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

C50: Breast cancer (women)

Year of diagnosis	1998-2011
Patients	41944
Diseases	43683
Creation date	04/02/2013
Export date	01/03/2013
Population (females)	2.3 m



http://www.tumorregister-muenchen.de/en/facts/base/base_C50f_E.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[#], with a total of 4.5 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.

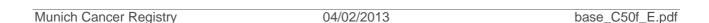
The foot notes describe the currentness of the data. The baseline statistics and survival data are updated annually. This yearly analysis comprises the Annual Report of the MCR. The time-delayed acquisition of data and the occasionally high DCO-rates indicate optimizing reserves, among others, because 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.



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	1906	110 /	5.8	29.4	51.2	97.2
1999	1946	87	4.5	25.3	45.4	96.6
2000	1954	80	4.1	25.9	44.2	97.8
2001	1991	91	4.6	27.3	40.2	97.0
2002	3360	263	7.8	24.1	42.5	97.1
2003	3160	238	7.5	23.3	39.7	96.5
2004	3256	192	5.9	23.7	34.4	96.2
2005	3365	191	5.7	23.1	32.2	96.4
2006	3339	132	4.0	23.2	26.9	93.8
2007	3656	185	5.1	21.7	26.1	82.4 ##
2008	4024	165	4.1	21.1	21.4	57.2
2009	4080	181	4.4	21.4	17.5	67.9
2010	3967	165	4.2	20.9	12.9	85.0
2011	3679	158	4.3	20.7	9.4	59.7 ###
1998-2011	43683	2238	5.1	23.1	29.1	84.8

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

^{##} 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.

^{###} 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 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)

Year of diagnosis	Cases n	Incidence raw	Incidence WS	Incidence ES	Incidence BRD-S
1998	1906	162.0	92.5	127.3	144.4
1999	1946	164.0	93.8	128.5	145.8
2000	1954	162.7	91.3	126.0	143.6
2001	1991	163.7	93.8	128.8	146.6
2002	3360	171.6	94.9	130.9	150.7
2003	3160	160.4	87.1	120.2	138.8
2004	3256	164.7	90.9	124.3	142.6
2005	3365	169.1	92.1	126.6	145.1
2006	3339	166.2	91.4	124.5	141.8
2007	3656	158.3	86.2	118.3	134.9
2008	4024	173.4	94.4	129.2	148.0
2009	4080	175.4	95.8	131.2	149.4
2010	3967	169.5	91.2	125.2	142.3
2011	3679	157.2	84.4	115.9	132.4
1998-2011	43683	166.0	91.3	125.3	143.2



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

Table 3

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

Year of	Cases		Std.					Median		
diagnosis	n	Mean	dev.	Min.	Max.	10%	25%	50%	75%	90%
1998	1906	62.5	13.8	28.4	97.5	45.4	52.9	60.9	72.8	82.7
1999	1946	62.2	14.1	23.9	99.3	43.9	52.5	61.3	73.0	81.4
2000	1954	63.0	14.0	20.4	100	44.7	53.3	62.0	74.0	81.8
2001	1991	62.5	13.9	24.3	97.7	44.5	52.8	61.6	72.9	81.2
2002	3360	64.1	14.3	21.5	99.4	45.2	53.8	63.4	75.0	82.7
2003	3160	64.1	14.5	24.4	105	44.1	53.8	63.9	75.4	82.9
2004	3256	63.7	14.5	18.8	98.9	44.5	53.4	63.8	74.3	83.2
2005	3365	64.2	14.1	21.7	102	45.2	54.7	64.1	74.1	83.2
2006	3339	63.5	14.3	23.3	102	43.8	53.3	64.4	72.7	82.6
2007	3656	64.0	14.4	20.7	103	44.6	53.1	64.7	73.6	83.8
2008	4024	63.7	14.1	21.6	109	44.6	53.2	64.6	73.2	82.4
2009	4080	63.7	14.0	25.0	109	45.0	53.3	64.3	73.2	82.6
2010	3967	64.0	14.1	23.9	105	45.2	52.8	64.5	73.8	83.4
2011	3679	63.9	14.3	21.7	102	45.4	52.4	64.4	74.2	83.6
1998-2011	43683	63.6	14.2	18.8	109	44.7	53.2	63.7	73.8	82.9

Table 4 $\label{eq:Age_distribution} \mbox{Age distribution by 5-year age group for period 1998-2011} \mbox{ (incl. DCO)}$

Age at			
diagnosis	Cases		
Years	n	%	Cum.%
15-19	1	0.0	0.0
20-24	18	0.0	0.0
25-29	165	0.4	0.4
30-34	493	1.1	1.5
35-39	1311	3.0	4.6
40-44	2549	5.8	10.4
45-49	3650	8.4	18.7
50-54	4262	9.8	28.5
55-59	4970	11.4	39.9
60-64	5979	13.7	53.6
65-69	5954	13.6	67.2
70-74	4397	10.1	77.3
75-79	3738	8.6	85.8
80-84	3004	6.9	92.7
85+	3192	7.3	100.0
All ages	43683	100.0	

Included in the statistics are 23.0% multiple primaries.

Table 5

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

	fo	r period 1998	-2011		
				Prop. all	
Age at			DCO rate	cancers	
diagnosis	Cases	Age-spec.	n=2238	n=129521	
Years	n	incidence	%	%	
0- 4		0.0			
5- 9		0.0			
10-14		0.0			
15-19	1	0.1		0.4	
20-24	18	1.2	5.6	4.1	
25-29	164	9.5		17.9	
30-34	487	25.8		28.1	
35-39	1297	62.7	0.7/	39.8	
40-44	2524	119.0	0.8	47.6	
45-49	3572	186.5	0.8	49.4	
50-54	4159	242.6	0.9	44.9	
55-59	4832	295.0	0.8	41.1	
60-64	5827	363.6	1.3	39.2	
65-69	5785	388.6	1.6	35.6	
70-74	4277	346.5	3.4	28.4	
75-79	3610	363.0	7.0	24.6	
80-84	2899	364.6	14.9	21.4	
85+	3116	419.6	35.4	21.4	
All ages	42568		5.3	32.9	
Incidence					
Raw		161.7			
WS		89.1			
ES		122.2			
BRD-S		139.5			

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 6

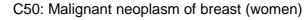
Standardized incidence ratio (SIR, with 95% confidence limits), excess absolute risk (EAR) and DCO rate of second primaries for period 1998-2011

	Observed	Expected		LCL	UCL		DCO
Diagnosis	n	n	SIR	95%	95%	EAR	%
C03-C06 Oral cavity	1,5	8.8	1.7	1.0	2.8	0.4	
C07-C08 Salivary gland	6	2.2	2.7	1.0	5.9	0.3	16.7
C09-C10 Oropharynx	/11 /	6.6	1.7	0.8	3.0	0.3	
C12-C13 Hypopharynx	/ 4 /	1.8	2.3	0.6	5.8	0.2	
C15 Oesophagus	20	7.7	2.6	1.6	4.0 #	0.9	15.0
C16 Stomach	106	48.6	2.2	1.8	2.6 #	4.1	10.4
C17 Small intestine	16/	6.3	2.5	1.4	4.1 #	0.7	
C18 Colon	211	135.3	/1.6	1.4	1.8 #	5.4	6.6
C19-C20 Rectum	89	61.0	1.5	1.2	1.8 #	2.0	3.4
C21 Anus/canal	14	7.6	1.8	1.0	3.1 #	0.5	7.1
C22 Liver	25	14.7	1.7	1.1	2.5 #	0.7	28.0
C23-C24 Bile	26	19.2	1.4	0.9	2.0	0.5	15.4
C25 Pancreas	95	56.4	1.7	1.4	2.1 #	2.8	25.3
C26 GI cancer	6	2.3	2.6	1.0	5.7	0.3	50.0
C33-C34 Lung	190	99.2	1.9	1.7	2.2 #	6.5	20.0
C43 Malign. melanoma	93	50.4	1.8	1.5	2.3 #	3.0	1.1
C46,C49 Soft tissue	26	7.9	3.3	2.2	4.8 #	1.3	7.7
C48 Peritoneal	7	4.4	1.6	0.6	3.3	0.2	
C50 Breast	1391	455.3	3.1	2.9	3.2 #	66.8	
C51 Vulva	22	12.6	1.7	1.1	2.6 #	0.7	4.5
C52 Vagina	6	2.6	2.3	0.8	5.0	0.2	16.7
C53 Cervix uteri	32	21.4	1.5	1.0	2.1 #	0.8	9.4
C54 Corpus uteri	171	79.8	2.1	1.8	2.5 #	6.5	1.8
C56 Ovary	115	60.1	1.9	1.6	2.3 #	3.9	7.0
C64 Kidney	65	34.1	1.9	1.5	2.4 #	2.2	6.2
C65 Renal pelvis	6	3.8	1.6	0.6	3.5	0.2	
C67 Bladder	29	23.5	1.2	0.8	1.8	0.4	10.3
C69 Eye melanoma	4	2.1	1.9	0.5	5.0	0.1	
C70-C72 CNS cancer	25	20.5	1.2	0.8	1.8	0.3	20.0
C73 Thyroid	44	29.9	1.5	1.1	2.0 #	1.0	4.5
C76-C79 CUP	14	22.8	0.6	0.3	1.0	-0.6	
C81 Hodgkin lymphoma	6	2.7	2.2	0.8	4.9	0.2	16.7
C82-C85 NHL	87	51.7	1.7	1.3	2.1 #	2.5	4.6
C90 Mult. myeloma	24	16.5	1.5	0.9	2.2	0.5	16.7
C91-C96 Leukaemia	64	20.5	3.1	2.4	4.0 #	3.1	10.9
cyl cyd Ecaliaemia	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20.3	3.1		1.0 11	3.1	10.5
Other primaries	26	20.9	1.2	0.8	1.8	0.4	3.8
Not observed	0	1.8	0.0	0.0	2.1	-0.1	
All mult. primaries	3091	1422.7	2.2	2.1	2.3 #	119.2	5.1

Patients	29927
Mean age at second malignancy (years)	68.0
Person-years	139977
Mean observation time (years)	4.7
Median observation time (years)	4.1

The occurrence of second malignancy is statistically significant.

Observed second malignancy with count 1 to 3 are pooled in category "Other primaries".



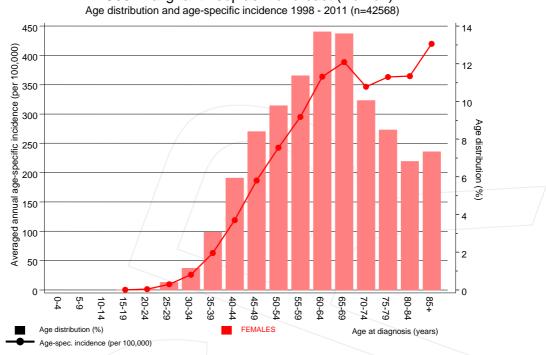


Figure 7. Age distribution and age-specific incidence



C50: Malignant neoplasm of breast (women)

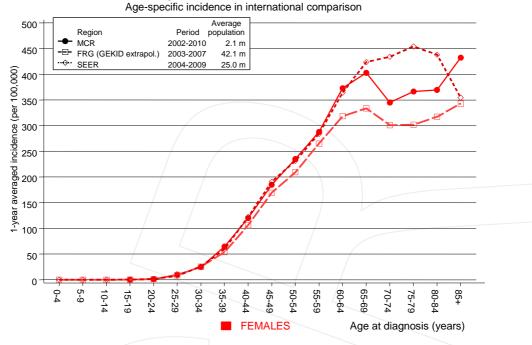


Figure 7a. Age-specific incidence in MCR registry areas compared to Germany (FRG, GEKID extrapolation) and SEER (Surveillance, Epidemiology, and End Results, USA).



Reference:

Extrapolated age-specific patient population of Germany, data status middle of 2010. Association of Population-based Cancer Registries in Germany (GEKID e.V.). Berlin, 2011. http://www.gekid.de. Last access: 05/12/2011

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.

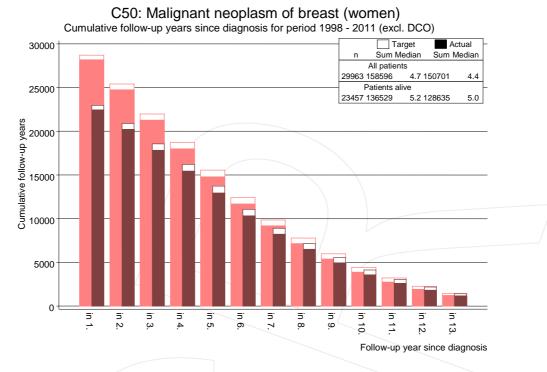
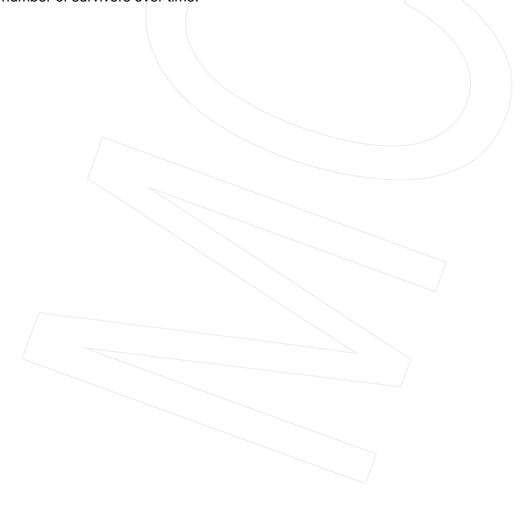


Figure 8. Cumulative follow-up years depending on time since diagnosis

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



Average incidence (world standard population) 2003 - 2008

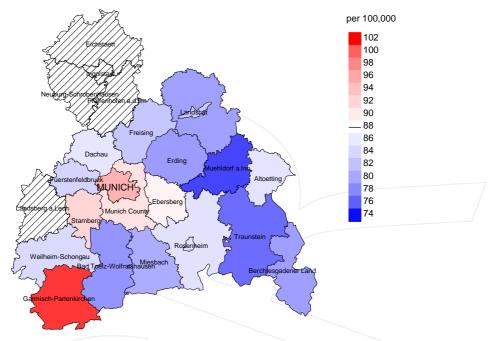
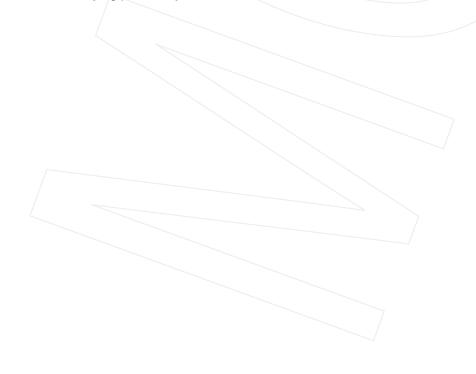


Figure 9a. Map of cancer incidence (world standard population, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual incidence rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (88.0/100,000 WS N=19,400). 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 589 women were identified with newly diagnosed breast cancer (women). Therefore, the mean incidence rate for this cancer type in this area can be calculated at 89.2/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 79.5 and 100.0/100,000.



Standardized incidence ratio (SIR) 2003 - 2008

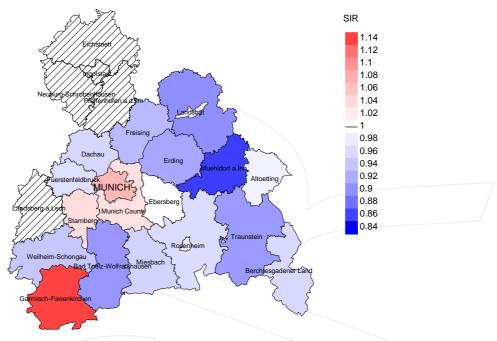
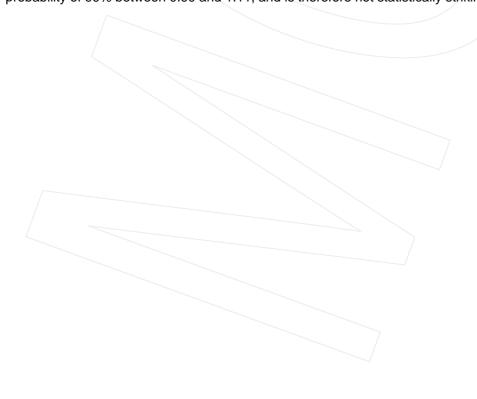


Figure 9b. Map of standardized incidence ratio (SIR, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual SIR values, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population overall of 1.0 (N=19,400). 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 589 women were identified with newly diagnosed breast cancer (women). 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 0.90 and 1.11, 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 _	8	%
1998	1906	97.2	5.8	976	51.2	93.6
1999	1946	96.6	4.5	884	45.4	94.8
2000	1954	97.8	4.1	863	44.2	96.9
2001	1991	97.0	4.6	801	40.2	96.5
2002	3360	97.1	7.8	1428	42.5	97.9
2003	3160	96.5	7.5	1253	39.7	97.0
2004	3256	96.2	5.9	1121	34.4	97.5
2005	3365	96.4	5.7	1083	32.2	98.3
2006	3339	93.8	4.0	897	26.9	99.0
2007	3656	82.4	5.1	954	26.1	98.3
2008	4024	57.2	4.1	861	21.4	98.7
2009	4080	67.9	4.4	715	17.5	98.2
2010	3967	85.0	4.2	512	12.9	96.7
2011	3679	59.7	4.3	347	9.4	97.4
1998-2011	43683	84.8	5.1	12695	29.1	97.2

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	8
1998	1906	818	87.2	155	8.1
1999	1946	812	87.9	117	6.0
2000	1954	839	90.5	123	6.3
2001	1991	828	90.8	119	6.0
2002	3360	1247	96.9	334	9.9
2003	3160	1376	97.2	304	9.6
2004	3256	1411	97.6	265	8.1
2005	3365	1452	97.0	275	8.2
2006	3339	1418	97.3	227	6.8
2007	3656	1580	98.0	266	7.3
2008	4024	1660	98.5	300	7.5
2009	4080	1653	98.6	251	6.2
2010	3967	1742	98.3	268	6.8
2011	3679	1790	99.2	253	6.9
1998-2011	43683	18626	96.4	3257	7.5

Table 10c

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

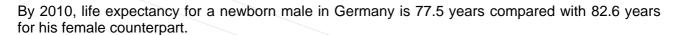
(with respect to registry area expansion from 2.51 to 3.96 m as of 2002, and from 3.96 to 4.52 m as of 2007, respectively)

		Prop.	Prop.	Prop. cancer recorded	
		cancer-	not cancer-	on death	
Year of	Deaths	related	related	certificate	
death	n	%	96	%	
1998	818	68.9	31.1	84.4	
1999	812	71.1	28.9	86.7	
2000	839	70.8	29.2	83.1	
2001	828	67.0	33.0	83.2	
2002	1247	71.9	28.1	86.4	
2003	1376	70.0	30.0	84.6	
2004	1411	75.7	24.3	85.8	
2005	1452	69.4	30.6	81.5	
2006	1418	72.1	27.9	83.7	
2007	1580	69.7	30.3	81.5	
2008	1660	69.0	31.0	80.4	
2009	1653	67.9	32.1	79.1	
2010	1742	68.7	31.3	80.3	
2011	1790	67.5	32.5	80.3	
1998-2011	18626	69.9	30.1	82.5	

Table 11

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

					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	818	73.5	70.5	80.2	73.7
1999	812	72.6	69.1	81.3	72.2
2000	839	73.2	69.4	82.2	72.1
2001	828	73.0	68.9	81.3	71.8
2002	1247	73.9	70.2	83.3	72.5
2003	1376	73.6	69.3	83.5	71.7
2004	1411	73.7	70.5	83.7	72.1
2005	1452	74.3	70.0	84.1	72.0
2006	1418	74.4	70.6	84.2	72.4
2007	1580	74.7	70.8	83.6	72.7
2008	1660	75.7	71.8	84.6	73.5
2009	1653	75.6	71.3	84.7	73.3
2010	1742	75.9	72.0	84.4	73.7
2011	1790	76.4	72.5	84.5	74.2
1998-2011	18626	74.6	70.7	83.6	72.8



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

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	565	48.0	0.30	21.8	0.24	32.1	0.26	40.3	0.29
1999	577	48.6	0.30	22.8	0.25	33.3	0.27	41.1	0.29
2000	594	49.5	0.31	22.9	0.26	33.5	0.27	41.5	0.30
2001	555	45.6	0.28	21.6	0.24	31.4	0.25	38.6	0.27
2002	897	45.8	0.27	20.7	0.22	30.3	0.24	37.6	0.26
2003	965	49.0	0.31	23.0	0.27	33.4	0.28	40.8	0.30
2004	1068	54.0	0.34	23.9	0.27	35.2	0.29	43.9	0.32
2005	1008	50.7	0.31	23.0	0.26	33.4	0.27	41.3	0.29
2006	1023	50.9	0.32	22.3	0.25	32.7	0.27	41.1	0.30
2007	1104	47.8	0.31	21.0	0.25	30.7	0.26	38.2	0.29
2008	1148	49.5	0.29	20.6	0.22	30.4	0.24	38.5	0.27
2009	1124	48.3	0.28	20.4	0.22	30.2	0.24	37.7	0.26
2010	1197	51.1	0.31	20.8	0.23	30.8	0.25	39.3	0.28
2011	1209	51.7	0.34	20.8	0.25	30.9	0.27	39.0	0.30
1998-2011	13034	49.5	0.31	21.7	0.24	31.9	0.26	39.8	0.29

Table 13

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

Age at				
death	Cases			
Years	n	%	Cum.%	
20-24	2	0.0	0.0	
25-29	14	0.1	0.1	
30-34	63	0.4	0.6	
35-39	151	1.1	1.6	
40-44	398	2.8	4.4	
45-49	613	4.3	8.7	
50-54	874	6.1	14.8	
55-59	1224	8.6	23.3	
60-64	1537	10.7	34.1	
65-69	1707	11.9	46.0	
70-74	1701	11.9	57.9	
75-79	1834	12.8	70.7	
80-84	1853	13.0	83.7	
85+	2336	16.3	100.0	
All ages	14307	100.0		

Included in the statistics are 23.0% multiple primaries.

04/02/2013

Table 14

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

Age at				Prop. all	
death	Cases	Age-spec.		cancers	
Years	n /	mortality	MI-index	%	
0- 4		0.0			
5- 9		0.0			
10-14		0.0			
15-19		0.0			
20-24	2	0.1	0.11	4.7	
25-29	14	0.8	0.08	13.7	
30-34	63	3.3	0.08	31.0	
35-39	151	7.3	0.13	33.0	
40-44	398	18.8	0.16	39.8	
45-49	613	32.0	0.17	35.3	
50-54	874	51.0	0.21	33.3	
55-59	1224	74.7	0.25	30.0	
60-64	1537	95.9	0.26	27.6	
65-69	1707	114.7	0.29	24.2	
70-74	1701	137.8	0.39	21.2	
75-79	1834	184.4	0.49	20.4	
80-84	1853	233.1	0.62	19.4	
85+	2336	314.5	0.73	20.5	
031	2550	311.3	0.73	20.5	
All ages	14307			23.5	
Mortality					
Raw		54.4	0.33		
WS		23.9	0.26		
ES		35.1	0.28		
BRD-S		43.8	0.31		
PYLL-70					
per 100,000		350.7			
ES		301.8			
AYLL-70		12.0			

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

Table 15

Multiple primaries in deaths in period 1998-2011

					Syn- chron	Syn- chron		
	Total	Total	Pre	Pre	±30d	±30d	Post	Post
Diagnosis	n	%↓	n	-%	n	~%	n	-%
C15 Oesophagus	50	1.0	2	4.0	2	4.0	46	92.0
C16 Stomach	231	4.5	45	19.5	19	8.2	167	72.3
C18 Colon	418	8.1	113	27.0	27	6.5	278	66.5
C19-C20 Rectum	163	3.2	47	28.8	15	9.2	101	62.0
C25 Pancreas	202	3.9	10	5.0	8	4.0	184	91.1
C33-C34 Lung	407	7.9	36	8.8	29	7.1	342	84.0
C43 Malign. melanoma	133	2.6	61	45.9	8	6.0	64	48.1
C44 Skin others	136	2.6	40	29.4	18	13.2	78	57.4
C50 Breast	1502	29.0			496	33.0	1006	67.0
C53 Cervix uteri	115	2.2	61	53.0	14	12.2	40	34.8
C54 Corpus uteri	268	5.2	107	39.9	20	7.5	141	52.6
C56 Ovary	315	6.1	67	21.3	32	10.2	216	68.6
C64 Kidney	100	1.9	40	40.0	13	13.0	47	47.0
C67 Bladder	132	2.6	38	28.8	7	5.3	87	65.9
C70-C72 CNS cancer	113	2.2	23	20.4	14	12.4	76	67.3
C73 Thyroid	66	1.3	33	50.0			33	50.0
C76-C79 CUP	71	1.4	21	29.6	6	8.5	44	62.0
C82-C85 NHL	145	2.8	38	26.2	18	12.4	89	61.4
C90 Mult. myeloma	58	1.1	7	12.1	4	6.9	47	81.0
C91-C96 Leukaemia	131	2.5	19	14.5	5	3.8	107	81.7
Other primaries	415	8.0	90	21.7	27	6.5	298	71.8
All mult. primaries	5171	100.0	898	17.4	782	15.1	3491	67.5

Multiple primaries with number of cases n<50 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 16

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

(Singular primaries only *)

Age at death	Cases	Ago gnog		Prop. all cancers	
		Age-spec.	MT indo	%	
Years	n	mortality	MI-index	6	
0- 4		0.0			
5- 9		0.0			
10-14		0.0			
15-19		0.0			
20-24	2 /	0.1	0.11	5.1	
25-29	14	0.8	0.09	14.6	
30-34	56	3.0	0.12	31.3	
35-39	137	6.6	0.11	32.9	
40-44	333	15.7	0.14	38.2	
45-49	522	27.3	0.16	34.5	
50-54	702	40.9	0.19	31.6	
55-59	989	60.4	0.24	28.6	
60-64	1227	76.6	0.25	26.7	
65-69	1356	91.1	0.28	23.7	
70-74	1326	107.4	0.39	20.6	
75-79	1480	148.8	0.52	20.5	
80-84	1431	180.0	0.64	18.7	
85+	1813	244.1	0.71	19.6	
All ages	11388			22.9	
Mortality					
Raw		43.3	0.32		
WS		19.2	0.25		
ES		28.1	0.27		
BRD-S		35.0	0.29		
DRD D		33.0	0.25		
PYLL-70					
per 100,000		289.9			
ES		249.6			
AYLL-70		12.2			

^{*} See corresponding tables with multiple primaries.

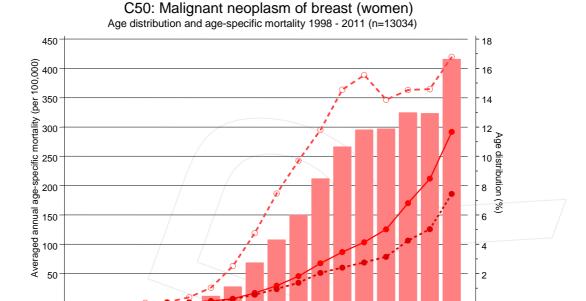
Table 17

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

(Single primaries only *)

Age at death	Cases	Age-spec.		Prop. all cancers	
Years	n	mortality	MI-index	%	
		1			
0- 4		0.0			
5- 9		0.0			
10-14		0.0			
15-19		0.0			
20-24	/ 2 /	0.1	0.12	5.6	
25-29	14	0.8	0.10	15.6	
30-34	49	2.6	0.11	30.1	
35-39	127	6.1	0.11	33.3	
40-44	294	13.9	0.13	36.8	
45-49	451	23.6	0.15	33.2	
50-54	587	34.2	0.17	29.4	
55-59	837	51.1	0.22	27.1	
60-64	964	60.1	0.21	24.1	
65-69	1025	68.9	0.23	20.9	
70-74	969	78.5	0.31	17.8	
75-79	1056	106.2	0.40	17.3	
80-84	1000	125.8	0.48	15.5	
85+	1381	185.9	0.56	17.3	
All ages	8756			20.4	
Mortality					
Raw		33.3	0.26		
WS		15.3	0.21		
ES		22.1	0.23		
BRD-S		27.0	0.24		
PYLL-70					
per 100,000		245.7			
ES		212.0			
AYLL-70		12.7			

^{*} See corresponding tables with multiple primaries.



80-84

Age at death (years)
Age-spec. incidence (per 100,000)

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).

-49

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



Age-spec. mortality (per 100,000)

Average mortality (world standard population) 2003 - 2008

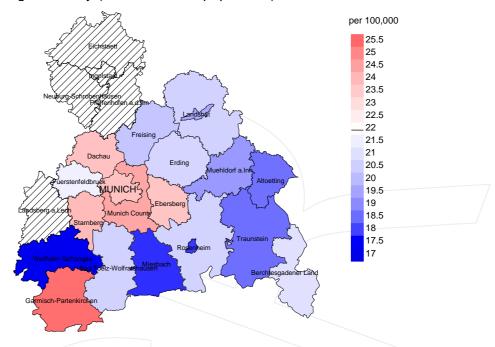


Figure 19a. Map of cancer mortality (world standard population) by county averaged for period 2003 to 2008. According to their individual mortality rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (22.0/100,000 WS N=6,041). 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 195 women died from breast cancer (women). Therefore, the mean mortality rate for this cancer type in this area can be calculated at 23.6/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 19.1 and 29.2/100,000.



Standardized mortality ratio (SMR) 2003 - 2008

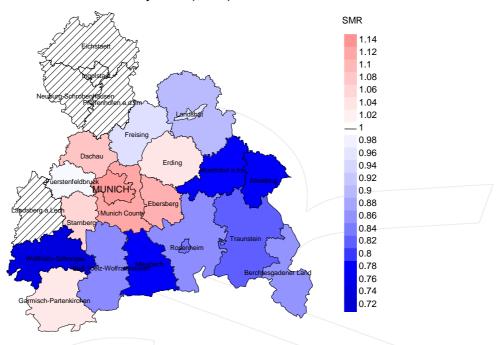
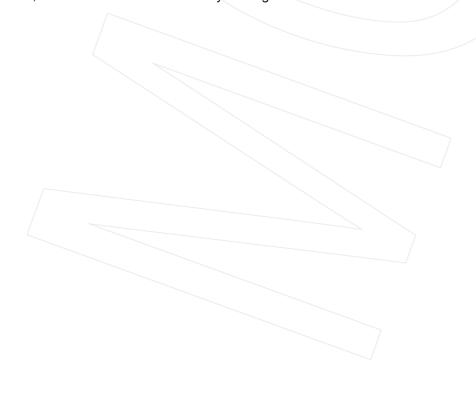


Figure 19b. Map of standardized mortality ratio (SMR, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual SMR values, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population overall of 1.0 (N=6,041). 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 195 women died from breast cancer (women). Therefore, the mean standardized mortality ratio (SMR) for this cancer type in this area can be calculated at 1.11. Though, the value of this parameter may vary with an underlying probability of 99% between 0.91 and 1.33, 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

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