

NASAL CANCER IN THE NORDIC COUNTRIES

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Sino-nasal cancer is very rare. The age-adjusted incidence among Nordic males varies from $4/10^6$ in Sweden and Finland to $8/10^6$ in Denmark.¹ In women the respective variation is from $2/10^6$ to $5/10^6$. There is no variation in nose cancer mortality between countries. The relative 5-year survival rate among Finnish patients diagnosed with nasal cancer in 1999-2001 is 42%, below the average of all cancer patients.

Both incidence and mortality rates of nasal cancer are decreasing among Nordic males but remain constant among women.¹ Sino-nasal cancer among males is a disease of lower socio-economic strata: the incidence among unskilled labourers is two-fold as compared with higher white-collar employees.² These phenomena roughly fit with smoking patterns but not as strongly as, *e.g.*, in lung cancer.

There are some sino-nasal cancer cases diagnosed before the age of 40, but the age-incidence curve starts to raise exponentially after that, reaching its maximal value of about $50/10^6$ in males and $30/10^6$ in females in the ages above 75 years.¹

In a joint Nordic study cancer risks for numerous cancer types were calculated for 53 occupational categories based on census occupation.³ In this huge data set, the only significantly elevated incidence rates were observed for shoe and leather workers (incidence 2.9-fold as compared with average population, 95% confidence interval 1.5–5.3) and for wood workers (1.9, 1.6–2.2), both occupations with confirmed risk factors of nasal cancer.

The Finnish system linking occupation-specific cancer risks with occupational exposures through an exceptionally precise matrix (FINJEM) and sophisticated calculation procedure⁴ produced a dose-response pattern of 1.0 for unexposed, 1.4 (95% CI 0.9–3.2) for estimated exposure of $< 5 \text{ mg/m}^3$ -years, and 2.0 (1.1–3.7) for exposure of $\bullet 5 \text{ mg/m}^3$ -years. In an update of this analysis we will separate the adenocarcinoma and squamous cell carcinoma as separate categories and also include co-factors such as smoking.

References

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