black WC. Epidemiologic Signatures in Cancer. N Engl J Med. 2019;381(14):1378-86.
- Gasser T, Iselin C, Jichlinksi P, Kreienbühl B, Merz V, Recker F, et al. Dosage du PSA - Recommandations de la Société suisse d'Urologie. Forum Med Suisse. 2012;12(06).
- Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, Soerjomataram I, et al. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: A Cancer Journal for Clinicians. 2024;74(3):229-63.
- Culp MB, Soerjomataram I, Efstathiou JA, Bray F, Jemal A. Recent Global Patterns in Prostate Cancer Incidence and Mortality Rates. Eur Urol. 2020;77(1):38-52.
- Office fédéral de la statistique. Indicateurs et types de cancer [Internet]. [cité 20 mars 2025]. Disponible sur: <https://www.bfs.admin.ch/content/bfs/fr/home/statistiques/sante/etat-sante/maladies/cancer/indicateurs-types.html>
- Ferlay J, Colombet M, Soerjomataram I, Dyba T, Randi G, Bettio M, et al. Cancer incidence and mortality patterns in Europe: Estimates for 40 countries and 25 major cancers in 2018. European Journal of Cancer. 2018;103:356-87.
- Office fédéral de la statistique. Indicateurs et types de cancer [Internet]. [cité 20 mars 2025]. Disponible sur: <https://www.bfs.admin.ch/content/bfs/fr/home/statistiques/sante/etat-sante/maladies/cancer/indicateurs-types.html>