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

C18.1: Appendix cancer

Year of diagnosis	1998-2012
Patients	494
Diseases	494
Creation date	03/20/2014
Export date	02/12/2014
Population	4.5 m



http://www.tumorregister-muenchen.de/en/facts/base/base_C181_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, 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-O-3 c	odes (topography	used for specifying	g cancer site	
ICD-O-3	Description			
C18.1	Appendix			

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	%	ૹ	%	%
1998	17			23.5	52.9	100.0
1999	15			26.7	33.3	93.3
2000	18			27.8	11.1	94.4
2001	14			21.4	57.1	100.0
2002	39			28.2	43.6	94.9 #
2003	24			29.2	50.0	95.8 #
2004	24			25.0	33.3	95.8 #
2005	31			35.5	61.3	93.5 #
2006	28			28.6	42.9	85.7 #
2007	42			21.4	33.3	76.2 # ##
2008	35			22.9	31.4	57.1
2009	44			31.8	40.9	63.6
2010	47			12.8	27.7	68.1
2011	55			16.4	20.0	67.3
2012	61			18.0	9.8	98.4 ###
1998-2012	494			23.5	33.4	82.4

[#] 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 1a

Patient cohorts by year of diagnosis and gender including DCO cases

Year of	All	Males	Females	Prop. males	
diagnosis	n	n	n	%	
1998	17 /	8	9	47.1	
1999	15/	8	7	53.3	
2000	18	/ 7	11 \	38.9	
2001	14	9	5	64.3	
2002	39	19	20	48.7	
2003	/24	/ 11	13	45.8	
2004	24	12	12	50.0	
2005	/ 31	12	19	38.7	
2006	28	15	1/3	53.6	
2007	42	26	16	61.9	
2008	35	18	17	51.4	
2009	44	21	23	47.7	
2010	47	23	24	48.9	
2011	55	28	27	50.9	
2012	61	28	33	45.9	
1998-2012	494	245	249	49.6	
1000 2012	151	215	217	13.0	

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	8	9	0.7	0.8	0.5	0.5	0.6	0.6	0.6	0.6
1999	8	7	0.7	0.6	0.6	0.5	0.6	0.6	0.9	0.6
2000	7	11	0.6	0.9	0.4	0.7	0.5	0.8	0.6	0.9
2001	9	5	0.8	0.4	0.5	0.2	0.7	0.3	0.7	0.3
2002	19	20	1.0	1.0	0.7	0.7	0.9	0.9	1.0	1.0
2003	11	13	0.6	0.7	0.4	0.4	0.5	0.5	0.6	0.6
2004	12	12	0.6	0.6	0.4	0.5	0.6	0.5	0.7	0.5
2005	12	19 🤇	0.6	1.0	0.4	0.6	0.5	0.8	0.6	0.9
2006	15	13	0.8	0.6	0.4	0.4	0.6	0.5	0.8	0.6
2007	26	16	1.2	0.7	0.8	0.5	1.0	0.6	1.3	0.7
2008	18	17	0.8	0.7	0.5	0.4	0.7	0.5	0.7	0.6
2009	21	23	0.9	1.0	0.6	0.6	0.8	0.8	0.9	0.9
2010	23	24	1.0	1.0	0.6	0.7	0.8	0.9	1.0	0.9
2011	28	27	1.2	1.1	0.7	0.8	1.0	0.9	1.1	1.1
2012	28	33	1.2	1.4	0.8	1.3	1.1	1.3	1.2	1.5
1998-2012	245	249	0.9	0.9	0.6	0.6	0.8	0.7	0.9	0.8

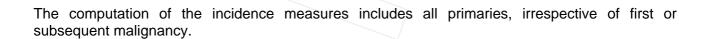


Table 3

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	17	57.3	20.9	13.2	87.9	32.1	46.7	56.0	64.1	87.6
1999	15	46.8	19.6	24.9	80.5	26.2	27.4	43.0	59.8	75.1
2000	18	50.2	13.5	24,7	81.6	32.7	41.6	49.3	60.1	64.1
2001	14	61.3	16.6	34.3	88.5	35.2	54.0	62.8	68.9	84.4
2002	39	56.8	18.4	17.7	90.9	29.9	45.4	61.3	71.7	78.6
2003	24	61.5	17.5	23.5	88.5	32.4	56.5	62.0	76.0	79.4
2004	24	56.1	21.8	13.8	83.3	27.8	35.0	61.6	74.8	81.0
2005	31	62.9	15.2	16.1	89.9	45.7	54.2	67.2	71.8	76.7
2006	28	64.0	13.4	40.8	91.1	44.8	52.9	64.7	74.0	81.2
2007	42	57.9	21.1	15.8	86.8	24.8	41.0	63.8	74.4	83.0
2008	35	58.2	19.6	18.9	91.4	33.7	44.5	59.2	73.2	84.3
2009	44	60.3	20.6	12.4	91.8	26.4	51.0	60.1	76.5	86.7
2010	47	59.4	19.4	14.9	94.1	31.8	43.5	64.6	70.8	81.9
2011	55	60.1	19.6	17.1	88.8	32.0	46.3	64.1	76.9	84.7
2012	61	51.1	21.1	13.7	87.3	20.3	27.9	53.6	67.9	75.5
1998-2012	494	57.8	19.4	12.4	94.1	27.4	45.3	60.7	72.2	81.4

Table 3a

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

Year of	Cases		Std.					Median		
diagnosis	n	Mean	dev.	Min.	Max.	10%	25%	50%	75%	90%
1998	8	53.9	11.9	32.1	64.1	32.1	46.7	57.6	63.4	64.1
1999	8	45.5	22.5	24.9	80.5	24.9	26.8	36.1	66.3	80.5
2000	7	50.1	9.9	37.4	64.0	37.4	39.0	49.5	59.2	64.0
2001	9	60.1	15.9	34.3	88.5	34.3	54.0	63.0	67.0	88.5
2002	19	57.6	13.8	27.1	79.8	35.0	53.4	60.3	65.9	74.9
2003	11	60.7	13.4	32.4	78.0	48.8	56.3	58.8	75.0	77.1
2004	12	58.8	19.9	27.8	81.0	31.0	39.4	61.6	75.9	79.4
2005	12	64.8	11.9	34.1	77.0	53.3	59.5	69.5	71.5	74.8
2006	15	67.4	13.7	44.8	91.1	49.4	56.2	65.4	78.3	84.1
2007	26	61.3	21.8	15.8	86.8	24.8	45.3	66.8	79.7	83.3
2008	18	55.9	15.7	19.3	80.6	37.2	43.6	58.8	67.7	74.0
2009	21	60.4	17.0	12.4	84.7	42.6	52.4	58.6	70.9	80.8
2010	23	62.3	15.7	27.9	86.5	39.2	55.1	64.6	76.1	81.4
2011	28	60.9	15.7	32.0	86.2	40.5	47.0	64.2	72.0	82.6
2012	28	57.1	15.4	25.8	77.3	27.9	48.7	60.7	68.4	75.3
1998-2012	245	59.4	16.4	12.4	91.1	34.3	49.0	61.4	70.9	79.4

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	9	60.4	27.0	13.2	87.9	13.2	46.7	55.5	86.0	87.9
1999	7	48.4	17.2	26.9	75.0	26.9	28.4	52.7	59.8	75.0
2000	11	50.3	15.8	24.7	81.6	32.7	41.6	49.1	60.8	64.1
2001	5	63.5	19.4	35.2	84.4	35.2	56.7	62.6	78.5	84.4
2002	20	56.1	22.2	17.7	90.9	26.3	35.0	62.6	74.0	83.3
2003	13	62.3	21.0	23.5	88.5	30.6	59.3	65.8	78.9	84.0
2004	12	53.3	24.2	13.8	83.3	17.0	35.0	61.9	71.9	81.0
2005	19	61.7	17.1	16.1	89.9	39.0	52.8	63.8	72.2	83.1
2006	13	60.0	12.5	40.8	81.2	43,1	49.2	60.9	69.3	72.3
2007	16	52.4	19.3	17.8	76.0	19.1	41.0	55.0	70.1	74.4
2008	17	60.5	23.3	18.9	91.4	22.8	44.8	72.1	79.9	86.2
2009	23	60.1	23.8	15.9	91.8	26.3	41.4	61.0	81.6	87.7
2010	24	56.6	22.4	14.9	94.1	26.0	36.1	64.2	70.3	85.4
2011	27	59.2	23.3	17.1	88.8	22.7	45.3	59.6	81.9	87.0
2012	33	45.9	23.9	13.7	87.3	16.8	21.9	47.4	63.4	78.1
1998-2012	249	56.2	21.8	13.2	94.1	22.7	40.8	59.8	73.2	84.4

Age at									
diagnosis	Cases			Males			Females		
Years	n	%	Cum.%	n	90	Cum.%	n	%	Cum.%
10-14	5	1.0	1.0	1	0.4	0.4	4	1.6	1.6
15-19	18	3.6	4.7	2	0.8	1.2	16	6.4	8.0
20-24	12	2.4	7.1	/ 3	1.2	2.4	9	3.6	11.6
25-29	22	4.5	11.5	10	4.1	6.5	12	4.8	16.5
30-34	21	4.3	15.8	/ 11	4.5	11.0	10	4.0	20.5
35-39	17	3.4	19.2	9	3.7	14.7	8	3.2	23.7
40-44	28	5.7	24.9	13	5.3	20.0	15	6.0	29.7
45-49	37	7.5	32.4	17	6.9	26.9/	20	8.0	37.8
50-54	30	6.1	38.5	16	6.5	33.5	14	5.6	43.4
55-59	50	10.1	48.6	32	13.1	46.5	18	7.2	50.6
60-64	54	10.9	59.5	29	11.8	58.4	25	10.0	60.6
65-69	57	11.5	71.1	36	14.7	73.1	21	8.4	69.1
70-74	44	8.9	80.0	20	8.2	81.2	24	9.6	78.7
75-79	39	7.9	87.9	24	9.8	91.0	15	6.0	84.7
80-84	31	6.3	94.1	16	6.5	97.6	15	6.0	90.8
85+	29	5.9	100.0	6	2.4	100.0	23	9.2	100.0
All ages	494	100.0		245	100.0		249	100.0	

Included in the statistics are 34.7% multiple primaries in males and 26.1% in females.

Table 5

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

Age at diagnosis Years	Males n	Females		Females Age- spec. incid.		Females DCO rate n=0 %	cancers	Females Prop.all cancers n=142297
0 - 4			0.0	0.0				
5- 9 10-14	1	4	0.0	0.0			0.7	2.5
15-19	2	16	0.1	1.2			0.6	6.0
20-24	3	9	0.2	0.5			0.5	1.9
25-29	10	12	0.5	0.6			1.1	1.2
30-34	11	10	0.5	0.5			0.8	0.5
35-39	9	8	0.4	0.4			0.4	0.2
40-44	13	15	0.5	0.7			0.4	0.3
45-49 50-54	17 16	20 14	0.8	0.9 0.7			0.3 0.2	0.3 0.1
55-59	32	18	1.9	1.0			0.2	0.1
60-64	29	25	1.8	1.4			0.1	0.2
65-69	36	21	2.5	1.3			0.1	0.1
70-74	20	24	1.7	1.7			0.1	0.1
75-79	24	15 /	3.2	1.4			0.1	0.1
80-84	16	15	3.5	1.7			0.1	0.1
85+	6	23	1.9	2.8			0.1	0.1
All ages	245	249			0.0	0.0	0.2	0.2
Incidence								
Raw			0.9	0.9				
WS			0.6	0.6				
ES			0.8	0.7				
BRD-S			0.9	0.8				

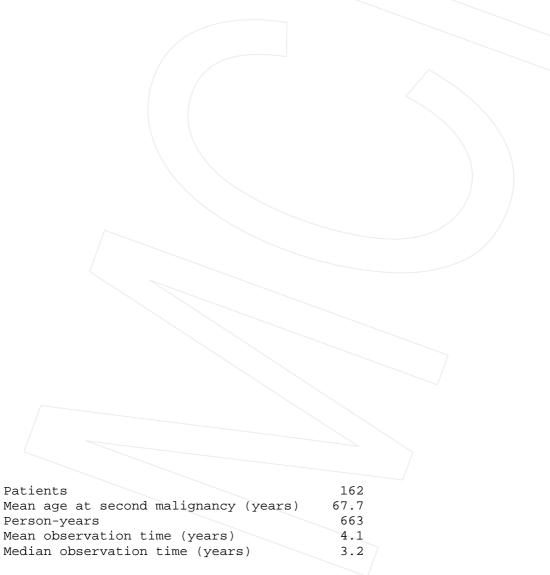
The age-specific incidence characterizes the disease risk in a particular age group. The age distribution depends on the patient population frequency in each age group and reflects the tangible clinical picture of everyday patients care (see following chart).

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

Diagnosis	Observed Exp	pected n SIR	LCL 95%	UCL 95%	EAR	DCO %
C18 Colon	3	0.8 4.0	0.8	11.6	33.9	
C19-C20 Rectum C61 Prostate	5	0.5 11.1 2.3 2.6	3.6 1.0	25.8 # 5.7	68.6 55.6	
C82-C85 NHL	2	0.3 6.4	0.8	23.1	25.4	
Other primaries	5	0.8 6.7	2.2	15.6 #	64.1	
Not observed	0	3.4 0.0	0.0	1.1	-51.6	
All mult. primaries	21	8.0 2.6	1.6	4.0 #	196.0	



The occurrence of second malignancy is statistically significant.

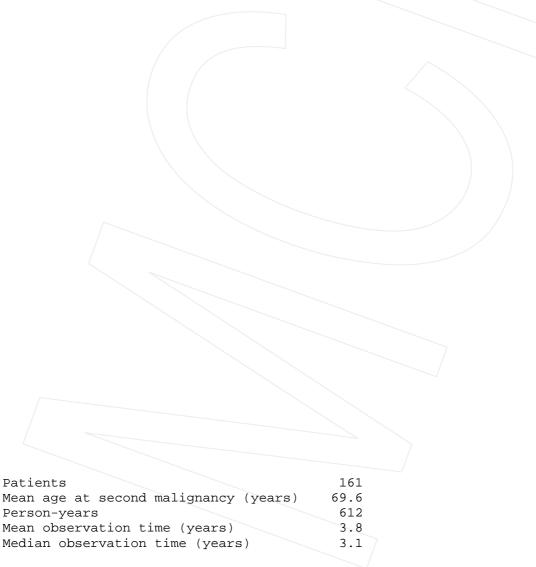
Observed second primaries with count 1 are pooled in category "Other primaries".

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

Diagnosis	Observed Exp	pected n	SIR	LCL 95%	UCL 95%	EAR	DCO %
C16 Stomach	2 4	0.2	10.3	1.2	37.2 # 19.4 #	29.5 56.7	50.0
C19-C20 Rectum C50 Breast	3 2		13.2	2.7	38.6 #	45.3 6.5	
Other primaries	7	1.3	5.4 0.0	2.2	11.2 #	93.3 -22.9	
Not observed All mult. primaries	18	1.4	3.4	2.0	2.6	208.4	5.6



The occurrence of second malignancy is statistically significant.

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

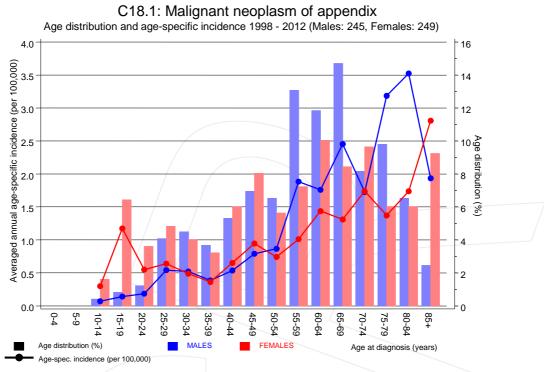


Figure 7. Age distribution and age-specific incidence



C18.1: Malignant neoplasm of appendix

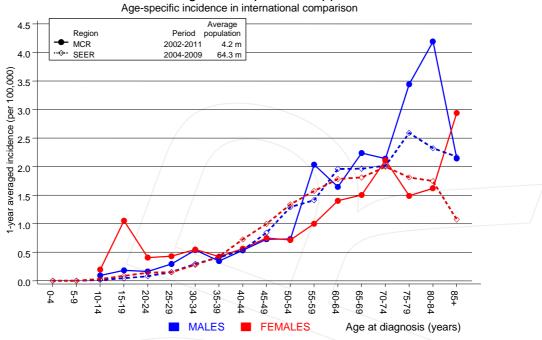


Figure 7a. Age-specific incidence in MCR registry areas compared to SEER (Surveillance, Epidemiology, and End Results, USA).



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.

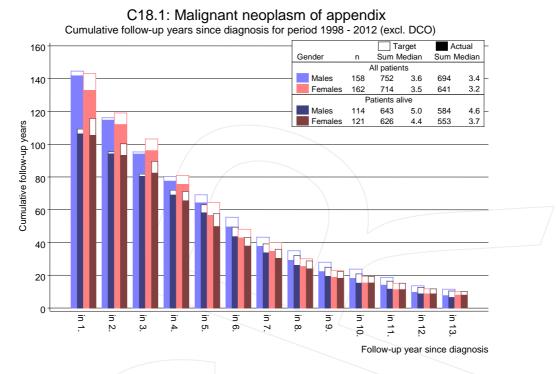
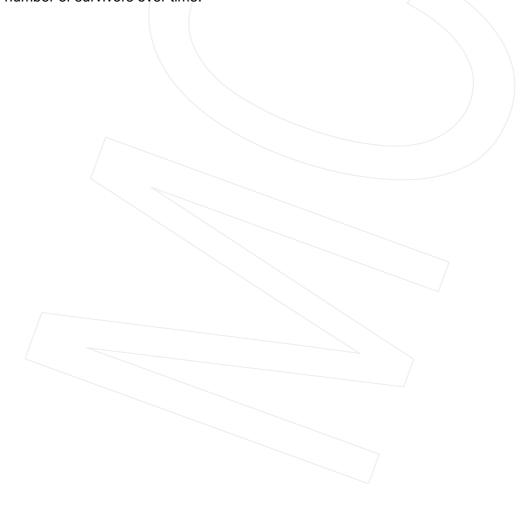
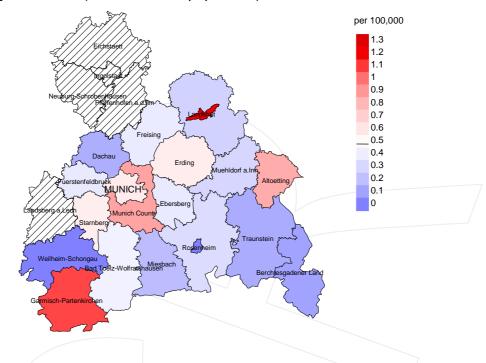


Figure 8. Cumulative follow-up years depending on time since diagnosis

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

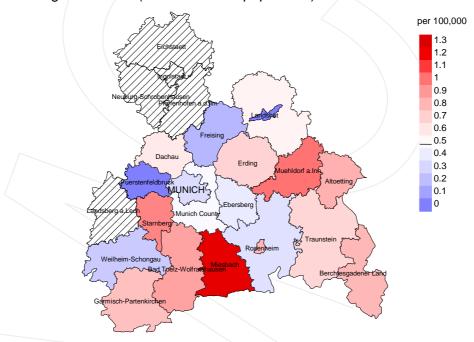


Figure 9a. Map of cancer incidence (world standard population, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual incidence rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (males 0.5/100,000 WS N=90, females 0.5/100,000 WS N=88). Since cancer data are not available in some counties until 2007, the local incidence rates were not calculated, and the map tiles show as shaded.

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 63,131 female residents (averaged) in the period from 2003 to 2008 a total of 2 women were identified with newly diagnosed appendix cancer. Therefore, the mean incidence rate for this cancer type in this area can be calculated at 0.4/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.0 and 1.9/100,000.

Standardized incidence ratio (SIR) 2003 - 2008: Males

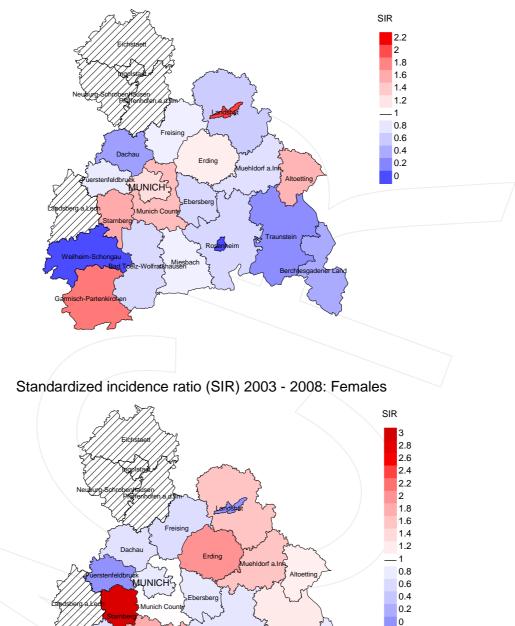


Figure 9b. Map of standardized incidence ratio (SIR, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual SIR values, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population overall of 1.0 (males N=90, females N=88). Since cancer data are not available in some counties until 2007, the local SIR values were not calculated, and the map tiles show as shaded.

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 63,131 female residents (averaged) in the period from 2003 to 2008 a total of 2 women were identified with newly diagnosed appendix cancer. Therefore, the mean standardized incidence ratio (SIR) for this cancer type in this area can be calculated at 0.74. Though, the value of this parameter may vary with an underlying probability of 99% between 0.04 and 3.44, 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	17	100.0		9	52.9	100.0
1999	15	93.3		5	33.3	80.0
2000	18	94.4		2	11.1	100.0
2001	14	100.0		8	57.1	100.0
2002	39	94.9		17	43.6	100.0
2003	24	95.8		12	50.0	100.0
2004	24	95.8		8	33.3	100.0
2005	31	93.5		19	61.3	94.7
2006	28	85.7		12	42.9	100.0
2007	42	76.2		14	33.3	92.9
2008	35	57.1		11	31.4	100.0
2009	44	63.6		18	40.9	100.0
2010	47	68.1		13	27.7	100.0
2011	55	67.3		11	20.0	100.0
2012	61	98.4		6	9.8	100.0
1998-2012	494	82.4		165	33.4	98.2

Table 10b

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

			Prop.		
			deaths		Prop.
Year of Ind	cident		with death	Deaths in	deaths in
diagnosis/	cases	Deaths	certific.	same year	same year
death	n	/ n /	%	n	%
1998	17	/5	100.0	2	11.8
1999	15	6	83.3	2	13.3
2000	18				
2001	14	5	100.0	_ 2	14.3
2002	39	9	100.0	4	10.3
2003	24	10	100.0	2	8.3
2004	24	7	100.0		
2005	31	14	92.9	5	16.1
2006	28	11	90.9	1	3.6
2007	42	7	100.0	1	2.4
2008	35	20	95.0	1	2.9
2009	44	17	100.0	5	11.4
2010	47	28	100.0	4	8.5
2011	55	21	100.0	4	7.3
2012	61	22	100.0	3	4.9
1998-2012	494	182	97.8	36	7.3

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	
Deaths	related	related	certificate	
n	%	%	8	
5	80.0	20.0	80.0	
6	100.0		100.0	
5	100.0		100.0	
9	77.8	22.2	77.8	
10	70.0	30.0	90.0	
7	85.7	14.3	85.7	
14	78.6	21.4	84.6	
11	81.8	18.2	90.0	
7	85.7	14.3	85.7	
20	85.0	15.0	84.2	
/ 17	76.5	23.5	100.0	
28	71.4	28.6	82.1	
21	85.7	14.3	90.5	
22	72.7	27.3	77.3	
182	79.7	20.3	86.5	
	n 5 6 5 9 10 7 14 11 7 20 17 28 21 22	Cancer- related n	Cancer-related not cancer-related 5 80.0 20.0 6 100.0 20.0 5 100.0 20.0 9 77.8 22.2 10 70.0 30.0 7 85.7 14.3 14 78.6 21.4 11 81.8 18.2 7 85.7 14.3 20 85.0 15.0 17 76.5 23.5 28 71.4 28.6 21 85.7 14.3 22 72.7 27.3	Cancer Prop. Prop. Prop. recorded cancer- not cancer- related related certificate n % % % 5 80.0 20.0 80.0 6 100.0 100.0 5 100.0 100.0 5 100.0 9 77.8 22.2 77.8 10 70.0 30.0 90.0 7 85.7 14.3 85.7 14 78.6 21.4 84.6 11 81.8 18.2 90.0 7 85.7 14.3 85.7 20 85.0 15.0 84.2 17 76.5 23.5 100.0 28 71.4 28.6 82.1 21 85.7 14.3 90.5 22 72.7 27.3 77.3

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	1	56.4	56.4		56.4
1999	3	68.9	68.9		68.9
2000					
2001	4	63.8	63.8		63.8
2002	4	67.4	67.4		63.6
2003	2	60.1	60.1		60.1
2004	4	65.0	65.0		76.8
2005	7	70.8	69.3	79.9	69.3
2006	5	68.9	63.7	76.8	63.7
2007	2	87.2	87.2		87.2
2008	14	71.3	69.7	81.2	70.0
2009	6	77.6	77.6		77.6
2010	11 /	73.0	71.6	79.7	72.5
2011	9/	69.9	67.9	86.4	70.2
2012	11	70.7	68.8	79.2	68.8
1998-2012	83	70.6	69.3	80.0	70.2

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 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	85.9	85.2	88.1	85.2
1999	3	68.9	68.9		76.9
2000					
2001	1	49.6	49.6		49.6
2002	5	83.0	87.0	76.9	81.0
2003	8	77.9	79.3	75.6	78.4
2004	3	79.8	79.9	79.7	79.8
2005	7	73.8	75.1	70.7	75.1
2006	6	61.7	61.7		61.7
2007	5	73.1	70.4	83.6	70.4
2008	6	71.0	67.1	90.4	71.8
2009	11	78.1	77.2	79.7	78.1
2010	17	80.4	76.2	88.1	78.2
2011	12	70.4	67.2	86.4	69.4
2012	11	75.4	70.2	84.6	71.9
1998-2012	99	75.3	72.7	82.3	74.4



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	1	0.1	0.13	0.0	0.10	0.1	0.11	0.1	0.11
1999	3	0.3	0.38	0.2	0.27	0.2	0.35	0.3	0.40
2000									
2001	4	0.3	0.44	0.2	0.45	0.3	0.45	0.3	0.46
2002	4	0.2	0.21	0.1	0.17	0.2	0.18	0.2	0.21
2003	2	0.1	0.18	0.1	0.16	0.1	0.16	0.1	0.19
2004	4	0.2	0.33	0.1	0.36	0.2	0.36	0.3	0.37
2005	6	0.3	0.50	0.2	0.44	0.2	0.46	0.3	0.57
2006	3	0.2	0.20	0.1	0.23	0.1	0.24	0.2	0.21
2007	2	0.1	0.08	0.0	0.04	0.1	0.07	0.1	0.09
2008	12	0.5	0.67	0.3	0.54	0.4	0.59	0.5	0.71
2009	6	0.3	0.29	0.1	0.16	0.2	0.22	0.3	0.32
2010	9	0.4	0.39	0.2	0.30	0.3	0.33	0.4	0.36
2011	8	0.4	0.29	0.2	0.26	0.3	0.27	0.3	0.28
2012	9	0.4	0.32	0.2	0.23	0.3	0.28	0.4	0.34
1998-2012	73	0.3	0.30	0.1	0.25	0.2	0.28	0.3	0.31

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	3	0.3	0.33	0.0	0.10	0.1	0.17	0.2	0.26
1999	3	0.3	0.43	0.1	0.26	0.2	0.33	0.2	0.42
2000									
2001	1	0.1	0.20	0.1	0.40	0.1	0.33	0.1	0.29
2002	3	0.2	0.15	0.0	0.06	0.1	0.09	0.1	0.10
2003	5	0.3	0.38	0.1	0.24	0.1	0.30	0.2	0.32
2004	2	0.1	0.17	0.0	0.08	0.1	0.11	0.1	0.11
2005	5	0.3	0.26	0.1	0.15	0.1	0.18	0.2	0.19
2006	6	0.3	0.46	0.2	0.45	0.2	0.44	0.2	0.44
2007	4	0.2	0.25	0.1	0.16	0.1	0.19	0.2	0.23
2008	5	0.2	0.29	0.1	0.21	0.1	0.25	0.2	0.26
2009	7	0.3	0.30	0.1	0.14	0.2	0.20	0.2	0.28
2010	11	0.5	0.46	0.1	0.20	0.2	0.27	0.3	0.35
2011	10	0.4	0.37	0.2	0.28	0.3	0.34	0.4	0.33
2012	7	0.3	0.21	0.1	0.09	0.2	0.14	0.2	0.16
1998-2012	72	0.3	0.29	0.1	0.16	0.1	0.21	0.2	0.24

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	1.4	1.4	2	2.7	2.7			0.0
30-34	1	0.7	2.1	/ 1	1.4	4.1			0.0
35-39	3	2.1	4.1			4.1	3	4.2	4.2
40-44	1	0.7	4.8	/ 1	1.4	5.5			4.2
45-49	4	2.8	7.6	2	2.7	8.2	2	2.8	6.9
50-54	8	5.5	/13.1 /	4	5.5	13.7	4	5.6	12.5
55-59	7	4.8	17.9	4	5.5	19.2	3	4.2	16.7
60-64	17	11.7	29.7	11	15.1	34.2	6	8.3	25.0
65-69	19	13.1	42.8	9	12.3	46.6	10	13.9	38.9
70-74	22	15.2	57.9	12	16.4	63.0	10	13.9	52.8
75-79	16	11.0	69.0	10	13.7	76.7	6	8.3	61.1
80-84	23	15.9	84.8	11	15.1	91.8	12	16.7	77.8
85+	22	15.2	100.0	6	8.2	100.0	16	22.2	100.0
All ages	145	100.0		73	100.0		72	100.0	
_									

Included in the statistics are 34.7% multiple primaries in males and 26.1% 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	7		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	2		0.1	0.20	0.0		2.1	
30-34	1		0.0	0.09	0.0		0.6	
35-39		3	0.0		0.1	0.38		0.6
40-44	1		0.0	0.08	0.0		0.1	
45-49	2	2	0.1	0.12	0.1	0.10	0.1	0.1
50-54	4	4	0.2	0.25	0.2	0.29	0.1	0.1
55-59	4	3	0.2	0.13	0.2	0.17	0.1	0.1
60-64	11	6	0.7	0.38	0.3	0.24	0.1	0.1
65-69	9	10	0.6	0.25	0.6	0.48	0.1	0.1
70-74	12	10	1.0	0.60	0.7	0.42	0.1	0.1
75-79	10/	6	1.3	0.42	0.5	0.40	0.1	0.1
80-84	11	12	2.4	0.69	1.4	0.80	0.1	0.1
85+	6	16	1.9	1.00	2.0	0.70	0.1	0.1
All ages	73	72					0.1	0.1
Mortality								
Raw			0.3		0.3	0.29		
WS			0.1		0.1	0.16		
ES			0.2		0.1	0.21		
BRD-S			0.3	0.31	0.2	0.24		
PYLL-70								
per 100,000			1.7		1.3			
ES			1.5		1.1			
AYLL-70			12.4		11.4			

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	%↓	n	← %	n	← %	n	← %
C12-C13 Hypopharynx	1/	2.9					1	100.0
C16 Stomach	1	2.9					1	100.0
C17 Small intestine	/1	2.9			1	100.0		
C18 Colon	5	14.7			3	60.0	2	40.0
C19-C20 Rectum	3	8.8			2	66.7	1	33.3
C22 Liver	/ 1	2.9			1	100.0		
C25 Pancreas	/ 1	2.9					1	100.0
C33-C34 Lung	2	5.9					2	100.0
C44 Skin others	3	8.8	2	66.7	/ 1	33.3		
C61 Prostate	7	20.6	3	42.9	1	14.3	3	42.9
C65 Renal pelvis	3	8.8					3	100.0
C67 Bladder	3	8.8	2	66.7			1	33.3
C73 Thyroid	1	2.9	1	100.0				
C76-C79 CUP	1	2.9					1	100.0
C82-C85 NHL	1	2.9			1	100.0		
All mult. primaries	34	100.0	8	23.5	10	29.4	16	47.1

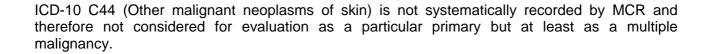


Table 15b $\label{eq:multiple primaries in deaths in period 1998-2012 FEMALES }$

	m-+-1	m. b 1	D	D	Syn- chron	Syn- chron	D t-	D
	Total	Total	Pre	Pre	±30d	±30d	Post	Post
Diagnosis	n	%↓	n	←%	n	~ %	n	-%
G02 G06 0 1 '-	_/	0 0					1	100 0
C03-C06 Oral cavity	<u> </u>	2.9					1	100.0
C16 Stomach	/1	2.9					1	100.0
C18 Colon	/ 5	14.7			3	60.0	2	40.0
C19-C20 Rectum	/ 3	8.8	1	33.3	1	33.3	1	33.3
C25 Pancreas	/ 1	2.9					1	100.0
C33-C34 Lung	4 /	11.8	2	50.0			2	50.0
C43 Malign. melanoma	/ 1 /	2.9	1	100.0				
C46,C49 Soft tissue	1	2.9	1	100.0				
C48 Peritoneal	1	2.9	1	100.0				
C50 Breast	2	5.9	1	50.0			1	50.0
C51 Vulva	1	2.9	1	100.0				
C53 Cervix uteri	1	2.9			1	100.0		
C54 Corpus uteri	2	5.9	1	50.0	_ 1	50.0		
C55,C57 Fem. genitals un	1	2.9	1	100.0				
C56 Ovary	6	17.6	1	16.7	5	83.3		
C64 Kidney	1	2.9	1	100.0				
C67 Bladder	2	5.9	1	50.0			1	50.0
All mult. primaries	34	100.0	13	38.2	11	32.4	10	29.4
_ \								

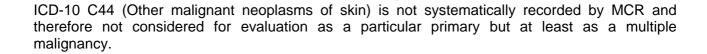


Table 16

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

(Singular primaries only *)

Age at death Years	Males n	Females n	_ /	MI-index	Females Age- spec. mortal.	MI-index	cancers	Females Prop.all cancers %
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	2		0.1	0.20	0.0		2.2	
30-34	1		0.0	0.10	0.0		0.6	
35-39		1	0.0		0.0	0.17		0.2
40-44	1		0.0	0.08	0.0		0.1	
45-49	2	2	0.1	0.12	0.1	0.11	0.1	0.1
50-54	4	3	0.2		0.2	0.30	0.1	0.1
55-59	3	1	0.2	0.11	0.1	0.07	0.1	0.0
60-64	10	5	0.6	0.45	0.3	0.26	0.1	0.1
65-69	6	6	0.4		0.4	0.35	0.1	0.1
70-74	10	6	0.9		0.4	0.32	0.1	0.1
75-79	9	5	1.2		0.5	0.56	0.1	0.1
80-84	7	7	1.5		0.8	0.64	0.1	0.1
85+	4	12	1.3	1.33	1.5	0.60	0.1	0.1
All ages	59	48					0.1	0.1
AII ages	39	40					\ 0.1	0.1
Mortality								
Raw			0.2	0.30	0.2	0.23		
WS			0.1	0.25	0.1	0.12		
ES			0.2	0.28	0.1	0.16		
BRD-S			0.2	0.32	0.1	0.19		
PYLL-70			1.		0 0			
per 100,000			1.6		0.8			
ES			1.4		0.7			
AYLL-70			13.5		10.8			

^{*} 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 death	Males	Females	_ /		Females Age- spec.		cancers	Females Prop.all cancers
Years	n	n	mortal.	MI-index	mortal.	MI-index	%	%
0 4					0 0			
0 – 4 5 – 9			0.0		0.0			
5- 9 10-14			0.0		0.0			
15-19			0.0		0.0			
20-24			0.0		0.0			
25-29	2		0.1	0.20	0.0		2.4	
30-34	1		0.0	0.10	0.0		0.6	
35-39	_	1	0.0	0.10	0.0	0.17	0.0	0.2
40-44	1	_	0.0	0.08	0.0	0.1.	0.1	0.2
45-49	2	2	0.1		0.1	0.12	0.1	0.1
50-54	4	3	0.2		0.2	0.33	0.2	0.1
55-59	3	1	0.2		0.1	0.07	0.1	0.0
60-64	8	3	0.5	0.40	0.2	0.19	0.1	0.1
65-69	5	6	0.3	0.19	0.4	0.38	0.1	0.1
70-74	9	5	0.8	0.64	0.4	0.31	0.1	0.1
75-79	7 /	4	0.9	0.47	0.4	0.67	0.1	0.1
80-84	6	6	1.3	0.60	0.7	0.55	0.1	0.1
85+	4	11	1.3	1.33	1.3	0.58	0.1	0.1
All ages	52	42					0.1	0.1
Mortality								
Raw			0.2		0.1			
WS			0.1	0.23	0.1	0.11		
ES			0.2		0.1	0.15		
BRD-S			0.2	0.30	0.1	0.17		
PYLL-70								
per 100,000			1.5		0.7			
ES			1.4		0.6			
AYLL-70			14.4		11.3			

^{*} See corresponding tables with multiple primaries.

Age-spec. incidence (per 100,000)

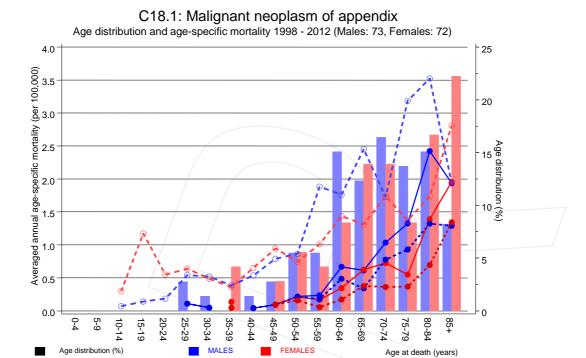


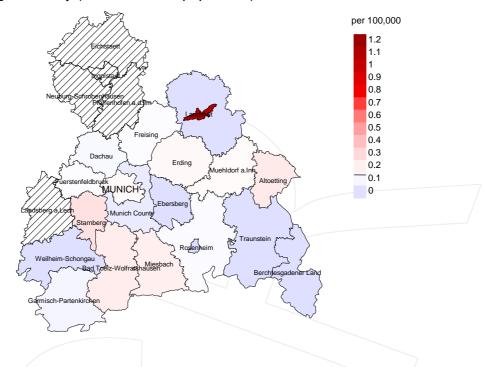
Figure 18. Distribution of age at death (bars) and age-specific mortality (all patients: solid line, patients with single primaries: dotted line). The age-specific incidence is additionally plotted for comparison (dashed line).

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



Age-spec. mortality (per 100,000)

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



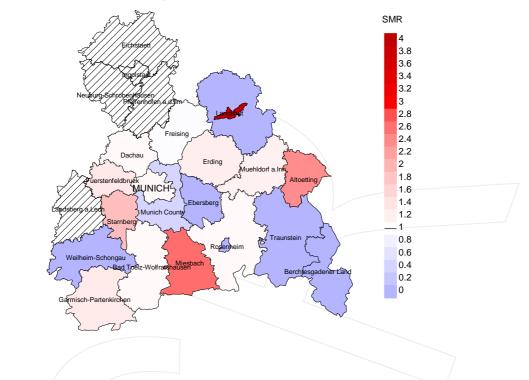
Average mortality (world standard population) 2003 - 2008: Females



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 0.1/100,000 WS N=29, females 0.1/100,000 WS N=25). 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 appendix cancer. Therefore, the mean mortality rate for this cancer type in this area can be calculated at 0.1/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.0 and 0.9/100,000.

Standardized mortality ratio (SMR) 2003 - 2008: Males



Standardized mortality ratio (SMR) 2003 - 2008: Females

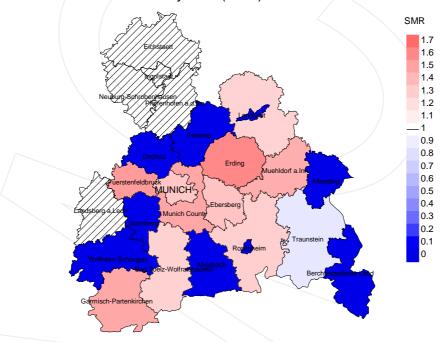


Figure 19b. Map of standardized mortality ratio (SMR, incl. DCO cases) by county averaged for period 2003 to 2008. According to their individual SMR values, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population overall of 1.0 (males N=29, females N=25). 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 appendix cancer. Therefore, the mean standardized mortality ratio (SMR) for this cancer type in this area can be calculated at 1.35. Though, the value of this parameter may vary with an underlying probability of 99% between 0.01 and 10.04, and is therefore not statistically striking.

Statistical Notes

In all tables and figures the respective reference values should be carefully considered. The incidence rates include diagnoses (with multiple primary), and death certificate only (DCO) cases. For mortality statistics patients, diagnoses and progressive course of disease are presented. In the calculations, all courses of disease are considered whereby progressions occurred and/or death certificate identified progressive cancers were ascertained. Additionally there are three groups of disease course to consider:

1. All multiple primaries included

The mortality statistic describes the tumor-specific death, independent of any malignancy. The patient perspective, induced secondary malignancies, and the problem of multiple malignancies from the same primary tumor all have reasons for their inclusion.

2. First singular primary (no information about other prior or synchronous malignancy)

The mortality statistic describes the tumor-related death for patients who have no therapeutic restrictions due to a previous or synchronous cancer. These statistics are comparable to studies that have exclusion criteria based on a second malignancy.

3. Single primary (no information about other prior, syn- or metachronous malignancy)

The mortality statistic describes the tumor-specific death that occurs without any impact through secondary primaries, earlier, synchronous, later or induced. Precisely the difference between disease group 1 and 2 highlight the magnitude of the problem of secondary malignancies.

For this reason differences appear concerning official mono-causal mortality statistics. To judge the maximum deviation, 2 further tables are presented. In the first table the distribution of secondary malignancies before, at or after the described cancer are shown, that could be an alternative cause of death. In the second table, the age-specific mortality rates for all courses of disease, without designation of secondary malignancies are shown.

A previously minimally acknowledged statistic is the **age at death**, which allows for a good assessment of the quality of classification of the apparent tumor-specific death. For assumed tumor-independent deaths, the age of death should be estimated from the age of diagnosis and the normal life expectancy, whereas tumor-dependent deaths can be estimated from the age of diagnosis plus the average tumor-specific life expectancy. The comparison of different tumors demonstrates this association, if the causes of cancer and the competing cause of death are independent of each other (e.g. breast and colon versus head/neck and lung).

The index from mortality and incidence (Mortality-Incidence ratio, **MI-index**) is a statistic that allows for the evaluation of the quality of data. For diseases with poor prognoses, comparable values are obtained from all age groups, because to a large extent, the numerator and denominator contain the same cases. For tumors with a good prognosis, increasing and decreasing incidence and age-specific differences in prognosis can more strongly alter the MI- index. Additionally, attention should be paid to the confidence intervals where fewer cases are reported.

The complexity of problems identified here emphasizes the importance of relative survival data for the appropriate analysis of long term results.

As a measurement of the burden of disease, the number of potential life years loss due to premature deaths in a cohort can be calculated (**PYLL**, potential years of life lost, standardized per 100,000 persons or per European standard) as well as the average loss of life years per individual (**AYLL**, average years of life lost). Depending upon the analytic aim (health economy, prevention, health care research) different methods exist for the generation of these measurements. In the results presented here, the age for a premature death is considered to be before 70 years, according to the guidelines of the OECD and the WHO (as seen in the abbreviation PYLL-70 or AYLL-70).

Shortcuts

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

BRD-S German standard population

DCO Death certificate only EAR Excess absolute risk

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

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

GEKID Association of Population-based Cancer Registries in Germany

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

LCL Lower confidence limit

MI-index Ratio between mortality and incidence

MCR Munich Cancer Registry (Tumorregister München)

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

SEER Surveillance, Epidemiology, and End Results (USA)

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

Recommended Citation

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