# **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**

# C91: Lymphoid leukaemia

Year of diagnosis	1998-2011
Patients	3173
Diseases	3178
Creation date	04/02/2013
Export date	01/03/2013
Population	4.5 m



http://www.tumorregister-muenchen.de/en/facts/base/base\_C91\_\_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<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

The results for leukemias should be interpreted with caution. As with other primarily non-surgically or non-radiologically treated cancer diseases, the MCR hardly manages to obtain even the simplest information on this cancer. The proportion of DCO cases indicates a situation that is far away from a satisfying cooperation. In the group of institutions that potentially participate in reporting are a few hospitals that refuse any contribution to MCR.

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

ICD-10	Description	
C91 C91.0 C91.1 C91.3 C91.4 C91.5 C91.6 C91.7 C91.8 C91.9	Lymphoid leukaemia Acute lymphoblastic leukaemia [ALL] Chronic lymphocytic leukaemia of B-cell type Prolymphocytic leukaemia of B-cell type Hairy-cell leukaemia Adult T-cell lymphoma/leukaemia (HTLV-1-associated) Prolymophocytic leukaemia of T-cell type Other lymphoid leukaemia Mature B-cell leukaemia Burkitt-type Lymphoid leukaemia, 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	%	્ર	%	%
1998	121	8	6.6	23.1	67.8	97.5
1999	120	7	5.8	29.2	60.0	96.7
2000	126	18	14.3	30.2	65.1	96.0
2001	174	42	24.1	21.8	65.5	98.3
2002	295	79	26.8	28.5	70.8	96.3
2003	255	70	27.5	22.7	60.4	96.1
2004	285	57	20.0	26.7	53.0	93.0
2005	261	58	22.2	28.4	57.5	93.5
2006	263	42	16.0	35.7	49.8	90.1
2007	308	59	19.2	24.0	45.8	79.5 ##
2008	267	51	19.1	31.8	43.4	73.4
2009	255	51	20.0	26.3	38.0	76.5
2010	234	56	23.9	25.2	40.2	91.9
2011	214	53	24.8	26.6	31.8	80.8 ###
1998-2011	3178	651	20.5	27.3	52.3	88.9

<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	6	
1998	121	73	48	60.3	
1999	120	60	60	50.0	
2000	126	78	48	61.9	
2001	174	97	77	55.7	
2002	295	171	124	58.0	
2003	255	158	97	62.0	
2004	285	170	115	59.6	
2005	261	167	94	64.0	
2006	263	173	90	65.8	
2007	308	175	133	56.8	
2008	267	155	112	58.1	
2009	255	140	115	54.9	
2010	234	132	102	56.4	
2011	214	119	95	55.6	
1998-2011	3178	1868	1310	58.8	

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	73	48	6.6	4.1	5.0	2.3	6.2	3.0	7.3	3.5
1999	60	60	5.4	5.1	3.9	4.2	5.0	4.4	6.0	4.6
2000	78	48	6.8	4.0	5.1	2.7	6.5	3.1	7.4	3.4
2001	97	77	8.4	6.3	6.3	3.8	7.9	4.6	9.3	5.2
2002	171	124	9.2	6.3	6.2	3.0	8.1	4.1	9.8	5.1
2003	158	97	8.4	4.9	5.8	3.0	7.4	3.5	9.1	4.1
2004	170	115	9.0	5.8	6.4	3.5	7.9	4.2	9.4	4.8
2005	167	94	8.8	4.7	6.3	3.0	7.8	3.4	9.4	4.0
2006	173	90	9.0	4.5	6.5	2.7	8.0	3.1	9.3	3.6
2007	175	133	7.9	5.8	5.0	3.7	6.6	4.2	8.2	4.7
2008	155	112	7.0	4.8	5.0	2.7	5.9	3.3	6.8	3.8
2009	140	115	6.3	4.9	3.6	2.7	5.0	3.3	6.1	3.8
2010	132	102	5.9	4.4	3.9	2.6	4.8	3.0	5.8	3.4
2011	119	95	5.3	4.1	4.0	2.6	4.5	2.8	5.1	3.0
1998-2011	1868	1310	7.4	5.0	5.2	3.0	6.5	3.5	7.7	4.1



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	121	61.5	21.2	1.4	95.8	37.1	55.0	64.9	76.2	82.8
1999	120	57.7	23.6	0.3	89.4	5.7	53.8	62.7	74.1	79.8
2000	126	61.5	20.8	2,1	91.2	38.5	55.5	64.5	74.1	85.0
2001	174	63.2	22,2	1.4	94.0	34.3	57.1	67.4	76.7	87.3
2002	295	66.2	19.8	2.6	95.0	41.4	60.5	68.8	79.4	87.9
2003	255	64.6	22.5	0.3	98.9	29.5	59.4	69.3	79.5	85.6
2004	285	62.6	22.5	1.4	98.6	25.6	56.8	67.9	77.8	84.5
2005	261	62.8	24.7	0.6	97.1	15.6	57.6	70.1	78.9	85.1
2006	263	63.5	23.9	1.3	95.4	17.6	57.0	69.9	79.2	86.0
2007	308	64.2	23.1	0.3	99.8	21.8	56.8	69.8	80.6	86.3
2008	267	64.2	24.3	0.4	97.4	13.9	61.0	70.2	79.8	86.4
2009	255	66.8	20.1	1.3	98.6	44.1	58.0	70.6	81.7	87.5
2010	234	65.2	25.3	0.3	101	15.9	56.9	73.1	82.3	88.9
2011	214	62.2	27.3	2.5	101	9.7	53.7	70.8	81.6	89.1
1998-2011	3178	63.8	23.1	0.3	101	21.1	57.4	69.2	79.3	86.6

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	73	58.2	21.6	2.0	95.8	33.9	51.8	62.3	72.5	81.0
1999	60	59.2	21.9	0.3	89.4	22.2	54.1	61.0	75.3	80.4
2000	78	61.0	18.9	2.6	91.1	43.8	55.1	64.5	71.0	80.2
2001	97	60.1	20.8	1.4	90.7	17.0	53.2	65.7	73.7	79.6
2002	171	62.5	20.4	2.6	90.9	31.2	57.8	66.5	75.5	82.5
2003	158	63.0	21.1	1.6	90.7	29.5	58.8	67.5	76.5	83.7
2004	170	60.8	22.4	1.4	95.2	25.2	55.6	65.5	75.5	82.1
2005	167	61.7	24.2	0.7	94.6	7.7	55.8	68.7	77.4	84.1
2006	173	61.9	23.6	1.3	95.4	17.6	55.1	68.5	77.7	85.1
2007	175	63.9	20.6	0.3	97.8	37.6	56.3	69.0	78.0	84.1
2008	155	61.9	24.8	0.4	93.7	10.2	60.5	69.5	77.1	83.6
2009	140	66.8	17.5	2.2	97.0	50.6	57.9	69.7	77.6	85.4
2010	132	64.0	24.8	0.3	101	17.9	54.4	72.1	80.7	87.6
2011	119	60.0	26.0	2.5	101	7.0	52.3	68.5	77.8	84.0
1998-2011	1868	62.1	22.3	0.3	101	21.1	55.7	67.8	76.9	83.8

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	48	66.5	19.8	1.4	90.3	41.0	61.1	70.0	78.3	86.7
1999	60	56.2	25.4	1.5	88.4	4.0	50.9	63.6	73.8	77.2
2000	48	62.5	23.8	2,1	91.2	4.6	57.9	65.2	77.4	86.5
2001	77	67.0	23,4	2.8	94.0	34.3	61.8	72.4	82.6	90.4
2002	124	71.4	17.7	2.9	95.0	53.4	63.8	74.4	83.9	90.1
2003	97	67.2	24.5	0.3	98.9	29.4	60.5	73.7	81.7	90.6
2004	115	65.3	22.5	4.2	98.6	29.5	58.1	69.9	80.7	87.3
2005	94	64.9	25.5	0.6	97.1	16.4	62.3	74.5	80.7	88.9
2006	90	66.5	24.3	2.5	93.9	17,9	60.7	74.6	82.5	87.8
2007	133	64.6	26.0	1.0	99.8	12.2	57.4	72.0	82.9	87.7
2008	112	67.5	23.3	1.4	97.4	29.5	61.5	73.4	83.4	88.9
2009	115	66.8	22.9	1.3	98.6	29.9	58.4	72.6	84.5	88.2
2010	102	66.7	26.0	0.8	97.5	12.0	60.4	75.5	84.2	89.5
2011	95	65.1	28.7	2.5	96.7	11.3	54.4	74.9	86.4	90.9
1998-2011	1310	66.0	24.1	0.3	99.8	21.3	59.5	72.5	82.5	88.8

Age at									
diagnosis	Cases			Males			Females		
Years	n	%	Cum.%	n	%	Cum.%	n	%	Cum.%
0-4	155	4.9	4.9	86	4.6	4.6	69	5.3	5.3
5-9	72	2.3	7.1	44	2.4	7.0	28	2.1	7.4
10-14	46	1.4	8.6	25	1.3	8.3	21	1.6	9.0
15-19	39	1.2	9.8	27	1.4	9.7	12	0.9	9.9
20-24	23	0.7	10.5	12	0.6	10.4	11	0.8	10.8
25-29	18	0.6	/11.1 /	11	0.6	11.0	7	0.5	11.3
30-34	23	0.7	11.8	19	1.0	/12.0	4	0.3	11.6
35-39	39	1.2	13.1	27	1.4	13.4	12	0.9	12.5
40 - 44	64	2.0	15.1	39	2.1	15.5	25	1.9	14.4
45-49	89	2.8	17.9	58	3.1	18.6	31	2.4	16.8
50-54	144	4.5	22.4	102	5.5	24.1	42	3.2	20.0
55-59	218	6.9	29.3	145	7.8	31.9	73	5.6	25.6
60-64	325	10.2	39.5	200	10.7	42.6	125	9.5	35.1
65-69	397	12.5	52.0	259	13.9	56.4	138	10.5	45.6
70-74	396	12.5	64.4	262	14.0	70.4	134	10.2	55.9
75-79	394	12.4	76.8	228	12.2	82.7	166	12.7	68.5
80-84	330	10.4	87.2	167	8.9	91.6	163	12.4	81.0
85+	406	12.8	100.0	157	8.4	100.0	249	19.0	100.0
All ages	3178	100.0		1868	100.0		1310	100.0	

Included in the statistics are 40.0% multiple primaries in males and 28.9% in females.

Table 5

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

			101 1	erroa r.	)			
			Males	Females	Males	Females	Males Prop.all	Females Prop.all
Age at				Age-		DCO rate		cancers
diagnosis	Males	Females	spec.	_	n=307	n=341		n=129521
Years	n	n		incid.	%	%	%	%
							-	-
0- 4	86	69	6.8	5.8		1.4	30.4	33.2
5- 9	44	28	3.4	2.3	2.3	3.6	28.6	26.9
10-14	25	21	1.9	1.7			18.8	13.8
15-19	27	12	2.1	1.0	3.7		9.3	5.0
20-24	12	11	0.8	0.7		9.1	2.4	2.5
25-29	11	7	0.7	0.4	9.1	14.3	1.4	0.8
30-34	19	4	1.0	0.2	5.3		1.5	0.2
35-39	27	12	1.2	0.6			1.4	0.4
40 - 44	39	25	1.7	1.2	5.1		1.4	0.5
45-49	58	31	3.0	1.6	1.7		1.3	0.4
50-54	102	42	6.1	2.4	3.9	9.5	1.4	0.5
55-59	145	73	9.3	4.5	4.1	1.4	1.2	0.6
60-64	200	125	13.1	7.8	7.5	7.2	1.1	0.8
65-69	259	138	19.0	9.3	10.0	8.7	1.1	0.8
70-74	262	134	25.4	10.9	14.1	15.7	1.2	0.9
75-79	228	166	33.7	16.7	25.9	25.9	1.4	1.1
80-84	167	162	41.1	20.4	34.1	51.9	1.5	1.2
85+	156	248	56.2	33.4	61.5	65.7	1.9	1.7
All ages	1867	1308			16.4	26.1	1.4	1.0
		\\						
Incidence								
Raw			7.4	5.0				
WS			5.2	3.0				
ES			6.5	3.5				
BRD-S			7.7	4.1				

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 E	xpected		LCL	DCO		
Diagnosis	n	n	SIR	95%	95%	EAR	%
C07-C08 Salivary gland	5	0.2	29.4	\	68.5 #		
C15 Oesophagus	/ 3 /	1.3	2.2	0.5	6.5	3.2	
C16 Stomach	/ 7/	3.3	2.1	0.9	4.4	7.3	
C18 Colon	/ 17	7.8	2.2	1.3	3.5 #	18.1	5.9
C19-C20 Rectum	1/2	4.4	2.7	1.4	4.7 #	14.8	
C22 Liver	6	2.1	2.8	1.0	6.2 #	7.6	16.7
C25 Pancreas	2	2.7	0.7	0.1	2.7	-1.4	
C33-C34 Lung	25	9.3	2.7	1.7	4.0 #	30.7	
C43 Malign. melanoma	13	2.9	4.5	2.4	7.6 #	19.7	
C46,C49 Soft tissue	3	0.4	7.3	1.5	21.4 #	5.1	
C50 Breast	2	0.2	10.3	1.3	37.4 #	3.5	
C61 Prostate	52	22.6	2.3	1.7	3.0 #	57.4	3.8
C64 Kidney	4	2.7	1.5	0.4	3.8	2.5	
C67 Bladder	11	3.3	3.4	1.7	6.0 #	15.1	9.1
C70-C72 CNS cancer	4	1.1	3.8	1.0	9.7 #	5.8	
C73 Thyroid	2	0.5	4.0	0.5	14.3	2.9	
C76-C79 CUP	3	1.3	2.3/	0.5	6.8	3.3	
C81 Hodgkin lymphoma	3	0.2	19.3	4.0	56.4 #	5.6	
C82-C85 NHL	7	3.0	2.3	0.9	4.8	7.8	28.6
C90 Mult. myeloma	2	1.0	2.1	0.2	7.4	2.0	
C91-C96 Leukaemia	6	1.2	5.0	1.8	10.9 #	9.4	33.3
Other primaries	6	1.9	3.1	1.1	6.8 #	8.0	16.7
Not observed	0	4.4	0.0	0.0	0.8 #	-8.6	
All mult. primaries	195	77.7	2.5	2.2	2.9 #	229.3	5.1

Patients	1234
Mean age at second malignancy (years)	71.0
Person-years	5114
Mean observation time (years)	4.1
Median observation time (years)	3.7

# 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 E	xpected		LCL	UCL		DCO
Diagnosis	ń	n	SIR	95%	95%	EAR	%
C16 Stomach	5 /	1.3	3.9	1.3	9.1 #	12.0	
C18 Colon	7 /	3.5	2.0	0.8	4.1	11.3	14.3
C25 Pancreas	/ 3 /	1.5	2.1	0.4	6.0	5.0	
C33-C34 Lung	/ 8/	2.3	3.6	1.5	7.0 #	18.5	
C43 Malign. melanoma	a / 3	1.1	2.8	0.6	8.2	6.2	
C50 Breast	20	9.7	2.1	1.3	3.2 #	33.2	
C54 Corpus uteri	4	1.9	2.2	0.6	5.5	6.9	
C56 Ovary	3	1.4	2.1	0.4	6.2	5.1	
C73 Thyroid	3	0.5	5.5	1.1	16.1 #	7.9	
C82-C85 NHL	9	1.3	7.0	3.2	13.4 #	24.8	22.2
C91-C96 Leukaemia	2	0.5	3.8	0.5	13.8	4.8	
Other primaries	11	4.0	2.7	1.4	4.9 #	22.4	
Not observed	0	4.1	0.0	0.0	0.9 #	-13.3	
All mult. primaries	78	32.9	2.4	1.9	3.0 #	144.9	3.8

Patients	774
Mean age at second malignancy (years)	69.9
Person-years	3110
Mean observation time (years)	4.0
Median observation time (years)	3.2

# The occurrence of second malignancy is statistically significant.

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

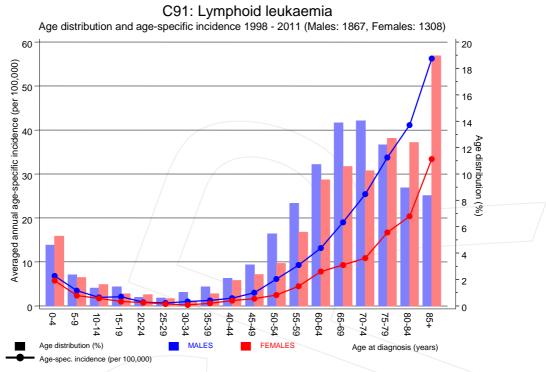
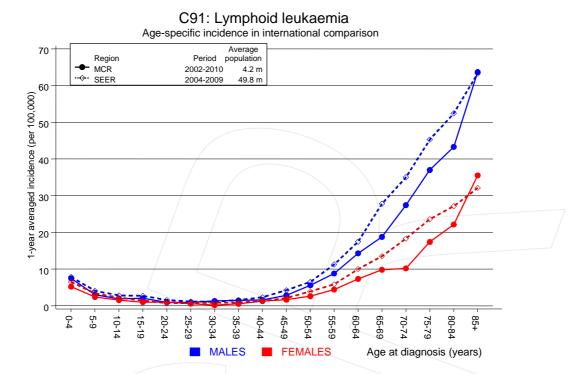


Figure 7. Age distribution and age-specific incidence





**Figure 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.

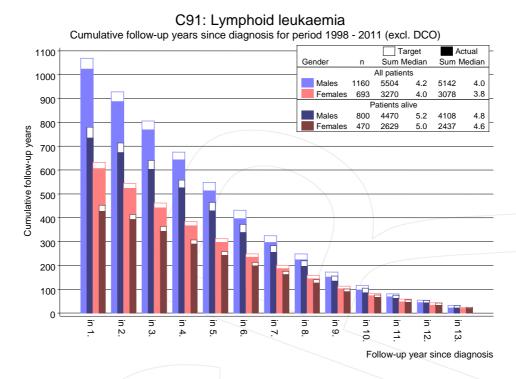
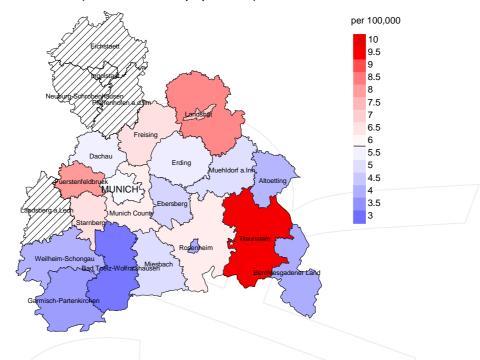


Figure 8. Cumulative follow-up years depending on time since diagnosis

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: Males



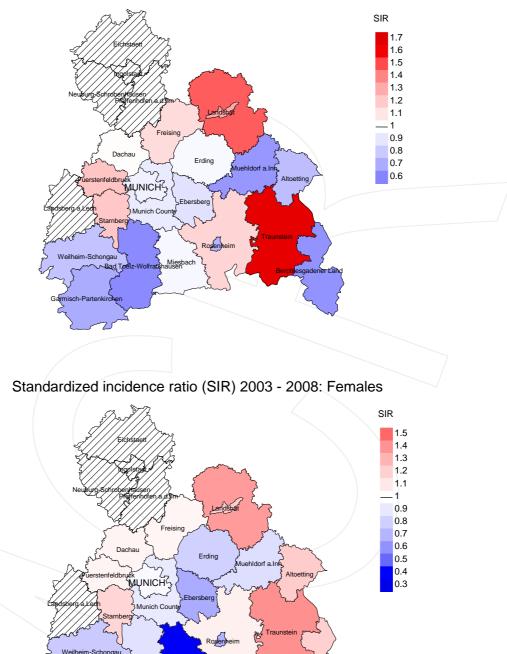
#### Average incidence (world standard population) 2003 - 2008: Females



**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 5.8/100,000 WS N=954, females 3.1/100,000 WS N=609). 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 12 women were identified with newly diagnosed lymphoid leukaemia. Therefore, the mean incidence rate for this cancer type in this area can be calculated at 1.7/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.5 and 4.6/100,000.

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



**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=954, females N=609). 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 12 women were identified with newly diagnosed lymphoid leukaemia. Therefore, the mean standardized incidence ratio (SIR) for this cancer type in this area can be calculated at 0.67. Though, the value of this parameter may vary with an underlying probability of 99% between 0.28 and 1.35, 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	121	97.5	6.6	82	67.8	98.8
1999	120	96.7	5.8	72	60.0	95.8
2000	126	96.0	14.3	82	65.1	97.6
2001	174	98.3	24.1	114	65.5	98.2
2002	295	96.3	26.8	209	70.8	99.0
2003	255	96.1	27.5	154	60.4	99.4
2004	285	93.0	20.0	151	53.0	99.3
2005	261	93.5	22.2	150	57.5	99.3
2006	263	90.1	16.0	131	49.8	97.7
2007	308	79.5	19.2	141	45.8	99.3
2008	267	73.4	19.1	116	43.4	97.4
2009	255	76.5	20.0	97	38.0	99.0
2010	234	91.9	23.9	94	40.2	100.0
2011	214	80.8	24.8	68	31.8	98.5
1998-2011	3178	88.9	20.5	1661	52.3	98.7

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	96
1998	121	50	98.0	10	8.3
1999	120	59	93.2	7	5.8
2000	126	65	93.8	20	15.9
2001	174	109	96.3	47	27.0
2002	295	153	98.7	92	31.2
2003	255	142	98.6	84	32.9
2004	285	141	99.3	64	22.5
2005	261	167	100.0	72	27.6
2006	263	163	98.2	61	23.2
2007	308	184	98.4	78	25.3
2008	267	180	98.9	66	24.7
2009	255	159	99.4	57	22.4
2010	234	183	98.9	73	31.2
2011	214	174	99.4	57	26.6
1998-2011	3178	1929	98.4	788	24.8

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.	
				cancer	
		Prop.	Prop.	recorded	
		cancer-	not cancer-	on death	
Year of	Deaths	related	related	certificate	
death	n /	%	%	%	
1998	50	68.0	32.0	91.8	
1999	59	67.8	32.2	89.1	
2000	65	66.2	33.8	98.4	
2001	109	63.3	36.7	93.3	
2002	153	78.4	21.6	96.0	
2003	142	81.7	18.3	95.0	
2004	141	87.2	12.8	95.0	
2005	167	82.0	18.0	97.0	
2006	163	80.4	19.6	92.5	
2007	184	77.2	22.8	91.2	
2008	180	82.8	17.2	91.0	
2009	159	84.9	15.1	93.0	
2010	183	79.2	20.8	93.4	
2011	174	78.2	21.8	89.6	
1998-2011	1929	78.8	21.2	93.3	

Table 11a  $\begin{tabular}{ll} Means of age at death according to the grouping in Table 10 \\ \hline MALES \end{tabular}$ 

					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	31	66.6	62.6	80.3	65.7
1999	34	66.6	58.1	82.2	63.8
2000	44	65.6	61.7	73.9	65.3
2001	55	71.3	70.8	72.5	70.4
2002	88	72.4	71.7	75.6	72.5
2003	80	71.3	70.7	74.3	71.2
2004	88	70.5	69.3	80.4	70.6
2005	100	72.3	70.0	81.3	71.8
2006	98	72.3	70.3	81.0	71.4
2007	102	71.7	70.1	78.0	72.0
2008	109	73.6	72.3	79.4	73.3
2009	92	74.4	73.3	81.9	74.7
2010	107	75.7	74.7	79.2	75.5
2011	108	73.9	72.7	79.2	73.7
1998-2011	1136	72.2	70.7	78.4	71.9

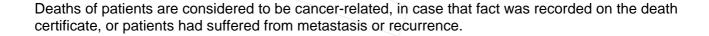


Table 11b Means of age at death according to the grouping in Table 10 FEMALES

					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	19	74.9	68.6	81.8	73.1
1999	25	74.4	71.4	81.9	72.6
2000	21	74.4	65.2	89.4	72.5
2001	54	76.3	72.2	81.7	75.8
2002	65	76.2	71.8	87.7	75.8
2003	62	75.2	72.7	86.7	74.8
2004	53	73.2	71.1	85.6	73.5
2005	67	78.5	76.7	88.8	78.2
2006	65	75.5	73.9	81.9	74.5
2007	82	77.8	74.6	87.3	78.4
2008	71	77.4	75.4	87.3	76.9
2009	67	73.0	71.0	82.1	72.9
2010	76	77.2	76.2	81.2	76.9
2011	66	75.8	71.9	86.3	74.3
1998-2011	793	76.0	73.3	84.9	75.5



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  $\begin{tabular}{ll} Mortality measures (cancer-related death) and mortality-incidence-index \\ by year of death \\ \hline MALES \\ \end{tabular}$ 

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	24	2.2	0.33	1.6	0.33	2.1	0.34	2.4	0.34
1999	22	2.0	0.37	1.6	0.40	1.9	0.38	2.3	0.38
2000	30	2.6	0.38	2.1	0.40	2.6	0.39	2.9	0.40
2001	38	3.3	0.39	1.9	0.31	2.9	0.37	4.0	0.43
2002	73	3.9	0.43	2.1	0.34	3.3	0.41	4.7	0.48
2003	65	3.5	0.41	1.9	0.34	2.9	0.39	4.0	0.44
2004	78	4.1	0.46	2.3	0.36	3.4	0.43	4.5	0.48
2005	80	4.2	0.48	2.3	0.37	3.4	0.44	4.7	0.49
2006	79	4.1	0.46	2.1	0.32	3.1	0.40	4.3	0.47
2007	81	3.7	0.46	1.9	0.39	2.8	0.43	3.9	0.48
2008	90	4.0	0.58	1.9	0.39	3.0	0.51	4.1	0.61
2009	80	3.6	0.57	1.6	0.45	2.6	0.52	3.6	0.60
2010	84	3.7	0.64	1.5	0.40	2.5	0.52	3.7	0.64
2011	88	3.9	0.74	1.8	0.45	2.8	0.61	3.9	0.77
1998-2011	912	3.6	0.49	1.9	0.37	2.9	0.45	3.9	0.51

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	10	0.9	0.21	0.5	0.20	0.6	0.20	0.7	0.20
1999	18	1.5	0.30	0.7	0.17	1.0	0.22	1.3	0.28
2000	13	1.1	0.27	0.7	0.25	0.8	0.25	0.9	0.26
2001	31	2.5	0.41	1.0	0.27	1.5	0.34	2.1	0.41
2002	47	2.4	0.38	1.1	0.38	1.6	0.38	2.0	0.39
2003	51	2.6	0.53	1.1	0.36	1.6	0.44	2.1	0.52
2004	45	2.3	0.39	1.0	0.30	1.4	0.33	1.8	0.38
2005	57	2.9	0.61	1.0	0.32	1.5	0.45	2.1	0.53
2006	52	2.6	0.58	1.1	0.39	1.5	0.48	2.1	0.58
2007	61	2.6	0.46	1.1	0.28	1.5	0.36	2.0	0.42
2008	59	2.5	0.53	1.0	0.35	1.4	0.42	1.9	0.48
2009	55	2.4	0.48	1.1	0.39	1.4	0.44	1.9	0.49
2010	61	2.6	0.60	0.9	0.33	1.3	0.44	1.9	0.55
2011	48	2.1	0.51	0.8	0.32	1.2	0.41	1.5	0.48
1998-2011	608	2.3	0.46	1.0	0.32	1.4	0.38	1.8	0.45

Table 13

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

Age at								
death	Cases		Males			Females		
Years	n	% Cum.%	n	06	Cum.%	n	%	Cum.%
0-4	5	0.3 0.3	3	0.3	0.3	2	0.3	0.3
5-9	11	0.7 1.0	6	0.7	1.0	5	0.8	1.1
10-14	14	0.9 2.0	/ 7	0.8	1.7	7	1.1	2.3
15-19	9	0.6 2.6	4	0.4	2.2	5	0.8	3.1
20-24	16	1.0 /3.6	/ 11	1.2	3.4	5	0.8	3.9
25-29	7	0.5 4.1	5	0.5	3.9	2	0.3	4.3
30-34	9	0.6 4.6	8	0.9	4.8	1	0.2	4.4
35-39	20	1.3 6.0	10	1.1	5.9	10	1.6	6.1
40-44	9	0.6 6.5	8	0.9	6.8	1	0.2	6.2
45-49	25	1.6 8.2	13	1.4	8.2	12	2.0	8.2
50-54	34	2.2 10.4	20	2.2	10.4	14	2.3	10.5
55-59	69	4.5 14.9	47	5.1	15.5	22	3.6	14.1
60-64	115	7.5 22.5	75	8.2	23.7	40	6.6	20.7
65-69	191	12.5 35.0	137	14.9	38.6	54	8.9	29.5
70-74	235	15.4 50.4	154	16.8	55.4	81	13.3	42.8
75-79	261	17.1 67.5	161	17.6	73.0	100	16.4	59.2
80-84	249	16.3 83.8	134	14.6	87.6	115	18.9	78.0
85+	248	16.2 100.0	114	12.4	100.0	134	22.0	100.0
All ages	1527	100.0	917	100.0		610	100.0	

Included in the statistics are 40.0% multiple primaries in males and 28.9% 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
death		Females	_ /		spec.		cancers	cancers
Years	n	n	mortal.	MI-index	mortal.	MI-index	%	%
		_	/	/	\	\		
0 - 4	3	2	0.2	0.03	0.2		10.3	9.1
5- 9	6	5	0.5	0.14	0.4		19.4	13.9
10-14	7	7	0.5	0.28	0.6		24.1	29.2
15-19	4	5	0.3		0.4		10.5	17.2
20-24	11	5	0.7		0.3		13.8	11.6
25-29	5	2 /	0.3	0.45	0.1	0.29	5.7	2.0
30-34	8	1 <	0.4	0.42	0.1		4.8	0.5
35-39	10	10	0.5	0.37	0.5		2.7	2.2
40-44	8	1	0.4		0.0	0.04	1.1	0.1
45-49	13	12	0.7	0.22	0.6	0.39	0.8	0.7
50-54	20	14	1.2	0.20	0.8	0.33	0.7	0.5
55-59	47	22	3.0	0.32	1.3	0.30	0.9	0.5
60-64	75	40	4.9	0.38	2.5	0.32	1.0	0.7
65-69	137	54	10.1	0.53	3.6	0.39	1.3	0.8
70-74	154	81	14.9	0.59	6.6	0.60	1.4	1.0
75-79	161	100	23.8	0.71	10.1	0.60	1.5	1.1
80-84	134	115	33.0	0.80	14.5	0.71	1.5	1.2
85+	114	134	41.1	0.73	18.0	0.54	1.6	1.2
All ages	917	610					1.4	1.0
Mortality								
Raw			3.6	0.49	2.3	0.47		
WS			1.9	0.37	1.0	0.32		
ES			2.9	0.45	1.4	0.38		
BRD-S			4.0	0.52	1.8	0.45		
PYLL-70								
per 100,000			21.6		13.5			
ES			22.0		14.6			
AYLL-70			13.9		16.9			

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

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> %
C03-C06 Oral cavity	6	1.2	1	16.7	2	33.3	3	50.0
C07-C08 Salivary gland	5	1.0			\ 1	20.0	4	80.0
C16 Stomach	/ 9	1.7	2	22.2			7	77.8
C18 Colon	41	8.0	17	41.5	6	14.6	18	43.9
C19-C20 Rectum	21	4.1	7	33.3	3	14.3	11	52.4
C25 Pancreas	6 /	1.2			2	33.3	4	66.7
C33-C34 Lung	51	9.9	5	9.8	11	21.6	35	68.6
C43 Malign. melanoma	25	4.9	8	32.0	3	12.0	14	56.0
C44 Skin others	139	27.0	15	10.8	6	4.3	118	84.9
C46,C49 Soft tissue	10	1.9	5	50.0			5	50.0
C61 Prostate	72	14.0	32	44.4	9	12.5	31	43.1
C64 Kidney	14	2.7	6	42.9	2	14.3	6	42.9
C67 Bladder	23	4.5	7	30.4	6	26.1	10	43.5
C70-C72 CNS cancer	10	1.9			3	30.0	7	70.0
C76-C79 CUP	6	1.2					6	100.0
C81 Hodgkin lymphoma	8	1.6	2	25.0	_ 1	12.5	5	62.5
C82-C85 NHL	18	3.5			5	27.8	13	72.2
C90 Mult. myeloma	8	1.6	3	37.5	4	50.0	1	12.5
C91-C96 Leukaemia	16	3.1			2	12.5	14	87.5
Other primaries	27	5.2	11	40.7	5	18.5	11	40.7
All mult. primaries	515	100.0	121	23.5	71	13.8	323	62.7

Multiple primaries with number of cases n<5 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  $\label{eq:multiple primaries in deaths in period 1998-2011 FEMALES }$ 

					Syn- chron	Syn- chron		
	Total	Total	Pre	Pre	±30d	±30d	Post	Post
Diagnosis	n	%↓	n	<b>←</b> %	n	<b>~</b> %	n	<b>←</b> %
C16 Stomach	6	2.9	1	16.7	3	50.0	2	33.3
C18 Colon	15	7.1	7	46.7	\ 1	6.7	7	46.7
C19-C20 Rectum	4	1.9	3	75.0			1	25.0
C23-C24 Bile	/ 3	1.4	1	33.3	1	33.3	1	33.3
C25 Pancreas	/ 5	2.4					5	100.0
C33-C34 Lung	/ 11 /	5.2	1	9.1	1	9.1	9	81.8
C43 Malign. melanom	a / 8	3.8	6	75.0			2	25.0
C44 Skin others	47	22.4	11	23.4	4	8.5	32	68.1
C50 Breast	40	19.0	24	60.0	5	12.5	11	27.5
C51 Vulva	4	1.9	3	75.0			1	25.0
C53 Cervix uteri	2	1.0	2	100.0				
C54 Corpus uteri	5	2.4	1	20.0	1	20.0	3	60.0
C56 Ovary	8	3.8	3	37.5	2	25.0	3	37.5
C64 Kidney	6	2.9	2	33.3	3	50.0	1	16.7
C67 Bladder	5	2.4	2	40.0	2	40.0	/ 1	20.0
C70-C72 CNS cancer	8	3.8	1	12.5	_ 2	25.0	5	62.5
C73 Thyroid	2	1.0	1	50.0			1	50.0
C76-C79 CUP	3	1.4	1	33.3			2	66.7
C82-C85 NHL	10	4.8					10	100.0
C90 Mult. myeloma	5	2.4			2	40.0	3	60.0
C91-C96 Leukaemia	3	1.4			1	33.3	2	66.7
Other primaries	10	4.8	3	30.0	2	20.0	5	50.0
All mult. primaries	210	100.0	73	34.8	30	14.3	107	51.0
AII muic. Primaries	210	100.0	, 3	24.0	30	17.3	107	21.0

Multiple primaries with number of cases n<2 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 \*)

			Males		Females		Males	Females
Age at			Age-		Age-			Prop.all
death		Females	_ /	_	spec.		cancers	cancers
Years	n	n	mortal.	MI-index	mortal.	MI-index	%	%
0 - 4	3	2	0.2	0.04	0.2		12.5	9.1
5- 9	6	5	0.5	0.14	0.4		20.7	15.2
10-14	7	7	0.5		0.6		24.1	30.4
15-19	4	5	0.3		0.4		11.4	18.5
20-24	11	5	0.7		0.3		14.7	12.8
25-29	4	2 /	0.2		0.1		4.9	2.1
30-34	8	1 <	0.4		0.1		4.9	0.6
35-39	9	9	0.4	0.36	0.4	0.82	2.6	2.2
40-44	8	1	0.4	0.22	0.0	0.05	1.1	0.1
45-49	11	11	0.6	0.21	0.6	0.44	0.8	0.7
50-54	17	13	1.0	0.18	0.8	0.35	0.7	0.6
55-59	39	18	2.5	0.31	1.1	0.30	0.9	0.5
60-64	60	36	3.9	0.36	2.2	0.33	0.9	0.8
65-69	115	48	8.4	0.54	3.2	0.44	1.4	0.8
70-74	128	77/	12.4	0.68	6.2	0.72	1.5	1.2
75-79	124	7/7	18.4	0.74	7.7	0.62	1.5	1.1
80-84	104	89	25.6	0.87	11.2	0.72	1.6	1.2
85+	83	101	29.9	0.81	13.6	0.51	1.5	1.1
All ages	741	507					1.4	1.0
Mortality								
Raw			2.9	0.49	1.9	0.47		
WS			1.6	0.36	0.8	0.31		
ES			2.4		1.2			
BRD-S			3.2	0.52	1.5	0.45		
PYLL-70								
per 100,000			19.6		12.8			
ES			20.3		13.9			
AYLL-70			14.8		17.7			

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

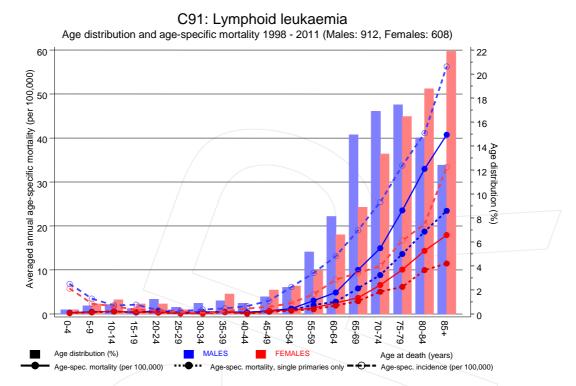
Table 17

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

(Single primaries only \*)

			Males		Females		Males	Females
Age at			Age-		Age-			Prop.all
death		Females	_ /		spec.		cancers	cancers
Years	n	n	mortal.	MI-index	mortal.	MI-index	%	%
0 4	2	2	/ 0 0	0.04	0 0	0.02	12.0	0 1
0- 4 5- 9	3	2	0.2	0.04	0.2		13.0	9.1
	5 7	4	0.4		0.3		17.9	12.5
10-14	•	6 5	0.5		0.5		24.1	27.3
15-19	4		0.3		0.4		11.4	21.7
20-24	9	4	0.6		0.3		12.9	11.1
25-29	3	2	0.2		0.1		4.0	2.2
30-34	8	1 4	0.4		0.1		5.0	0.6
35-39	8	9	0.4		0.4		2.5	2.4
40-44	7	1	0.3		0.0	0.05	1.1	0.1
45-49	9	10	0.5		0.5		0.7	0.7
50-54	16	12	1.0	0.20	0.7		0.7	0.6
55-59	31	17	2.0		1.0		0.8	0.6
60-64	42	30	2.8		1.9		0.7	0.7
65-69	79	43	5.8		2.9		1.1	0.9
70-74	91	62	8.8		5.0		1.2	1.1
75-79	92	61	13.6		6.1		1.3	1.0
80-84	76	79	18.7		9.9		1.4	1.2
85+	65	85	23.4	0.65	11.4	0.45	1.4	1.1
All ages	555	433					1.2	1.0
Mortality								
Raw			2.2		1.6			
WS			1.2		0.7			
ES			1.8		1.0	0.35		
BRD-S			2.4	0.44	1.3	0.42		
PYLL-70								
per 100,000			16.8		11.6			
ES			17.6		12.6			
AYLL-70			16.5		17.8			

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

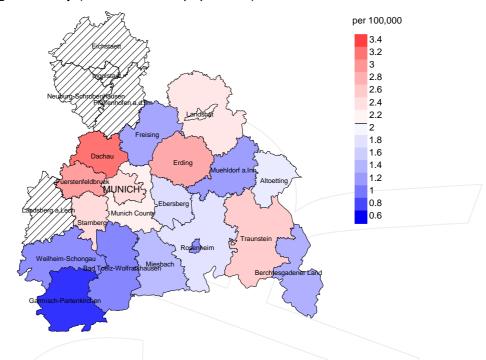


**Figure 18.** Distribution of age at death (bars) and age-specific mortality (all patients: solid line, patients with single primaries: dotted line). The age-specific incidence is additionally plotted for comparison (dashed line).

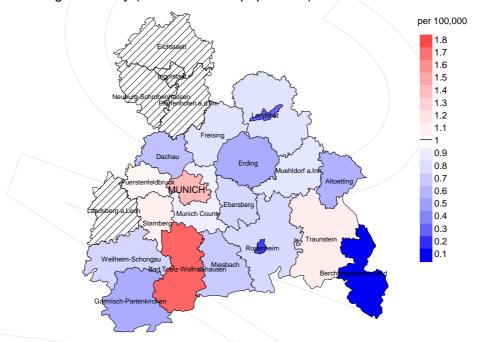
The difference between age at diagnosis (Table 3) and age at lymphoid leukaemia-related death (see Table 10) should be considered.



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



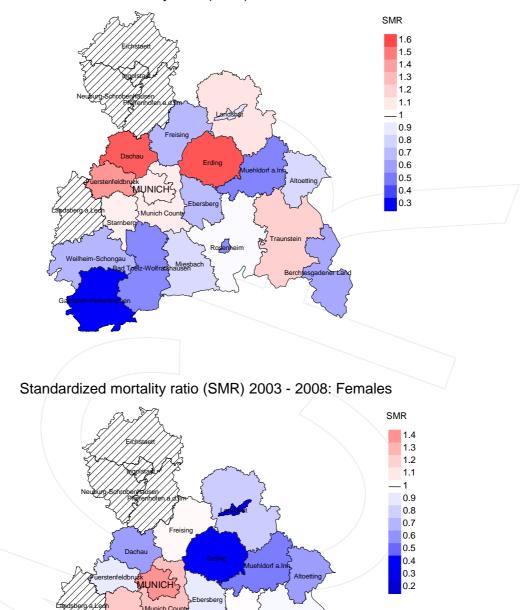
#### Average mortality (world standard population) 2003 - 2008: Females



**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=454, females 1.0/100,000 WS N=314). 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 8 women died from lymphoid leukaemia. Therefore, the mean mortality rate for this cancer type in this area can be calculated at 0.8/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.2 and 2.1/100,000.

#### 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=454, females N=314). 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 8 women died from lymphoid leukaemia. Therefore, the mean standardized mortality ratio (SMR) for this cancer type in this area can be calculated at 0.90. Though, the value of this parameter may vary with an underlying probability of 99% between 0.29 and 2.10, 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 C91: Lymphoid leukaemia [Internet]. 2013 [updated 2013 Apr 2; cited 2013 Jun 1]. Available from: http://www.tumorregister-muenchen.de/en/facts/base/base\_C91\_\_E.pdf

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## 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