# **Munich Cancer Registry**



- ▶ Survival
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Munich Cancer Registry at Munich Cancer Center Marchioninistr. 15 Munich, 81377 Germany

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

# **Cancer statistics: Baseline statistics**

## **GEP-NET:** Gastr.ent.pancr. neuroend. tumor

Year of diagnosis	1998-2013
Patients	2,197
Diseases	2,220
Creation date	05/19/2015
Export date	12/30/2014
Population	4.64 m



http://www.tumorregister-muenchen.de/en/facts/base/base\_hDNETE.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 4.64 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, May 2015

- 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 2014 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.

### Topography codes (ICD-O-3 2000) used for specifying cancer site

Code	Description
C15 C16	Esophagus Stomach
C17	Small intestine
C18	Colon
C19	Rectosigmoid junction
C20	Rectum
C21	Anus and anal canal
C22	Liver and intrahepatic bile ducts
C23	Gallbladder
C24	Other and unspecified parts of biliary tract
C25	Pancreas
C26	Other and ill-defined digestive organs

... if additionally existing any of ...

### Morphology codes (ICD-O-3 2011) used for specifying cancer site

Code	Description
8013/3	Large cell neuroendocrine carcinoma
8041/3	Small cell carcinoma, NOS
8150/3	Pancreatic endocrine tumor, malignant
8151/3	Insulinoma, malignant
8152/1	Glucagonoma, NOS
8152/3	Glucagonoma, malignant
8153/3	Gastrinoma, malignant
8155/3	Vipoma, malignant
8156/3	Somatostatinoma, malignant
8240/3	Carcinoid tumor, NOS
8241/3	Enterochromaffin cell carcinoid
8243/3	Goblet cell carcinoid
8244/3	Mixed adenoneuroendocrine carcinoma
8245/1	Tubular carcinoid
8246/3	Neuroendocrine carcinoma, NOS
8249/3	Atypical carcinoid tumor

#### Reference:

Bosman FT, Carneiro F, Hruban RH, Theise ND, editors. WHO Classification of Tumours of the Digestive System 4th edition, IARC, Lyon (2010).

#### **INCIDENCE**

Table 1

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

		Prop.		Prop.
		mult.	Prop.	actively
Year of	Cases	primaries	deaths	followed
diagnosis	n	%	%	%
1998	56	25.0	62.5	100.0
1999	63	22.2	49.2	92.1
2000	48	22.9	47.9	97.9
2001	54	38.9	50.0	100.0
2002	93	20.4	47.3	96.8 #
2003	97	29.9	54.6	94.8
2004	123	29.3	44.7	94.3
2005	120	34.2	46.7	94.2
2006	153	29.4	47.7	92.8
2007	186	30.6	43.5	80.6 # ##
2008	183	26.2	39.3	67.8
2009	185	25.9	42.7	69.7
2010	209	28.7	31.6	64.1
2011	219	24.2	28.3	63.9
2012	239	25.9	22.6	67.4
2013	192	25.0	15.6	97.9 ###
1998-2013	2220	27.3	37.9	80.8

Due to the pathohistological classification of the tumor and the lack of information on morphology on the death certificates, the proportion of DCO cases can not be determined.

- # 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	56	31	25	55.4
1999	63	33	30	52.4
2000	48	23	25	47.9
2001	54	30	24	55.6
2002	93	52	41	55.9
2003	97	49	48	50.5
2004	123	70	53	56.9
2005	120	68	52	56.7
2006	153	93	60	60.8
2007	186	119	67	64.0
2008	183	92	91	50.3
2009	185	100	85	54.1
2010	209	104	105	49.8
2011	219	121	98	55.3
2012	239	118	121	49.4
2013	192	100	92	52.1
1998-2013	2220	1203	1017	54.2

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 4.64 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	31	25	2.8	2.1	1.7	1.3	2.4	1.7	2.9	1.9
1999	33	30	2.9	2.5	2.1	1.6	2.6	2.0	3.0	2.2
2000	23	25	2.0	2.1	1.3	1.2	1.8	1.5	2.2	1.8
2001	30	24	2.6	2.0	1.6	1.2	2.3	1.6	2.6	1.8
2002	52	41	2.8	2.1	1.8	1.3	2.4	1.6	2.7	1.9
2003	49	48	2.6	2.4	1.5	1.5	2.2	2.0	2.6	2.2
2004	70	53	3.7	2.7	2.2	1.6	3.1	2.1	3.8	2.4
2005	68	52	3.6	2.6	2.1	1.4	3.0	1.9	3.6	2.2
2006	93	60	4.9	3.0	2.7	1.7	3.8	2.2	4.7	2.6
2007	119	67	5.4	2.9	3.4	1.7	4.5	2.2	5.2	2.6
2008	92	91	4.1	3.9	2.4	2.2	3.4	2.9	4.0	3.4
2009	100	85	4.5	3.7	2.5	2.2	3.5	2.8	4.3	3.3
2010	104	105	4.6	4.5	2.6	2.7	3.7	3.6	4.4	4.0
2011	121	98	5.3	4.2	2.9	2.5	4.1	3.2	5.0	3.7
2012	118	121	5.2	5.1	3.0	3.3	4.1	4.0	4.8	4.6
2013	100	92	4.4	3.9	2.6	2.3	3.5	3.0	4.2	3.5
1998-2013	1203	1017	4.0	3.3	2.4	1.9	3.3	2.5	4.0	2.9

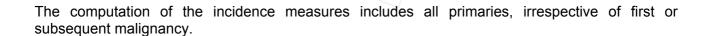


Table 3

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	56	62.7	14.8	13.2	87.9	46.6	55.9	63.4	71.2	81.7
1999	63	58.2	15.7	24.9	87.9	29.8	52.2	60.3	67.7	73.7
2000	48	61.4	16.4	24.7	92.1	39.0	49.5	60.5	74.6	80.6
2001	54	61.8	12.6	29.6	88.5	47.7	54.0	62.4	69.1	77.8
2002	93	61.2	15.8	17.7	90.9	37.0	51.2	62.8	72.0	80.3
2003	97	62.7	13.0	23.5	87.5	48,1	56.2	63.5	72.3	78.9
2004	123	61.7	14.6	13.8	93.3	40.8	52.8	63.4	72.3	77.8
2005	120	64.8	14.4	16.1	90.8	45.8	57.2	66.7	74.9	81.7
2006	153	64.4	13.1	16.8	91.9	45.6	57.0	66.7	73.8	79.2
2007	186	61.8	15.0	15.8	91.2	41.0	54.8	64.1	71.2	79.4
2008	183	62.7	15.2	18.9	93.9	42.4	53.0	65.8	73.1	79.9
2009	185	63.6	16.2	12.4	92.6	38.8	55.5	65.4	75.1	84.0
2010	209	62.2	14.2	14.9	92.4	43.9	53.8	62.5	72.5	79.8
2011	219	63.0	15.5	17.1	92.9	41.4	52.0	65.1	74.4	81.4
2012	239	61.5	18.1	9.7	101	31.1	53.3	65.5	74.7	80.8
2013	192	61.5	16.0	15.7	96.5	38.4	51.8	64.3	74.0	77.3
1998-2013	2220	62.4	15.3	9.7	101	41.4	54.0	64.3	73.2	79.9

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	31	63.1	10.6	32.1	81.7	55.7	58.6	63.6	69.5	76.6
1999	33	56.6	16.5	24.9	85.3	27.6	52.2	59.7	67.7	73.5
2000	23	61.8	14.2	37.4	92.1	43.9	50.0	60.1	73.9	76.6
2001	30	62.6	11.6	34.3	88.5	51.5	54.9	61.2	69.1	78.8
2002	52	60.0	12.5	27.1	88.3	42.3	52.7	61.0	66.6	74.9
2003	49	64.6	9.9	32.4	85.0	52.9	58.8	64.1	70.9	76.9
2004	70	62.5	11.7	27.8	78.9	48.0	54.1	63.6	71.4	76.5
2005	68	64.7	13.5	19.0	87.6	47.7	57.8	66.1	74.8	79.4
2006	93	64.7	12.3	16.8	85.7	48.1	59.1	67.2	73.5	77.0
2007	119	61.3	14.1	15.8	91.2	40.4	54.8	63.2	69.8	78.7
2008	92	62.7	13.0	19.3	85.6	48.2	54.7	64.2	71.7	79.1
2009	100	65.4	13.3	12.4	89.0	49.9	57.6	67.0	74.6	81.8
2010	104	63.9	12.4	26.3	92.4	49.0	56.3	63.5	72.6	79.8
2011	121	65.0	12.6	32.0	89.3	46.5	55.9	67.1	73.9	80.7
2012	118	63.3	15.1	9.7	89.0	42.5	54.3	65.7	74.7	80.4
2013	100	62.0	14.6	19.4	90.4	44.7	51.8	63.8	73.0	78.2
1998-2013	1203	63.1	13.3	9.7	92.4	46.3	55.7	64.5	72.5	78.7

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	25	62.2	19.0	13.2	87.9	32.4	54.3	62.1	77.0	84.2
1999	30	59.9	14.9	26.9	87.9	38.6	52.5	61.6	72.1	76.0
2000	25	61.0	18.4	24.7	92.0	33.1	46.0	63.0	75.5	81.0
2001	24	60.9	13.9	29.6	84.4	38.6	53.7	63.0	70.0	75.7
2002	41	62.9	19.2	17.7	90.9	32.9	49.4	66.3	76.4	84.7
2003	48	60.7	15.4	23.5	87.5	33,3	52.4	62.2	73.0	79.4
2004	53	60.6	17.7	13.8	93.3	35.4	51.7	62.6	74.4	78.9
2005	52	64.9	15.6	16.1	90.8	42.1	56.0	67.8	77.0	82.5
2006	60	64.0	14.4	29.9	91.9	43.8	52.5	64.5	74.0	83.0
2007	67	62.8	16.4	17.8	88.4	41.0	53.5	65.2	74.3	81.7
2008	91	62.6	17.1	18.9	93.9	39.2	48.9	66.9	73.5	81.7
2009	85	61.6	18.9	15.9	92.6	35.0	50.3	62.9	76.5	84.9
2010	105	60.6	15.6	14.9	89.6	39.8	50.9	60.7	72.5	79.8
2011	98	60.6	18.3	17.1	92.9	34.6	47.7	63.3	74.4	82.6
2012	121	59.8	20.6	13.7	101	25.8	46.9	64.1	74.7	83.7
2013	92	60.9	17.5	15.7	96.5	34.7	51.7	65.6	74.2	77.1
1998-2013	1017	61.5	17.4	13.2	101	35.4	50.9	64.1	74.3	81.6

Table 4

Age distribution by 5-year age group and gender for period 1998-2013 (incl. DCO)

Age at									
diagnosis	Cases			Males			Females		
Years	n	%	Cum. %	'n	%	Cum.%	n	%	Cum.%
5-9	1	0.0	0.0	/ 1	0.1	0.1			0.0
10-14	5	0.2	0.3	/ 1	0.1	0.2	4	0.4	0.4
15-19	23	1.0	1.3	5	0.4	0.6	18	1.8	2.2
20-24	24	1.1	2.4	3	0.2	0.8	21	2.1	4.2
25-29	39	1.8	4.1	19	1.6	2.4/	20	2.0	6.2
30-34	49	2.2	6.4	18	1.5	3.9	31	3.0	9.2
35-39	61	2.7	9.1	21	1.7	5.7	40	3.9	13.2
40-44	83	3.7	12.8	40	3.3	9.0	43	4.2	17.4
45-49	136	6.1	19.0	72	6.0	15.0	64	6.3	23.7
50-54	175	7.9	26.8	101	8.4	23.4	74	7.3	31.0
55-59	234	10.5	37.4	141	11.7	35.1	93	9.1	40.1
60-64	313	14.1	51.5	195	16.2	51.3	118	11.6	51.7
65-69	330	14.9	66.4	205	17.0	68.3	125	12.3	64.0
70-74	284	12.8	79.1	150	12.5	80.8	134	13.2	77.2
75-79	247	11.1	90.3	140	11.6	92.4	107	10.5	87.7
80-84	130	5.9	96.1	64	5.3	97.8	66	6.5	94.2
85+	86	3.9	100.0	27	2.2	100.0	59	5.8	100.0
All ages	2220	100.0		1203	100.0		1017	100.0	

Included in the statistics are 39.8% multiple primaries in males and 27.2% in females.

Table 5 Age-specific incidence, DCO rate and proportion of all cancers for period 1998-2013

							Males	Females
			Males	Females	Males	Females		Prop.all
Age at				Age-		DCO rate		cancers
diagnosis	Males	Females		spec.	n=0	n=0		n=153136
Years	n	n		incid.	8	%	%	8
0- 4			0.0	0.0				
5- 9	1		0.1	0.0			0.6	
10-14	1	4	0.1	0.3			0.6	2.4
15-19	5	18	0.3	1.2			1.4	6.2
20-24	3	21	0.2	1.2			0.5	4.0
25-29	19	20	0.9	1.0			2.0	1.8
30-34	18	31	0.8	1.4			1.2	1.5
35-39	21	40	0.8	1.7			0.9	1.1
40-44	40	43	1.5	1.7			1.2	0.7
45-49	72	64	3.0	2.8			1.3	0.7
50-54	101	74	5.0	3.6			1.2	0.7
55-59	141	93	7.7	4.8			1.0	0.7
60-64	190	117	10.7	6.2			0.9	0.7
65-69	201	125	12.7	7.2			0.7	0.7
70-74	149	134	11.6	8.8			0.6	0.7
75-79	139	103	16.8	8.7			0.7	0.6
80-84	63	66	12.6	7.1			0.5	0.4
85+	27	59	7.9	6.6			0.3	0.3
		1010						
All ages	1191	1012			0.0	0.0	0.8	0.7
- '1								
Incidence			1 0	2.2				
Raw			4.0	3.3				
WS			2.4	1.9				
ES DDD G			3.3	2.5				
BRD-S			3.9	2.9				

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 1998-2013 MALES

	Observed	Expected		LCL	UCL		DCO
Diagnosis	/ n /	n	SIR	95%	95%	EAR	%
C1 C Oo san bassus	/ _/	0 0	2 5	0 3	9.0	1 1	
C15 Oesophagus	2	0.8	2.5	0.3		4.1	
C16 Stomach	5	1.6	3.1	1.0	7.2 #	11.5	
C17 Small intestine	2	0.2	9.1		33.0 #	6.1	
C18 Colon	18	4.0	4.6	2.7	7.2 #	47.7	
C19-C20 Rectum	13	2.4	5.5	2.9	9.4 #	36.1	
C22 Liver	6	1.2	5.1	1.9	11.0 #	16.4	16.7
C23-C24 Bile	2	0.4	5.1	0.6	18.3	5.5	
C25 Pancreas	8	1.5	5.4	2.3	10.7 #	22.2	
C33-C34 Lung	11	5.0	2.2	1.1	3.9 #	20.3	18.2
C43 Malign. melanoma	6	1.8	3.3	1.2	7.2 #	14.2	
C46,C49 Soft tissue	2	0.2	9.2	1.1	33.1 #	6.1	
C61 Prostate	25	12.5	2.0	1.3	3.0 #	42.5	
C64 Kidney	9	1.5	5.9	_2.7	11.2 #	25.4	
C65 Renal pelvis	2	0.2	11.9	1.4	43.0 #	6.2	
C66 Ureter	2	0.1	21.1	2.6	76.1 #	6.5	
C67 Bladder	2	1.7	1.2	0.1	4.2	1.0	
C73 Thyroid	2	0.3	6.3	0.8	22.8	5.7	
C76-C79 CUP	2	0.7	2.9		10.6	4.5	
C82-C85 NHL	7	1.6	4.3	1.7	8.8 #	18.2	
C91-C96 Leukaemia	2	0.7	3.1		11.1		100.0
371 370 <u>2</u> 84114824	_	• • •	3.1	0.1	7		
Other primaries	4	1.4	2.9	0.8	7.3	8.8	
Not observed	0	2.8	0.0	0.0	1.3	-9.5	
All mult. primaries	132	42.5	3.1	2.6	3.7 #	304.0	3.8

Patients	776
Median age at second malignancy (years)	70.1
Person-years	2943
Mean observation time (years)	3.8
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 1998-2013 FEMALES

	Observed E	xpected		LCL	UCL		DCO
Diagnosis	/ n /	n	SIR	95%	95%	EAR	용
C16 Stomach	5 /	0.9	5.8	1.9	13.4 #	16.5	40.0
C18 Colon	/ 11/	2.4	4.6	2.3	8.2 #	34.2	
C19-C20 Rectum	7	1.1	6.6	2.7	13.7 #	23.7	14.3
C25 Pancreas	8	1.1	7.6	3.3	14.9 #	27.7	
C33-C34 Lung	6	1.8	3.4	1.3	7.4 #	16.9	33.3
C43 Malign. melanoma	3	0.9	3.3	0.7	9.5	8.3	
C50 Breast	11	7.7	1.4	0.7	2.6	13.1	
C54 Corpus uteri	2	1.4	1.4	0.2	5.2	2.4	
C56 Ovary	3	1.0	2.9	0.6	8.6	7.9	33.3
C64 Kidney	3	0.6	4.9	1.0	14.4 #	9.5	33.3
C82-C85 NHL	5	0.9	5.3	1.7	12.5 #	16.2	
Other primaries	7	1.9	3.6	_1.5	7.5 #	20.2	
Not observed	0	3.3	0.0	0.0	1.1	-13.1	
All mult. primaries	71	24.9	2.8	2.2	3.6 #	183.5	9.9
<u> </u>					\ '		

Patients	622
Median age at second malignancy (years)	71.9
Person-years	2510
Mean observation time (years)	4.0
Median observation time (years)	3.0

# The occurrence of second malignancy is statistically significant.

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

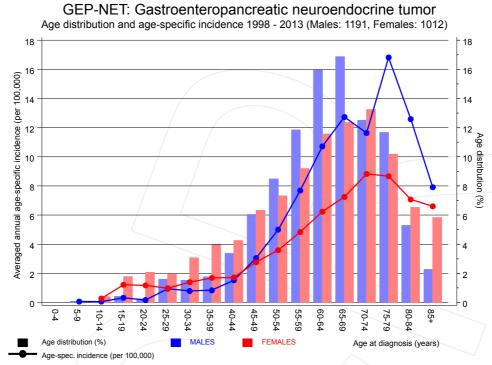
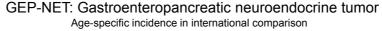
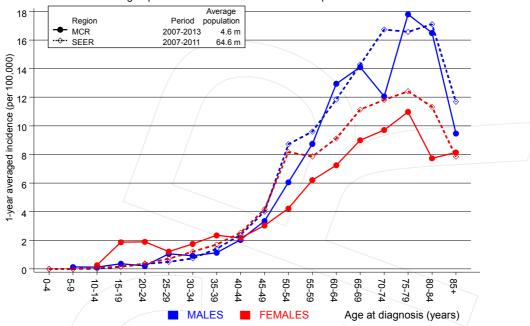


Figure 7. Age distribution and age-specific incidence







**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 2014, based on the November 2013 submission. http://www.seer.cancer.gov.

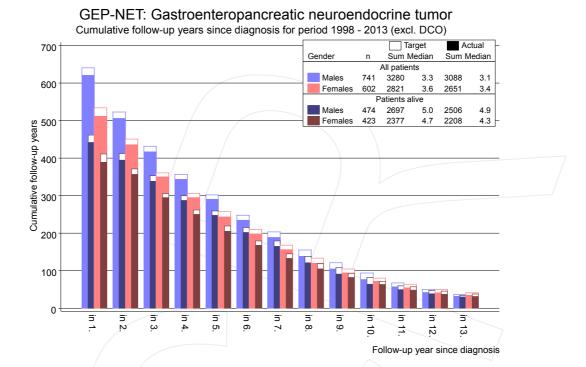
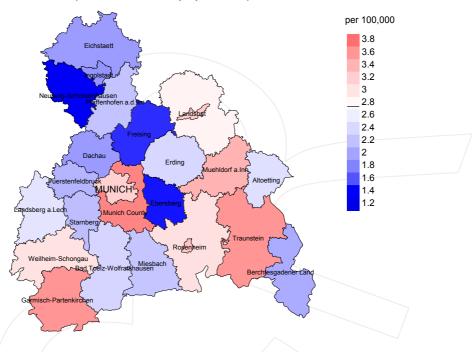


Figure 8. Cumulative follow-up years depending on time since diagnosis

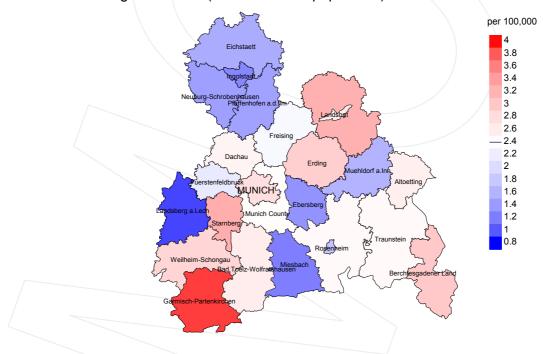
The increase of the lost to follow-up rate can be interpreted as a consequence of a declining number of survivors over time.



#### Average incidence (world standard population) 2007 - 2013: Males



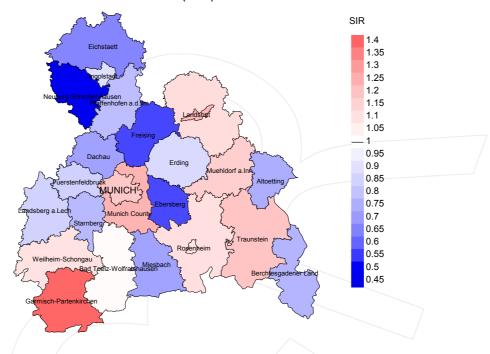
#### Average incidence (world standard population) 2007 - 2013: Females



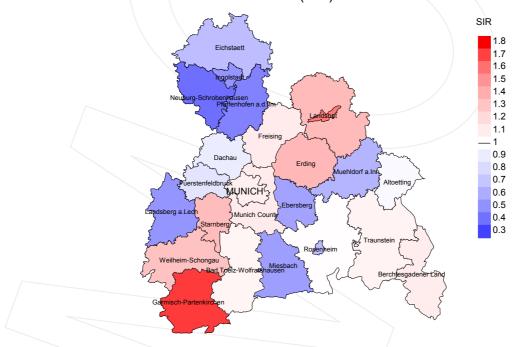
**Figure 9a.** Map of cancer incidence (world standard population, incl. DCO cases) by county averaged for period 2007 to 2013. According to their individual incidence rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (males 2.8/100,000 WS N=745, females 2.4/100,000 WS N=655).

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 64,928 female residents (averaged) in the period from 2007 to 2013 a total of 10 women were identified with newly diagnosed gastr.ent.pancr. neuroend. tumor. Therefore, the mean incidence rate for this cancer type in this area can be calculated at 1.3/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.5 and 3.2/100,000.

#### Standardized incidence ratio (SIR) 2007 - 2013: Males



#### Standardized incidence ratio (SIR) 2007 - 2013: Females



**Figure 9b.** Map of standardized incidence ratio (SIR, incl. DCO cases) by county averaged for period 2007 to 2013. 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=745, females N=655).

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 64,642 female residents (averaged) in the period from 2007 to 2013 a total of 10 women were identified with newly diagnosed gastr.ent.pancr. neuroend. tumor. Therefore, the mean standardized incidence ratio (SIR) for this cancer type in this area can be calculated at 0.56. Though, the value of this parameter may vary with an underlying probability of 99% between 0.21 and 1.21, 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 4.64 m as of 2007, respectively)

		Prop.			Prop. deaths
	Incident	actively		Prop.	with death
Year of	cases	followed	Deaths	deaths	certific.
diagnosis	n	%	n	%	%
aragnobib	11	Ü		Ů	O .
1998	56	100.0	35	62.5	91.4
1999	63	92.1	31	49.2	100.0
2000	48	97.9	23	47.9	91.3
2001	54	100.0	27	50.0	96.3
2002	93	96.8	44	47.3	97.7
2003	97	94.8	53	54.6	96.2
2004	123	94.3	55	44.7	96.4
2005	120	94.2	56	46.7	98.2
2006	153	92.8	73	47.7	98.6
2007	186	80.6	81	43.5	92.6
2008	183	67.8	72	39.3	97.2
2009	185	69.7	79	42.7	98.7
2010	209	64.1	66	31.6	92.4
2011	219	63.9	62	28.3	93.5
2012	239	67.4	54	22.6	96.3
2013	192	97.9	30	15.6	90.0
1998-2013	2220	80.8	841	37.9	95.7

Table 10b

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

(with respect to registry area expansion from 2.51 to 3.96 m as of 2002, and from 3.96 to 4.64 m as of 2007, respectively)

			Prop. deaths		Prop.
Year of	Incident		with death	Deaths in	deaths in
diagnosis/	cases	Deaths	certific.	same year	same year
death	n /	n	%	n	%
1998	56	11	81.8	5	8.9
1999	63	16	100.0	/ 7	11.1
2000	48	23	95.7	6	12.5
2001	54	15	100.0	3	5.6
2002	93	29	100.0	11	11.8
2003	97	41	97.6	14	14.4
2004	123	44	100.0	11	8.9
2005	120	54	94.4	20	16.7
2006	153	51	96.1	_ 15	9.8
2007	186	72	97.2	21	11.3
2008	183	83	96.4	23	12.6
2009	185	81	98.8	28	15.1
2010	209	84	97.6	23	11.0
2011	219	80	97.5	23	10.5
2012	239	104	98.1	32	13.4
2013	192	112	97.3	18	9.4
1998-2013	2220	900	97.3	260	11.7

Table 10c

Annual cohorts of deaths, proportion of cancer-related and non-cancerrelated 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 4.64 m as of 2007, respectively)

				Prop.
				cancer
		Prop.	Prop.	recorded
		cancer-	non-cancer-	on death
Year of	Deaths	related	related	certificate
death	n/	%	%	%
1998	11	81.8	18.2	66.7
1999	16	87.5	12.5	93.8
2000	23	69.6	30.4	77.3
2001	15	80.0	20.0	86.7
2002	29	86.2	13.8	89.7
2003	41	70.7	29.3	82.5
2004	44	75.0	25.0	79.5
2005	54	70.4	29.6	80.4
2006	/ 51	86.3	13.7	89.8
2007	72	83.3	16.7	84.3
2008	83	86.7	13.3	93.8
2009	81	70.4	29.6	78.8
2010	84	76.2	23.8	78.0
2011	80	80.0	20.0	88.5
2012	104	77.9	22.1	81.4
2013	112	81.3	18.8	83.5
1998-2013	900	78.8	21.2	83.8

Table 11a Medians of age at death according to the grouping in Table 10 MALES

		Age at death	Age at death	Age at death	Age at death (according
		(all	(cancer-	(non-cancer-	to death
Year of	Deaths	causes)	related)	related)	certificate)
death	n	Years	Years	Years	Years
1998	5	70.5	70.9	59.3	68.5
1999	12	67.9	66.5	78.7	67.9
2000	16	68.6	67.8	84.5	67.8
2001	12	68.6	64.9	84.8	65.2
2002	21	66.6	66.1	92.4	66.1
2003	20	74.7	68.3	76.3	72.2
2004	19	69.0	63.7	75.1	64.5
2005	33	74.6	74.6	75.4	74.6
2006	29	73.8	73.3	76.8	73.3
2007	37	69.8	71.1	69.7	71.1
2008	56	68.9	68.1	77.2	68.1
2009	50	70.3	68.3	76.6	68.3
2010	51	72.7	71.3	73.5	69.8
2011	46	71.1	70.3	77.5	70.3
2012	53	76.3	73.2	79.8	73.5
2013	63	73.8	73.2	78.8	73.2
1998-2013	523	71.4	69.7	76.4	69.7

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  $\begin{tabular}{ll} \begin{tabular}{ll} \begin{tabula$ 

Year of death	Deaths n	Age at death (all causes)	Age at death (cancer-related) Years	Age at death (non-cancer-related) Years	Age at death (according to death certificate)
1998	6	83.7	83.6	88.1	83.7
1999	4	81.0	81.0		81.0
2000	7	73.7	57.6	77.5	71.6
2001	3	72.0	69.9	92.2	69.9
2002	8	69.4	66.4	72.4	65.6
2003	21	73.2	69.8	75.1	72.4
2004	25	76.1	75.8	79.1	76.9
2005	21	77.9	74.3	86.2	74.9
2006	22	74.8	74.4	75.1	76.1
2007	35	69.4	68.4	83.6	69.4
2008	27	78.9	75.8	90.4	78.9
2009	31	76.2	72.8	85.4	74.6
2010	33	73.2	68.0	81.9	71.2
2011	34	74.4	72.4	81.2	74.2
2012	51	80.1	73.5	88.9	74.8
2013	49	74.3	71.4	88.2	73.2
1998-2013	377	75.1	72.8	83.9	74.2

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

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

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

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	4	0.4	0.13	0.2	0.13	0.3	0.14	0.5	0.16
1999	10	0.9	0.30	0.6	0.28	0.8	0.30	1.0	0.32
2000	13	1.1	0.57	0.7	0.58	1.1	0.59	1.2	0.57
2001	10	0.9	0.34	0.5	0.32	0.7	0.33	1.0	0.38
2002	20	1.1	0.38	0.6	0.35	0.9	0.37	1.1	0.39
2003	13	0.7	0.27	0.4	0.25	0.6	0.27	0.8	0.30
2004	11	0.6	0.16	0.3	0.14	0.5	0.16	0.6	0.17
2005	25	1.3	0.37	0.7	0.31	1.0	0.35	1.4	0.40
2006	25	1.3	0.27	0.6	0.23	1.0	0.26	1.4	0.29
2007	32	1.4	0.28	0.7	0.22	1.1	0.24	1.4	0.28
2008	50	2.2	0.54	1.3	0.51	1.8	0.53	2.2	0.55
2009	34	1.5	0.34	0.8	0.31	1.2	0.33	1.4	0.34
2010	40	1.8	0.39	0.9	0.35	1.3	0.37	1.8	0.41
2011	39	/1.7	0.32	0.9	0.30	1.3	0.32	1.6	0.32
2012	40	1.8	0.34	0.8	0.27	1.2	0.31	1.7	0.36
2013	52	2.3	0.53	1.0	0.41	1.6	0.47	2.2	0.54
1998-2013	418	1.4	0.35	0.7	0.31	1.1	0.33	1.4	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	5	0.4	0.20	0.1	0.08	0.2	0.12	0.4	0.21
1999	4	0.3	0.13	0.1	0.08	0.2	0.09	0.2	0.10
2000	3	0.2	0.12	0.1	0.11	0.2	0.12	0.2	0.10
2001	2	0.2	0.08	0.1	0.08	0.1	0.08	0.2	0.08
2002	5	0.3	0.12	0.1	0.09	0.2	0.10	0.2	0.10
2003	16	0.8	0.33	0.4	0.28	0.6	0.29	0.7	0.31
2004	22	1.1	0.42	0.5	0.29	0.7	0.34	0.9	0.38
2005	13	0.7	0.25	0.3	0.19	0.4	0.21	0.5	0.24
2006	19	0.9	0.32	0.3	0.21	0.5	0.24	0.7	0.29
2007	28	1.2	0.42	0.6	0.37	0.8	0.39	1.0	0.40
2008	22	0.9	0.24	0.4	0.16	0.5	0.19	0.8	0.22
2009	23	1.0	0.27	0.4	0.20	0.6	0.23	0.8	0.23
2010	24	1.0	0.23	0.5	0.20	0.7	0.20	0.9	0.22
2011	25	1.1	0.26	0.5	0.19	0.7	0.22	0.9	0.24
2012	41	1.7	0.34	0.7	0.21	1.0	0.26	1.3	0.28
2013	39	1.7	0.42	0.7	0.30	1.0	0.34	1.3	0.37
1998-2013	291	0.9	0.29	0.4	0.21	0.6	0.24	0.8	0.26

Table 13 Age distribution of age at death (cancer-related) for period 1998-2013 (incl. multiple primaries)

Age at	0			Malag			Tomolog		
death	Cases	•		Males			Females	•	0
Years	n	%	Cum. %	'n	%	Cum.%	n	%	Cum.%
15-19	1	0.1	0.1	/ 1	0.2	0.2			0.0
20-24	0	0.0	0.1			0.2			0.0
25-29	3	0.4	0.6	1	0.2	0.5	2	0.7	0.7
30-34	4	0.6	/ 1.1/			0.5	4	1.4	2.1
35-39	7	1.0	2.1	2	0.5	0.9/	5	1.7	3.8
40-44	11	1.5	3.6	4	0.9	1.9	7	2.4	6.2
45-49	15	2.1	5.7	5	1.2	3.1	10	3.4	9.6
50-54	42	5.9	11.6	26	6.2	9.2	16	5.5	15.1
55-59	61	8.5	20.2	40	9.5	18.7	21	7.2	22.3
60-64	82	11.5	31.7	55	13.0	31.8	27	9.2	31.5
65-69	118	16.5	48.2	82	19.4	51.2	36	12.3	43.8
70-74	106	14.8	63.0	66	15.6	66.8	40	13.7	57.5
75-79	108	15.1	78.2	71	16.8	83.6	37	12.7	70.2
80-84	92	12.9	91.0	47	11.1	94.8	45	15.4	85.6
85+	64	9.0	100.0	22	5.2	100.0	42	14.4	100.0
		, , ,				- 7			
All ages	714	100.0		422	100.0		292	100.0	

Included in the statistics are 39.8% multiple primaries in males and 27.2% in females.

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Table 14 Age-specific mortality (cancer-related) and proportion of all cancers for period 1998-2013 (incl. multiple primaries)

		Males		Females		Males	Females
Age at		Age-		Age-			Prop.all
death	Males Female	/ - /	· -	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	1	0.1		0.0		2.2	
20-24	_	0.0		0.0		2.2	
25-29	1 2	0.0		0.1	0.10	0.9	1.7
30-34	4	0.0		0.2	0.13		1.8
35-39	2 5	0.1		0.2	0.13	0.5	1.0
40-44	4 7	0.2		0.3		0.5	0.6
45-49	5 10	0.2	0.07	0.4	0.16	0.3	0.5
50-54	26 16	1.3	0.26	0.8	0.22	0.8	0.5
55-59	40 21	2.2	0.28	1.1	0.23	0.7	0.4
60-64	55 27	3.1	0.28	1.4	0.23	0.6	0.4
65-69	82 36	5.2	0.40	2.1	0.29	0.7	0.4
70-74	66 40	5.2	0.44	2.6	0.30	0.5	0.4
75-79	71 37	8.6		3.1		0.5	0.3
80-84	47 45	9.4		4.8		0.4	0.4
85+	22 42	6.5	0.81	4.7	0.71	0.2	0.3
	400					0 5	0 4
All ages	422 292					0.5	0.4
Mortality							
Raw		1.4	0.35	0.9	0.29		
WS		0.7		0.4	0.21		
ES		1.1		0.6	0.24		
BRD-S		1.5		0.8	0.26		
DIED D		1.3	0.57	0.0	0.20		
PYLL-70							
per 100,000		7.3		6.2			
ES		6.6		5.4			
AYLL-70		9.1		12.9			

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

Table 15a

Multiple primaries in deaths in period 1998-2013

MALES

					Syn- chron	Syn- chron		
	Total	Total	Pre	Pre	±30d	±30d	Post	Post
Diagnosis	n	% ↓	n	<b>←</b> %	n	<b>←</b> %	n	~%
C12-C13 Hypopharynx	3	1.5	1	33.3			2	66.7
C16 Stomach	5	2.5					5	100.0
C17 Small intestine	18 /	8.9			8	44.4	10	55.6
C18 Colon	25	12.3			19	76.0	6	24.0
C19-C20 Rectum	10	4.9			4	40.0	6	60.0
C22 Liver	4	2.0			1	25.0	3	75.0
C23-C24 Bile	3	1.5			1	33.3	2	66.7
C25 Pancreas	12	5.9			5	41.7	7	58.3
C33-C34 Lung	14	6.9	6	42.9	2	14.3	6	42.9
C43 Malign. melanoma	6	3.0	2	33.3	_ 1	16.7	3	50.0
C44 Skin others	8	3.9	4	50.0			4	50.0
C61 Prostate	40	19.7	28	70.0	4	10.0	8	20.0
C64 Kidney	8	3.9	4	50.0	_ 2	25.0	2	25.0
C67 Bladder	13	6.4	10	76.9			3	23.1
C70-C72 CNS cancer	3	1.5			1	33.3	2	66.7
C76-C79 CUP	3	1.5	2	66.7	1	33.3		
C82-C85 NHL	6	3.0	2	33.3	1	16.7	3	50.0
C91-C96 Leukaemia	5	2.5	2	40.0			3	60.0
Other primaries	17	8.4	8	47.1			9	52.9
All mult. primaries	203	100.0	69	34.0	50	24.6	84	41.4

Multiple primaries with number of cases 1 to 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 15b

Multiple primaries in deaths in period 1998-2013
FEMALES

					Syn- chron	Syn- chron		
	Total	Total	Pre	Pre	±30d	±30d	Post	Post
Diagnosis	n	%↓	n	-%	n	<b>←</b> %	n	<b>←</b> %
C16 Stomach	7	6.0			2	28.6	5	71.4
C17 Small intestine	5	4.3			3	60.0	2	40.0
C18 Colon	13 /	11.1			7	53.8	6	46.2
C19-C20 Rectum	4	3.4			2	50.0	2	50.0
C25 Pancreas	4	3.4			2	50.0	2	50.0
C33-C34 Lung	12	10.3	4	33.3			8	66.7
C43 Malign. melanoma	3	2.6	3	100.0				
C44 Skin others	2	1.7	2	100.0				
C48 Peritoneal	2	1.7	1	50.0	1	50.0		
C50 Breast	24	20.5	17	70.8	2	8.3	5	20.8
C51 Vulva	2	1.7	2	100.0				
C54 Corpus uteri	7	6.0	3	42.9	3	42.9	1	14.3
C56 Ovary	11	9.4	4	36.4	_ 5	45.5		18.2
C64 Kidney	3	2.6	1	33.3	1	33.3	1	33.3
C67 Bladder	4	3.4	3	75.0			1	25.0
C70-C72 CNS cancer	4	3.4			1	25.0	3	75.0
C82-C85 NHL	4	3.4	2	50.0			2	50.0
Other primaries	6	5.1	2	33.3	1	16.7	3	50.0
All mult. primaries	117	100.0	44	37.6	30	25.6	43	36.8

Multiple primaries with number of cases 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 16 Age-specific mortality (cancer-related) and proportion of all cancers for period 1998-2013 (Singular primaries only \*)

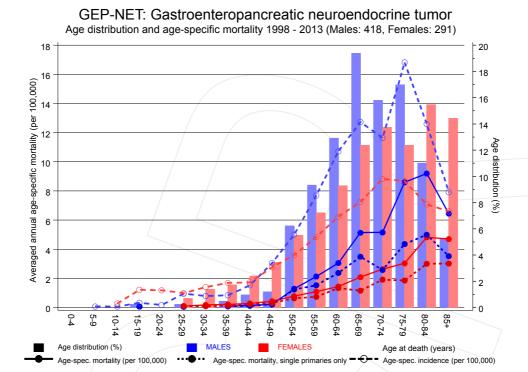
Age at			Males Age-		Females Age-		Males Prop.all	Females Prop.all
death	Males H	Females			spec.		cancers	cancers
Years	n	n		MI-index	mortal.	MI-index	%	8
0 - 4			0.0		0.0			
5- 9			0.0		0.0			
10-14			0.0		0.0			
15-19	1		0.1	0.20	0.0		2.4	
20-24			0.0		0.0			
25-29	1	2	0.0	0.05	0.1	0.11	1.0	1.8
30-34		2	0.0		0.1	0.07		1.0
35-39	2	3	0.1	0.10	0.1	0.08	0.5	0.6
40-44	3	7	0.1	0.08	0.3	0.17	0.4	0.7
45-49	5	8	0.2	0.08	0.3	0.13	0.3	0.5
50-54	25	13	1.2		0.6		0.9	0.5
55-59	29	17	1.6	0.25	0.9		0.6	0.4
60-64	43	26	2.4	0.28	1.4		0.6	0.5
65-69	63	24	4.0	0.41	1.4	0.28	0.7	0.4
70-74	44	30	3.4		2.0		0.4	0.4
75-79	43	25	5.2	0.55	2.1	0.33	0.4	0.3
80-84	27	31	5.4		3.3		0.3	0.3
85+	17	30	5.0	1.06	3.4	0.68	0.3	0.3
All ages	303	218					0.5	0.4
Mortality								
Raw			1.0	0.33	0.7			
WS			0.5		0.3			
ES			0.8	0.32	0.5			
BRD-S			1.0	0.35	0.6	0.24		
PYLL-70								
	,		6.1		5.0			
per 100,000	J		6.1 5.5		4.3			
ES AYLL-70			9.5		13.0			
WITT-10			9.5		13.0			

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

Table 17 Age-specific mortality (cancer-related) and proportion of all cancers for period 1998-2013 (Single primaries only \*)

			Males		Females		Males	Females
Age at			Age-		Age-		Prop.all	Prop.all
death	Males	Females	/ - /		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	1		0.1	0.20	0.0		2.4	
20-24			0.0		0.0			
25-29	1	2	0.0	0.06	0.1		1.1	1.9
30-34		2	0.0		0.1	0.07		1.1
35-39	2	3	0.1	0.10	0.1	0.09	0.6	0.7
40-44	3	6	0.1	0.08	0.2	0.15	0.4	0.7
45-49	5	7	0.2	0.08	0.3	0.12	0.3	0.5
50-54	25	13	1.2	0.31	0.6	0.22	1.0	0.6
55-59	28	14	1.5	0.26	0.7	0.19	0.6	0.4
60-64	42	25	2.4	0.33	1.3	0.27	0.6	0.5
65-69	55	20	3.5	0.42	1.2	0.25	0.7	0.4
70-74	33	29	2.6	0.34	1.9	0.30	0.4	0.4
75-79	36	22	4.4	0.49	1.9	0.31	0.4	0.3
80-84	25	28	5.0	0.83	3.0	0.61	0.4	0.4
85+	12	27	3.5	0.80	3.0	0.63	0.2	0.3
All ages	268	198					0.5	0.4
Mortality								
Raw			0.9	0.32	0.6	0.25		
WS			0.5	0.29	0.3	0.18		
ES			0.7		0.4			
BRD-S			0.9	0.34	0.5			
PYLL-70								
per 100,000			6.0		4.6			
ES			5.4		4.0			
AYLL-70			9.8		13.3			

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

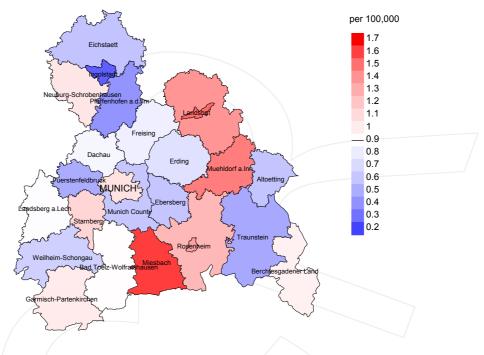


**Figure 18.** Distribution of age at death (bars) and age-specific mortality (all patients: solid line, patients with single primaries: dotted line). The age-specific incidence is additionally plotted for comparison (dashed line).

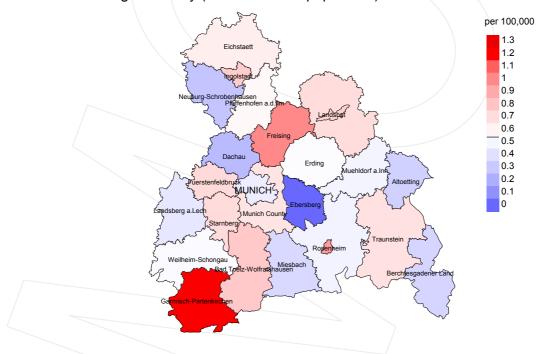
The difference between age at diagnosis (Table 3) and age at gastr.ent.pancr. neuroend. tumor-related death (see Table 10) should be considered.



#### Average mortality (world standard population) 2007 - 2013: Males



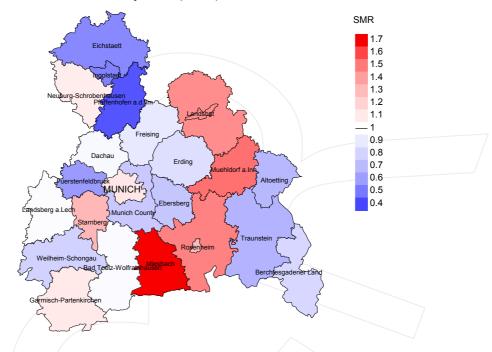
#### Average mortality (world standard population) 2007 - 2013: Females



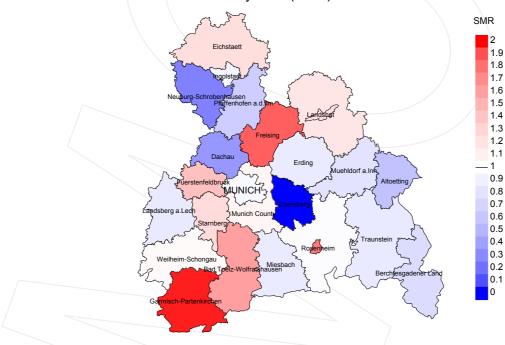
**Figure 19a.** Map of cancer mortality (world standard population) by county averaged for period 2007 to 2013. According to their individual mortality rates, the counties are displayed in different red and blue color temperatures where the fine white color indicates the population mean (males 0.9/100,000 WS N=282, females 0.5/100,000 WS N=199).

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 64,928 female residents (averaged) in the period from 2007 to 2013 a total of 0 women died from gastr.ent.pancr. neuroend. tumor. Therefore, the mean mortality rate for this cancer type in this area can be calculated at 0.0/100,000 (world standard population). Though, the value of this parameter may vary with an underlying probability of 99% between 0.0 and 1.2/100,000.

#### Standardized mortality ratio (SMR) 2007 - 2013: Males



#### Standardized mortality ratio (SMR) 2007 - 2013: Females



**Figure 19b.** Map of standardized mortality ratio (SMR, incl. DCO cases) by county averaged for period 2007 to 2013. 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=282, females N=199).

The results should be interpreted with caution! E.g., in county Ebersberg with a population of 64,642 female residents (averaged) in the period from 2007 to 2013 a total of 0 women died from gastr.ent.pancr. neuroend. tumor. Therefore, the mean standardized mortality ratio (SMR) for this cancer type in this area can be calculated at 0.00. Though, the value of this parameter may vary with an underlying probability of 99% between 0.00 and 1.01, 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 cancer-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 agespecific 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**

FRG Federal Republic of Germany

GEKID Association of Population-based Cancer Registries in Germany

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

MCR Munich Cancer Registry (Tumorregister München)
SEER Surveillance, Epidemiology, and End Results (USA)

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)

LCL Lower confidence limit

MI-index Ratio between mortality and incidence

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

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

#### **Recommended Citation**

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