

Munich Cancer Registry



- ▶ Incidence and Mortality
- ▶ Selection Matrix
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- ▶ *Deutsch*

ICD-10 C04: Floor of mouth cancer

Survival

Year of diagnosis	1988-1997	1998-2016
Patients	259	1,017
Diseases	259	1,018
Cases evaluated	232	756
Creation date	08/22/2018	
Export date	08/09/2018	
Population	4.81 m	



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<https://www.tumorregister-muenchen.de/en>

https://www.tumorregister-muenchen.de/en/facts/surv/sC04__E-ICD-10-C04-Floor-of-mouth-cancer-survival.pdf

Index of figures and tables

Fig./Tbl.		Page
1a	Relative survival by period of diagnosis (chart)	3
1b	Survival by period of diagnosis (table)	3
2a	Survival by sex (chart)	4
2b	Survival by sex (table)	4
3a	Relative survival by age category (chart)	5
3b	Survival by age category (table)	5
4a	Relative survival by TNM staging (chart)	6
4b	Survival by TNM staging (table)	6
5a	Time to first progression (chart)	7
5b	Time to first progression (table)	7
5c	Observed post-progression survival (chart)	9
5d	Observed post-progression survival (table)	9
5e	Observed post-progression survival by period of progression (chart)	10
5f	Observed post-progression survival by period of progression (table)	10

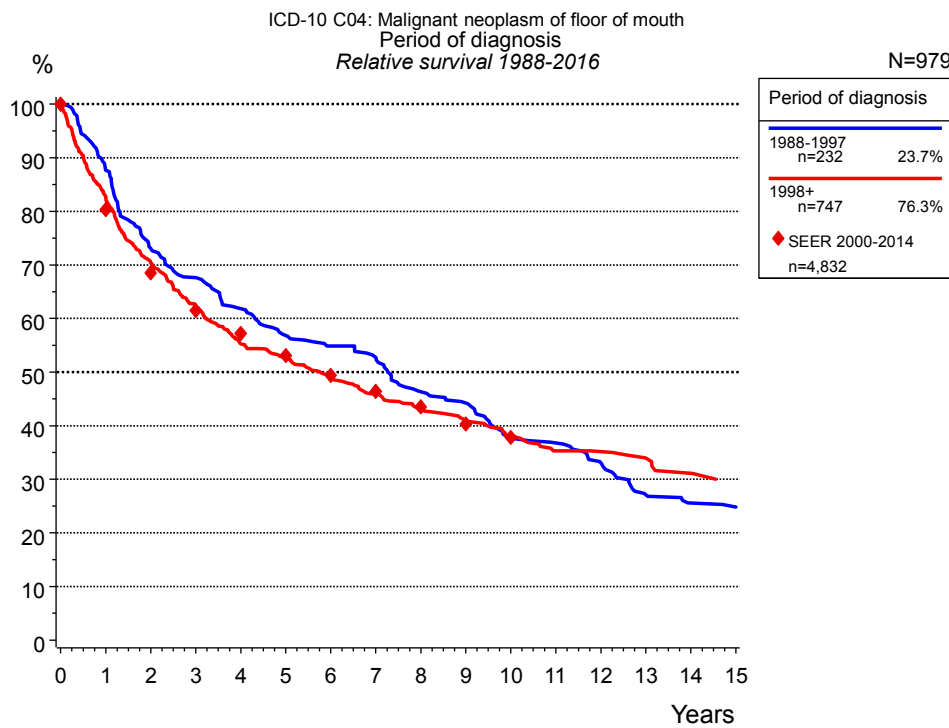


Figure 1a. Relative survival of patients with floor of mouth cancer by period of diagnosis. Included in the evaluation are 979 cases diagnosed between 1988 and 2016.

The survival results of the SEER program (Surveillance, Epidemiology, and End Results) of the American National Cancer Institute (NCI) are summarized as the period of diagnosis from 2000 to 2014, and are represented by colored diamonds in order to facilitate comparisons between MCR and SEER.

The presented survival curves are derived from clinical records with valid follow-up informations, which means that death certificate cases (DCO) cases are omitted from the analysis. With this one restriction, the MCR has provided population-based statistics since 1998, collecting data on all cancer cases in the region of southern Bavaria. Historical data of previous time periods can be heavily selected, therefore, univariate survival comparisons of the presented time periods must be carefully considered. Nonetheless, all calculable survival curves are depicted to facilitate the comparison of long time follow-up analyses of relative survival between particular cancers.

Years	Period of diagnosis			
	1988-1997 n=232		1998+ n=747	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	86.5	87.7	81.6	82.7
2	71.5	73.1	68.7	70.4
3	65.4	67.6	60.0	62.2
4	58.7	61.8	52.7	55.3
5	53.4	56.8	49.7	52.6
6	50.7	54.9	45.9	49.3
7	48.5	52.8	42.1	45.9
8	41.7	46.3	38.7	42.9
9	39.5	44.2	36.6	41.0
10	33.2	37.8	33.4	38.1
11	31.9	36.8	30.3	35.3
12	28.3	33.1	29.8	35.1
13	22.9	27.1	28.1	34.0
14	21.1	25.5	26.1	31.1
15	20.2	24.8		

Table 1b. Observed (obs.) and relative (rel.) survival of patients with floor of mouth cancer by period of diagnosis for period 1988-2016 (N=979).

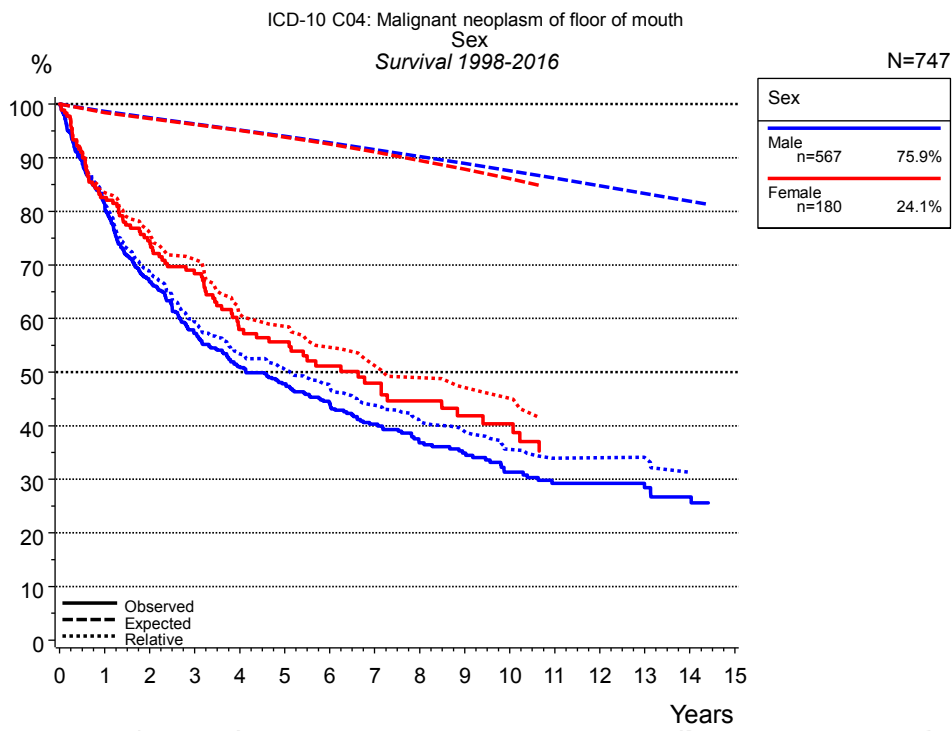


Figure 2a. Survival of patients with floor of mouth cancer by sex. Included in the evaluation are 747 cases diagnosed between 1998 and 2016.

Years	Sex			
	Male n=567		Female n=180	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	81.2	82.3	82.6	83.5
2	66.8	68.5	74.5	76.0
3	57.3	59.4	68.4	71.0
4	51.0	53.4	57.9	60.8
5	47.8	50.5	55.6	58.5
6	44.2	47.5	51.1	54.6
7	40.3	43.8	47.9	51.2
8	36.8	40.7	44.6	48.9
9	34.9	38.9	41.8	47.1
10	31.3	35.6	40.4	45.1
11	29.3	33.9		
12	29.3	34.0		
13	28.4	34.1		
14	26.7	31.3		

Table 2b. Observed (obs.) and relative (rel.) survival of patients with floor of mouth cancer by sex for period 1998-2016 (N=747).

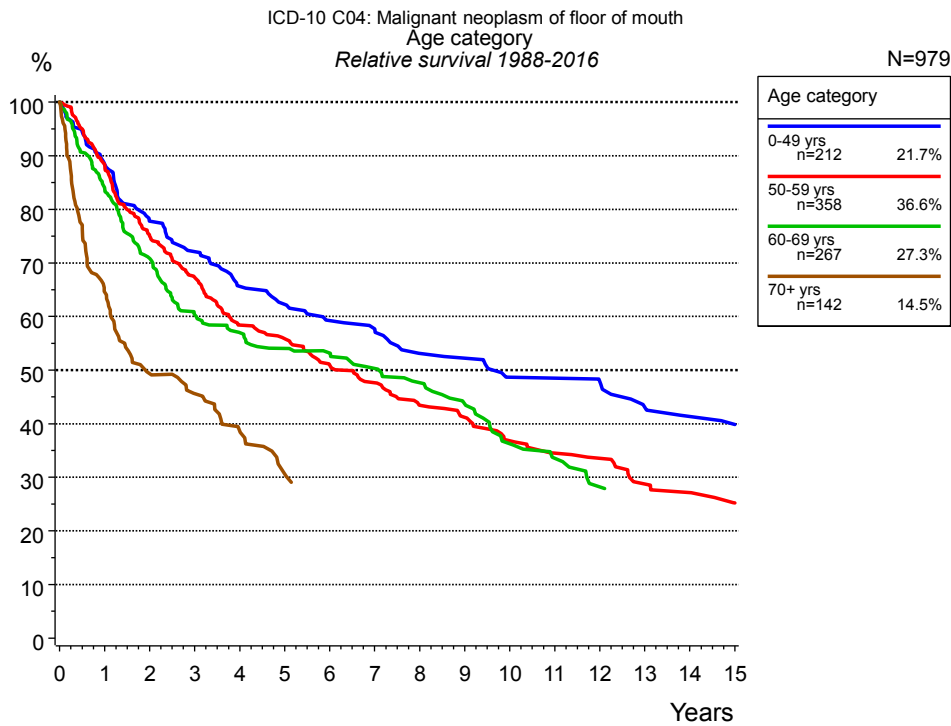


Figure 3a. Relative survival of patients with floor of mouth cancer by age category. Included in the evaluation are 979 cases diagnosed between 1988 and 2016.

Years	Age category							
	0-49 yrs n=212		50-59 yrs n=358		60-69 yrs n=267		70+ yrs n=142	
	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1	88.6	88.4	87.5	88.1	82.9	83.8	61.6	64.5
2	77.3	77.8	74.2	75.0	69.2	70.8	45.4	49.3
3	71.7	72.1	66.1	67.3	57.8	60.3	39.8	45.6
4	65.0	65.6	56.7	58.4	53.7	57.0	32.8	38.5
5	61.7	62.3	53.9	55.9	50.3	54.0	24.7	30.6
6	58.2	59.3	48.7	50.9	48.7	53.2	22.6	29.4
7	56.9	57.7	45.2	47.7	45.1	50.3		
8	51.6	53.1	40.4	43.5	41.8	47.6		
9	50.9	52.2	38.1	41.2	37.5	43.6		
10	46.8	48.7	33.6	36.8	30.5	36.3		
11	46.8	48.5	30.9	34.5	27.1	33.5		
12	45.9	47.9	29.7	33.6	22.6	28.2		
13	41.1	43.1	25.3	28.8				
14	38.9	41.4	23.8	27.1				
15	37.7	39.9	21.0	25.2				

Table 3b. Observed (obs.) and relative (rel.) survival of patients with floor of mouth cancer by age category for period 1988-2016 (N=979).

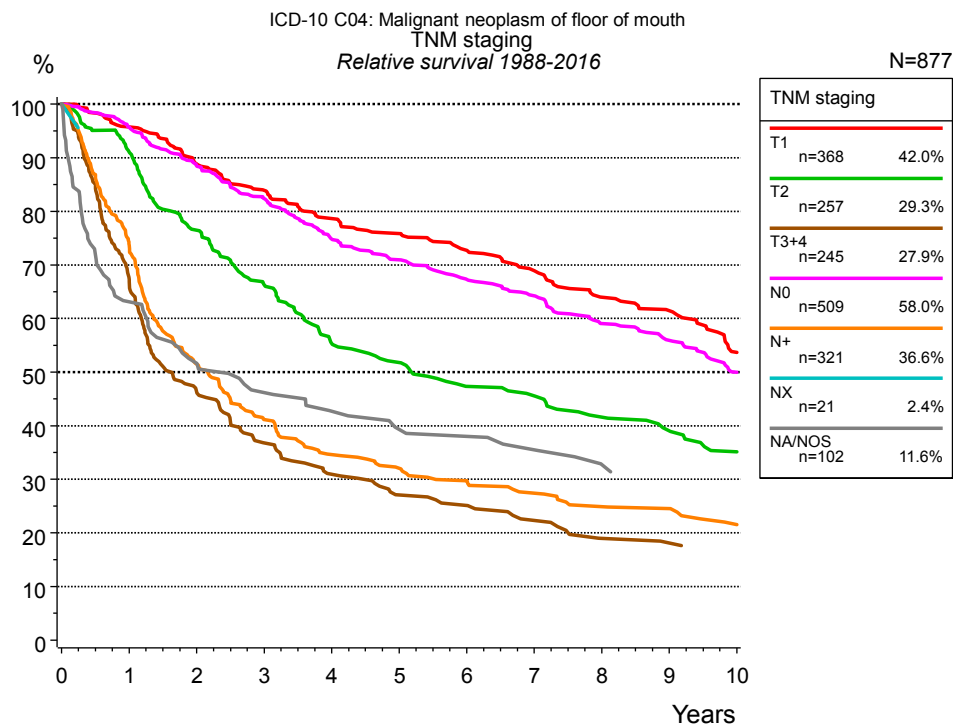


Figure 4a. Relative survival of patients with floor of mouth cancer by TNM staging. For 884 of 979 cases diagnosed between 1988 and 2016 valid data could be obtained for this item. For a total of 877 cases an evaluable classification was established. The accumulated percentage exceeds the 100 % value because patients are potentially considered in more than one subgroup. The grey line represents the subgroup of 102 patients with missing values regarding TNM staging (10.4 % of 979 patients, the percent values of all other categories are related to n=877).

Years	TNM staging													
	T1 n=368		T2 n=257		T3+4 n=245		N0 n=509		N+ n=321		NX n=21		NA/NOS n=102	
	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1	94.8	95.7	90.1	91.1	66.3	67.2	94.8	95.7	72.5	73.6			62.0	63.1
2	87.1	88.8	74.6	76.5	45.3	46.2	86.7	88.4	50.2	51.5			50.6	51.6
3	81.5	83.9	63.7	66.3	35.4	36.8	79.8	82.4	39.5	41.1			44.3	46.1
4	75.5	78.6	52.7	55.3	29.6	30.9	71.7	74.8	32.9	34.6			39.9	42.7
5	72.1	75.8	48.8	51.8	25.5	27.1	67.2	70.9	30.2	32.0			36.5	39.3
6	68.4	72.7	43.6	47.3	23.8	25.1	62.9	67.3	27.8	29.7			35.4	38.0
7	63.9	68.9	41.9	45.6	20.7	22.3	59.3	64.2	25.2	27.4			33.0	35.5
8	58.2	63.9	37.7	41.6	17.1	19.0	53.6	59.1	22.7	24.9			29.0	32.7
9	55.3	61.4	35.1	39.0	16.3	18.1	50.2	55.9	22.1	24.5			27.6	30.8
10	47.6	53.7	31.0	35.1			44.2	50.0	19.1	21.5				

Table 4b. Observed (obs.) and relative (rel.) survival of patients with floor of mouth cancer by TNM staging for period 1988-2016 (N=877).

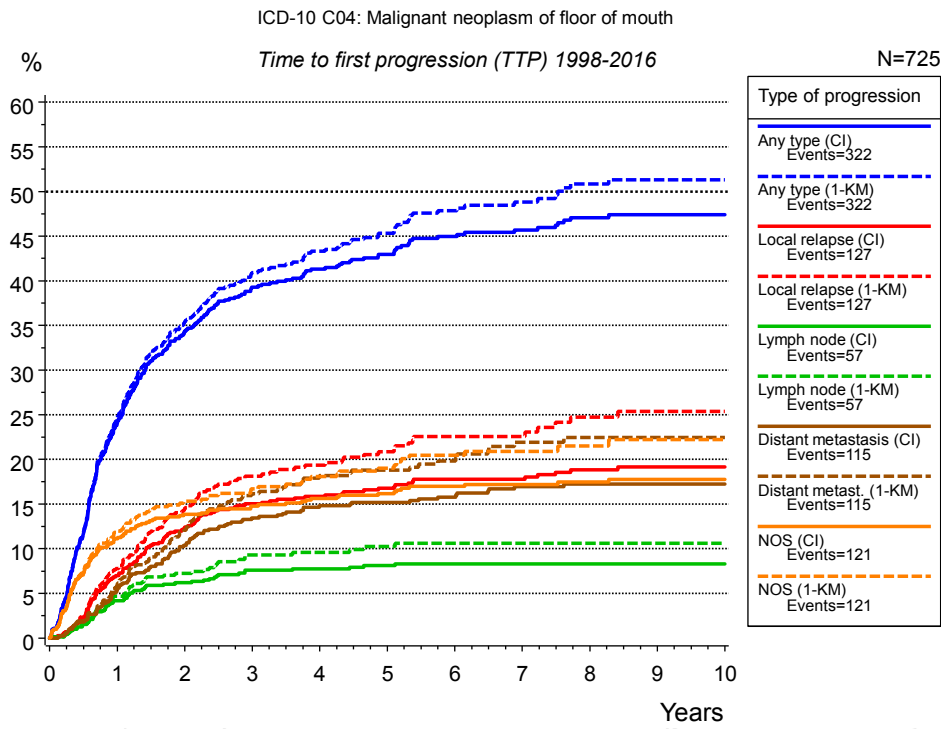


Figure 5a. Time to first progression of 725 patients with floor of mouth cancer diagnosed between 1998 and 2016 (in solid cancers M0 only) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). The frequency of events may be underestimated due to underreporting.

Years	Type of progression						
	Any type (CI)	Any type (1-KM)	Local relapse (CI)	Local relapse (1-KM)	Lymph node (CI)	Lymph node (1-KM)	Distant metastasis (CI)
	n=725 %	n=725 %	n=725 %	n=725 %	n=725 %	n=725 %	n=725 %
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	24.1	24.6	7.0	7.8	4.2	4.7	5.5
2	34.3	35.3	12.3	14.4	6.2	7.2	10.4
3	39.3	40.9	15.0	18.1	7.6	9.3	13.4
4	41.3	43.3	15.9	19.4	7.8	9.6	14.8
5	42.9	45.3	16.8	20.9	8.1	10.3	15.2
6	45.0	47.8	17.8	22.6	8.3	10.6	15.8
7	45.7	48.8	17.8	22.6	8.3	10.6	17.0
8	47.1	50.8	18.8	24.7	8.3	10.6	17.2
9	47.4	51.3	19.2	25.4	8.3	10.6	17.2
10	47.4	51.3	19.2	25.4	8.3	10.6	17.2

<i>cont'd</i>	Type of progression		
	Distant metast. (1-KM)	NOS (CI)	NOS (1-KM)
	n=725 %	n=725 %	n=725 %
Years			
0	0.0	0.0	0.0
1	6.0	11.1	11.8
2	12.1	13.9	15.3
3	16.2	14.8	16.7
4	18.2	15.6	18.1
5	18.8	16.2	19.0
6	19.8	17.0	20.5
7	21.9	17.2	20.9
8	22.5	17.5	21.5
9	22.5	17.8	22.2
10	22.5	17.8	22.2

Table 5b. Time to first progression of patients with floor of mouth cancer for period 1998-2016 (N=725).

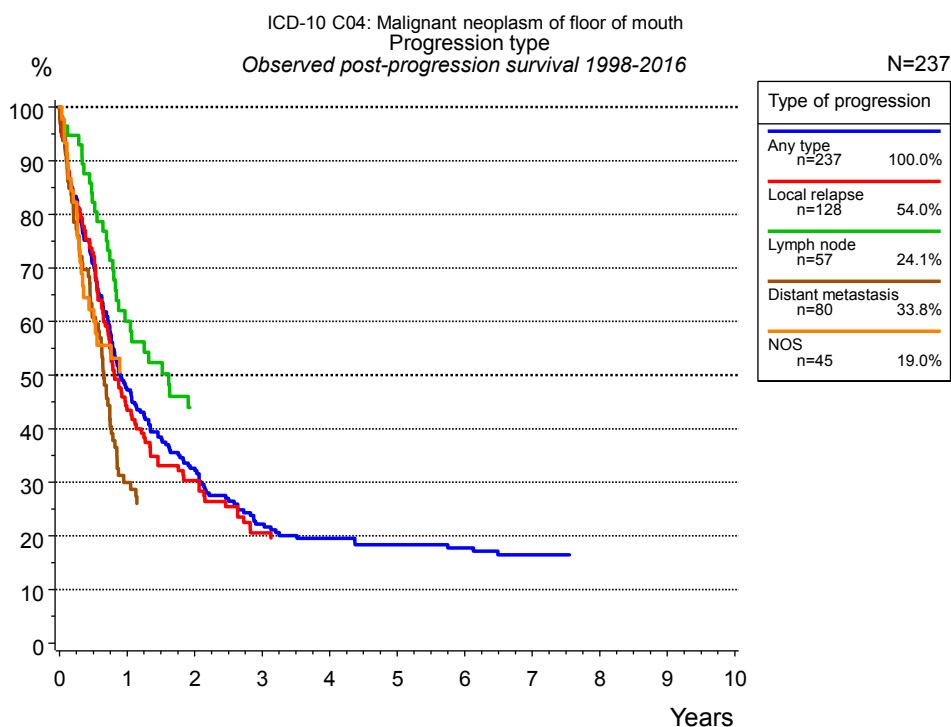


Figure 5c. Observed post-progression survival of 237 patients with floor of mouth cancer diagnosed between 1998 and 2016. These 237 patients with documented progression events during their course of disease represent 31.8 % of the totally 746 evaluated cases (incl. M1, n=21, 2.8 %). Patients with cancer relapse documented via death certificates only were excluded (n=106, 14.2 %). Multiple progression types on different sites are included in the evaluation even when not occurring synchronously. The NOS (not otherwise specified) class is included under the condition, that it is the one and only progression type during the course of disease.

Medical record documentation often lacks the linguistic severity to distinguish between local relapse, regional lymph node metastasis and distant spread in solid cancers. Frequently, the statement “not specified” is the only information in registries regarding relapse of the disease. The category “Any type” denotes all cases who suffered from at least one relapse during the course of disease (incl. primary M1-status). Although, the real number of relapsed patients is likely to be much higher. The accumulated percentage of patients with local relapse or distant metastasis exceeds the 100 % value because patients are potentially considered in more than one subgroup.

Years	Type of progression				
	Any type n=237 %	Local relapse n=128 %	Lymph node n=57 %	Distant metastasis n=80 %	NOS n=45 %
0	100.0	100.0	100.0	100.0	100.0
1	47.2	43.4	60.1	30.0	
2	32.6	30.3			
3	22.2	20.6			
4	19.5				
5	18.4				
6	17.8				
7	16.4				

Table 5d. Observed post-progression survival of patients with floor of mouth cancer for period 1998-2016 (N=237).

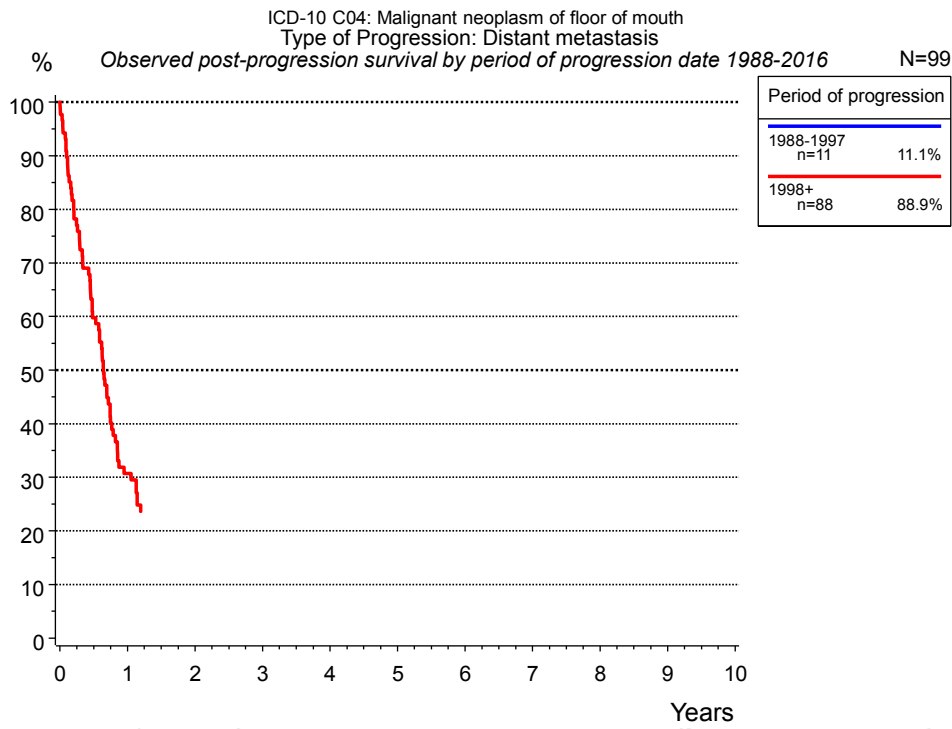


Figure 5e. Observed post-progression (distant metastasis) survival of 99 patients with floor of mouth cancer diagnosed between 1988 and 2016 by period of progression.

Period of progression	
Years	1998+ n=88 %
0	100.0
1	30.7

Table 5f. Observed post-progression (distant metastasis) survival of patients with floor of mouth cancer for period 1988-2016 by period of progression (N=99).

Shortcuts

MCR Munich Cancer Registry, Germany

NCI National Cancer Institute, USA

SEER Surveillance, Epidemiology, and End Results, USA

UICC Union for International Cancer Control, Geneva

DCO Death certificate only Death certificate provides the only notification to the registry.

NA Not available

NOS Not otherwise specified

OS Overall/Observed survival Overall/Observed survival (Kaplan-Meier estimate)
Date of entry: diagnosis
Event: death from any cause

RS Relative survival Survival compared to “general population”,
ratio of observed to expected survival (Ederer II method),
reflecting cancer specific survival

AS Assembled survival Assembled chart of
observed, expected, relative survival

CS Conditional survival Survival probability under the condition of surviving
a given period of time

TTP Time to progression Time to first progression / relapse
Date of entry: diagnosis
Event: (progression / relapse): first local-, lymph node recurrence,
distant metastasis or unspecified progression

1-KM 1 minus Kaplan-Meier estimator
 (“inverse” Kaplan-Meier estimator)

CI Cumulative incidence
Death as competing risk (according to Kalbfleisch und Prentice)

PPS Post-progression survival Survival since first progression / relapse (Kaplan-Meier estimate)
Date of entry (progression / relapse): first local-, lymph node
recurrence, distant metastasis or unspecified progression
Event: death from any cause

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