

2012 Genitourinary Cancers Symposium
 Novel Mechanisms and Therapies in Multidisciplinary Management
 February 2-4, 2012 | San Francisco Marriott Marquis
 San Francisco, California



GENITOURINARY CANCERS OVERVIEW

Genitourinary cancers include tumors of the prostate, kidney, bladder and testis, as well as less common cancers, such as those of the penis, ureters and other urinary organs.

Diagnosis & Survival

In 2012, genitourinary cancers are expected to account for 24% of all new cancer diagnoses and 10% of all cancer deaths.

Prostate Cancer

Prostate cancer is the most common cancer among men in the United States, except for skin cancer. It is the second leading cause of cancer death in men.

The risk of developing prostate cancer and the risk of death from prostate cancer increases with age. About 60% of men who are diagnosed with prostate cancer are 65 or older, and 97% are 50 or older.

Deaths from prostate cancer have been decreasing since the 1990s, more rapidly for black men than white men. However, black men are still more than twice as likely to die of prostate cancer than white men. Learn more about [prostate cancer](#) from Cancer.Net, ASCO's patient information website.

Bladder Cancer

Bladder cancer is the fourth most common cancer among men in the United States. It is nearly four times more common in men than in women and nearly twice as common in white men than in black men. Rates of bladder cancer have been stable for men and declining by 0.3% per year for women since 2004. Deaths from bladder cancer have also been stable for men but have been slightly decreasing in women by .5% each year between 2004 and 2008. Learn more about [bladder cancer](#) from Cancer.Net.

Kidney Cancer

Kidney cancer is the sixth most common cancer among men and eighth most common cancer in women in the United States. Kidney cancer has increased by 4.1% and 3.3% in women each year

Genitourinary Cancers: Key Statistics, 2012		
Cancer type	Estimated New Cases	Estimated Deaths
<i>All GU cancers</i>	<i>393,040</i>	<i>58,170</i>
Prostate	241,740	28,170
Bladder	73,510	14,880
Kidney & renal pelvis	64,770	13,570
Testis	8,590	360
Ureter & Other Urinary	2,860	880
Penis & other genital, male	1,570	310

Source: American Cancer Society: *Cancer Facts & Figures 2012*. Atlanta, GA; American Cancer Society: 2012.

between 2004 and 2008. These increases are thought to be due to increased use of imaging tests, which often finds early-stage cancers during tests done for a reason other than kidney cancer. Learn more about [kidney cancer](#) from Cancer.Net.

Kidney cancer is generally treated with surgery, immunotherapy, and/or targeted therapies. Improved understanding about how these tumors grow and spread has led to the development of an increasing number of targeted therapies that slow cancer progression and, in some cases, extend survival for patients with advanced disease. Since 2005, six targeted drugs have been approved by the FDA to treat kidney cancer.

Testicular Cancer

Testicular cancer is less common than other genitourinary cancers. A man's risk of developing testicular cancer during his life is 1 in 270. It is very often curable, even at an advanced stage, making the risk of dying from the disease 1 in 5,000. Learn more about [testicular cancer](#) from Cancer.Net

Five-Year Survival Rates for Select Genitourinary Cancers, 2001-2007

Cancer Type	All Stages	Local	Regional	Distant
Prostate	99%	100%	100%	29%
Bladder	78%	71%	35%	5%
Kidney	70%	91%	63%	11%
Testis	95%	99%	96%	73%

Source: American Cancer Society: *Cancer Facts & Figures 2012*. Atlanta, GA; American Cancer Society: 2012.

Screening

With the exception of prostate cancer and testicular cancer, genitourinary cancers are typically found unexpectedly – often when a patient has imaging tests for another condition or experiences symptoms of the cancer.

Prostate Cancer

Two tests are commonly used to screen for prostate cancer: the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE, a test in which the doctor feels the surface of the prostate for any irregularities). Neither test is perfectly reliable, and each has benefits and limitations.

There is controversy about using the PSA test to screen men with no symptoms for prostate cancer. On one hand, the PSA test is useful for detecting early prostate cancer, which helps men get the treatment they need before the cancer spreads. On the other hand, PSA screening has not been proven to lower death rates from prostate cancer in the general community. And, this test can miss some prostate cancers and detect conditions that are not cancer. Learn more about [PSA screening](#).

The American Cancer Society encourages men to talk with their doctor about the risks and benefits of screening, starting at age 50 for men with an average risk or at age 45 for men with a higher risk. Men who have many relatives who have been diagnosed with prostate cancer should start talking about prostate cancer screening with their doctor at age 40.

Testicular Cancer

The American Cancer Society recommends that a testicular exam be a part of a regular check-up with a health professional. Research on regular self-examinations have not been studied enough to know if they increase survival. Each man needs to decide whether to perform testicular examinations. However, men should see a doctor if they find any lumps or experience testicular swelling or aching.

Sources

American Cancer Society: *Cancer Facts & Figures 2012*. Atlanta, GA; American Cancer Society: 2012.

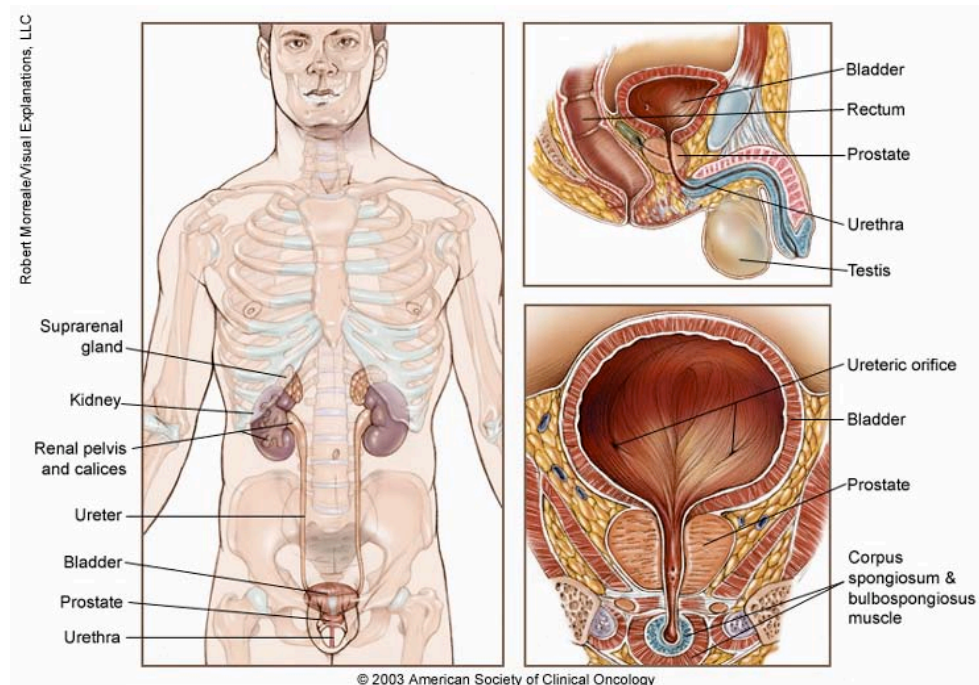
Cancer.Net
www.cancer.net

American Cancer Society: Detailed Guide on Testicular Cancer
www.cancer.org/Cancer/TesticularCancer/DetailedGuide/index

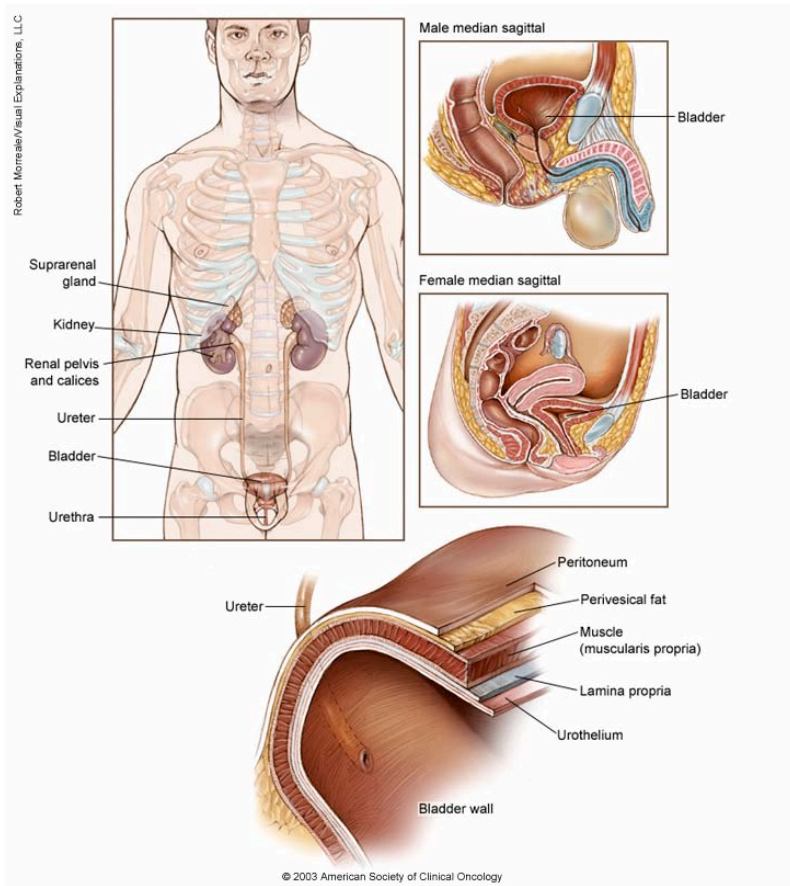
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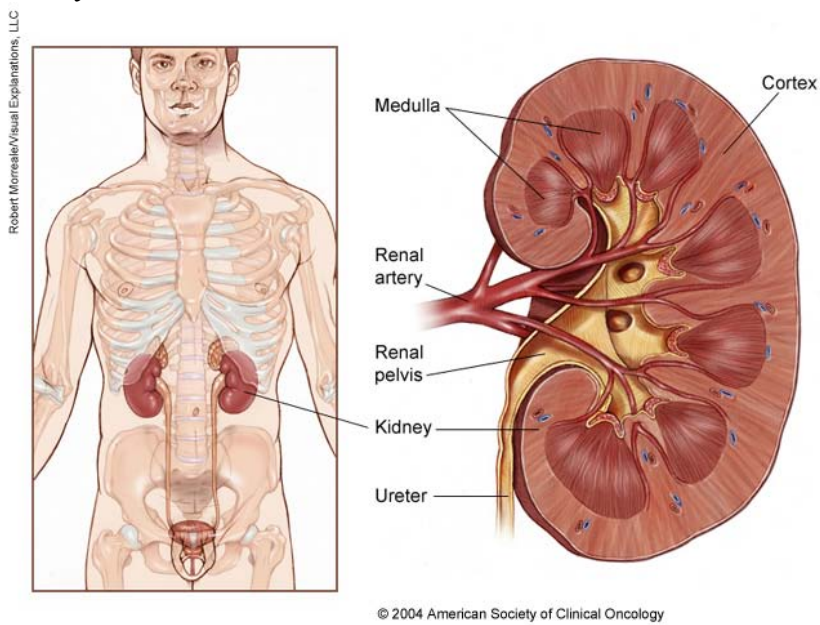
Prostate Cancer



Bladder Cancer

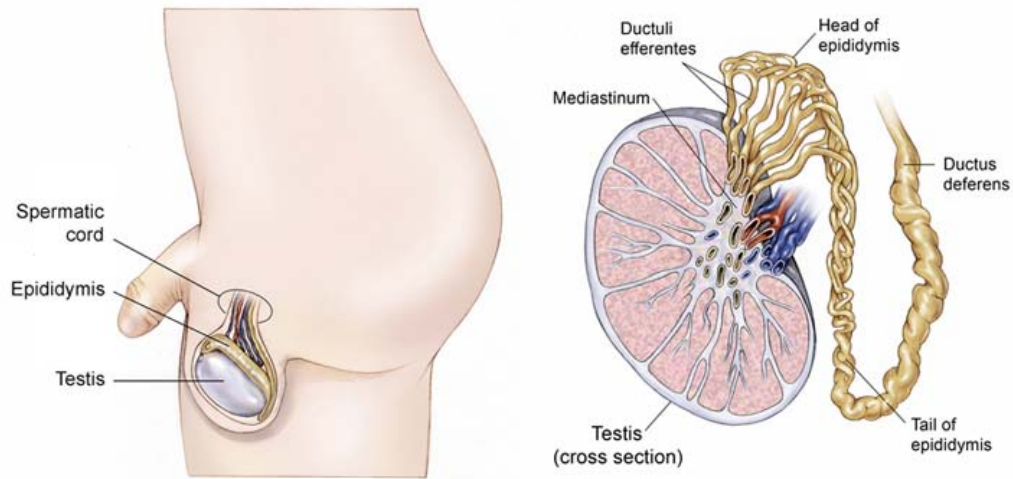


Kidney Cancer



Testicular Cancer

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