

Munich Cancer Registry



- ▶ Survival
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- ▶ *Deutsch*

ICD-10 D39.1: Borderline ovarian tumor

Incidence and Mortality

Year of diagnosis	1998-2016
Patients	1,342
Diseases	1,343
Creation date	08/21/2018
Export date	08/09/2018
Population (females)	2.43 m



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<https://www.tumorregister-muenchen.de/en>

https://www.tumorregister-muenchen.de/en/facts/base/bD391_E-ICD-10-D39.1-Borderline-ovarian-tumor-incidence-and-mortality.pdf

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**Global Statements about the statistics on the Internet –
Baseline Statistics** (grey button ) , **Survival** (red button )

In these analyses, the clinics and physicians of Upper Bavaria and the city and county of Landshut[#], with a total of 4.69 million inhabitants, account for the frequency of cancer diseases^{##} and the achieved long term results. Additionally, the long term survival evaluated by the Munich Cancer Registry (MCR) is compared with the results of the population-based registry in the USA (SEER), which is useful for checking the consistency of the data on an international level.

In comparing several tables, inconsistent figures may be detected. This is based on the fact that different patient cohorts are included in the base calculation, for example when proportions of multiple tumors or DCO-cases^{###} are concerned. In other cases the individual tumor diagnosis is the basis for calculation, for example with incidence.

The foot notes describe the currentness of the data. The baseline statistics and survival data are updated annually. This yearly analysis comprises the Annual Report of the MCR.

Clinics and physicians have access to essentially more detailed data, with which they can check, compare and in the best case optimize their own data and results.

We would be pleased to receive corrections, critique and useful suggestions. Just send an e-mail to tumor@ibe.med.uni-muenchen.de.

Munich Cancer Registry, August 2018

[#] Base data has been collected since 1998. An increase in new diseases is apparent, which is an effect of two extensions in the MCR catchment area (from a base population of 2.65 million to 4.10 in 2002, and to 4.69 million in 2007).

^{##} Due to the high frequency and good prognosis of non-malignant skin cancer (C44), no systematic ascertainment is performed for this diagnosis. C44 is not designated as a primary, but rather as a secondary tumor.

^{###} DCO (death certificate only) identifies a cancer case that first becomes available to the MCR through the death certificate.

ICD-10 codes (ICD-10 2015) used for specifying cancer site

Code	Description
D39.1	Neoplasm of uncertain or unknown behaviour of female genital organs: Ovary

INCIDENCE

Table 1

Cases by year of diagnosis, proportions of further malignancies, deaths, and active follow-up

Year of diagnosis	All cases n	Prop. at least 1 further malign. prior + synchron. %	Prop. at least 1 further malign. after %	Prop. deaths %	Prop. actively followed %
1998	19	10.5	10.1	31.6	78.9
1999	23	7.1	9.9	30.4	91.3
2000	32	12.2	9.5	21.9	93.8
2001	23	11.3	9.5	30.4	91.3
2002	43	12.1	9.3	11.6	79.1 #
2003	51	12.0	9.2	25.5	84.3
2004	71	11.5	8.9	22.5	84.5
2005	75	10.7	8.5	17.3	84.0
2006	73	10.7	7.9	8.2	79.5
2007	90	10.6	7.8	14.4	56.7 #
2008	98	9.7	6.9	10.2	39.8
2009	95	10.2	6.8	10.5	38.9
2010	102	10.2	6.6	8.8	39.2
2011	113	9.9	5.9	3.5	38.9
2012	87	10.2	6.5	11.5	43.7
2013	95	10.2	4.7	8.4	43.2
2014	106	10.4	3.2	4.7	42.5
2015	70	10.1	2.8	1.4	97.1
2016	77	10.3	5.3	1.3	81.8 ##
1998-2016	1343	10.3	10.1	11.2	60.4

1,343 cases diagnosed 1998-2016 are related to a total of 1,342 patients. Currently, in 271 (20.2 %) of these 1,342 patients more than one malignancy of any cancer type has been registered. Hereby, groups of 218 / 45 / 8 (16.2 % / 3.4 % / 0.6 %) patients exist having 2 / 3 / 4+ malignancies.

The increases of incident cases in 2002 and 2007 reflect the expansion to additional registry areas.

Please be aware that data of recent annual patient cohorts may not yet be fully processed. The years under evaluation can be retrieved from the respective headings.

How to interpret:

In 2014, a subgroup of 106 cases has been diagnosed, of which 10.4 % previously and/or concurrently (synchronously) had at least one other malignancy of any cancer type. In 3.2 % of cases, at least one new malignancy has occurred during the follow-up period (all numbers refer to the date of the database export, see cover sheet).

Table 2

Incidence measures by year of diagnosis
(with respect to registry area expansion from 2.65 to 4.10 m as of 2002,
and from 4.10 to 4.81 m as of 2007, respectively)

Year of diagnosis	Cases n	Incidence raw	Incidence WS	Incidence ES	Incidence BRD-S
1998	19	1.6	1.1	1.4	1.5
1999	23	1.9	1.4	1.7	1.8
2000	32	2.7	1.7	2.2	2.4
2001	23	1.9	1.5	1.8	2.0
2002	43	2.2	1.7	1.9	2.1
2003	51	2.6	1.9	2.2	2.5
2004	71	3.6	2.5	3.1	3.3
2005	75	3.8	2.7	3.4	3.6
2006	73	3.6	2.6	3.2	3.4
2007	90	3.9	2.7	3.4	3.7
2008	98	4.2	2.9	3.6	3.9
2009	95	4.1	2.7	3.4	3.8
2010	102	4.4	2.9	3.7	4.0
2011	113	4.8	3.6	4.4	4.6
2012	87	3.7	2.4	3.1	3.4
2013	95	4.0	2.7	3.4	3.7
2014	106	4.4	2.8	3.5	4.0
2015	70	2.9	2.1	2.5	2.7
2016	77	3.1	2.2	2.7	2.9
1998-2016	1343	3.5	2.4	3.0	3.3

The computation of the incidence measures includes all cancers, irrespective of first or subsequent malignancy.

Table 3

Age distribution parameters by year of diagnosis

Year of diagnosis	Cases n	Std.		Min.	Max.	Median				
		Mean	dev.			10%	25%	50%	75%	90%
1998	19	57.1	17.3	18.2	80.2	30.2	44.1	58.8	68.3	79.9
1999	23	54.6	15.1	17.0	83.5	34.9	47.4	59.2	64.6	68.5
2000	32	55.1	16.4	28.5	86.4	31.9	44.5	53.7	66.3	78.6
2001	23	51.3	17.9	18.8	79.5	24.1	34.5	49.9	66.9	75.4
2002	43	49.0	18.1	6.6	83.4	25.2	35.9	48.5	61.8	72.8
2003	51	53.5	19.8	16.6	88.6	28.8	35.0	55.2	67.7	76.3
2004	71	52.9	14.7	11.5	79.7	35.9	40.4	54.3	64.6	68.6
2005	75	53.5	15.9	18.9	86.7	30.6	43.3	53.5	66.4	73.8
2006	73	52.6	17.7	12.8	85.3	30.5	40.4	53.1	63.3	79.6
2007	90	54.5	15.7	17.8	85.2	34.9	43.8	56.1	64.9	77.8
2008	98	53.0	14.8	18.7	92.3	36.1	41.3	50.2	63.6	73.4
2009	95	54.5	15.8	18.6	82.3	32.1	41.5	54.3	68.9	75.8
2010	102	54.6	15.6	16.3	85.2	34.3	45.9	52.8	67.8	75.7
2011	113	52.8	15.9	7.8	95.5	28.0	43.9	53.7	62.3	72.2
2012	87	54.1	15.2	26.0	88.8	31.9	42.8	54.3	67.0	75.4
2013	95	54.4	15.6	21.3	91.3	31.8	45.5	53.3	64.9	75.9
2014	106	57.4	16.2	15.8	93.6	38.5	46.6	56.5	70.0	77.9
2015	70	52.4	17.5	17.3	84.0	29.1	40.7	53.0	65.3	77.9
2016	77	53.5	16.4	17.1	88.3	33.2	42.3	53.0	65.9	77.5
1998-2016	1343	53.8	16.2	6.6	95.5	31.9	42.5	53.7	65.6	76.1

Table 4

Age distribution by 5-year age group for period 2007-2016

Age at diagnosis Years	Cases n	%	Cum.%
0-4			
5-9	1	0.1	0.1
10-14	0	0.0	0.1
15-19	8	0.9	1.0
20-24	17	1.8	2.8
25-29	38	4.1	6.9
30-34	53	5.7	12.5
35-39	55	5.9	18.4
40-44	81	8.7	27.1
45-49	128	13.7	40.8
50-54	121	13.0	53.8
55-59	99	10.6	64.4
60-64	84	9.0	73.4
65-69	77	8.3	81.7
70-74	63	6.8	88.4
75-79	60	6.4	94.9
80-84	31	3.3	98.2
85+	17	1.8	100.0
All ages	933	100.0	

Table 5

Age-specific incidence
for period 2007-2016

Age at diagnosis Years	Cases n	Age-spec. incidence
0- 4		0.0
5- 9	1	0.1
10-14		0.0
15-19	8	0.7
20-24	17	1.3
25-29	38	2.4
30-34	53	3.3
35-39	55	3.4
40-44	81	4.5
45-49	128	6.7
50-54	121	7.1
55-59	99	6.7
60-64	84	6.3
65-69	77	5.9
70-74	63	5.0
75-79	60	6.0
80-84	31	4.4
85+	17	2.3
All ages	933	
Incidence		
Raw		3.9
WS		2.7
ES		3.4
BRD-S		3.7

The age-specific incidence characterizes the disease risk in a particular age group. The age distribution depends on the patient population frequency in each age group and reflects the tangible clinical picture of everyday patients care (see following chart).

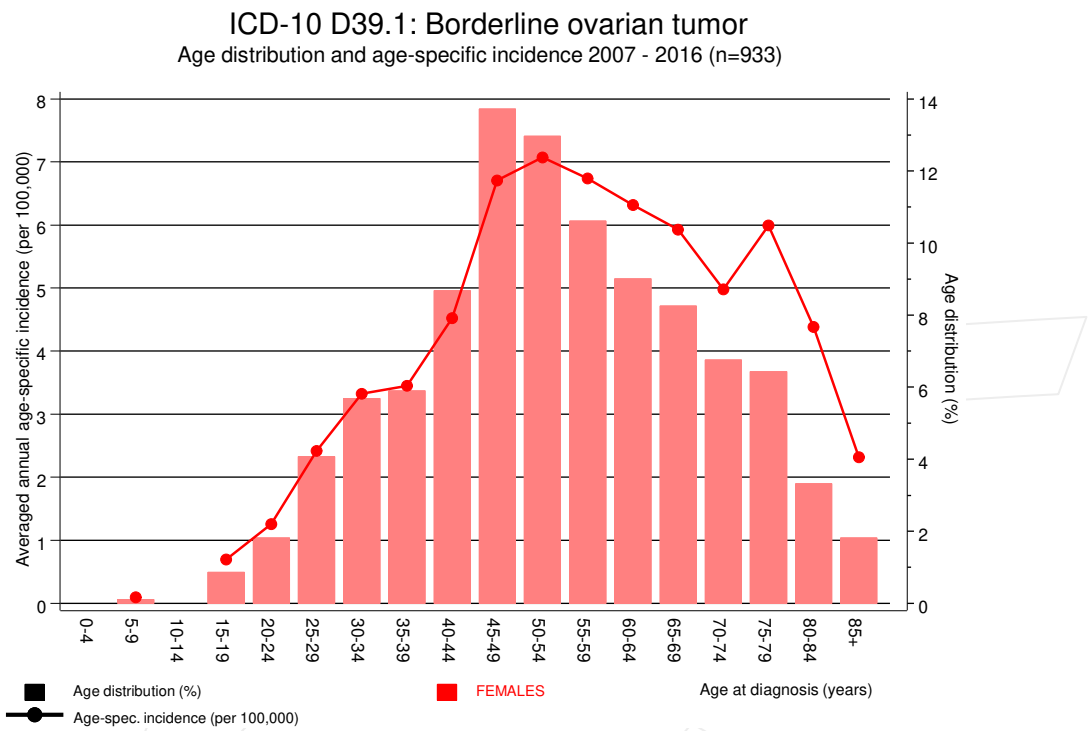


Figure 6. Age distribution (mean=54.2 yrs, median=53.5 yrs) and age-specific incidence.

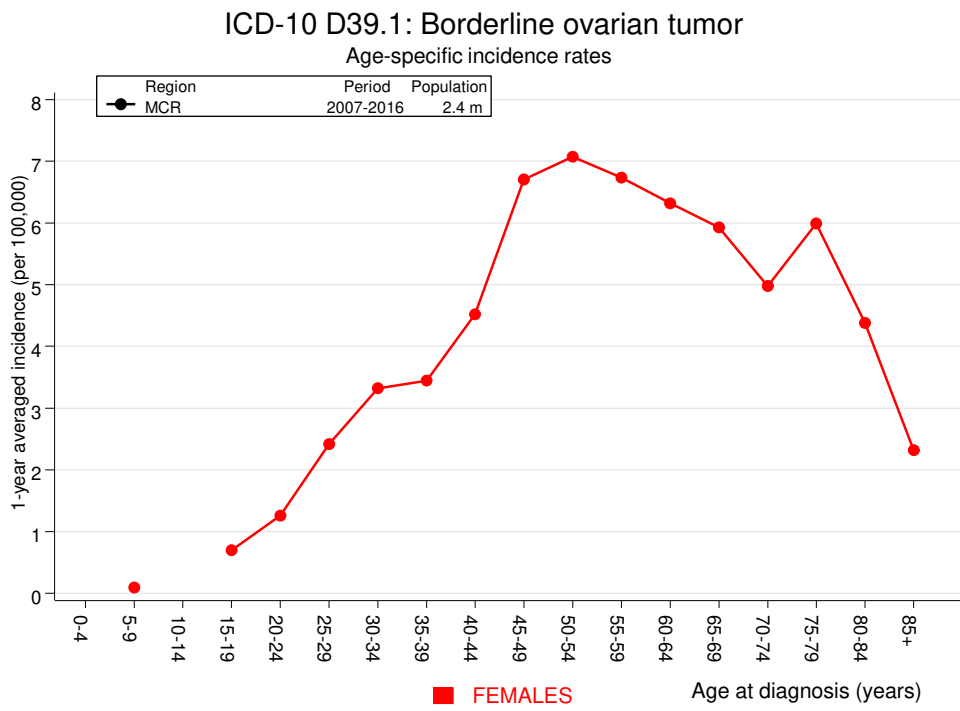


Figure 6a. Age-specific incidence in MCR registry areas.

Table 7

Standardized incidence ratio (SIR, with 95% confidence limits), excess absolute risk (EAR) and DCO rate of further malignancies for period 1998–2016

Diagnosis	Observed n	Expected n	SIR	CI 95%	CI 95%	EAR	DCO %
C16 Stomach	6	1.0	6.0	2.2	13.1 #	11.2	16.7
C17 Small intestine	2	0.2	11.3	1.4	40.7 #	4.1	
C18 Colon	13	2.8	4.6	2.5	7.9 #	22.9	
C19–C20 Rectum	4	1.3	3.2	0.9	8.1	6.1	
C21 Anus/canal	2	0.2	10.6	1.3	38.1 #	4.1	
C25 Pancreas	7	1.3	5.3	2.1	10.9 #	12.8	14.3
C33–C34 Lung	6	2.5	2.4	0.9	5.2	7.8	
C43 Malign. melanoma	4	1.5	2.7	0.7	6.8	5.6	
C46,C49 Soft tissue	4	0.2	20.2	5.5	51.7 #	8.5	
C48 Peritoneal	5	0.1	38.3	12.4	89.3 #	10.9	
C50 Breast	26	11.4	2.3	1.5	3.3 #	32.8	
C53 Cervix uteri	5	0.6	7.9	2.6	18.4 #	9.8	
C54 Corpus uteri	10	1.9	5.4	2.6	9.9 #	18.3	10.0
C56 Ovary	18	1.4	13.2	7.8	20.9 #	37.4	
C64 Kidney	3	0.7	4.0	0.8	11.7	5.1	
C66 Ureter	2	0.0	44.3	5.4	160.2 #	4.4	
C67 Bladder	2	0.5	3.7	0.5	13.5	3.3	
C73 Thyroid	4	0.9	4.7	1.3	12.0 #	7.1	
C76–C79 CUP	6	0.5	11.3	4.2	24.6 #	12.3	
C82–C85 NHL	3	1.2	2.5	0.5	7.2	4.0	
Others, specified	9	2.0	4.5	2.0	8.5 #	15.7	
Not observed	0	1.9	0.0	0.0	2.0	-4.2	
All further malignancies	141	34.1	4.1	3.5	4.9 #	239.9	2.1
Patients							1248
Median age at next malignancy (years)							62.7
Person-years							4454
Mean observation time (years)							3.6
Median observation time (years)							1.8

The occurrence of further malignancy listed is statistically significant.

Observed further malignancies with count 1 are pooled in category "Others, specified".

Average incidence (world standard population) 2007 - 2016

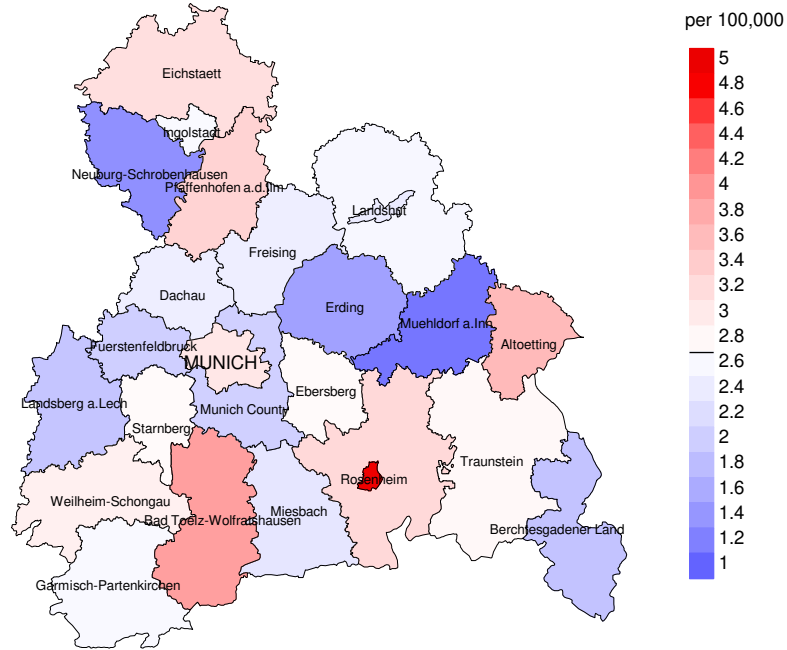


Figure 8a. Map of cancer incidence (world standard population) by county averaged for period 2007 to 2016. According to their individual incidence rates, the counties are displayed in different red and blue hues, being the fine white color attributed to the population mean (2.7/100,000 WS N=933).

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 66,416 female residents (averaged) in the period from 2007 to 2016 a total of 26 women were identified with newly diagnosed borderline ovarian tumor. Therefore, the mean incidence rate for this cancer type in this area can be calculated at 2.7/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 1.5 and 4.7/100,000.

Standardized incidence ratio (SIR) 2007 - 2016

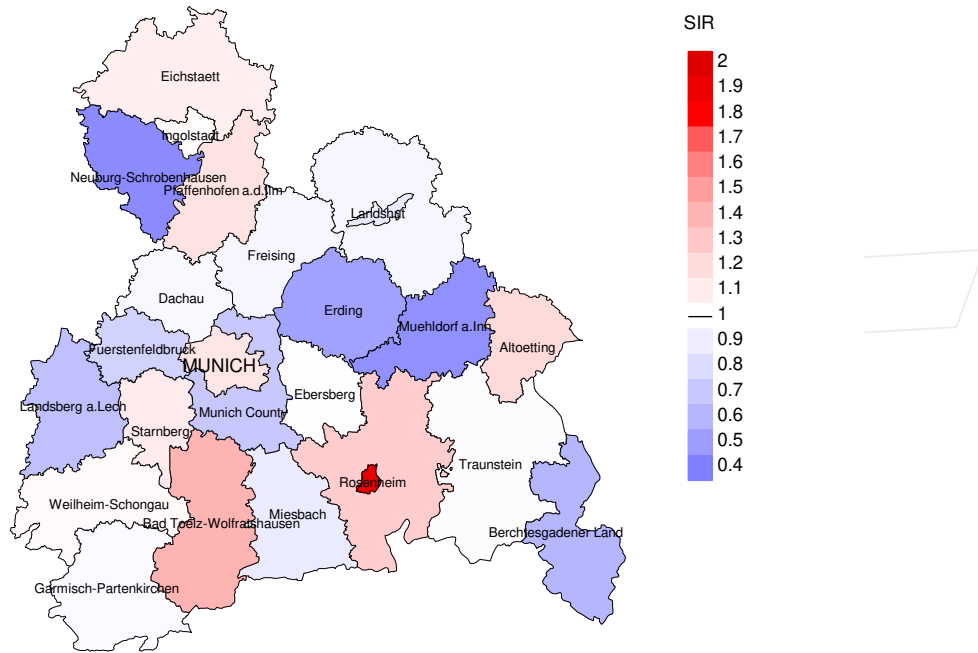


Figure 8b. Map of standardized incidence ratio (SIR) by county averaged for period 2007 to 2016. According to their individual SIR values, the counties are displayed in different red and blue hues, being the fine white color attributed to the population overall of 1.0 (N=933).

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 66,416 female residents (averaged) in the period from 2007 to 2016 a total of 26 women were identified with newly diagnosed borderline ovarian tumor. Therefore, the mean standardized incidence ratio (SIR) for this cancer type in this area can be calculated at 1.00. Though, the value of this parameter may vary with an underlying probability of 99% between 0.56 and 1.62, and is therefore not statistically striking.

MORTALITY

Table 9a

Annual cohorts: Incident cancers, follow-up status,
and deaths among the annual cohorts

(with respect to registry area expansion from 2.65 to 4.10 m as of 2002,
and from 4.10 to 4.81 m as of 2007, respectively)

Year of diagnosis	Incident cases n	Prop. actively followed %	Deaths n	Prop. deaths %	Prop. deaths with death certific. %
1998	19	78.9	6	31.6	100.0
1999	23	91.3	7	30.4	100.0
2000	32	93.8	7	21.9	100.0
2001	23	91.3	7	30.4	100.0
2002	43	79.1	5	11.6	80.0
2003	51	84.3	13	25.5	92.3
2004	71	84.5	16	22.5	100.0
2005	75	84.0	13	17.3	100.0
2006	73	79.5	6	8.2	100.0
2007	90	56.7	13	14.4	100.0
2008	98	39.8	10	10.2	90.0
2009	95	38.9	10	10.5	90.0
2010	102	39.2	9	8.8	100.0
2011	113	38.9	4	3.5	100.0
2012	87	43.7	10	11.5	100.0
2013	95	43.2	8	8.4	100.0
2014	106	42.5	5	4.7	100.0
2015	70	97.1	1	1.4	100.0
2016	77	81.8	1	1.3	100.0
1998-2016	1343	60.4	151	11.2	97.4

Table 9b

Annual cohorts of incident cancers and deaths,
and cases deceased within the same year of being diagnosed with cancer

(with respect to registry area expansion from 2.65 to 4.10 m as of 2002,
and from 4.10 to 4.81 m as of 2007, respectively)

Year of diagnosis/ death	Incident cases n	Deaths n	Deaths in same year n	Prop. deaths in same year %
1998	19	1		
1999	23	3		
2000	32	3	1	3.1
2001	23	5		
2002	43	2		
2003	51	8	4	7.8
2004	71	4		
2005	75	8		
2006	73	6		
2007	90	11	2	2.2
2008	98	7		
2009	95	12	1	1.1
2010	102	11	1	1.0
2011	113	9	1	0.9
2012	87	18		
2013	95	16	1	1.1
2014	106	20	2	1.9
2015	70	24	1	1.4
2016	77	17	1	1.3
1998-2016	1343	185	15	1.1

Table 9c

Annual cohorts of deaths, and proportion of cancer-related and non-cancer-related deaths

(with respect to registry area expansion from 2.65 to 4.10 m as of 2002, and from 4.10 to 4.81 m as of 2007, respectively)

Year of death	Deaths n	Prop. cancer- related %	Prop. non-cancer- related %	Prop. cancer recorded on death certificate %
1998	1		100.0	
1999	3	33.3	66.7	33.3
2000	3	66.7	33.3	66.7
2001	5	40.0	60.0	80.0
2002	2	100.0		100.0
2003	8	62.5	37.5	85.7
2004	4	25.0	75.0	25.0
2005	8	50.0	50.0	50.0
2006	6	66.7	33.3	80.0
2007	11	45.5	54.5	45.5
2008	7	71.4	28.6	71.4
2009	12	50.0	50.0	50.0
2010	11	63.6	36.4	63.6
2011	9	77.8	22.2	77.8
2012	18	66.7	33.3	66.7
2013	16	56.3	43.8	62.5
2014	20	40.0	60.0	50.0
2015	24	50.0	50.0	69.6
2016	17	70.6	29.4	82.4
1998-2016	185	56.2	43.8	64.1

Table 10

Medians of age at death according to the grouping in Table 9

Year of death	Deaths n	Age at death (all causes) Years	Age at death (cancer-related) Years	Age at death (non-cancer-related) Years	Age at death (according to death certificate) Years
1998	1	72.2		72.2	
1999	3	75.8	69.7	78.1	69.7
2000	3	62.6	57.8	78.7	57.8
2001	5	82.8	83.2	82.8	82.2
2002	2	71.2	71.2		71.2
2003	8	68.3	65.8	68.8	73.2
2004	4	75.3	75.2	75.4	75.2
2005	8	65.1	70.0	58.8	70.0
2006	6	72.4	72.4	76.1	77.4
2007	11	71.9	61.9	78.1	61.9
2008	7	63.8	62.8	87.5	62.8
2009	12	76.3	72.8	81.9	72.8
2010	11	75.2	71.0	83.1	71.0
2011	9	66.4	64.7	77.4	64.7
2012	18	73.6	65.9	82.2	65.9
2013	16	80.8	64.0	87.6	66.1
2014	20	80.0	78.0	82.6	78.0
2015	24	74.4	64.4	88.4	66.0
2016	17	70.5	66.5	86.7	68.2
1998-2016	185	73.8	67.3	81.5	69.8

By 2010, life expectancy at birth was 77.5 years for boys and 82.6 years for girls.

Deaths of patients are considered to be cancer-related, in case that fact was recorded on the death certificate, or patients had suffered from metastasis or recurrence.

Table 11

Mortality measures (cancer-related death) and mortality-incidence-index
by year of death

Year of death	Deaths n	Mort. raw	MI-Index raw	Mort. WS	MI-Index WS	Mort. ES	MI-Index ES	Mort. BRD-S	MI-Index BRD-S
1999	1	0.1	0.04	0.1	0.04	0.1	0.04	0.1	0.04
2000	2	0.2	0.06	0.1	0.06	0.1	0.07	0.1	0.06
2001	2	0.2	0.09	0.0	0.02	0.1	0.04	0.1	0.06
2002	2	0.1	0.05	0.0	0.03	0.1	0.04	0.1	0.05
2003	5	0.3	0.10	0.1	0.07	0.2	0.08	0.2	0.08
2004	1	0.1	0.01	0.0	0.01	0.0	0.01	0.0	0.01
2005	4	0.2	0.05	0.1	0.03	0.1	0.04	0.2	0.05
2006	4	0.2	0.05	0.1	0.03	0.1	0.04	0.2	0.05
2007	5	0.2	0.06	0.1	0.04	0.1	0.04	0.2	0.05
2008	5	0.2	0.05	0.2	0.06	0.2	0.05	0.2	0.05
2009	6	0.3	0.06	0.1	0.04	0.2	0.04	0.2	0.05
2010	7	0.3	0.07	0.1	0.05	0.2	0.06	0.3	0.06
2011	7	0.3	0.06	0.2	0.05	0.2	0.05	0.2	0.05
2012	12	0.5	0.14	0.2	0.10	0.3	0.11	0.4	0.12
2013	9	0.4	0.09	0.2	0.07	0.3	0.08	0.3	0.08
2014	8	0.3	0.08	0.1	0.04	0.2	0.05	0.3	0.07
2015	12	0.5	0.17	0.3	0.13	0.4	0.15	0.4	0.15
2016	12	0.5	0.16	0.3	0.12	0.4	0.13	0.4	0.14
1999-2016	104	0.3	0.08	0.1	0.06	0.2	0.06	0.2	0.07

Statistical Notes

In all tables and figures the respective reference values should be carefully considered. The incidence rates include diagnoses (with multiple primary), and death certificate only (DCO) cases, where applicable. For mortality statistics patients, diagnoses and progressive course of disease are presented. In the calculations, all courses of disease are considered whereby progressions occurred and/or death certificate identified progressive cancers were ascertained. Additionally there are three groups of disease course to consider:

1. All multiple primaries included

The mortality statistic describes the tumor-specific death, independent of any malignancy. The patient perspective, induced secondary malignancies, and the problem of multiple malignancies from the same primary tumor all have reasons for their inclusion.

2. First singular primary (no information about other prior or synchronous malignancy)

The mortality statistic describes the cancer-related death for patients who have no therapeutic restrictions due to a previous or synchronous cancer. These statistics are comparable to studies that have exclusion criteria based on a second malignancy.

3. Single primary (no information about other prior, syn- or metachronous malignancy)

The mortality statistic describes the tumor-specific death that occurs without any impact through secondary primaries, earlier, synchronous, later or induced. Precisely the difference between disease group 1 and 2 highlight the magnitude of the problem of secondary malignancies.

For this reason differences appear concerning official mono-causal mortality statistics. To judge the maximum deviation, 2 further tables are presented. In the first table the distribution of secondary malignancies before, at or after the described cancer are shown, that could be an alternative cause of death. In the second table, the age-specific mortality rates for all courses of disease, without designation of secondary malignancies are shown.

A previously minimally acknowledged statistic is the **age at death**, which allows for a good assessment of the quality of classification of the apparent tumor-specific death. For assumed tumor-independent deaths, the age of death should be estimated from the age of diagnosis and the normal life expectancy, whereas tumor-dependent deaths can be estimated from the age of diagnosis plus the average tumor-specific life expectancy. The comparison of different tumors demonstrates this association, if the causes of cancer and the competing cause of death are independent of each other (e.g. breast and colon versus head/neck and lung).

The index from mortality and incidence (Mortality-Incidence ratio, **MI-index**) is a statistic that allows for the evaluation of the quality of data. For diseases with poor prognoses, comparable values are obtained from all age groups, because to a large extent, the numerator and denominator contain the same cases. For tumors with a good prognosis, increasing and decreasing incidence and age-specific differences in prognosis can more strongly alter the MI- index. Additionally, attention should be paid to the confidence intervals where fewer cases are reported.

The complexity of problems identified here emphasizes the importance of relative survival data for the appropriate analysis of long term results.

As a measurement of the burden of disease, the number of potential life years loss due to premature deaths in a cohort can be calculated (**PYLL**, potential years of life lost, standardized per 100,000 persons or per European standard) as well as the average loss of life years per individual (**AYLL**, average years of life lost). Depending upon the analytic aim (health economy, prevention, health care research) different methods exist for the generation of these measurements. In the results presented here, the age for a premature death is considered to be before 70 years, according to the guidelines of the OECD and the WHO (as seen in the abbreviation PYLL-70 or AYLL-70).

Shortcuts

MCR	Munich Cancer Registry (Tumorregister München)
GEKID	Association of Population-based Cancer Registries in Germany (Gesellschaft der epidemiologischen Krebsregister in Deutschland e.V.)
SEER	Surveillance, Epidemiology, and End Results (USA)
DCO	Death certificate only
BRD-S	German standard population
ES	European standard population (old)
WS	World standard population
SIR	Standardized incidence ratio
CI	Confidence interval
EAR	Excess absolute risk = excess cancer cases (O - E) per 10,000 person-years
PYLL-70	Potential years of life lost prior to age 70 given a person dies before that age
AYLL-70	Average years of life lost prior to age 70 given a person dies before that age
SMR	Standardized mortality ratio
MI-index	Ratio between mortality and incidence
FRG	Federal Republic of Germany

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