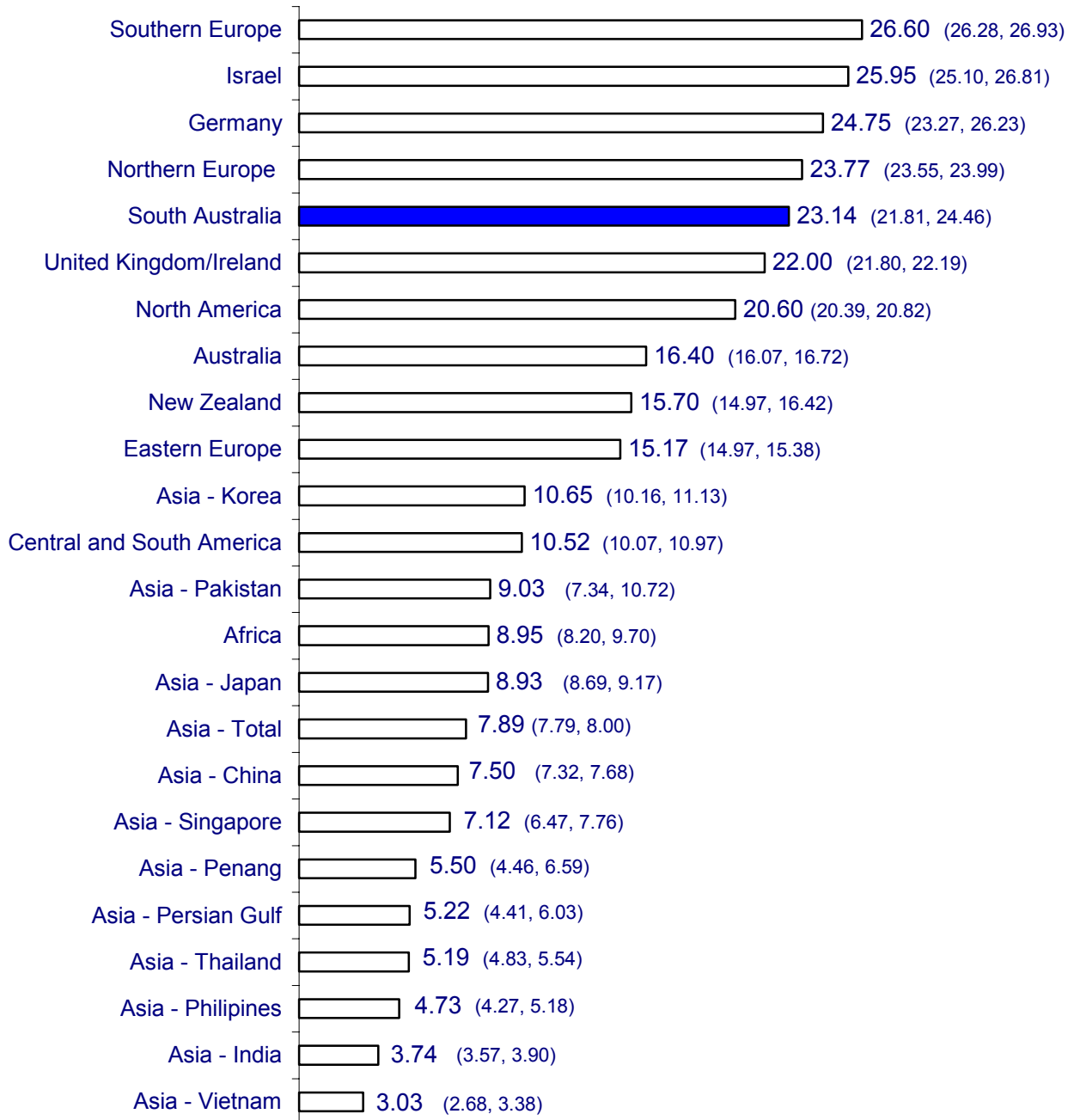


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer site: **Bladder**

Males

Incidence (95% confidence limits)

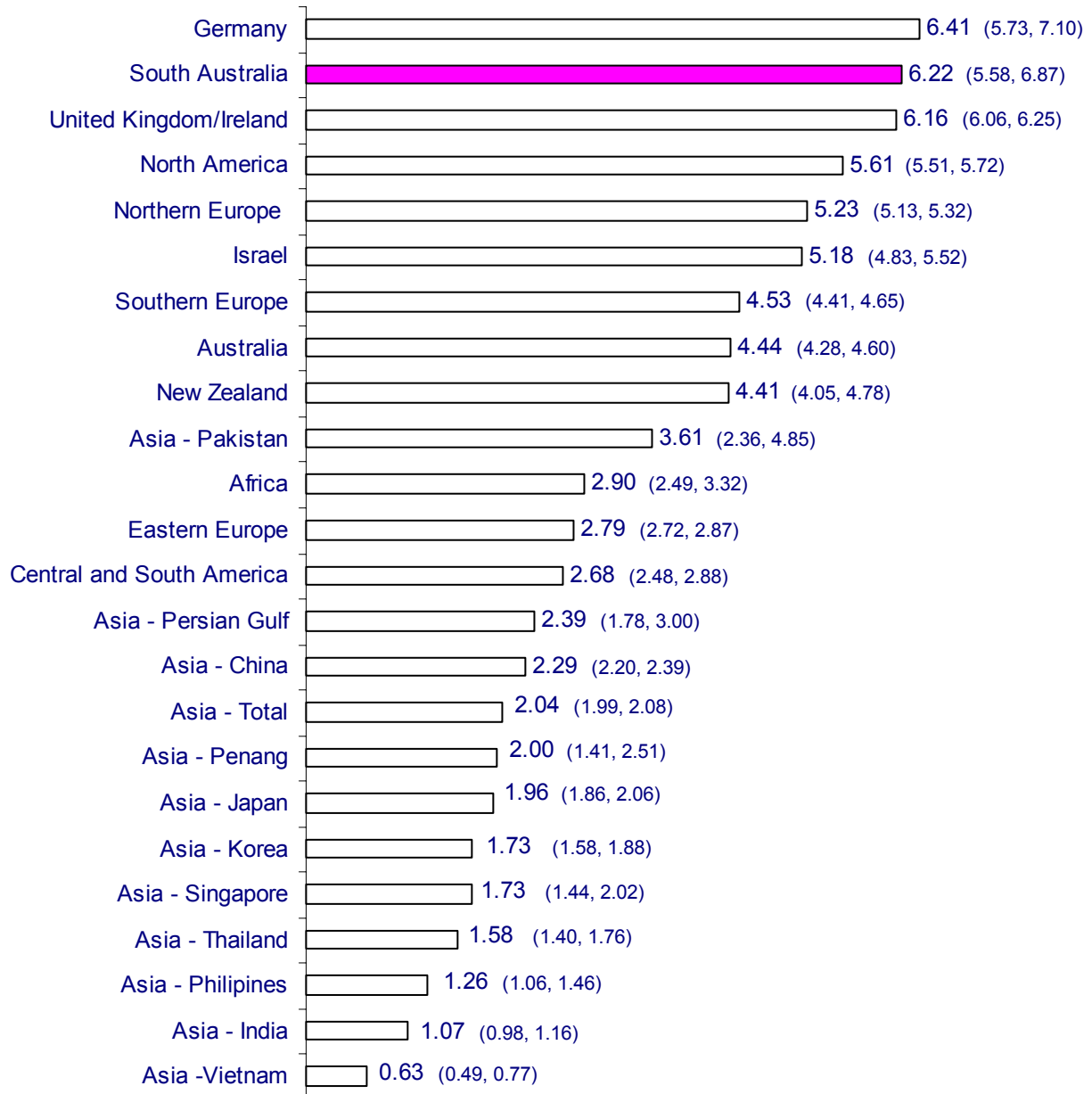


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer site: **Bladder**

Females

Incidence (95% confidence limits)

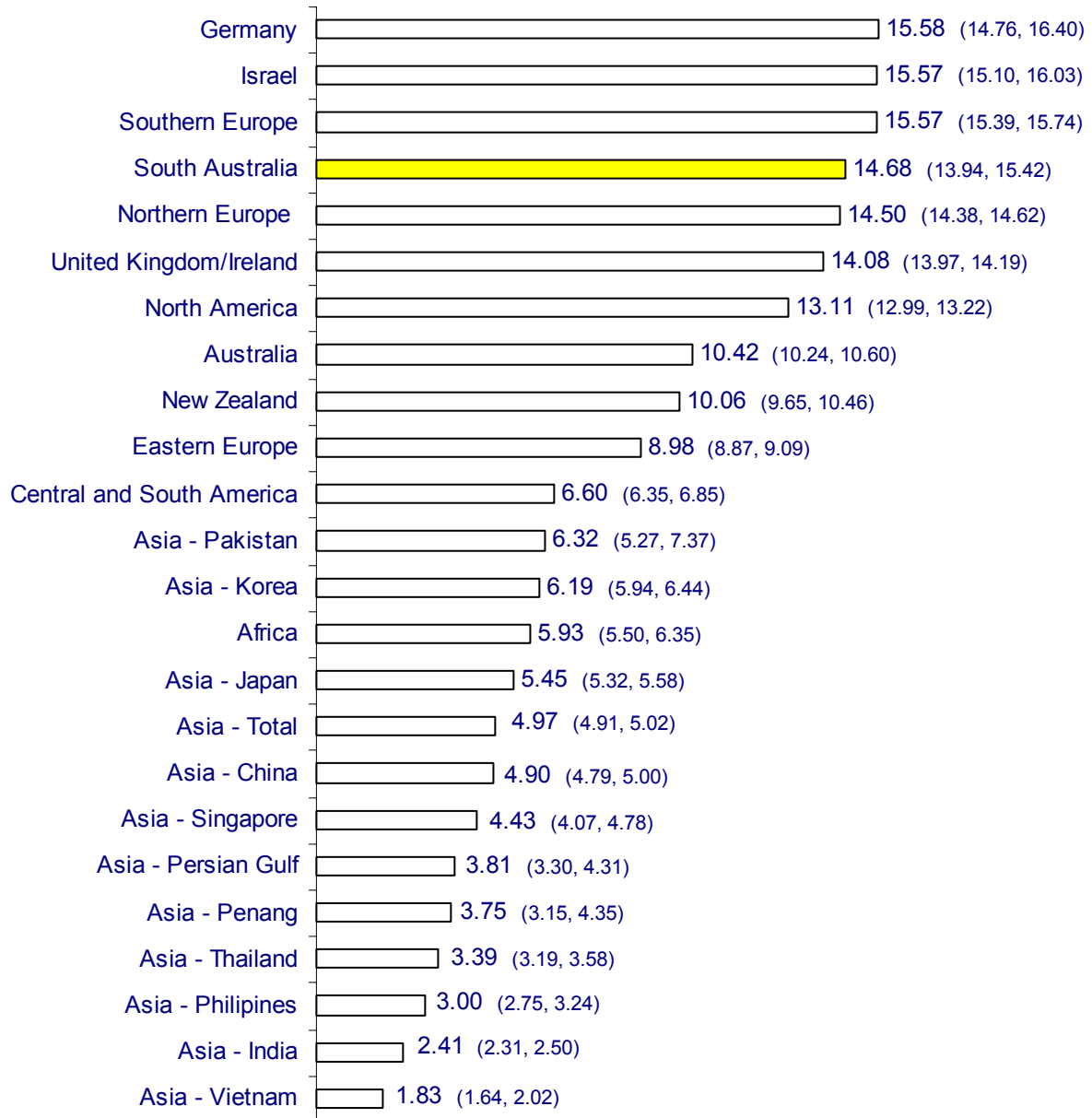


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer site: **Bladder**

Both

Incidence (95% confidence limits)



BLADDER

- **South Australia had a relatively high incidence of bladder cancer in 1993-97, exceeding that observed in Asia, Africa, Central and South America, Eastern Europe, New Zealand, Australia as a whole, and North America.**
- The incidence of bladder cancer was almost 20% higher within South Australia during 1977-2000 in residents born overseas than the Australian born. This was partly due to high rates in those born in Germany and the United Kingdom/Ireland. By comparison, residents born in Asia had a comparatively low rate.
- This cancer did not show a consistent socio-economic gradient by place of residence in South Australia in 1977-2001. In general the incidence was about 18% higher in Adelaide than country regions. In particular, a low incidence applied in the country to the Flinders Ranges, Mount Lofty Ranges and Lower North.
- Incidence rates were artificially high for 1977-81 due to differences in disease definition and classification. There was some indication during 1982-2001 of a decline in incidence, but the change was small and potentially due to chance. Meanwhile, mortality rates were relatively stable.
- Risk factors include:
 - Tobacco smoking.
 - Exposures in past decades to phenacetin analgesics, although these painkillers were discontinued long enough ago to be an unlikely cause of future cancers in South Australia.
 - Large exposures to ionising radiation at an early age.
 - Exposures to certain workplace contaminants, such as aromatic amines, (eg, as in dyestuff manufacturing) and polycyclic aromatic hydrocarbons.
 - Infections with *Schistosoma haematobium*, as can occur in Eastern Africa and Middle Eastern countries.