# **Munich Cancer Registry**



- ▶ Survival
- ▶ Selection Matrix
- ▶ Homepage

Munich Cancer Registry at Munich Cancer Center Marchioninistr. 15 Munich, 81377 Germany

http://www.tumorregister-muenchen.de/en

## **Cancer statistics: Baseline statistics**

# C12, C13: Hypopharynx cancer

Year of diagnosis	1998-2011
Patients	1293
Diseases	1293
Creation date	04/02/2013
Export date	01/03/2013
Population	4.5 m



http://www.tumorregister-muenchen.de/en/facts/base/base\_C1213E.pdf

# 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<sup>#</sup>, with a total of 4.5 million inhabitants, account for the frequency of cancer diseases<sup>##</sup> 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. The time-delayed acquisition of data and the occasionally high DCO-rates indicate optimizing reserves, among others, because of current financial and legal conditions that hinder the analyses.

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, April 2013

- 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 2.51 million to 3.96 in 2002, and to 4.52 million in 2007). Death certificates from 2011 are incorporated into these analyses.
- 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. A high proportion of DCO cases (≥5%) in particular cancer types indicate insufficient participation of specific cancer specializations.

#### Some remarks regarding this cancer type

As a general rule, these few results from the TRM form the basis of sophisticated analyses. For head and neck tumors this is not the case. Therefore the results for head and neck tumors should be interpreted with caution. In part this is due to problems of classification because of limited specific details of locality. Additionally, with advanced tumors in a close topographic location it is often not possible to determine the exact ICD localization of a tumor.

### ICD-10 codes used for specifying cancer site

ICD-10	Description
C12 C13 C13.0 C13.1 C13.2 C13.8 C13.9	Malignant neoplasm of piriform sinus Malignant neoplasm of hypopharynx Postcricoid region Aryepiglottic fold, hypopharyngeal aspect Posterior wall of hypopharynx Overlapping lesion of hypopharynx Hypopharynx, unspecified

#### **INCIDENCE**

Table 1

Patient cohorts by year of diagnosis including DCO cases and multiple primaries, and with proportion of deaths and active follow-up

				Prop.		Prop.
		DCO	Prop.	mult.	Prop.	actively
Year of	Cases #	cases	DCO	primaries	deaths	followed
diagnosis	n	n	%	%	%	%
1998	61			24.6	86.9	100.0
1999	68	5	7.4	29.4	85.3	98.5
2000	66	2	3.0	21.2	87.9	97.0
2001	67	3	4.5	25.4	80.6	97.0
2002	91	4	4.4	23.1	83.5	96.7
2003	98	1	1.0	35.7	82.7	100.0
2004	83	2	2.4	31.3	86.7	100.0
2005	114	7	6.1	30.7	71.1	98.2
2006	99	3	3.0	22.2	72.7	100.0
2007	123	7	5.7	27.6	73.2	95.1 ##
2008	125	7	5.6	24.8	67.2	84.8
2009	112 /	4	3.6	18.8	65.2	87.5
2010	103	7	6.8	30.1	55.3	85.4
2011	83	3	3.6	30.1	37.3	71.1 ###
1998-2011	1293	55	4.3	26.8	72.7	93.2

<sup>#</sup> The increases of incident cases in 2002 and 2007 reflect the expansion to additional registry areas.

<sup>##</sup> Since 2007 the percentage of actively followed patients sharply declined compared to the previous years. This is a consequence of ambiguous data protection rules that currently forbid cancer registries in Bavaria to obtain the essential life status informations from competent registration offices.

<sup>###</sup> Please be aware that data of recent annual patient cohorts may not yet be fully processed. Therefore, the presented figures and tables are potentially related to different time periods as pointed out in the respective headlines or legends.

Table 1a

Patient cohorts by year of diagnosis and gender including DCO cases

Year of	All	Males	Females	Prop. males	
diagnosis	n	n	n	%	
1998	61 /	56	5	91.8	
1999	68	62	6	91.2	
2000	66	59	7	89.4	
2001	67	60	7	89.6	
2002	91	84	7	92.3	
2003	98	91	7 /	92.9	
2004	83	73	10/	88.0	
2005	/114	99	15	86.8	
2006	99	87	12	87.9	
2007	123	106	17	86.2	
2008	125	105	20	84.0	
2009	112	98	14	87.5	
2010	103	92	11	89.3	
2011	83	72	11	86.7	
1998-2011	1293	1144	149	88.5	

Table 2

Incidence measures by year of diagnosis and gender including DCO cases (with respect to registry area expansion from 2.51 to 3.96 m as of 2002, and from 3.96 to 4.52 m as of 2007, respectively)

			Males	Fem.	Males	Fem.	Males	Fem.	Males	Fem.
Year of	Males	Females	Inc.	Inc.	Inc.	Inc.	Inc.	Inc.	Inc.	Inc.
diagnosis	n	n	raw	raw	WS	WS	ES	ES	BRD-S	BRD-S
1998	56	5	5.1	0.4	3.3	0.2	4.5	0.2	4.8	0.3
1999	62	6	5.5	0.5	3.7	0.3	5.1	0.4	5.7	0.5
2000	59	7	5.2	0.6	3.5	0.3	4.9	0.4	5.4	0.5
2001	60	7	5.2	0.6	3.5	0.4	4.7	0.6	5.1	0.6
2002	84	7	4.5	0.4	3.0	0.2	4.1	0.3	4.3	0.3
2003	91	7 /	4.9	0.4	3.2	0.2	4.5	0.3	4.7	0.3
2004	73	10 /	3.9	0.5	2.6	0.3	3.5	0.4	3.7	0.4
2005	99	15 <	5.2	0.8	3.4	0.4	4.5	0.6	5.1	0.7
2006	87	12	4.5	0.6	2.9	0.4	4.0	0.5	4.4	0.5
2007	106	17	4.8	0.7	2.9	0.5	4.0	0.7	4.5	0.7
2008	105	20	4.7	0.9	3.0	0.5	4.0	0.6	4.5	0.7
2009	98	14	4.4	0.6	2.6	0.3	3.6	0.4	4.0	0.5
2010	92	11	4.1	0.5	2.5	0.3	3.5	0.4	3.8	0.4
2011	72	11	3.2	0.5	1.8	0.3	2.5	0.4	3.0	0.4
1998-2011	1144	149	4.6	0.6	2.9	0.3	4.0	0.4	4.4	0.5



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

Table 3

Age distribution parameters by year of diagnosis (All) (incl. DCO)

Year of	Cases		Std.					Median		
diagnosis	n	Mean	dev.	Min.	Max.	10%	25%	50%	75%	90%
1998	61	59.4	9.2	37.3	86.7	48.6	54.0	58.1	64.5	70.7
1999	68	59.4	10.1	44.2	87.0	49.6	51.2	56.9	64.5	75.6
2000	66	59.4	10.2	43,1	88.6	49.3	52.1	57.6	65.3	78.8
2001	67	59.0	8.6	29.2	80.9	48.3	53.3	58.2	65.5	69.9
2002	91	59.0	8.3	39.2	77.7	48.3	53.0	58.8	64.6	68.8
2003	98	58.9	9.2	39.6	81.2	47.1	52.8	57.4	66.1	72.6
2004	83	58.5	9.8	38.5	87.8	47.0	52.0	58.9	63.9	69.4
2005	114	60.9	9.5	45.8	84.8	48.1	53.4	61.9	67.4	72.0
2006	99	60.0	9.6	30.6	86.2	49.1	54.5	58.8	66.4	71.6
2007	123	61.5	9.9	30.1	86.0	49.1	53.7	62.6	67.3	74.7
2008	125	62.8	9.7	35.5	91.4	50.4	57.7	61.9	68.3	74.1
2009	112	62.3	9.9	42.7	87.9	49.6	54.1	62.2	70.1	72.9
2010	103	60.3	10.8	35.1	92.3	47.0	52.2	58.9	69.0	73.6
2011	83	64.0	10.2	43.7	91.6	49.3	55.2	64.8	70.8	75.4

Table 3a

Age distribution parameters by year of diagnosis (MALES)
(incl. DCO)

Year of	Cases		Std.					Median		
diagnosis	n	Mean	dev.	Min.	Max.	10%	25%	50%	75%	90%
1998	56	58.2	7.8	37.3	76.7	47.6	53.7	57.6	63.4	68.9
1999	62	59.3	10.3	44.2	87.0	49.6	51.1	56.9	64.8	74.6
2000	59	58.8	9.8	45.2	88.6	49.3	51.2	57.2	64.3	71.2
2001	60	59.4	8.9	29.2	80.9	48.8	53.2	59.5	65.8	70.0
2002	84	58.6	8.1	39.2	77.7	48.3	52.7	57.8	64.1	68.4
2003	91	59.0	9.0	39.6	81.2	48.4	52.9	57.4	66.2	71.4
2004	73	57.4	9.4	38.5	83.9	46.2	51.1	57.1	63.5	66.8
2005	99	60.5	9.5	45.8	84.8	47.7	53.0	61.6	67.4	70.5
2006	87	59.7	9.5	30.6	85.0	48.9	54.5	58.6	66.2	71.6
2007	106	62.1	9.8	41.0	86.0	49.3	53.7	64.0	67.9	76.3
2008	105	62.0	8.8	40.7	84.5	50.4	56.6	61.6	67.9	71.8
2009	98	61.8	9.9	42.7	87.9	49.6	54.0	61.6	69.6	72.9
2010	92	60.4	10.5	38.7	92.3	47.0	52.7	59.5	68.7	73.6
2011	72	63.8	10.2	43.7	86.3	49.2	54.1	64.8	70.9	75.3
1998-2011	1144	60.3	9.5	29.2	92.3	48.4	53.1	59.6	66.8	72.6

Table 3b

Age distribution parameters by year of diagnosis (FEMALES) (incl. DCO)

Year of	Cases		Std.					Median		
diagnosis	n	Mean	dev.	Min.	Max.	10%	25%	50%	75%	90%
1998	5	73.4	12.9	59.4	86.7	59.4	60.7	75.4	84.9	86.7
1999	6	59.7	9.1	51.2	75.6	51.2	53.1	57.9	62.6	75.6
2000	7	63.9	13.5	43,1	81.3	43.1	56.9	60.4	79.9	81.3
2001	7	55.0	4,1	47.3	60.0	47.3	53.8	55.1	57.5	60.0
2002	7	63.9	9.4	45.5	73.0	45.5	60.5	66.0	71.6	73.0
2003	7	57.2	12.7	43.6	79.8	43.6	44.7	57.4	65.6	79.8
2004	10	66.9	9.5	56.5	87.8	57.7	60.3	64.8	71.4	82.0
2005	15	64.0	9.6	47.8	81.5	51.5	57.6	64.3	68.5	77.5
2006	12	62.8	10.3	51.6	86.2	52,7	54.4	60.8	70.7	71.5
2007	17	57.9	9.8	30.1	68.0	44.6	54.0	59.8	63.1	67.6
2008	20	66.7	13.2	35.5	91.4	52.7	60.6	66.5	72.5	86.6
2009	14	65.5	9.4	46.5	79.9	49.3	60.2	68.5	71.9	74.4
2010	11	59.2	13.5	35.1	82.4	48.8	49.3	58.1	69.0	70.2
2011	11	65.3	10.6	54.5	91.6	57.2	58.1	62.8	67.7	75.7
1998-2011	149	63.0	11.2	30.1	91.6	49.3	57.2	61.9	68.8	79.5

Table 4

Age distribution by 5-year age group and gender for period 1998-2011 (incl. DCO)

Age at									
diagnosis	Cases			Males			Females		
Years	n	%	Cum.%	n	00	Cum.%	n	%	Cum.%
25-29	1	0.1	0.1	1	0.1	0.1			0.0
30-34	2	0.2	0.2	/ 1	0.1	0.2	1	0.7	0.7
35-39	10	0.8	1.0	8	0.7	0.9	2	1.3	2.0
40 - 44	30	2.3	3.3	26	2.3	3.1	4	2.7	4.7
45-49	132	10.2	13.5	122	10.7	13.8	10	6.7	11.4
50-54	229	17.7	31.2	214	18.7	32.5	15	10.1	21.5
55-59	234	18.1	49.3	208	18.2	50.7	26	17.4	38.9
60-64	238	18.4	67.7	206	18.0	68.7	32	21.5	60.4
65-69	209	16.2	83.9	185	16.2	84.9	24	16.1	76.5
70-74	104	8.0	92.0	90	7.9	92.7	14	9.4	85.9
75-79	58	4.5	96.4	48	4.2	96.9	10	6.7	92.6
80-84	32	2.5	98.9	28	2.4	99.4	4	2.7	95.3
85+	14	1.1	100.0	7	0.6	100.0	7	4.7	100.0
All ages	1293	100.0		1144	100.0		149	100.0	

Included in the statistics are 34.3% multiple primaries in males and 42.3% in females.

Table 5

Age-specific incidence, DCO rate and proportion of all cancers for period 1998-2011

Age at diagnosis Years  0- 4 5- 9 10-14	Males n	Females n	Age- spec. incid. 0.0 0.0 0.0	0.0 0.0 0.0		Females DCO rate n=9 %		Females Prop.all cancers n=129521
15-19			0.0	0.0				
20-24			0.0	0.0				
25-29	1		0.1	0.0			0.1	
30-34	1	1	0.1	0.1			0.1	0.1
35-39	8	2	0.4	0.1		50.0	0.4	0.1
40-44	26	4	1.2	0.2	3.8		0.9	0.1
45-49	122	10	6.3	0.5	3.3	10.0	2.7	0.1
50-54	214	15	12.8	0.9	4.2		2.9	0.2
55-59	208	26	13.3	1.6	1.9	3.8	1.7	0.2
60-64	206	32	13.5	2.0	2.4	6.3	1.1	0.2
65-69	185	24	13.6	1.6	3.8		0.8	0.1
70-74	90	14	8.7	1.1	8.9	~7.1	0.4	0.1
75-79	48	10 /	7.1	1.0	2.1	10.0	0.3	0.1
80-84	28	4	6.9	0.5	17.9	25.0	0.3	0.0
85+	7	7	2.5	0.9	28.6	14.3	0.1	0.0
All ages	1144	149			4.0	6.0	0.9	0.1
Incidence Raw WS ES			4.6 2.9 4.0					
Raw WS ES			2.9 4.0	0.3 0.4				
Raw WS			2.9	0.3				
Raw WS ES			2.9 4.0	0.3 0.4				
Raw WS ES			2.9 4.0	0.3 0.4				
Raw WS ES			2.9 4.0	0.3 0.4				

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).

Table 6a

Standardized incidence ratio (SIR, with 95% confidence limits), excess absolute risk (EAR) and DCO rate of second primaries for period 1998-2011

MALES

	Observed	Expected		LCL	UCL		DCO
Diagnosis	n /	n	SIR	95%	95%	EAR	%
C03-C06 Oral cavity	11 /	0.3	33.5	16.7	59.9 #	50.0	9.1
C09-C10 Oropharynx	18	0.4	41.2	24.4	65.2 #	82.3	
C15 Oesophagus	19	0.5	35.6	21.4	55.6 #	86.6	10.5
C16 Stomach	3	0.9	3.2	0.7	9.4	9.7	
C18 Colon	4	2.3	1.8	0.5	4.5	8.1	
C19-C20 Rectum	3	1.6	1.9	0.4	5.6	6.7	
C22 Liver	/ 3	0.7	4.3	0.9	12.5	10.8	
C25 Pancreas	2	0.8	2.4	0.3	8.7	5.5	
C32 Larynx	4	0.4	11.3	3.1	28.9 #	17.1	
C33-C34 Lung	39	3.2	12.3	8.7	16.8 #	167.9	12.8
C61 Prostate	8	7.3	1.1	0.5	2.2	3.2	12.5
C64 Kidney	4	1.0	4.1	1.1	10.5 #	14.2	50.0
C67 Bladder	4	0.9	4.6	1.3	11.8 #	14.7	
C73 Thyroid	2	0.2	8.3	1.0	30.1 #	8.3	50.0
Other primaries	6	1.9	3.2	1.2	6.9 #	19.3	16.7
Not observed	0	3.3	0.0	0.0	1.1	-15.3	
All mult. primaries	130	25.7	5.1	4.2	6.0 #	489.0	10.0

Patients	878
Mean age at second malignancy (years)	64.5
Person-years	2133
Mean observation time (years)	2.4
Median observation time (years)	1.5

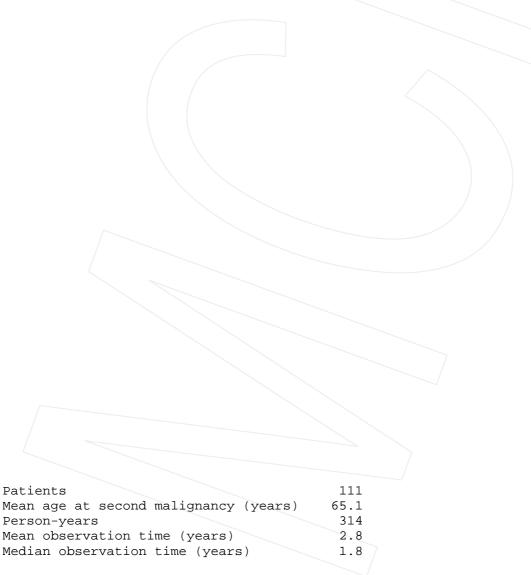
# The occurrence of second malignancy is statistically significant.

Observed second primaries with count 1 are pooled in category "Other primaries".

Table 6b

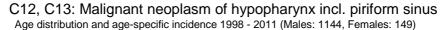
Standardized incidence ratio (SIR, with 95% confidence limits), excess absolute risk (EAR) and DCO rate of second primaries for period 1998-2011 FEMALES

	Observed	Expected	LCL	UCL		DCO
Diagnosis	n	n	SIR 95%	95%	EAR	%
C09-C10 Oropharynx	6	0.0	348.0 127.7	757.4 #	190.5	
C15 Oesophagus C33-C34 Lung	3 5	0.0	167.0 34.4 22.8 7.4	488.0 # 53.1 #	95.0 152.2	20.0
C50 Breast	3	1.0	2.9 0.6	8.4	62.4	
Other primaries	6	0.4	15.5 5.7	33.8 #	178.8	33.3
Not observed	0	1.2	0.0 0.0	3.1	-38.4	
All mult. primaries	23	2.9	8.0 5.0	11.9 #	640.4	13.0



# The occurrence of second malignancy is statistically significant.

Observed second malignancy with count 1 are pooled in category "Other primaries".



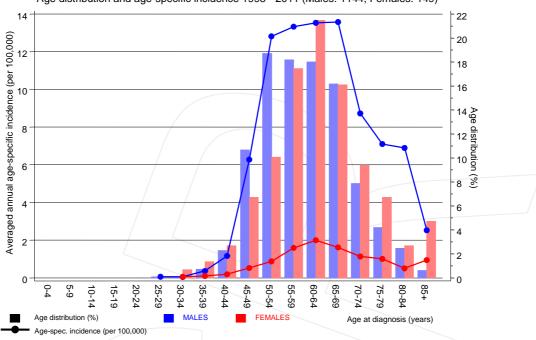
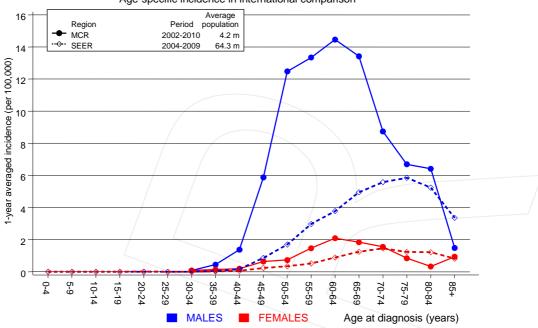


Figure 7. Age distribution and age-specific incidence



# C12, C13: Malignant neoplasm of hypopharynx incl. piriform sinus Age-specific incidence in international comparison



**Figure 7a.** Age-specific incidence in MCR registry areas compared to SEER (Surveillance, Epidemiology, and End Results, USA).



Reference:

Surveillance, Epidemiology, and End Results (SEER) Program SEER\*Stat Database: Incidence - SEER 18 Regs Research Data, released April 2012, based on the November 2011 submission. http://www.seer.cancer.gov.

in 13.

12. Follow-up year since diagnosis

0

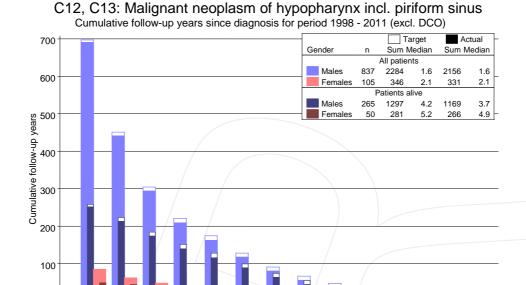


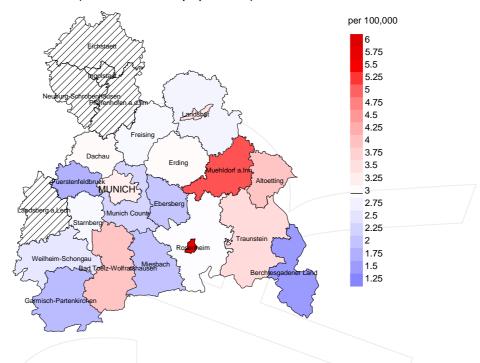
Figure 8. Cumulative follow-up years depending on time since diagnosis

The increase of the lost to follow-up rate can be interpreted as a consequence of a declining number of survivors over time.

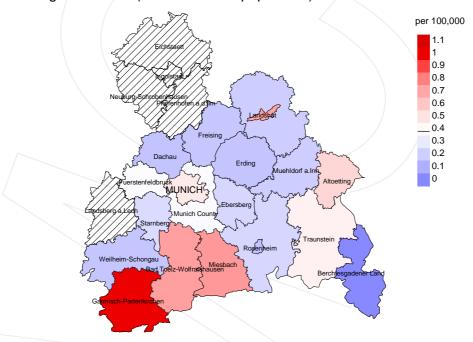
in 9.



#### Average incidence (world standard population) 2003 - 2008: Males



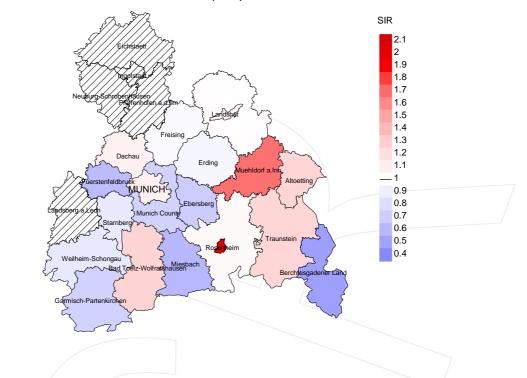
#### Average incidence (world standard population) 2003 - 2008: Females



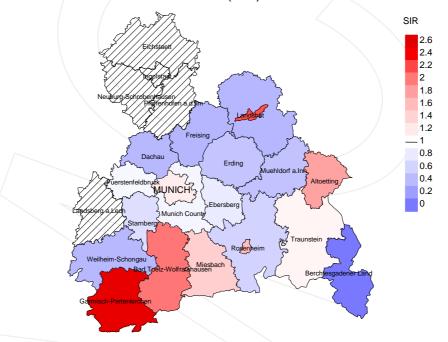
**Figure 9a.** Map of cancer incidence (world standard population, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual incidence rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (males 3.0/100,000 WS N=531, females 0.4/100,000 WS N=80). Since cancer data are not available in some counties until 2007, the local incidence rates were not calculated, and the map tiles show as shaded.

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 63,131 female residents (averaged) in the period from 2003 to 2008 a total of 2 women were identified with newly diagnosed hypopharynx cancer. Therefore, the mean incidence rate for this cancer type in this area can be calculated at 0.2/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.0 and 1.4/100,000.

#### Standardized incidence ratio (SIR) 2003 - 2008: Males



#### Standardized incidence ratio (SIR) 2003 - 2008: Females



**Figure 9b.** Map of standardized incidence ratio (SIR, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual SIR values, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population overall of 1.0 (males N=531, females N=80). Since cancer data are not available in some counties until 2007, the local SIR values were not calculated, and the map tiles show as shaded.

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 63,131 female residents (averaged) in the period from 2003 to 2008 a total of 2 women were identified with newly diagnosed hypopharynx cancer. Therefore, the mean standardized incidence ratio (SIR) for this cancer type in this area can be calculated at 0.82. Though, the value of this parameter may vary with an underlying probability of 99% between 0.04 and 3.80, and is therefore not statistically striking.

#### **MORTALITY**

Table 10a

Patient cohorts of incident cancers by year of diagnosis, follow-up status, proportion of DCO, deaths among the annual cohorts, and proportion of available death certificates (with respect to registry area expansion from 2.51 to 3.96 m as of 2002, and from 3.96 to 4.52 m as of 2007, respectively)

		Prop.				Prop. deaths
	Incident	actively	Prop.		Prop.	with death
Year of	cases	followed	DCO	Deaths	deaths	certific.
diagnosis	n	%	%	n	%	%
1998	61	100.0		53	86.9	98.1
1999	68	98.5	7.4	58	85.3	94.8
2000	66	97.0	3.0	58	87.9	91.4
2001	67	97.0	4.5	54	80.6	98.1
2002	91	96.7	4.4	76	83.5	94.7
2003	98	100.0	1.0	81	82.7	96.3
2004	83	100.0	2.4	72	86.7	94.4
2005	114	98.2	6.1	81/	71.1	97.5
2006	99	100.0	3.0	72	72.7	98.6
2007	123	95.1	5.7	90	73.2	95.6
2008	125	84.8	5.6	84	67.2	98.8
2009	112	87.5	3.6	73	65.2	95.9
2010	103	85.4	6.8	57	55.3	96.5
2011	83	71.1	3.6	31	37.3	100.0
1998-2011	1293	93.2	4.3	940	72.7	96.4
2009 2010 2011	112 103 83	87.5 85.4 71.1	3.6 6.8 3.6	73 57 31	65.2 55.3 37.3	95. 96. 100.

base\_C1213E.pdf

Table 10b

Annual cohorts of incident cancers and deaths, proportion of death certificates and cases deceased the same year of cancer diagnosis (incl. DCO)

			Prop.		
			deaths		Prop.
Year of	Incident		with death	Deaths in	deaths in
diagnosis/	cases	Deaths	certific.	same year	same year
death	n	n	%	n	%
1998	61	45	88.9	13	21.3
1999	68	61	91.8	17	25.0
2000	66	50	96.0	11	16.7
2001	67	55	87.3	10	14.9
2002	91	68	98.5	18	19.8
2003	98	75	96.0	12	12.2
2004	83	84	95.2	16	19.3
2005	114	66	95.5	19	16.7
2006	99	96	99.0	23	23.2
2007	123	116	99.1	27	22.0
2008	125	102	98.0	28	22.4
2009	/112	93	98.9	_ 20	17.9
2010	103	97	99.0	23	22.3
2011	83	83	98.8	17	20.5
1998-2011	1293	1091	96.6	254	19.6

Table 10c

Annual cohorts of deaths, proportion of cancer-related and not cancer-related deaths, and cancer recorded on death certificates (incl. DCO)

(with respect to registry area expansion from 2.51 to 3.96 m as of 2002, and from 3.96 to 4.52 m as of 2007, respectively)

				Prop.	
		Prop.	Prop.	recorded	
		cancer-	not cancer-	on death	
Year of	Deaths	related	related	certificate	
death	n	96	96	96	
1998	45	80.0	20.0	95.0	
1999	61	80.3	19.7	96.4	
2000	50	88.0	12.0	93.8	
2001	55	78.2	21.8	89.6	
2002	68	91.2	8.8	98.5	
2003	75	85.3	14.7	97.2	
2004	84	82.1	17.9	91.3	
2005	66	89.4	10.6	95.2	
2006	96	88.5	11.5	93.7	
2007	116	86.2	13.8	93.9	
2008	102	89.2	10.8	96.0	
2009	93	82.8	17.2	96.7	
2010	97	88.7	11.3	94.8	
2011	83	80.7	19.3	85.4	
1998-2011	1091	85.4	14.6	94.1	

Table 11a  $\begin{tabular}{ll} \begin{tabular}{ll} \begin{tabula$ 

					Age at
		Age at	Age at	Age at	death
		death	death	death	(according
		(all	(cancer-	(not cancer-	to death
Year of	Deaths	causes)	related)	related)	certificate)
death	n	Years	Years	Years	Years
1998	38	59.7	58.1	65.8	60.3
1999	54	60.0	60.3	58.9	60.2
2000	47	62.1	61.1	68.5	62.3
2001	47	60.7	58.4	69.1	60.0
2002	62	60.6	60.4	63.2	60.4
2003	68	62.8	62.3	65.5	62.8
2004	75	61.1	59.9	66.7	60.2
2005	62	62.9	63.1	60.8	62.9
2006	86	62.9	62.2	67.6	62.3
2007	99	62.1	61.5	65.4	61.7
2008	86	63.8	63.3	67.8	64.0
2009	78	65.1	65.4	62.9	65.3
2010	90	63.2	62.4	69.8	62.9
2011	74	65.6	65.1	67.8	65.3
1998-2011	966	62.6	62.0	66.0	62.4

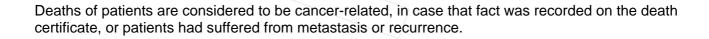
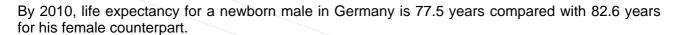


Table 11b Means of age at death according to the grouping in Table 10 FEMALES

					Age at
		Age at	Age at	Age at	death
		death	death	death	(according
		(all	(cancer-	(not cancer-	to death
Year of	Deaths	causes)	related)	related)	certificate)
death	n	Years	Years	Years	Years
1998	7	67.0	64.0	85.2	67.0
1999	7	63.3	66.8	54.4	65.1
2000	3	58.3	58.3		58.3
2001	8	64.2	64.6	63.2	64.1
2002	6	67.6	66.3	73.8	67.6
2003	7	61.8	58.9	79.1	61.8
2004	9	67.7	68.4	65.4	69.8
2005	4	65.0	60.0	69.9	69.7
2006	10	68.4	68.4		68.4
2007	17	65.7	64.9	71.0	65.7
2008	16	66.3	66.9	61.9	66.6
2009	15	69.8	70.3	68.7	70.5
2010	7/	61.2	57.8	81.5	57.7
2011	9	61.6	60.5	65.3	60.6
1998-2011	125	65.6	65.0	68.1	65.9



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 12a Mortality measures (cancer-related death) and mortality-incidence-index by year of death MALES

Year of	Deaths	Mort.	MI-Index	Mort.	MI-Index	Mort.	MI-Index	Mort.	MI-Index
death	n	raw	raw	WS	WS	ES	ES	BRD-S	BRD-S
1998	30	2.7	0.54	1.7	0.53	2.4	0.54	2.7	0.56
1999	44	3.9	0.71	2.5	0.67	3.5	0.68	3.8	0.67
2000	41	3.6	0.69	2.3	0.66	3.3	0.68	3.8	0.71
2001	37	3.2	0.62	2.2	0.62	3.0	0.64	3.3	0.64
2002	57	3.1	0.68	2.0	0.65	2.7	0.67	2.9	0.69
2003	58	3.1	0.64	1.9	0.58	2.6	0.58	2.9	0.62
2004	62	3.3	0.85	2.1	0.82	3.0	0.85	3.1	0.84
2005	57	3.0	0.58	1.8	0.54	2.5	0.56	2.9	0.57
2006	75	3.9	0.86	2.4	0.83	3.4	0.85	3.8	0.87
2007	85	3.8	0.80	2.4	0.82	3.3	0.82	3.7	0.81
2008	77	3.5	0.73	2.0	0.68	2.9	0.71	3.3	0.74
2009	67	3.0	0.68	1.7	0.64	2.4	0.66	2.8	0.70
2010	80	3.5	0.87	2.1	0.85	3.0	0.86	3.3	0.88
2011	60	2.7	0.83	1.5	0.84	2.1	0.84	2.4	0.82
1998-2011	830	3.3	0.73	2.0	0.70	2.8	0.72	3.2	0.73

Table 12b Mortality measures (cancer-related death) and mortality-incidence-index by year of death FEMALES

Year of	Deaths	Mort.	MI-Index	Mort.	MI-Index	Mort.	MI-Index	Mort.	MI-Index
death	n	raw	raw	WS	WS	ES	ES	BRD-S	BRD-S
1998	6	0.5	1.20	0.3	1.92	0.4	1.66	0.4	1.30
1999	5	0.4	0.83	0.2	0.60	0.3	0.64	0.4	0.76
2000	3	0.2	0.43	0.2	0.49	0.2	0.48	0.2	0.45
2001	6	0.5	0.86	0.3	0.63	0.3	0.62	0.4	0.79
2002	5	0.3	0.71	0.1	0.66	0.2	0.71	0.2	0.70
2003	6	0.3	0.86	0.2	0.90	0.3	0.91	0.3	0.89
2004	7	0.4	0.70	0.2	0.69	0.2	0.67	0.3	0.73
2005	2	0.1	0.13	0.1	0.15	0.1	0.15	0.1	0.13
2006	10	0.5	0.83	0.2	0.68	0.3	0.65	0.4	0.71
2007	15	0.6	0.88	0.4	0.74	0.5	0.80	0.6	0.87
2008	14	0.6	0.70	0.3	0.71	0.4	0.71	0.5	0.70
2009	10	0.4	0.71	0.2	0.61	0.3	0.61	0.3	0.63
2010	6	0.3	0.55	0.2	0.63	0.2	0.62	0.2	0.58
2011	7	0.3	0.64	0.2	0.74	0.3	0.71	0.3	0.68
1998-2011	102	0.4	0.68	0.2	0.65	0.3	0.65	0.3	0.66

Table 13

Age distribution of age at death (cancer-related) for period 1998-2011 (incl. multiple primaries)

Age at	~					_ 1		
death	Cases		Males			Females		
Years	n	% Cum.%	n	%	Cum.%	n	%	Cum.%
35-39	7	0.8 0.8	5	0.6	0.6	2	2.0	2.0
40-44	13	1.4 2.1	/12	1.4	2.0	1	1.0	2.9
45-49	61	6.5 8.7	56	6.7	8.8	5	4.9	7.8
50-54	132	14.2 22.9	125	15.1	23.9	7	6.9	14.7
55-59	192	20.6 43.5	176	21.2	45.1	16	15.7	30.4
60-64	185	19.8 63.3	160	19.3	64.3	25	24.5	54.9
65-69	152	16.3 79.6	133	16.0	80.4	19	18.6	73.5
70-74	89	9.5 89.2	80	9.6	90.0	9	8.8	82.4
75-79	57	6.1 95.3	52	6.3	96.3	5	4.9	87.3
80-84	32	3.4 98.7	26	3.1	99.4	6	5.9	93.1
85+	12	1.3 100.0	5	0.6	100.0	7	6.9	100.0
All ages	932	100.0	830	100.0		102	100.0	

Included in the statistics are 34.3% multiple primaries in males and 42.3% in females.

Table 14

Age-specific mortality (cancer-related) and proportion of all cancers for period 1998-2011 (incl. multiple primaries)

			Males		Females		Males	Females
Age at			Age-		Age-		Prop.all	Prop.all
death	Males	Females	spec.		spec.		cancers	cancers
Years	n	n	mortal.	MI-index	mortal.	MI-index	%	%
0 - 4			0.0		0.0			
5- 9			0.0		0.0			
10-14			0.0		0.0			
15-19			0.0		0.0			
20-24			0.0		0.0			
25-29			0.0		0.0			
30-34	_	2	0.0	0.63	0.0		1 4	0 4
35-39	5	2	0.2	0.63	0.1		1.4	0.4
40-44 45-49	12	1	0.5		0.0		1.6	0.1
45-49 50-54	56 125	5 7	2.9 7.5	0.46	0.3		3.6 4.4	0.3 0.3
55-59	176	16	11.3		1.0		3.4	0.3
60-64	160	25	10.5		1.6		2.1	0.4
65-69	133	19	9.8		1.3		1.3	0.4
70-74	80	9	7.8		0.7		0.7	0.3
75-79	52	5	7.7		0.5		0.5	0.1
80-84	26	6	6.4		0.8		0.3	0.1
85+	5	7	1.8	0.71	0.9		0.1	0.1
051	3	\ '	1.0	0.71	0.5	1.00	0.1	0.1
All ages	830	102					1.2	0.2
mir ageb	050	102					\ 1.2	0.2
Mortality								
Raw			3.3	0.73	0.4	0.68		
WS			2.0	0.70	0.2			
ES			2.8		0.3			
BRD-S			3.2	0.73	0.3			
PYLL-70								
per 100,000			33.7		3.4			
ES			30.8		2.9			
AYLL-70			11.5		10.2			

The rates underestimate the prognosis if other synchronous cancers are prognostic unfavorable.

base\_C1213E.pdf

Table 15a

Multiple primaries in deaths in period 1998-2011

MALES

					Syn- chron	Syn- chron		
	Total	Total	Pre	Pre	±30d	±30d	Post	Post
Diagnosis	n /	%↓	n	<b>←</b> %	n	<b>←</b> %	n	<b>←</b> %
5		•						
C03-C06 Oral cavity	47	13.6	24	51.1	4	8.5	19	40.4
C09-C10 Oropharynx	37	10.7	5	13.5	18	48.6	14	37.8
C12-C13 Hypopharynx	21	6.1			5	23.8	16	76.2
C15 Oesophagus	48	13.9	8	16.7	8	16.7	32	66.7
C16 Stomach	5	1.4					5	100.0
C18 Colon	6	1.7	3	50.0			3	50.0
C19-C20 Rectum	6	1.7	2	33.3			4	66.7
C22 Liver	6	1.7			/ 1	16.7	5	83.3
C25 Pancreas	4	1.2	1	25.0	1	25.0	2	50.0
C32 Larynx	3	0.9					3	100.0
C33-C34 Lung	68	19.7	9	13.2	12	17.6	47	69.1
C43 Malign. melanoma	4	1.2	3	75.0	1	25.0		
C44 Skin others	21	6.1	8	38.1	3	14.3	10	47.6
C61 Prostate	15	4.3	10	66.7	1	6.7	4	26.7
C64 Kidney	7	2.0	3	42.9	1	14.3	/ 3	42.9
C67 Bladder	12	3.5	7	58.3			5	41.7
C76-C79 CUP	9	2.6	7	77.8			2	22.2
C91-C96 Leukaemia	4	1.2	3	75.0			1	25.0
Other primaries	23	6.6	9	39.1	4	17.4	10	43.5
All mult. primaries	346	100.0	102	29.5	59	17.1	185	53.5

Multiple primaries with number of cases n<3 are pooled in category "Other primaries".

ICD-10 C44 (Other malignant neoplasms of skin) is not systematically recorded by MCR and therefore not considered for evaluation as a particular primary but at least as a multiple malignancy.

Table 15b

Multiple primaries in deaths in period 1998-2011
FEMALES

					Syn- chron	Syn- chron		
	Total	Total	Pre	Pre	±30d	±30d	Post	Post
Diagnosis	n	%↓	n	<b>←</b> %	n	<b>⇔</b> ે	n	<b>~%</b>
C03-C06 Oral cavity	7 /	13.0	7	100.0				
C09-C10 Oropharynx	5 /	9.3	3	60.0	2	40.0		
C15 Oesophagus	6	11.1			3	50.0	3	50.0
C16 Stomach	1	1.9					1	100.0
C19-C20 Rectum	/1	1.9					1	100.0
C30-C31 Sinuses	/ 1	1.9					1	100.0
C32 Larynx	2	3.7	2	100.0				
C33-C34 Lung	12	22.2			2	16.7	10	83.3
C50 Breast	11	20.4	7		2	18.2	2	18.2
C51 Vulva	2	3.7	1	50.0			1	50.0
C53 Cervix uteri	1	1.9	1	100.0				
C54 Corpus uteri	1	1.9					1	100.0
C70-C72 CNS cancer	1	1.9			1	100.0		
C73 Thyroid	1	1.9	1	100.0				
C82-C85 NHL	1	1.9	1	100.0				
C91-C96 Leukaemia	1	1.9					1/	100.0
		100 0	0.0	10.6	1.0	10 5	0.1	20.0
All mult. primaries	54	100.0	23	42.6	10	18.5	21	38.9

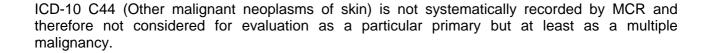


Table 16

Age-specific mortality (cancer-related) and proportion of all cancers for period 1998-2011

(Singular primaries only \*)

Age at death	Malag	Females	Males Age- spec.		Females Age- spec.		Males Prop.all cancers	Females Prop.all cancers
Years	mares n	n		MI-index		MT-index		%
ICALS	11	11	mortar.	MI-IIIGEX	mortar.	MI-IIIGEX	6	6
0- 4			0.0		0.0			
5- 9			0.0		0.0			
10-14			0.0		0.0			
15-19			0.0		0.0			
20-24			0.0		0.0			
25-29			0.0		0.0			
30-34			0.0		0.0			
35-39	4		0.2	0.57	0.0		1.2	
40-44	10	1	0.4	0.43	0.0	0.25	1.4	0.1
45-49	48	3	2.5	0.47	0.2	0.43	3.4	0.2
50-54	109	6	6.5	0.58	0.3	0.60	4.4	0.3
55-59	154	13	9.9	0.86	0.8	0.65	3.4	0.4
60-64	130	20	8.5	0.76	1.2	0.69	2.0	0.4
65-69	101	15	7.4	0.71	1.0	0.79	1.2	0.3
70-74	65	5	6.3		0.4	0.56	0.7	0.1
75-79	42	4	6.2	1.17	0.4	0.57	0.5	0.1
80-84	14	/ 5	3.4		0.6		0.2	0.1
85+	4	5	1.4	0.80	0.7	1.25	0.1	0.1
All ages	681	77					1.3	0.2
Mortality								
Raw			2.7		0.3			
WS			1.7		0.2			
ES			2.4		0.2			
BRD-S			2.6	0.73	0.3	0.66		
PYLL-70								
per 100,000			28.8		2.4			
ES			26.4		2.1			
AYLL-70			11.8		9.5			

<sup>\*</sup> See corresponding tables with multiple primaries.

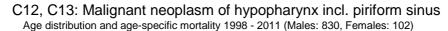
Table 17

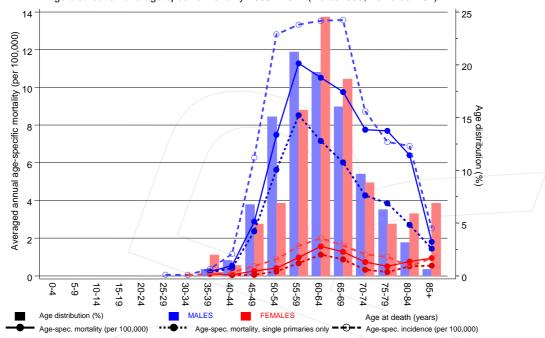
Age-specific mortality (cancer-related) and proportion of all cancers for period 1998-2011

(Single primaries only \*)

Age at	Malag	Females	Males Age-		Females Age-		Males Prop.all cancers	Females Prop.all cancers
death Years	mares n	n		MI-index	spec.	MT indox		%
ieals	11	11	mortar.	MI-Index	mortar.	MI-IIIGEX	6	6
0- 4			0.0		0.0			
5- 9			0.0		0.0			
10-14			0.0		0.0			
15-19			0.0		0.0			
20-24			0.0		0.0			
25-29			0.0		0.0			
30-34			0.0		0.0			
35-39	4		0.2	0.67	0.0		1.2	
40-44	9	1	0.4	0.47	0.0	0.33	1.4	0.1
45-49	46	1	2.4	0.47	0.1	0.17	3.5	0.1
50-54	94	4	5.6	0.54	0.2	0.44	4.1	0.2
55-59	133	11	8.5	0.81	0.7	0.55	3.3	0.4
60-64	109	18	7.2	0.72	1.1	0.69	1.9	0.4
65-69	82	13	6.0	0.66	0.9	0.76	1.1	0.3
70-74	44	4	4.3	0.80	0.3	0.50	0.6	0.1
75-79	26	2	3.8	0.84	0.2	0.29	0.4	0.0
80-84	11	4	2.7	0.69	0.5		0.2	0.1
85+	4	4	1.4	0.80	0.5	1.00	0.1	0.1
All ages	562	62					1.2	0.1
Mortality								
Raw			2.2		0.2			
WS			1.4		0.1			
ES			2.0	0.66	0.2			
BRD-S			2.1	0.67	0.2	0.58		
PYLL-70								
per 100,000			25.2		1.9			
ES			23.1		1.6			
AYLL-70			12.0		8.9			

<sup>\*</sup> See corresponding tables with multiple primaries.



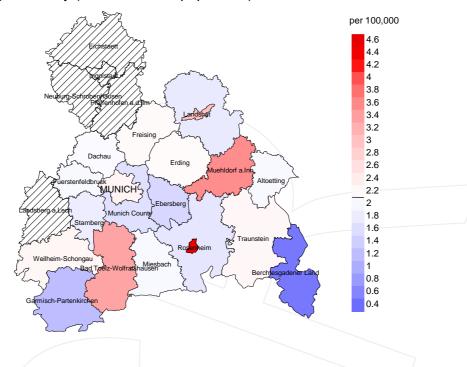


**Figure 18.** Distribution of age at death (bars) and age-specific mortality (all patients: solid line, patients with single primaries: dotted line). The age-specific incidence is additionally plotted for comparison (dashed line).

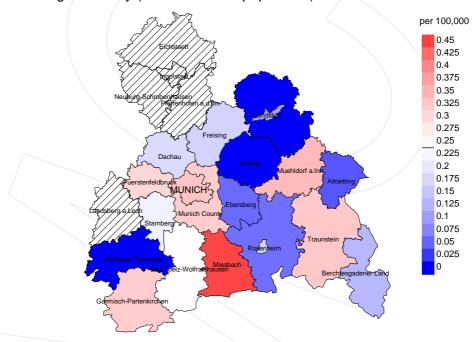
The difference between age at diagnosis (Table 3) and age at hypopharynx cancer-related death (see Table 10) should be considered.



#### Average mortality (world standard population) 2003 - 2008: Males



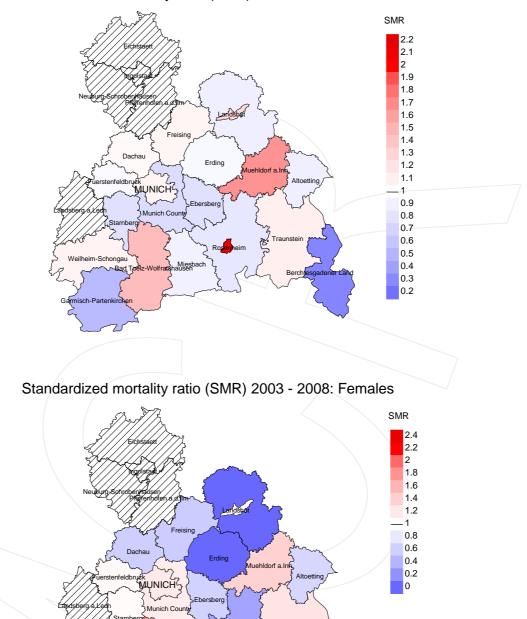
#### Average mortality (world standard population) 2003 - 2008: Females



**Figure 19a.** Map of cancer mortality (world standard population) by county averaged for period 2003 to 2008. According to their individual mortality rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (males 2.1/100,000 WS N=394, females 0.2/100,000 WS N=53). Since cancer data are not available in some counties until 2007, the local mortality rates were not calculated, and the map tiles show as shaded.

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 63,131 female residents (averaged) in the period from 2003 to 2008 a total of 1 women died from hypopharynx cancer. Therefore, the mean mortality rate for this cancer type in this area can be calculated at 0.1/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.0 and 0.4/100,000.

#### Standardized mortality ratio (SMR) 2003 - 2008: Males



**Figure 19b.** Map of standardized mortality ratio (SMR, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual SMR values, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population overall of 1.0 (males N=394, females N=53). Since cancer data are not available in some counties until 2007, the local SMR values were not calculated, and the map tiles show as shaded.

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 63,131 female residents (averaged) in the period from 2003 to 2008 a total of 1 women died from hypopharynx cancer. Therefore, the mean standardized mortality ratio (SMR) for this cancer type in this area can be calculated at 0.63. Though, the value of this parameter may vary with an underlying probability of 99% between 0.00 and 4.66, and is therefore not statistically striking.

#### **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. 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 tumor-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**

AYLL-70 Average years of life lost prior to age 70 given a person dies before that age

BRD-S German standard population

DCO Death certificate only EAR Excess absolute risk

= excess cancer cases (O - E) per 10,000 person-years

ES European standard population (old) FRG Federal Republic of Germany

GEKID Association of Population-based Cancer Registries in Germany

(Gesellschaft der epidemiologischen Krebsregister in Deutschland e.V.)

LCL Lower confidence limit

MI-index Ratio between mortality and incidence

MCR Munich Cancer Registry (Tumorregister München)

PYLL-70 Potential years of life lost prior to age 70 given a person dies before that age

SEER Surveillance, Epidemiology, and End Results (USA)

SIR Standardized incidence ratio
SMR Standardized mortality ratio
UCL Upper confidence limit
WS World standard population

#### **Recommended Citation**

Munich Cancer Registry. Baseline statistics C12, C13: Hypopharynx cancer [Internet]. 2013 [updated 2013 Apr 2; cited 2013 Jun 1]. Available from: http://www.tumorregister-muenchen.de/en/facts/base/base\_C1213E.pdf

#### Copyright

The content of the public web site provided by the Munich Cancer Registry is available worldwide and free of charge. All documents are free to download, utilize, copy, print-out and distribute, providing that the MCR is referenced.

#### **Disclaimer**

The Munich Cancer Registry reserves the right to not be responsible for the topicality, correctness, completeness or quality of the information provided. Liability claims regarding damage caused by the use of any information provided, including any kind of information which is incomplete or incorrect, will therefore be rejected.

### Index of figures and tables

Fig./Tbl	l.	Page
1	Pts cohorts, DCO, mult. prim., follow-up / yr	4
1a	Gender distribution by year of diagnosis	5
2	Incidence by year of diagnosis	6
3	Age distribution parameters by year of diagnosis	7
4	Age distribution by 5-year age group and gender	9
5	Age-specific incidence and DCO rate	10
6	Standardized incidence ratio of second primaries	11
7	Age distribution and age-specific incidence (chart)	13
7a	Age-specific incidence internationally (chart)	14
8	Cumulative follow-up years (chart)	15
9a	Map of cancer incidence (WS) by county (chart)	16
9b	Standardized incidence ratio (SIR) by county (chart)	17
10a	Pts incident cohorts and mortality / yr	18
10b	Incidence and mortality by year of diagnosis	19
10c	Cancer-related deaths, death certification available / yr	20
11	Means of age at death / yr	21
12	Mortality by year of death	23
13	Distribution of age at death	24
14	Age-specific mortality	25
15	Multiple primaries in deaths	26
16	Age-specific mortality (first primaries)	28
17	Age-specific mortality (single primaries)	29
18	Age distribution and age-specific mortality (chart)	30
19a	Map of cancer mortality (WS) by county (chart)	31
19b	Standardized mortality ratio (SMR) by county (chart)	32