

Cancer of lung, bronchus and trachea

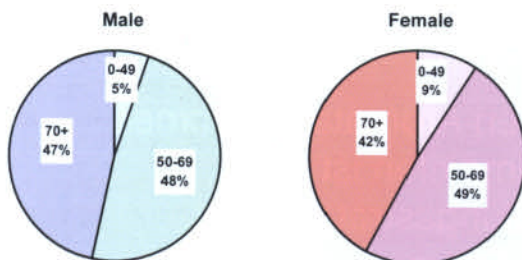
NICER and Swiss Cancer Registries

Raw data - Period 2002-2005

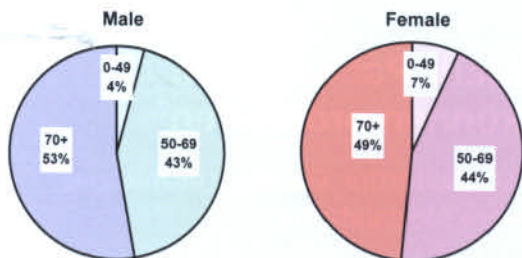
Gender	Yearly averages		5-year Prevalence (3)	Years of life lost (4)
	New cases (1)	Deaths (2)		
Male	2435	1980	3035	14313
Female	1168	826	1320	7120
Total	3603	2806	4355	21433

- (1) Swiss estimates on basis of nine registries
- (2) Computed from data of Federal Office of Statistics
- (3) Estimated from Globocan 2002, IARC - Lyon
- (4) Years lost each year before age 75

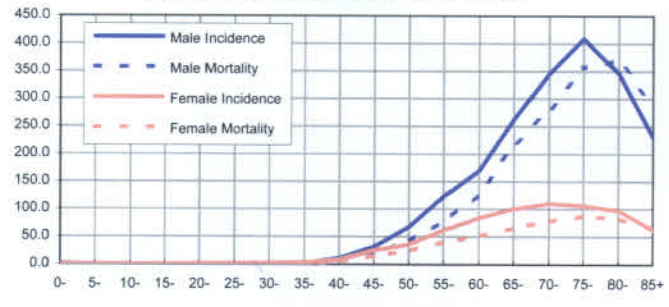
New cases by age group



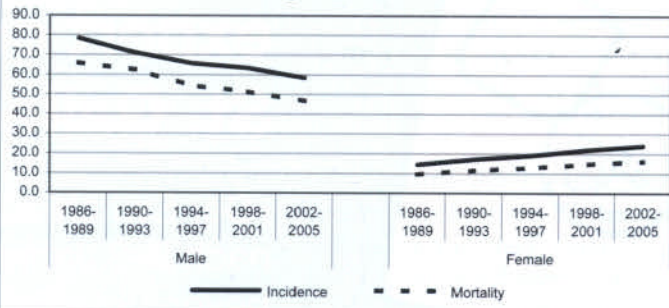
Deaths by age group



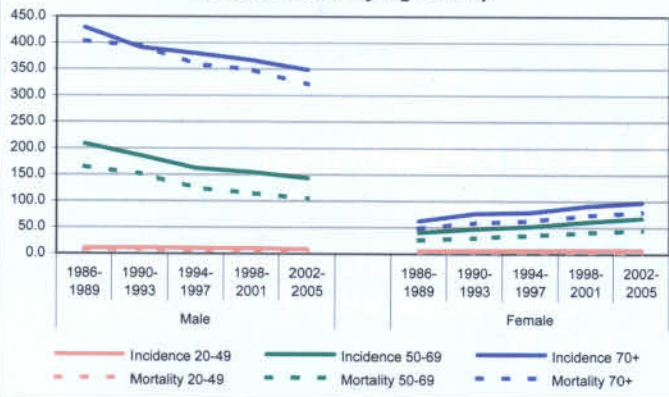
Age Specific Rates - Period 2002-2005



Trends in Age Standardised Rates



Trends in Rates by Age Group



Lung, bronchus and trachea

Lung cancer has a strong impact on mortality, with an estimated 3'600 new cases and 2'800 deaths per year in men and women combined. It now accounts for 15% of new cancer cases in men and 7% in women and 18% of all cancer deaths each year. When combining both genders, lung cancer is the leading cause of cancer deaths.

The epidemic of lung cancer in the 20th century was primarily due to increases in cigarette smoking, the predominant cause of lung cancer. Because of historical differences in smoking prevalence between men and women, lung cancer rates in men have been consistently declining during the last twenty years, whereas consistent declines in women have not yet been seen.

Many other exposures have been established as causally associated with lung cancer (occupational exposures to agents such as asbestos, arsenic, chromium, nickel, and radon), but even the combined effect of these additional factors is very small compared to cigarette smoking. Radon, a naturally occurring gas, is of relevance to the general public because of the potential exposure in homes.

In non-small cell lung cancer (NSCLC), results of standard treatment are poor except for the most localized cancers. Surgery is the most potentially curative therapeutic option for this disease; radiation therapy can produce a cure in a small number of patients and can provide palliation in most patients. Adjuvant chemotherapy may provide an additional benefit to patients with resected NSCLC.

The majority of patients with small cell lung cancer (SCLC) die of their tumour despite the best available treatment. Chemotherapy improves the survival of patients with limited-stage or extensive-stage SCLC, but it is curative in only a minority of patients.

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