# **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**

# C17: Small intestine cancer

Year of diagnosis	1998-2012
Patients	1,349
Diseases	1,351
Creation date	03/20/2014
Export date	02/12/2014
Population	4.5 m



http://www.tumorregister-muenchen.de/en/facts/base/base\_C17\_\_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, March 2014

- 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 2013 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
C17	Malignant neoplasm of small intestine
C17.0	Duodenum
C17.1	Jejunum
C17.2	lleum
C17.3	Meckel's diverticulum
C17.8	Overlapping lesion of small intestine
C17.9	Small intestine, unspecified

#### **INCIDENCE**

Table 1

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

				Prop.		Prop.
		DCO	Prop.	mult.	Prop.	actively
Year of	Cases	cases	DCO	primaries	deaths	followed
diagnosis	n	'n	%	%	%	%
1998	27	/ 1 /	3.7	25.9	70.4	100.0
1999	50	3	6.0	26.0	72.0	96.0
2000	39	2	5.1	28.2	66.7	97.4
2001	44	2	4.5	45.5	59.1	100.0
2002	66	8	12.1	33.3	54.5	98.5 #
2003	76	7	9.2	34.2	53.9	97.4 #
2004	103	4	3.9	30.1	53.4	97.1 #
2005	89	5	5.6	29.2	55.1	94.4 #
2006	99	1	1.0	36.4	52.5	94.9 #
2007	120	2	1.7	35.8	39.2	83.3 # ##
2008	112	6	5.4	27.7	35.7	67.9
2009	122	7	5.7	27.9	39.3	67.2
2010	141	3	2.1	28.4	31.9	64.5
2011	139	1	0.7	33.8	30.2	77.0
2012	124	4	3.2	35.5	15.3	95.2 ###
1998-2012	1351	56	4.1	31.9	43.0	85.0

<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 diagnosis	All n	Males	Females n	Prop. males %	
1998	27	16	11	59.3	
1999	50	24	26	48.0	
2000	39	24	15	61.5	
2001	44	25	19	56.8	
2002	66	32	34	48.5	
2003	76	41	35	53.9	
2004	103	66	37	64.1	
2005	89	44	45	49.4	
2006	99	53	46	53.5	
2007	120	72	48	60.0	
2008	112	57	55	50.9	
2009	122	68	54	55.7	
2010	141	71	70	50.4	
2011	139	70	69	50.4	
2012	124	72	52	58.1	
1998-2012	1351	735	616	54.4	

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	16	11	1.4	0.9	0.9	0.5	1.3	0.7	1.8	0.8
1999	24	26	2.1	2.2	1.4	1.0	1.9	1.5	2.1	1.9
2000	24	15	2.1	1.2	1.3	0.7	1.8	1.0	2.1	1.1
2001	25	19	2.2	1.6	1.3	0.9	1.9	1.2	2.2	1.4
2002	32	34	1.7	1.7	1.0	0.9	1.5	1.3	1.8	1.6
2003	41	35	2.2	1.8	1.2	1.0	1.8	1.3	2.2	1.5
2004	66	37	3.5	1.9	2.0	1.0	2.9	1.4	3.6	1.6
2005	44	45	2.3	2.3	1.3	1.0	1.8	1.5	2.4	1.9
2006	53	46	2.8	2.3	1.5	1.2	2.3	1.6	2.8	1.9
2007	72	48	3.3	2.1	1.9	1.0/	2.7	1.4	3.2	1.8
2008	57	55	2.6	2.4	1.4	1.2	2.0	1.7	2.5	1.9
2009	68	54	3.0	2.3	1.7	1.1	2.5	1.6	3.0	2.0
2010	71	70	3.2	3.0	1.8	1.7	2.5	2.3	2.9	2.6
2011	70	69	3.1	2.9	1.5	1.4	2.2	2.0	3.0	2.3
2012	72	52	3.2	2.2	1.6	1.0	2.3	1.5	2.9	1.8
1998-2012	735	616	2.7	2.1	1.5	1.1	2.2	1.5	2.7	1.8

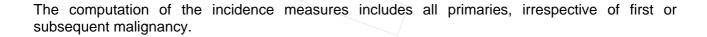


Table 3

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	27	66.9	12.3	45.1	90.0	50.5	55.9	66.2	74.6	85.1
1999	50	65.1	13.2	32.7	93.0	49.0	54.2	64.9	73.5	83.2
2000	39	62.8	13.9	34.4	93.2	42.9	53.7	64.3	73.1	77.4
2001	44	65.6	12.9	29.6	99.2	53.9	57.4	66.3	74.2	80.4
2002	66	66.3	13.1	28.7	101	47.7	58.9	67.7	74.8	82.7
2003	76	65.8	10.9	31.2	89.2	52.7	60.1	64.8	73.4	79.7
2004	103	64.9	12.5	36.6	94.4	47.7	56.3	66.1	73.2	81.2
2005	89	67.7	12.7	28.5	88.5	50.6	61.4	68.2	78.1	82.2
2006	99	66.4	12.6	38.6	93.7	49.1	56.2	66.2	75.6	83.0
2007	120	66.0	12.6	24.5	93.4	48.9	58.5	66.1	75.0	81.5
2008	112	65.6	12.3	27.2	88.0	49.6	57.6	66.5	73.4	80.2
2009	122	67.3	14.1	22.0	92.0	49.8	58.7	67.8	77.8	84.9
2010	141	63.7	12.3	26.3	90.1	48.1	55.7	63.9	71.6	79.7
2011	139	68.6	13.8	33.3	91.9	50.3	60.1	70.0	79.3	86.2
2012	124	68.8	12.7	30.9	94.4	52.1	59.6	69.8	77.9	85.4
1998-2012	1351	66.3	12.9	22.0	101	49.5	58.1	66.8	75.6	82.5

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	16	66.2	12.7	45.1	85.7	46.1	57.2	65.8	74.6	83.1
1999	24	59.6	11.4	32.7	85.3	47.5	52.3	60.2	67.2	73.5
2000	24	63.1	13.1	37.6	92.1	43.1	55.8	63.9	73.2	74.8
2001	25	65.2	11.1	31.9	85.2	53.9	60.0	65.9	72.5	77.8
2002	32	65.1	13.9	28.7	90.4	47.7	58.6	63.6	75.5	83.2
2003	41	66.4	8.9	45.3	85.0	55.0	61.1	65.6	73.1	76.9
2004	66	64.0	12.3	36.6	88.0	47.1	56.3	64.6	73.4	81.2
2005	44	67.0	12.8	28.5	87.0	50.6	60.8	67.2	77.3	82.2
2006	53	66.3	11.3	38.6	88.1	53.2	59.0	66.3	74.8	80.3
2007	72	63.8	13.1	24.5	93.4	44.7	57.0	64.7	73.2	79.2
2008	57	63.8	12.1	36.6	80.8	45.4	54.3	65.7	73.4	79.3
2009	68	66.3	13.8	31.4	90.1	49.8	56.7	65.2	77.7	83.2
2010	71	63.7	13.5	26.3	90.1	48.1	55.6	64.6	72.9	80.1
2011	70	70.1	13.0	33.3	91.9	52.5	62.3	70.7	80.7	84.2
2012	72	68.6	12.2	40.1	91.0	52.1	60.7	70.7	75.5	84.0
1998-2012	735	65.6	12.6	24.5	93.4	49.0	57.5	66.3	74.8	81.2

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	11	67.9	12.2	51.6	90.0	54.3	54.8	67.1	74.6	85.1
1999	26	70.2	12.8	46.8	93.0	52.5	61.7	70.8	78.7	88.5
2000	15	62.3	15.6	34.4	93.2	40.6	49.0	64.3	73.1	81.0
2001	19	66.2	15,1	29.6	99.2	51.5	56.9	66.9	78.6	83.3
2002	34	67.4	12.4	44.1	101	49.4	58.9	68.9	74.8	81.0
2003	35	65.2	12.9	31.2	89.2	51.5	59.4	64.5	73.6	80.6
2004	37	66.4	12.8	38.7	94.4	51.8	57.7	67.2	72.5	83.9
2005	45	68.5	12.7	33.7	88.5	55.4	62.3	70.4	78.8	81.2
2006	46	66.4	14.1	42.7	93.7	46.1	56.0	65.8	78.0	84.8
2007	48	69.2	11.3	41.7	89.5	53.5	61.5	69.0	79.1	83.6
2008	55	67.4	12.3	27.2	88.0	52.6	58.8	67.4	78.5	84.7
2009	54	68.5	14.4	22.0	92.0	49.4	61.1	69.9	78.4	85.9
2010	70	63.7	11.2	39.7	89.6	48.1	56.5	63.4	71.0	78.8
2011	69	67.0	14.6	34.4	91.1	44.4	56.3	68.2	77.9	86.5
2012	52	69.1	13.4	30.9	94.4	52.5	58.3	69.6	79.7	85.5
1998-2012	616	67.1	13.1	22.0	101	50.1	58.6	67.6	77.0	84.2

Age at									
diagnosis	Cases			Males	3		Females		
Years	n	%	Cum.%	n	%	Cum.%	n	%	Cum.%
20-24	2	0.1	0.1	1	0.1	0.1	1	0.2	0.2
25-29	5	0.4	0.5	3	0.4	0.5	2	0.3	0.5
30-34	17	1.3	1.8	/ 10	1.4	1.9	7	1.1	1.6
35-39	15	1.1	2.9	7	1.0	2.9	8	1.3	2.9
40 - 44	43	3.2	6.1	29	3.9	6.8	14	2.3	5.2
45-49	62	4.6	10.7	33	4.5	11.3	29	4.7	9.9
50-54	103	7.6	18.3	60	8.2	19.5	43	7.0	16.9
55-59	150	11.1	29.4	80	10.9	30.3	70	11.4	28.2
60-64	199	14.7	44.1	113	15.4	45.7	86	14.0	42.2
65-69	211	15.6	59.7	114	15.5	61.2	97	15.7	58.0
70-74	191	14.1	73.9	106	14.4	75.6	85	13.8	71.8
75-79	152	11.3	85.1	85	11.6	87.2	67	10.9	82.6
80-84	118	8.7	93.9	63	8.6	95.8	55	8.9	91.6
85+	83	6.1	100.0	31	4.2	100.0	52	8.4	100.0
All ages	1351	100.0		735	100.0		616	100.0	

Included in the statistics are 45.7% multiple primaries in males and 36.0% in females.

Table 5

Age-specific incidence, DCO rate and proportion of all cancers for period 1998-2012

Age at diagnosis Years 0- 4	Males n	Females n	Age- spec.	Females Age- spec. incid.		Females DCO rate n=31	cancers	Females Prop.all cancers n=142297 %
5- 9			0.0	0.0				
10-14			0.0	0.0				
15-19			0.0	0.0				
20-24	1	1	0.1	0.1			0.2	0.2
25-29	3	2	0.2	0.1			0.3	0.2
30-34	10	7	0.5	0.3			0.7	0.4
35-39	7	8	0.3	0.4			0.3	0.2
40-44	29	14	1.2	0.6			1.0	0.2
45-49	33	29	1.5	1.4			0.7	0.4
50-54	60	43	3.2	2.3	1 2	1 1	0.7	0.4
55-59	80	70	4.7	3.9	1.3	1.4	0.6	0.5
60-64 65-69	113 114	86 96	6.9 7.8	4.9 6.0	0.9 6.1	2.3	0.6 0.4	0.5
70-74	106	85	9.1	6.2	2.8	2.4	0.4	0.5
75-74 75-79	85	67	11.3	6.1	8.2	4.5	0.4	0.3
80-84	63	55	13.9	6.4	4.8	12.7	0.5	0.4
85+	31	51	10.0	6.2	9.7	25.5	0.3	0.3
031	31	31	10.0	0.2	J.,	25.5	0.5	0.5
All ages	735	614			3.4	5.0	0.5	0.4
Incidence								
Raw			2.7	2.1				
WS			1.5	1.1				
ES			2.2	1.5				
BRD-S			2.7	1.8				

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 1998-2012 MALES

	Observed E	Expected		LCL	UCL		DCO
Diagnosis	n	n	SIR	95%	95%	EAR	%
C03-C06 Oral cavity	2	0.3	8.0	1.0	28.9	9.8	
C16 Stomach	6	1.2	5.0	1.9	11.0 #	26.9	
C18 Colon	13 /	2.8	4.6	2.5	7.9 #	57.0	
C19-C20 Rectum	5	1.6	3.1	1.0	7.2 #	18.9	
C22 Liver	2 2	0.8	2.5	0.3	9.0	6.7	
C23-C24 Bile		0.3	7.3	0.9	26.3	9.6	
C25 Pancreas	4	1.0	3.9	/1.1	10.0 #	16.6	
C33-C34 Lung	3	3.4	0.9	0.2	2.6	-2.3	
C43 Malign. melanoma	5	1.2	4.3	1.4	10.1 #	21.5	
C46,C49 Soft tissue	4	0.1	26.7	7.3	68.5 #	21.5	25.0
C61 Prostate	12	8.5	1.4	0.7	2.5	19.5	
C65 Renal pelvis	2	0.1	17.3	2.1	62.6 #	10.5	
C73 Thyroid	2	0.2	10.2	1.2	36.8 #	10.1	
C82-C85 NHL	5	1.1	4.5	1.4	10.4 #	21.7	
C90 Mult. myeloma	2	0.4	5.5	0.7	20.0	9.2	
C91-C96 Leukaemia	2	0.5	4.4	0.5	15.9	8.6	100.0
Other primaries	6	2.9	2.0	0.7	4.4	17.1	
Not observed	0	2.7	0.0	0.0	1.4	-14.9	
All mult. primaries	77	29.0	2.7	2.1	3.3 #	268.2	3.9

Patients	499
Mean age at second malignancy (years)	70.2
Person-years	1788
Mean observation time (years)	3.6
Median observation time (years)	2.6

# 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 1998-2012

FEMALES

	Observed	Expected		LCL	UCL		DCO
Diagnosis	n /	n	SIR	95%	95%	EAR	%
C16 Stomach	4	0.5	7.5	2.1	19.3 #	23.8	
C18 Colon	11 /	1.5	7.4	3.7	13.3 #	65.4	
C19-C20 Rectum	3 /	0.7	4.4	0.9	12.9	15.9	
C25 Pancreas	6	0.6	9.2	3.4	20.1 #	36.8	
C33-C34 Lung	3	1.2	2.6	0.5	7.5	12.6	
C50 Breast	/7 /	5.0	1.4	0.6	2.9	13.9	
C53 Cervix uteri	/ 3	0.2	13.9	2.9	40.7 #	19.1	33.3
C54 Corpus uteri	4	0.9	4.4	1.2	11.2 #	21.2	
C56 Ovary	3	0.7	4.5	0.9	13.1	16.0	
C64 Kidney	2	0.4	5.1	0.6	18.4	11.0	
C70-C72 CNS cancer	2	0.2	9.0	1.1	32.5 #	12.2	
C82-C85 NHL	3	0.6	5.1	1.1	15.0 #	16.6	
Other primaries	5	0.8	6.4	2.1	14.9 #	29.0	
Not observed	0	2.6	0.0	0.0	1.4	-17.6	
All mult. primaries	56	15.8	3.5	2.7	4.6 #	275.9	1.8

Patients	388
Mean age at second malignancy (years)	70.8
Person-years	1456
Mean observation time (years)	3.8
Median observation time (years)	2.6

# The occurrence of second malignancy is statistically significant.

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

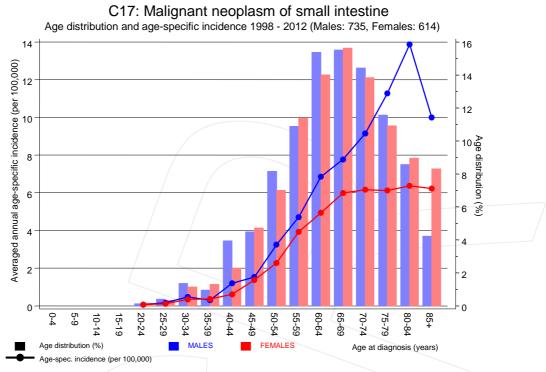
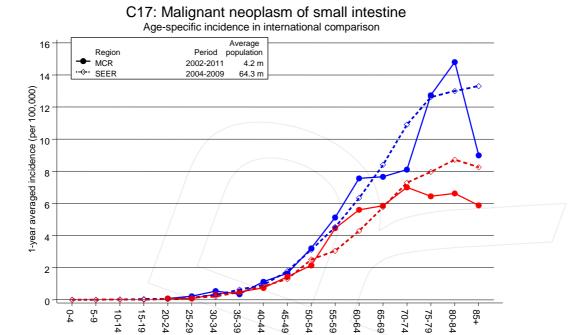


Figure 7. Age distribution and age-specific incidence





**FEMALES** 

Age at diagnosis (years)

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

**MALES** 



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.

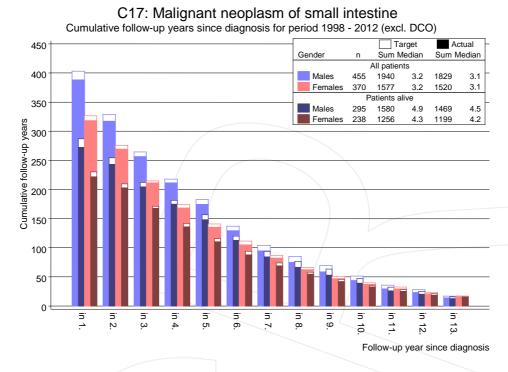
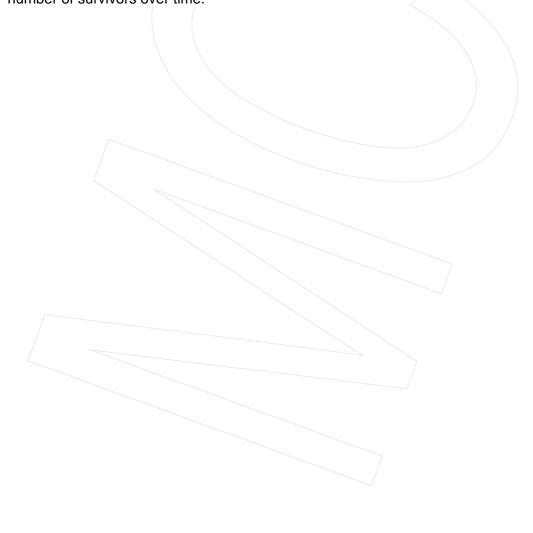
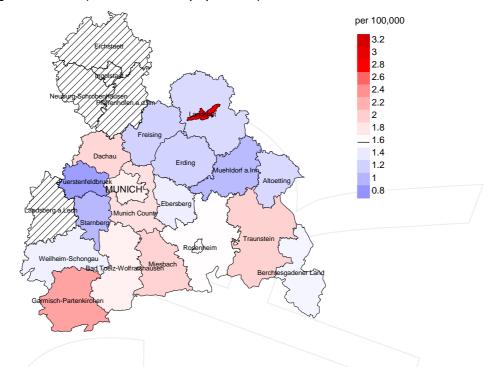


Figure 8. Cumulative follow-up years depending on time since diagnosis

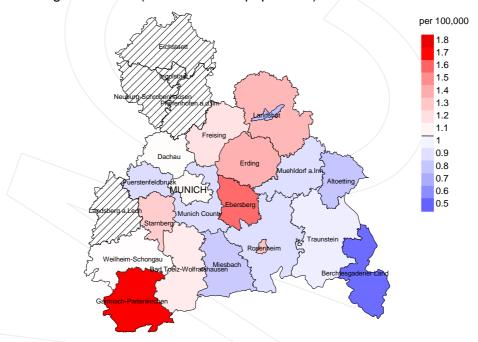
The increase of the lost to follow-up rate can be interpreted as a consequence of a declining number of survivors over time.



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



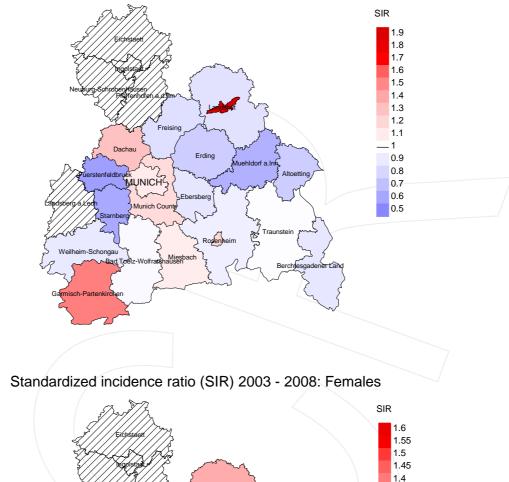
#### Average incidence (world standard population) 2003 - 2008: Females

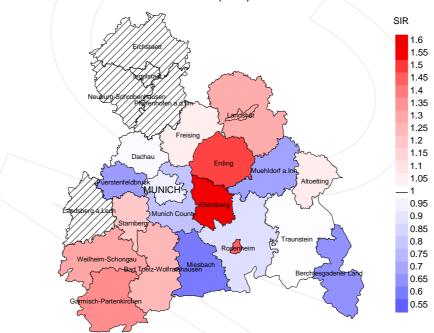


**Figure 9a.** Map of cancer incidence (world standard population, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual incidence rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (males 1.6/100,000 WS N=321, females 1.1/100,000 WS N=256). 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 small intestine cancer. Therefore, the mean incidence rate for this cancer type in this area can be calculated at 1.6/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.6 and 3.4/100,000.

#### 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=321, females N=256). 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 small intestine cancer. Therefore, the mean standardized incidence ratio (SIR) for this cancer type in this area can be calculated at 1.57. Though, the value of this parameter may vary with an underlying probability of 99% between 0.65 and 3.17, 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	27	100.0	3.7	19	70.4	89.5
1999	50	96.0	6.0	36	72.0	100.0
2000	39	97.4	5.1	26	66.7	92.3
2001	44	100.0	4.5	26	59.1	96.2
2002	66	98.5	12.1	36	54.5	97.2
2003	76	97.4	9.2	41	53.9	95.1
2004	103	97.1	3.9	55	53.4	96.4
2005	89	94.4	5.6	49	55.1	98.0
2006	99	94.9	1.0	52	52.5	96.2
2007	120	83.3	1.7	47	39.2	97.9
2008	112	67.9	5.4	40	35.7	97.5
2009	122	67.2	5.7	48	39.3	100.0
2010	141	64.5	2.1	45	31.9	91.1
2011	139	77.0	0.7	42	30.2	97.6
2012	124	95.2	3.2	19	15.3	94.7
1998-2012	1351	85.0	4.1	581	43.0	96.4

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	%
acacii		/ 11/	· ·		/
1998	27	10	90.0	3	11.1
1999	50	24	91.7	11	22.0
2000	39	22	90.9	6	15.4
2001	44	17	100.0	6	13.6
2002	66	29	96.6	15	22.7
2003	76	28	96.4	12	15.8
2004	103	55	98.2	22	21.4
2005	89	35	97.1	11	12.4
2006	99	40	97.5	11	11.1
2007	120	44	100.0	9	7.5
2008	112	54	96.3	12	10.7
2009	122	62	100.0	20	16.4
2010	141 /	55	96.4	21	14.9
2011	139	65	98.5	19	13.7
2012	124	70	98.6	14	11.3
1998-2012	1351	610	97.4	192	14.2

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	
Voor of	Dootha	related		certificate	
Year of	Deaths	= -/	related		
death	n	%	%	%	
1998	10	70.0	30.0	66.7	
1999	24	75.0	25.0	95.5	
2000	22	72.7	27.3	85.0	
2001	17	76.5	23.5	64.7	
2002	29	82.8	17.2	92.9	
2003	28	71.4	28.6	85.2	
2004	55	83.6	16.4	85.2	
2005	35	91.4	8.6	91.2	
2006	40	87.5	12.5	92.3	
2007	44	86.4	13.6	84.1	
2008	54	85.2	14.8	92.3	
2009	62	79.0	21.0	87.1	
2010	55	76.4	23.6	83.0	
2011	65	83.1	16.9	90.6	
2012	70	70.0	30.0	79.7	
1998-2012	610	80.2	19.8	86.4	

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

					Age at
		Age at	Age at	Age at	death
		death	death	death	(according
		(all	(cancer-	(not cancer-	to death
Year of	Deaths	causes)	related)	related)	certificate)
death	n	Years	Years	Years	Years
1998	6	62.0	62.6	59.3	62.6
1999	9	67.7	68.9	57.6	67.7
2000	14	67.1	65.0	79.6	65.0
2001	12	67.6	67.3	68.4	66.0
2002	17	70.2	68.9	76.5	71.0
2003	14	72.0	73.1	70.2	73.7
2004	32	70.3	67.7	79.5	68.8
2005	15	68.5	67.5	75.3	70.6
2006	20	73.1	73.5	69.2	73.7
2007	25	71.8	71.7	72.3	72.2
2008	29	70.9	69.9	76.7	69.6
2009	38	72.5	70.8	77.0	71.5
2010	34	75.1	75.0	75.3	74.9
2011	30	71.1	67.4	83.2	68.6
2012	35	75.6	73.6	81.2	74.2
1998-2012	330	71.5	70.3	76.3	70.9

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

Table 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	4	77.6	71.9	83.3	85.1
1999	15	78.6	77.8	80.0	78.6
2000	8	71.2	69.3	73.1	70.8
2001	5	84.6	82.7	92.2	77.1
2002	12	75.3	74.8	77.8	74.8
2003	14	76.6	75.4	80.7	75.4
2004	23	73.2	73.2	72.6	74.2
2005	20	71.7	71.1	83.6	71.1
2006	20	72.3	71.7	75.6	72.1
2007	19	74.0	74.1	73.3	73.5
2008	25	72.8	70.6	84.4	71.8
2009	24	75.2	75.5	73.0	74.7
2010	21/	73.2	72.2	79.1	72.9
2011	35	69.9	68.6	80.2	69.5
2012	35	78.7	73.5	88.7	75.0
1998-2012	280	74.3	72.8	81.0	73.2



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	5	0.5	0.31	0.3	0.32	0.4	0.30	0.6	0.34
1999	8	0.7	0.33	0.5	0.33	0.7	0.35	0.8	0.39
2000	12	1.1	0.50	0.7	0.55	1.0	0.54	1.2	0.60
2001	9	0.8	0.36	0.5	0.35	0.7	0.37	0.8	0.37
2002	14	0.8	0.44	0.4	0.41	0.6	0.44	0.8	0.46
2003	9	0.5	0.22	0.3	0.20	0.4	0.22	0.5	0.23
2004	25	1.3	0.38	0.7	0.36	1.0	0.36	1.3	0.36
2005	13	0.7	0.30	0.4	0.28	0.6	0.31	0.7	0.31
2006	18	0.9	0.34	0.4	0.29	0.7	0.32	1.0	0.36
2007	21	0.9	0.29	0.4	0.23	0.7	0.26	1.0	0.30
2008	25	1.1	0.44	0.6	0.40	0.9	0.44	1.2	0.48
2009	28	1.3	0.41	0.6	0.37	1.0	0.39	1.3	0.43
2010	24	1.1	0.34	0.5	0.28	0.8	0.31	1.0	0.35
2011	23	1.0	0.33	0.5	0.35	0.8	0.34	0.9	0.32
2012	26	1.1	0.36	0.5	0.32	0.8	0.35	1.1	0.40
1998-2012	260	0.9	0.35	0.5	0.32	0.7	0.35	1.0	0.37

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	2	0.2	0.18	0.1	0.15	0.1	0.16	0.2	0.20
1999	10	0.8	0.38	0.3	0.31	0.5	0.33	0.6	0.32
2000	4	0.3	0.27	0.2	0.22	0.2	0.25	0.3	0.23
2001	4	0.3	0.21	0.1	0.11	0.1	0.13	0.2	0.17
2002	10	0.5	0.29	0.2	0.19	0.3	0.21	0.4	0.25
2003	11	0.6	0.31	0.2	0.20	0.3	0.22	0.4	0.27
2004	21	1.1	0.57	0.4	0.45	0.7	0.47	0.8	0.51
2005	19	1.0	0.42	0.4	0.40	0.6	0.40	0.8	0.39
2006	17	0.8	0.37	0.4	0.31	0.6	0.35	0.7	0.36
2007	17	0.7	0.35	0.3	0.27	0.4	0.30	0.6	0.34
2008	21	0.9	0.38	0.4	0.35	0.6	0.36	0.7	0.37
2009	21	0.9	0.39	0.3	0.28	0.5	0.33	0.7	0.33
2010	18	0.8	0.26	0.3	0.20	0.5	0.21	0.6	0.25
2011	31	1.3	0.46	0.6	0.44	0.9	0.43	1.0	0.44
2012	23	1.0	0.44	0.4	0.38	0.6	0.39	0.7	0.40
1998-2012	229	0.8	0.37	0.3	0.31	0.5	0.32	0.6	0.34

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Table 13

Age distribution of age at death (cancer-related) for period 1998-2012 (incl. multiple primaries)

Age at									
death	Cases			Males			Females		
Years	n	%	Cum.%	n	96	Cum.%	n	%	Cum.%
25-29	2	0.4	0.4	1	0.4	0.4	1	0.4	0.4
30-34	2	0.4	0.8	/ 1	0.4	0.8	1	0.4	0.9
35-39	2	0.4	1.2	/ 1	0.4	1.2	1	0.4	1.3
40-44	7	1.4	2.7	6	2.3	3.5	1	0.4	1.7
45-49	11	2.2	4.9	6	2.3	5.8	5	2.2	3.9
50-54	17	3.5	8.4	11	4.2	10.0	6	2.6	6.6
55-59	53	10.8	19.2	27	10.4	20.4	26	11.4	17.9
60-64	50	10.2	29.4	34	13.1	33.5	16	7.0	24.9
65-69	69	14.1	43.6	32	12.3	45.8	37	16.2	41.0
70-74	80	16.4	59.9	43	16.5	62.3	37	16.2	57.2
75-79	63	12.9	72.8	39	15.0	77.3	24	10.5	67.7
80-84	63	12.9	85.7	32	12.3	89.6	31	13.5	81.2
85+	70	14.3	100.0	27	10.4	100.0	43	18.8	100.0
All ages	489	100.0		260	100.0		229	100.0	

Included in the statistics are 45.7% multiple primaries in males and 36.0% in females.

Table 14

Age-specific mortality (cancer-related) and proportion of all cancers for period 1998-2012 (incl. multiple primaries)

			Males		Females		Males	Females
Age at		- 1	Age-		Age-		_	Prop.all
death		Females	_ /	N.T 1	spec.	NGT ' 1	cancers	cancers
Years	n	n	mortal.	MI-index	mortal.	MI-index	%	%
0- 4			0.0		0.0			
5- 9			0.0		0.0			
10-14			0.0		0.0			
15-19			0.0		0.0			
20-24			0.0		0.0			
25-29	1	1 /	0.1	0.33	0.1	0.50	1.0	0.9
30-34	1	1 <	0.0	0.10	0.0	0.14	0.6	0.5
35-39	1	1	0.0	0.14	0.0	0.13	0.3	0.2
40-44	6	1	0.2	0.21	0.0	0.07	0.7	0.1
45-49	6	5	0.3	0.18	0.2	0.17	0.4	0.3
50-54	11	6	0.6	0.18	0.3	0.14	0.4	0.2
55-59	27	26	1.6	0.34	1.5	0.37	0.5	0.6
60-64	34	16	2.1	0.30	0.9	0.19	0.4	0.3
65-69	32	37	2.2	0.28	2.3	0.38	0.3	0.5
70-74	43	37	3.7	0.41	2.7	0.44	0.3	0.4
75-79	39	24	5.2	0.46	2.2	0.36	0.3	0.2
80-84	32	31	7.0	0.51	3.6	0.56	0.3	0.3
85+	27	43	8.7	0.87	5.2	0.83	0.3	0.3
7.7.7	0.50	000					0.4	0 0
All ages	260	229					0.4	0.3
Mortality								
Raw			0.9	0.35	0.8	0.37		
WS			0.5	0.32	0.3	0.30		
ES			0.7	0.35	0.5	0.32		
BRD-S			1.0	0.37	0.6	0.34		
BRD B			1.0	0.57	0.0	0.31		
PYLL-70								
per 100,000			5.2		3.6			
ES			4.5		3.1			
AYLL-70			10.7		9.5			

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

Table 15a  $\begin{tabular}{ll} Multiple primaries in deaths in period 1998-2012 \\ \hline MALES \end{tabular}$ 

					Syn- chron	Syn- chron		
	Total	Total	Pre	Pre	±30d	±30d	Post	Post
Diagnosis	n /	용↓	n	<b>←%</b>	n	<b>~</b> %	n	<b>←</b> %
C03-C06 Oral cavity	2	1.4					2	100.0
<del>-</del>	1	0.7	1	100 0			۷	100.0
C09-C10 Oropharynx	2	1.4	1	100.0			1	ΓΛ Λ
C12-C13 Hypopharynx			2					50.0
C15 Oesophagus	2	1.4	_	100.0		40 0		
C16 Stomach	5	3.6	3	60.0	2	40.0		
C18 Colon	28	20.0	13	46.4	11	39.3	4	14.3
C19-C20 Rectum	/ 11 -	7.9	8	72.7	2	18.2	1	9.1
C22 Liver	3	2.1	1	33.3			2	66.7
C23-C24 Bile	4	2.9	1	25.0	1	25.0	2	50.0
C25 Pancreas	9	6.4	1	11.1	6	66.7	2	22.2
C32 Larynx	2	1.4	2	100.0				
C33-C34 Lung	5	3.6	3	60.0	2	40.0		
C43 Malign. melanoma	2	1.4	2	100.0				
C44 Skin others	7	5.0	2	28.6			5	71.4
C46,C49 Soft tissue	1	0.7					1	100.0
C61 Prostate	19	13.6	13	68.4			6	31.6
C62 Testis	4	2.9	4	100.0				
C64 Kidney	5	3.6	3	60.0	2	40.0		
C65 Renal pelvis	1	0.7					1	100.0
C66 Ureter	1	0.7					1	100.0
C67 Bladder	11	7.9	7	63.6			4	36.4
C69 Eye carcinoma	1	0.7	1	100.0				
C70-C72 CNS cancer	1	0.7			1	100.0		
C76-C79 CUP	2	1.4	2	100.0	_			
C81 Hodgkin lymphoma	1	0.7			1/	100.0		
C82-C85 NHL	5	3.6	2	40.0		100.0	3	60.0
C90 Mult. myeloma	1	0.7		10.0			1	100.0
C91-C96 Leukaemia	4	2.9	1	25.0			3	75.0
CJI CJO ECUNACIIIIA	•	2.7		25.0			5	,5.0
All mult. primaries	140	100.0	73	52.1	28	20.0	39	27.9

Multiple primaries with number of cases n<1 are pooled in category "Other primaries".

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

Table 15b

Multiple primaries in deaths in period 1998-2012
FEMALES

	Total	Total	Pre	Pre	Syn- chron ±30d	Syn- chron ±30d	Post	Post
Diagnosis	n /	%↓	n	<b>←</b> %	n	<b>←</b> %	n	<b>←</b> %
C15 Oesophagus	1	1.0					1	100.0
C16 Stomach	/5	5.2			4	80.0	1	20.0
C18 Colon	10	10.4	5	50.0	4	40.0	1	10.0
C19-C20 Rectum	/ 7	7.3	2	28.6	5	71.4		
C21 Anus/canal	2	2.1	1	50.0	1	50.0		
C22 Liver	/ 1 /	1.0					1	100.0
C23-C24 Bile	_ 2 \	2.1	1	50.0			1	50.0
C25 Pancreas	6	6.3	1	16.7	3	50.0	2	33.3
C26 GI cancer	1	1.0	1	100.0				
C33-C34 Lung	7	7.3	2	28.6	2	28.6	3	42.9
C43 Malign. melanoma	2	2.1	1	50.0			1	50.0
C44 Skin others	1	1.0	1	100.0				
C46,C49 Soft tissue	1	1.0			_ 1	100.0		
C50 Breast	25	26.0	21	84.0	2	8.0	2	8.0
C52 Vagina	1	1.0	1	100.0				
C53 Cervix uteri	1	1.0					$\sqrt{1}$	100.0
C54 Corpus uteri	4	4.2	2	50.0	2	50.0		
C56 Ovary	5	5.2	2	40.0	3	60.0		
C65 Renal pelvis	1	1.0					1	100.0
C67 Bladder	3	3.1	3	100.0				
C70-C72 CNS cancer	3	3.1	1	33.3			2	66.7
C74-C80 Cancer others	1	1.0	1	100.0				
C76-C79 CUP	3	3.1	1	33.3	1	33.3	1	33.3
C82-C85 NHL	2	2.1			1	50.0	1	50.0
C91-C96 Leukaemia	1	1.0	1	100.0				
All mult. primaries	96	100.0	48	50.0	29	30.2	19	19.8

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 1998-2012

(Singular primaries only \*)

Age at			Males Age-		Females Age-			Females Prop.all
death		Females	spec.		spec.		cancers	cancers
Years	n	n	mortal.	MI-index	mortal.	MI-index	%	%
0- 4			0.0		0.0			
5- 9			0.0		0.0			
10-14			0.0		0.0			
15-19			0.0		0.0			
20-24			0.0		0.0			
25-29	1		0.1	0.33	0.0		1.1	
30-34	1	1 <	0.0	0.10	0.0		0.6	0.5
35-39	1	1	0.0	0.14	0.0	0.13	0.3	0.2
40-44	6	1	0.2	0.23	0.0	0.08	0.8	0.1
45-49	6	4	0.3	0.21	0.2		0.4	0.2
50-54	10	3	0.5	0.19	0.2	0.08	0.4	0.1
55-59	20	20	1.2	0.33	1.1	0.38	0.4	0.5
60-64	26	13	1.6	0.29	0.7	0.19	0.4	0.3
65-69	25	30	1.7	0.30	1.9	0.41	0.3	0.5
70-74	26	25	2.2	0.40	1.8	0.42	0.3	0.3
75-79	24	16	3.2	0.47	1.5	0.32	0.3	0.2
80-84	17	22	3.7	0.50	2.5	0.58	0.2	0.3
85+	19	32	6.1	0.83	3.9	0.86	0.3	0.3
All ages	182	168					0.3	0.3
AII ages	102	100					0.5	0.5
Mortality								
Raw			0.7	0.34	0.6	0.36		
WS			0.4	0.31	0.2	0.29		
ES			0.5	0.33	0.4	0.30		
BRD-S			0.7	0.35	0.5	0.32		
PYLL-70								
per 100,000			4.4		2.7			
ES ES			3.9		2.7			
AYLL-70			11.4		9.1			
VITTT- 10			11.4		<b>⊅.</b> ⊥			

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

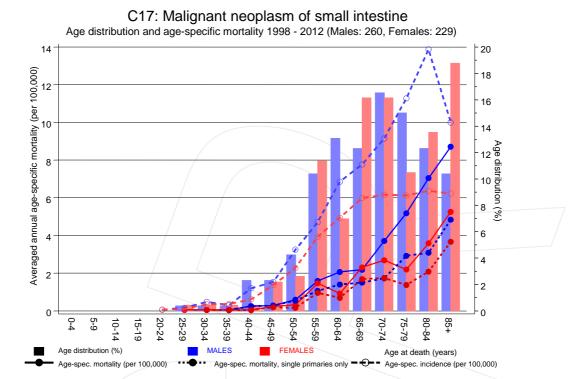
Table 17

Age-specific mortality (cancer-related) and proportion of all cancers for period 1998-2012

(Single primaries only \*)

Age at			Males Age-		Females Age-		Males Prop.all	Females Prop.all
death	Males	Females	spec.		spec.		cancers	cancers
Years	n	n	mortal.	MI-index	mortal.	MI-index	%	%
0 4					0 0			
0 – 4 5 – 9			0.0		0.0			
			0.0		0.0			
10-14 15-19			0.0		0.0			
20-24			0.0					
25-29			0.0		0.0			
30-34		1 <	0.0		0.0	0.17		0.6
35-39	1	1	0.0	0.14	0.0	0.13	0.3	0.2
40-44	6	1	0.2		0.0	0.08	0.8	0.1
45-49	6	4	0.3		0.2		0.4	0.3
50-54	10	3	0.5	0.21	0.2	0.09	0.4	0.1
55-59	18	17	1.1		1.0		0.4	0.5
60-64	23	12	1.4	0.29	0.7	0.19	0.4	0.3
65-69	22	27	1.5	0.31	1.7	0.40	0.3	0.5
70-74	20	24	1.7	0.36	1.7	0.42	0.2	0.4
75-79	22	15	2.9	0.48	1.4	0.33	0.3	0.2
80-84	14	18	3.1	0.50	2.1	0.51	0.2	0.3
85+	15	30	4.8	0.68	3.7	0.83	0.3	0.3
All ages	157	153					0.3	0.3
Mortality			0.5	0 00	0 5	0 25		
Raw			0.6		0.5			
WS			0.3	0.30	0.2			
ES			0.5	0.32	0.3			
BRD-S			0.6	0.34	0.4	0.32		
PYLL-70								
per 100,000			3.9		2.5			
ES			3.4		2.1			
AYLL-70			11.2		9.2			

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

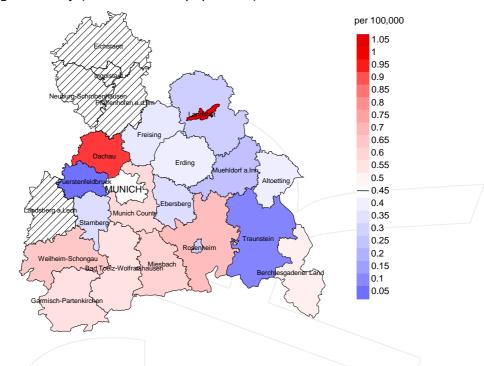


**Figure 18.** Distribution of age at death (bars) and age-specific mortality (all patients: solid line, patients with single primaries: dotted line). The age-specific incidence is additionally plotted for comparison (dashed line).

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



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



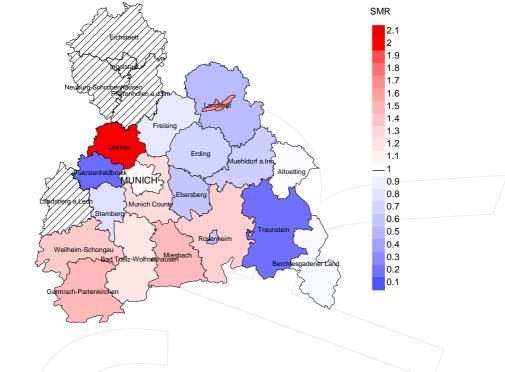
#### Average mortality (world standard population) 2003 - 2008: Females



**Figure 19a.** Map of cancer mortality (world standard population) by county averaged for period 2003 to 2008. According to their individual mortality rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (males 0.5/100,000 WS N=104, females 0.3/100,000 WS N=100). Since cancer data are not available in some counties until 2007, the local mortality rates were not calculated, and the map tiles show as shaded.

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 63,131 female residents (averaged) in the period from 2003 to 2008 a total of 1 women died from small intestine cancer. Therefore, the mean mortality rate for this cancer type in this area can be calculated at 0.2/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.0 and 1.3/100,000.

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



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



**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=104, females N=100). Since cancer data are not available in some counties until 2007, the local SMR values were not calculated, and the map tiles show as shaded.

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 63,131 female residents (averaged) in the period from 2003 to 2008 a total of 1 women died from small intestine cancer. Therefore, the mean standardized mortality ratio (SMR) for this cancer type in this area can be calculated at 0.35. Though, the value of this parameter may vary with an underlying probability of 99% between 0.00 and 2.57, 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 C17: Small intestine cancer [Internet]. 2014 [updated 2014 Mar 20; cited 2014 May 1]. Available from: http://www.tumorregister-muenchen.de/en/facts/base/base\_C17\_\_E.pdf

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