Munich Cancer Registry

- Survival
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- Homepage

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

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

Cancer statistics: Baseline statistics

C56, D39.1: Ovarian cancer

Year of diagnosis	1998-2011
Patients	6127
Diseases	6137
Creation date	04/02/2013
Export date	01/03/2013
Population (females)	2.3 m

http://www.tumorregister-muenchen.de/en/facts/base/base_C56D_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.

ICD-10 codes used for specifying cancer site

ICD-10	Description
C56	Malignant neoplasm of ovary
D39.1	Neoplasm of uncertain or unknown behaviour: Ovary Excl. primary extraovarian carcinoma without ovarian involvement; topography codes C48 Retroperitoneum and peritoneum, C49 Connective, subcutaneous and other soft tissues, C57.0 Fallopian/uterine tube

INCIDENCE

Table 1

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

Year of diagnosis	Cases # n	DCO cases n	Prop. DCO %	Prop. mult. primaries %	Prop. deaths %	Prop. actively followed %
1998	298	36	12.1	18.5	76.2	99.0
1999	284	25	8.8	21.8	70.1	98.2
2000	300	32	10.7	24.3	65.7	98.7
2001	259	34	13.1	22.0	66.8	98.1
2002	476	74	15.5	28.8	71.6	97.5
2003	502	73	14.5	22.1	67.7	97.0
2004	463	58	12.5	23.3	66.5	96.8
2005	440	49	11.1	22.3	63.4	95.5
2006	480	43	9.0	20.4	59.0	95.4
2007	574	67	11.7	23.5	55.4	82.9 ##
2008	585	64	10.9	17.9	52.3	72.1
2009	489	48	9.8	19.0	45.0	69.3
2010	521	56	10.7	21.7	36.7	92.9
2011	466	54	11.6	20.2	27.5	73.2 ###
1998-2011	6137	713	11.6	21.8	57.2	89.0

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	298	25.3	13.9	19.0	22.5
1999	284	23.9	12.4	17.3	20.8
2000	300	25.0	13.1	18.4	21.9
2001	259	21.3	11.9	15.9	18.7
2002	476	24.3	12.6	17.4	21.0
2003	502	25.5	13.5	18.5	22.1
2004	463	23.4	12.7	17.3	20.3
2005	440	22.1	11.7	15.9	18.9
2006	480	23.9	12.5	17.1	20.3
2007	574	24.9	12.7	17.7	21.0
2008	585	25.2	13.4	18.3	21.6
2009	489	21.0	10.7	14.8	17.9
2010	521	22.3	11.3	15.6	18.5
2011	466	19.9	10.6	14.4	16.9
1998-2011	6137	23.3	12.2	16.8	20.0

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 diagnosis	Cases n	Mean	Std. dev.	Min.	Max.	10%	25%	Median 50%	75%	90%
1998	298	64.4	16.0	14.6	92.1	43.5	55.2	65.8	76.8	84.8
1999	284	66.2	14.6	16.5	96.5	47.9	57.7	65.5	77.1	84.2
2000	300	65.4	15.0	19.9	94.8	45.4	54.7	65.2	78.1	84.0
2001	259	63.7	16.2	18.8	98.8	41.1	53.6	64.9	76.3	84.2
2002	476	65.6	15.5	6.6	96.6	43.9	57.7	67.0	77.6	83.1
2003	502	65.3	15.7	7.6	95.3	43.6	54.8	66.8	77.6	83.2
2004	463	64.3	15.7	11.5	97.3	43.3	53.3	65.8	76.5	83.7
2005	440	64.9	16.2	18.9	96.4	43.2	54.1	66.8	77.9	84.5
2006	480	65.2	16.0	12.8	95.8	42.4	54.6	66.9	77.5	84.1
2007	574	65.9	15.4	17.8	98.1	45.0	56.3	67.4	78.1	84.9
2008	585	64.6	15.7	11.1	102	42.7	54.8	65.9	77.3	84.1
2009	489	64.9	15.9	11.2	97.6	43.1	53.4	67.5	77.5	83.8
2010	521	65.7	15.7	17.0	98.5	45.3	54.2	67.4	77.3	85.4
2011	466	65.0	15.0	4.1	95.5	45.8	55.2	66.9	75.7	83.1
1998-2011	6137	65.1	15.6	4.1	102	43.8	54.9	66.6	77.3	84.1

Table 4

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

Age at diagnosis Years	Cases n	%	Cum.%
0-4	1	0.0	0.0
5-9	2	0.0	0.0
10-14	10	0.2	0.2
15-19	27	0.4	0.7
20-24	34	0.6	1.2
25-29	66	1.1	2.3
30-34	103	1.7	4.0
35-39	174	2.8	6.8
40-44	279	4.5	11.3
45-49	341	5.6	16.9
50-54	504	8.2	25.1
55-59	563	9.2	34.3
60-64	718	11.7	46.0
65-69	772	12.6	58.6
70-74	687	11.2	69.8
75-79	725	11.8	81.6
80-84	613	10.0	91.6
85+	518	8.4	100.0
All ages	6137	100.0	

Included in the statistics are 25.4% multiple primaries.

Table 5

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

Age at diagnosis Years	Cases n	Age-spec. incidence	DCO rate n=712 %	Prop. all cancers n=129521 %
0- 4	1	0.1		0.5
5- 9	2	0.2		1.9
10-14	10	0.8		6.6
15-19	27	2.2		11.3
20-24	34	2.3		7.8
25-29	66	3.8	1.5	7.2
30-34	103	5.5		5.9
35-39	173	8.4	1.2	5.3
40-44	279	13.2	2.9	5.3
45-49	341	17.8	2.6	4.7
50-54	504	29.4	2.4	5.4
55-59	563	34.4	3.9	4.8
60-64	718	44.8	3.5	4.8
65-69	772	51.9	6.0	4.8
70-74	686	55.6	9.6	4.6
75-79	725	72.9	16.4	4.9
80-84	612	77.0	27.6	4.5
85+	518	69.7	45.0	3.6
All ages	6134		11.6	4.7
Incidence				
Raw		23.3		
WS		12.2		
ES		16.8		
BRD-S		20.0		

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

Diagnosis		Observed n	Expected n	SIR	LCL 95%	UCL 95%		EAR	DCO %
C03-C06	Oral cavity	2	0.8	2.5	0.3	9.1		0.9	
C16	Stomach	16	4.4	3.7	2.1	5.9	#	8.6	6.3
C17	Small intestine	3	0.6	5.3	1.1	15.5	#	1.8	
C18	Colon	45	12.1	3.7	2.7	5.0	#	24.3	20.0
C19-C20	Rectum	13	5.5	2.3	1.3	4.0	#	5.5	
C21	Anus/canal	2	0.7	2.9	0.4	10.6		1.0	
C22	Liver	3	1.3	2.3	0.5	6.6		1.2	66.7
C23-C24	Bile	4	1.7	2.3	0.6	6.0		1.7	50.0
C25	Pancreas	12	5.0	2.4	1.2	4.2	#	5.2	33.3
C33-C34	Lung	20	9.0	2.2	1.4	3.4	#	8.2	20.0
C43	Malign. melanoma	6	4.6	1.3	0.5	2.8		1.0	
C46,C49	Soft tissue	4	0.7	5.5	1.5	14.1	#	2.4	
C48	Peritoneal	5	0.4	12.7	4.1	29.6	#	3.4	
C50	Breast	105	41.4	2.5	2.1	3.1	#	47.0	5.7
C51	Vulva	5	1.1	4.6	1.5	10.6	#	2.9	20.0
C53	Cervix uteri	12	2.0	6.0	3.1	10.4	#	7.4	
C54	Corpus uteri	104	7.3	14.2	11.6	17.2	#	71.5	3.8
C56	Ovary	10	5.5	1.8	0.9	3.3		3.3	10.0
C64	Kidney	7	3.1	2.2	0.9	4.6		2.9	
C65	Renal pelvis	2	0.3	5.9	0.7	21.3		1.2	
C67	Bladder	4	2.1	1.9	0.5	5.0		1.4	
C70-C72	CNS cancer	3	1.9	1.6	0.3	4.6		0.8	
C73	Thyroid	6	2.8	2.1	0.8	4.6		2.4	
C76-C79	CUP	5	2.0	2.5	0.8	5.8		2.2	20.0
C82-C85	NHL	9	4.7	1.9	0.9	3.7		3.2	
C90	Mult. myeloma	5	1.5	3.3	1.1	7.8	#	2.6	20.0
C91-C96	Leukaemia	4	1.9	2.2	0.6	5.5		1.6	25.0
Other primaries		4	1.3	3.2	0.9	8.1		2.0	
Not observed		0	3.3	0.0	0.0	1.1		-2.4	
All mult. primaries		420	129.1	3.3	3.0	3.6	#	215.3	8.8

Patients	4283
Mean age at second malignancy (years)	65.7
Person-years	13513
Mean observation time (years)	3.2
Median observation time (years)	2.2

The occurrence of second malignancy is statistically significant.

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

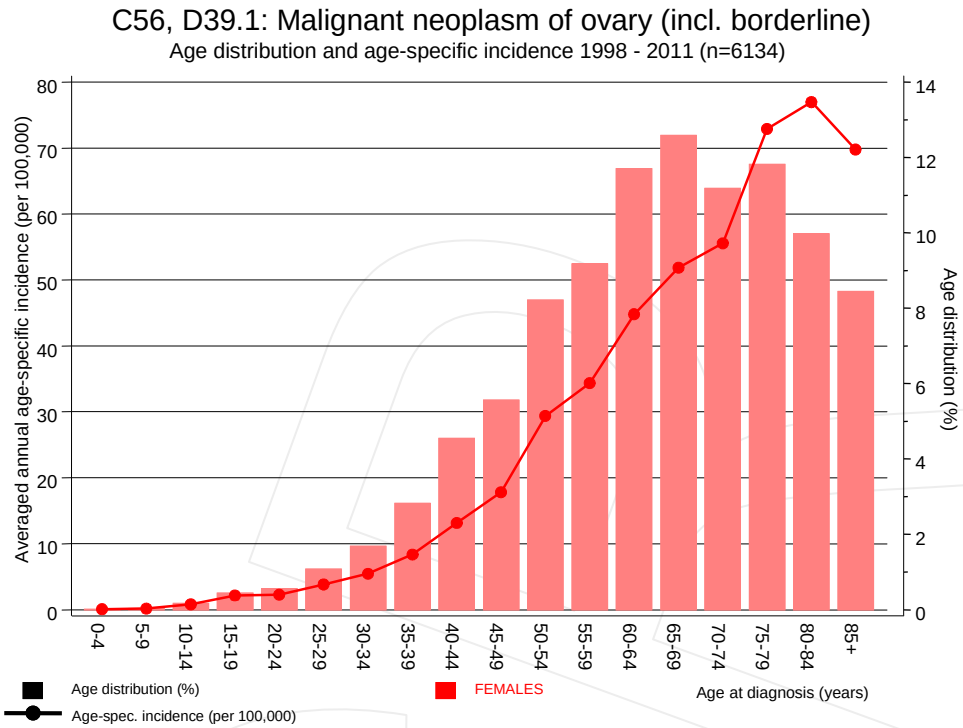

Figure 7. Age distribution and age-specific incidence

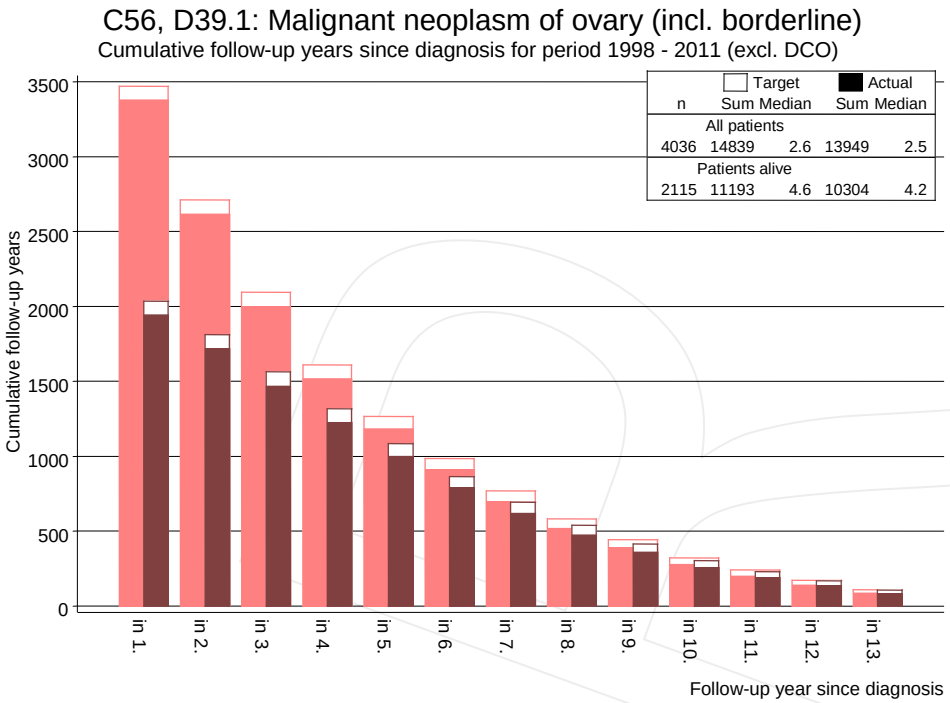

Figure 8. Cumulative follow-up years depending on time since diagnosis

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

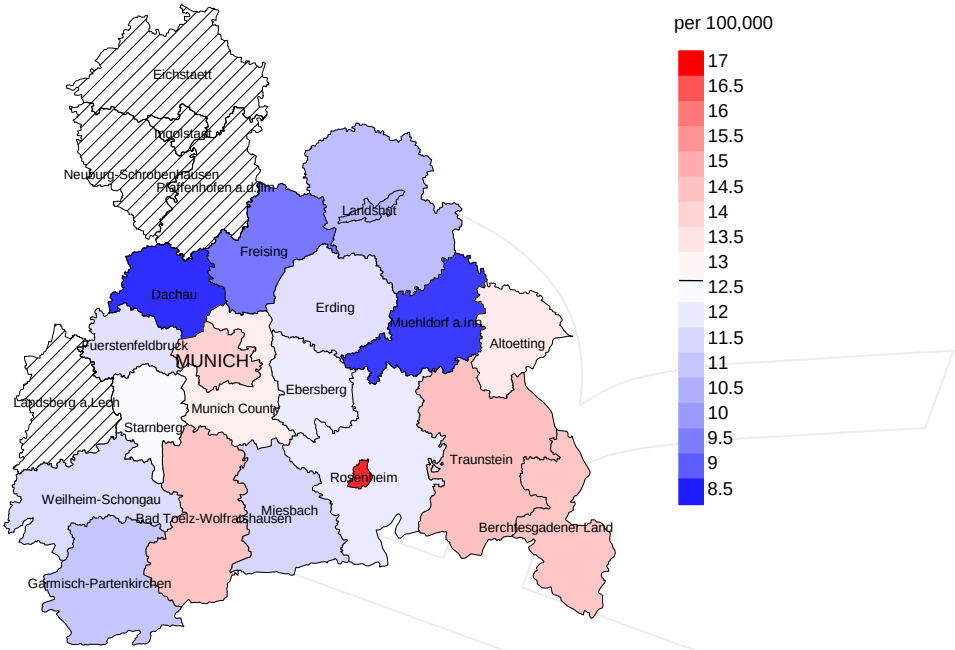

Figure 9a. Map of cancer incidence (world standard population, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual incidence rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (12.7/100,000 WS N=2,899). 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 85 women were identified with newly diagnosed ovarian cancer. Therefore, the mean incidence rate for this cancer type in this area can be calculated at 12.2/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 8.8 and 16.7/100,000.

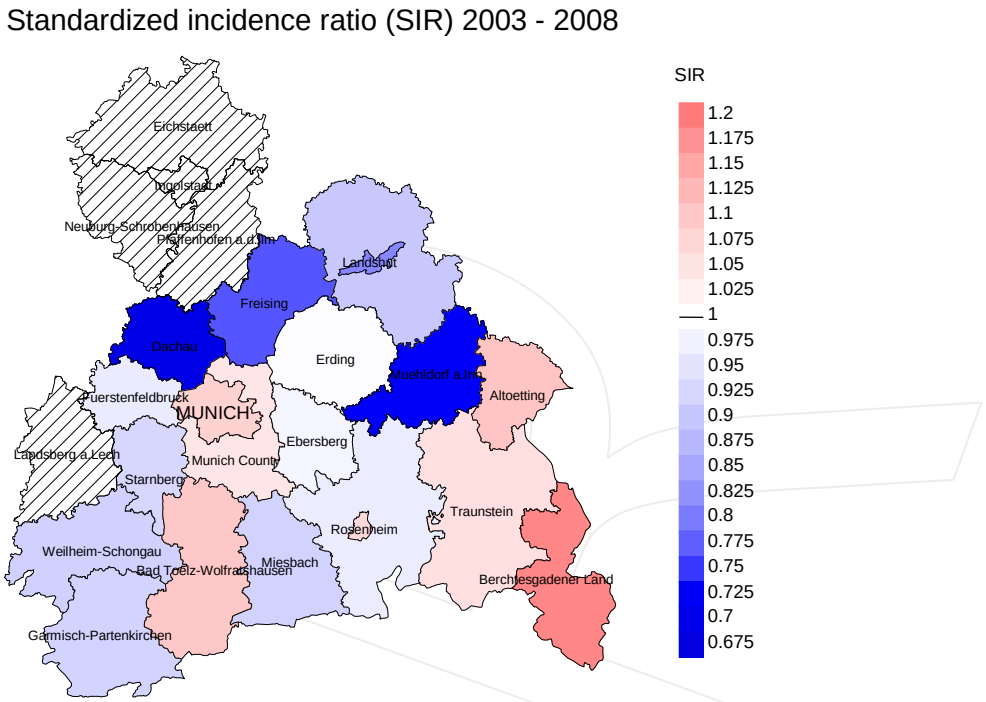

Figure 9b. Map of standardized incidence ratio (SIR, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual SIR values, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population overall of 1.0 (N=2,899). 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 85 women were identified with newly diagnosed ovarian cancer. Therefore, the mean standardized incidence ratio (SIR) for this cancer type in this area can be calculated at 0.98. Though, the value of this parameter may vary with an underlying probability of 99% between 0.73 and 1.29, 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)

Year of diagnosis	Incident cases n	Prop. actively followed %	Prop. DCO %	Deaths n	Prop. deaths %	Prop. deaths with death certific. %
1998	298	99.0	12.1	227	76.2	88.1
1999	284	98.2	8.8	199	70.1	95.0
2000	300	98.7	10.7	197	65.7	94.4
2001	259	98.1	13.1	173	66.8	98.8
2002	476	97.5	15.5	341	71.6	97.1
2003	502	97.0	14.5	340	67.7	97.4
2004	463	96.8	12.5	308	66.5	98.4
2005	440	95.5	11.1	279	63.4	98.9
2006	480	95.4	9.0	283	59.0	98.6
2007	574	82.9	11.7	318	55.4	98.4
2008	585	72.1	10.9	306	52.3	97.1
2009	489	69.3	9.8	220	45.0	99.1
2010	521	92.9	10.7	191	36.7	97.4
2011	466	73.2	11.6	128	27.5	96.1
1998-2011	6137	89.0	11.6	3510	57.2	97.0

Table 10b

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

Year of diagnosis/ death	Incident cases n	Deaths n	Prop. deaths with death certific. %	Deaths in same year n	Prop. deaths in same year %
1998	298	190	86.3	65	21.8
1999	284	199	86.4	56	19.7
2000	300	182	90.7	61	20.3
2001	259	211	93.8	57	22.0
2002	476	318	96.5	136	28.6
2003	502	308	98.7	122	24.3
2004	463	299	97.7	104	22.5
2005	440	320	98.1	89	20.2
2006	480	302	95.7	103	21.5
2007	574	345	98.8	124	21.6
2008	585	366	100.0	122	20.9
2009	489	369	99.5	97	19.8
2010	521	366	98.4	119	22.8
2011	466	330	97.3	95	20.4
1998-2011	6137	4105	96.5	1350	22.0

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)

Year of death	Deaths n	Prop. cancer-related %	Prop. not cancer-related %	Prop. cancer recorded on death certificate %
1998	190	80.0	20.0	93.9
1999	199	82.9	17.1	90.7
2000	182	89.0	11.0	93.9
2001	211	85.3	14.7	91.4
2002	318	88.1	11.9	94.1
2003	308	87.7	12.3	92.1
2004	299	90.3	9.7	92.1
2005	320	90.3	9.7	93.3
2006	302	85.1	14.9	93.1
2007	345	89.6	10.4	92.1
2008	366	92.1	7.9	93.7
2009	369	87.5	12.5	92.1
2010	366	91.3	8.7	93.9
2011	330	87.0	13.0	91.0
1998-2011	4105	88.1	11.9	92.7

Table 11

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

Year of death	Deaths n	Age at death (all causes) Years	Age at death (cancer-related) Years	Age at death (not cancer-related) Years	Age at death (according to death certificate) Years
1998	190	72.7	71.4	77.8	73.3
1999	199	72.6	71.7	76.9	73.3
2000	182	72.2	72.0	73.5	72.4
2001	211	72.8	71.0	83.2	71.8
2002	318	71.7	70.6	79.3	70.9
2003	308	72.5	71.4	80.4	71.8
2004	299	72.3	71.2	83.3	71.6
2005	320	72.1	71.2	80.1	71.6
2006	302	73.2	71.8	81.0	72.6
2007	345	73.2	72.4	80.2	72.8
2008	366	73.3	72.3	84.6	72.7
2009	369	71.9	70.8	79.9	71.0
2010	366	74.2	73.6	81.2	73.9
2011	330	72.5	71.0	82.7	71.6
1998-2011	4105	72.7	71.6	80.4	72.2

By 2010, life expectancy for a newborn male in Germany is 77.5 years compared with 82.6 years for his female counterpart.

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 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
1998	152	12.9	0.51	5.7	0.41	8.6	0.45	10.8	0.48
1999	165	13.9	0.58	6.0	0.48	9.1	0.53	11.9	0.57
2000	162	13.5	0.54	5.8	0.44	8.8	0.48	11.4	0.52
2001	180	14.8	0.69	6.6	0.56	9.7	0.61	12.3	0.66
2002	280	14.3	0.59	6.4	0.51	9.4	0.54	12.0	0.57
2003	270	13.7	0.54	5.9	0.44	8.7	0.47	11.3	0.51
2004	270	13.7	0.58	5.8	0.46	8.5	0.49	11.0	0.54
2005	289	14.5	0.66	6.2	0.53	9.2	0.58	11.8	0.62
2006	257	12.8	0.54	5.3	0.43	7.9	0.46	10.2	0.50
2007	309	13.4	0.54	5.3	0.41	7.9	0.45	10.5	0.50
2008	337	14.5	0.58	5.8	0.44	8.7	0.48	11.4	0.53
2009	323	13.9	0.66	5.9	0.55	8.7	0.59	11.0	0.62
2010	334	14.3	0.64	5.4	0.48	8.2	0.53	10.9	0.59
2011	287	12.3	0.62	5.2	0.49	7.7	0.53	9.8	0.58
1998-2011	3615	13.7	0.59	5.8	0.47	8.6	0.51	11.1	0.55

Table 13

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

Age at death Years	Cases n	%	Cum.%
15-19	1	0.0	0.0
20-24	3	0.1	0.1
25-29	7	0.2	0.3
30-34	11	0.3	0.6
35-39	24	0.7	1.3
40-44	62	1.7	3.0
45-49	117	3.2	6.2
50-54	164	4.5	10.7
55-59	250	6.9	17.6
60-64	362	10.0	27.6
65-69	494	13.6	41.3
70-74	555	15.3	56.6
75-79	538	14.8	71.4
80-84	547	15.1	86.5
85+	489	13.5	100.0
All ages	3624	100.0	

Included in the statistics are 25.4% multiple primaries.

Table 14

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

Age at death Years	Cases n	Age-spec. mortality	MI-index	Prop. all cancers %
0- 4		0.0		
5- 9		0.0		
10-14		0.0		
15-19	1	0.1	0.04	3.4
20-24	3	0.2	0.09	7.0
25-29	7	0.4	0.11	6.9
30-34	11	0.6	0.11	5.4
35-39	24	1.2	0.14	5.3
40-44	62	2.9	0.22	6.2
45-49	117	6.1	0.34	6.7
50-54	164	9.6	0.33	6.2
55-59	250	15.3	0.44	6.1
60-64	362	22.6	0.50	6.5
65-69	494	33.2	0.64	7.0
70-74	555	45.0	0.81	6.9
75-79	538	54.1	0.74	6.0
80-84	547	68.8	0.89	5.7
85+	489	65.8	0.94	4.3
All ages	3624			5.9
Mortality				
Raw		13.8	0.59	
WS		5.8	0.47	
ES		8.6	0.51	
BRD-S		11.1	0.56	
PYLL-70				
per 100,000		70.8		
ES		60.8		
AYLL-70		10.7		

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

Table 15

Multiple primaries in deaths in period 1998-2011

Diagnosis		Total n	Total %↓	Pre n	Pre ←%	Syn-chron ±30d n	Syn-chron ±30d ←%	Post n	Post ←%
C16	Stomach	43	3.8	12	27.9	7	16.3	24	55.8
C18	Colon	134	12.0	56	41.8	31	23.1	47	35.1
C19-C20	Rectum	47	4.2	20	42.6	12	25.5	15	31.9
C23-C24	Bile	15	1.3	6	40.0	3	20.0	6	40.0
C25	Pancreas	43	3.8	11	25.6	6	14.0	26	60.5
C33-C34	Lung	37	3.3	4	10.8	7	18.9	26	70.3
C43	Malign. melanoma	31	2.8	21	67.7	1	3.2	9	29.0
C44	Skin others	23	2.1	12	52.2	4	17.4	7	30.4
C48	Peritoneal	30	2.7	14	46.7	6	20.0	10	33.3
C50	Breast	352	31.4	240	68.2	36	10.2	76	21.6
C51	Vulva	11	1.0	2	18.2	3	27.3	6	54.5
C53	Cervix uteri	49	4.4	32	65.3	12	24.5	5	10.2
C54	Corpus uteri	106	9.5	27	25.5	67	63.2	12	11.3
C55,C57	Fem. genitals un	11	1.0	4	36.4	3	27.3	4	36.4
C56	Ovary	10	0.9					10	100.0
C64	Kidney	17	1.5	4	23.5	4	23.5	9	52.9
C67	Bladder	22	2.0	14	63.6	1	4.5	7	31.8
C70-C72	CNS cancer	12	1.1	3	25.0	3	25.0	6	50.0
C73	Thyroid	19	1.7	16	84.2	1	5.3	2	10.5
C76-C79	CUP	21	1.9	11	52.4	2	9.5	8	38.1
C82-C85	NHL	23	2.1	14	60.9	4	17.4	5	21.7
Other primaries		64	5.7	16	25.0	12	18.8	36	56.3
All mult. primaries		1120	100.0	539	48.1	225	20.1	356	31.8

Multiple primaries with number of cases n<10 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 Years	Cases n	Age-spec. mortality	MI-index	Prop. all cancers %
0- 4		0.0		
5- 9		0.0		
10-14		0.0		
15-19	1	0.1	0.04	3.7
20-24	3	0.2	0.09	7.7
25-29	5	0.3	0.08	5.2
30-34	10	0.5	0.10	5.6
35-39	22	1.1	0.14	5.3
40-44	51	2.4	0.21	5.9
45-49	95	5.0	0.33	6.3
50-54	126	7.3	0.31	5.7
55-59	211	12.9	0.45	6.1
60-64	305	19.0	0.52	6.6
65-69	390	26.2	0.62	6.8
70-74	450	36.5	0.82	7.0
75-79	429	43.1	0.76	5.9
80-84	457	57.5	0.92	6.0
85+	392	52.8	0.93	4.2
All ages	2947			5.9
Mortality				
Raw		11.2	0.58	
WS		4.7	0.46	
ES		7.0	0.50	
BRD-S		9.0	0.55	
PYLL-70				
per 100,000		58.3		
ES		50.0		
AYLL-70		10.8		

* 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 Years	Cases n	Age-spec. mortality	MI-index	Prop. all cancers %
0- 4		0.0		
5- 9		0.0		
10-14		0.0		
15-19	1	0.1	0.04	4.3
20-24	3	0.2	0.09	8.3
25-29	4	0.2	0.07	4.4
30-34	9	0.5	0.10	5.5
35-39	19	0.9	0.13	5.0
40-44	48	2.3	0.21	6.0
45-49	86	4.5	0.32	6.3
50-54	108	6.3	0.28	5.4
55-59	197	12.0	0.44	6.4
60-64	282	17.6	0.51	7.0
65-69	355	23.8	0.59	7.2
70-74	413	33.5	0.80	7.6
75-79	388	39.0	0.73	6.4
80-84	415	52.2	0.87	6.4
85+	356	47.9	0.86	4.5
All ages	2684			6.3
Mortality				
Raw		10.2	0.56	
WS		4.3	0.44	
ES		6.4	0.48	
BRD-S		8.2	0.53	
PYLL-70				
per 100,000		52.9		
ES		45.3		
AYLL-70		10.7		

* See corresponding tables with multiple primaries.

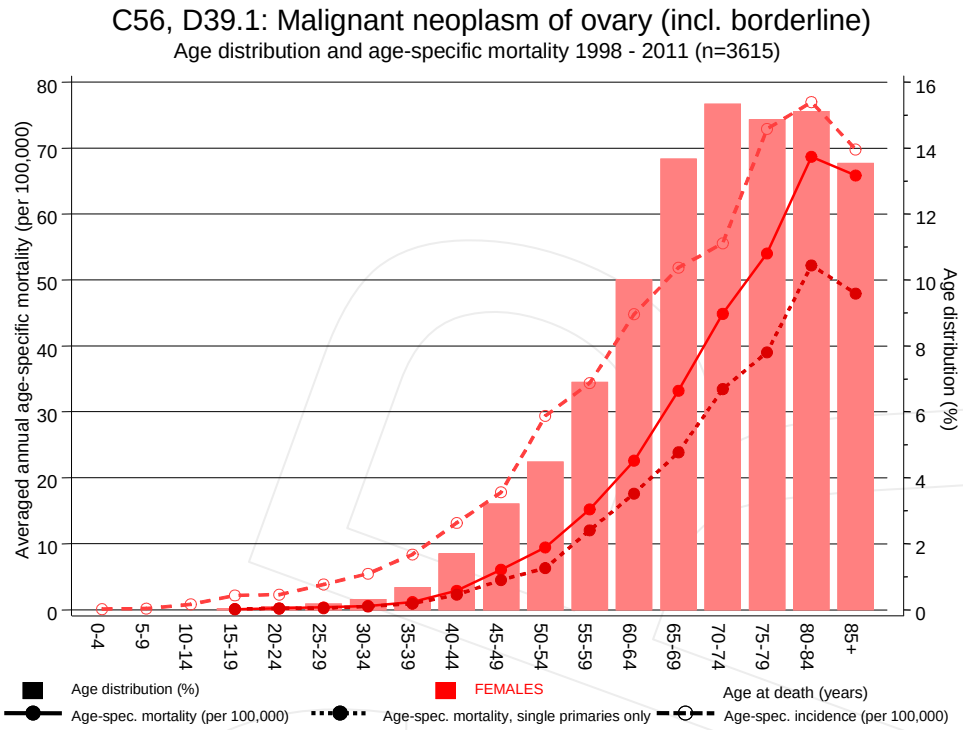

Figure 18. Distribution of age at death (bars) and age-specific mortality (all patients: solid line, patients with single primaries: dotted line). The age-specific incidence is additionally plotted for comparison (dashed line).

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

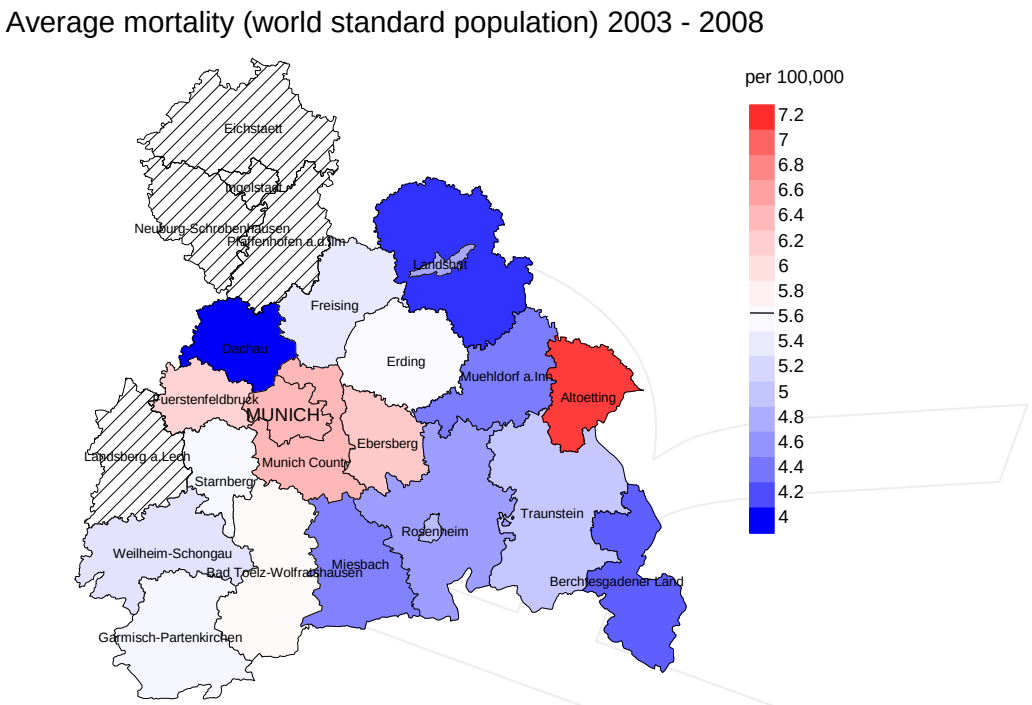

Figure 19a. Map of cancer mortality (world standard population) by county averaged for period 2003 to 2008. According to their individual mortality rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (5.7/100,000 WS N=1,645). 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 53 women died from ovarian cancer. Therefore, the mean mortality rate for this cancer type in this area can be calculated at 6.2/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 4.1 and 9.2/100,000.

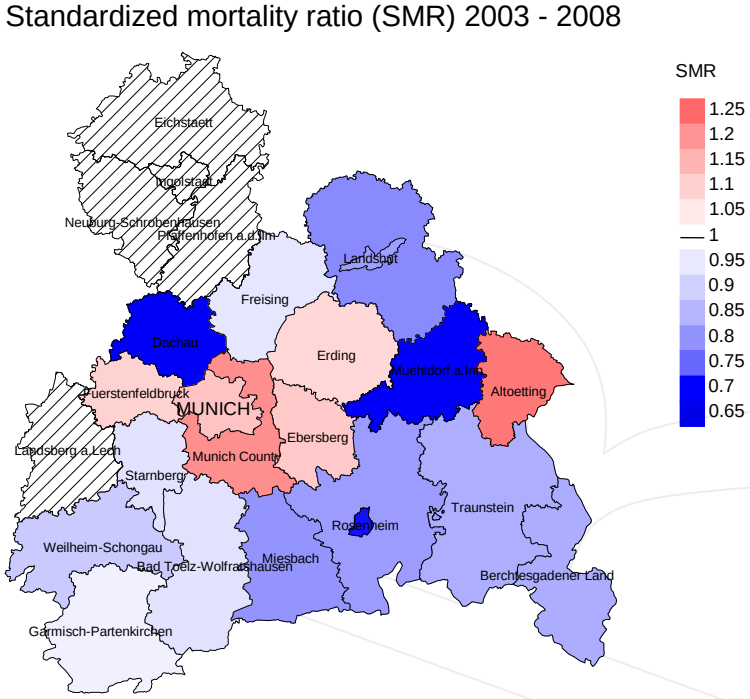

Figure 19b. Map of standardized mortality ratio (SMR, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual SMR values, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population overall of 1.0 (N=1,645). 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 53 women died from ovarian cancer. 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 0.76 and 1.57, 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 C56, D39.1: Ovarian cancer [Internet]. 2013 [updated 2013 Apr 2; cited 2013 Jun 1]. Available from: http://www.tumorregister-muenchen.de/en/facts/base/base_C56D_E.pdf

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