

Munich Cancer Registry



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

ICD-10 C24: Biliary tract cancer

Survival

Year of diagnosis	1988-1997	1998-2020
Patients	285	3,448
Diseases	285	3,448
Cases evaluated	252	2,220
Creation date	04/15/2022	
Database export	12/20/2021	
Population	4.92 m	



Munich Cancer Registry
Cancer Registry Bavaria - Upper Bavaria Regional Center
at Klinikum Grosshadern/IBE
Marchioninstr. 15
Munich, 81377
Germany

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

https://www.tumorregister-muenchen.de/en/facts/surv/sC24__E-ICD-10-C24-Biliary-tract-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
2c	Conditional survival by sex (chart)	5
2d	Conditional survival by sex (table)	5
3a	Relative survival by age category (chart)	6
3b	Survival by age category (table)	6
4a	Relative survival by UICC 1992+ (chart)	7
4b	Survival by UICC 1992+ (table)	7
4c	Relative survival by TNM staging 2003+ (chart)	8
4d	Survival by TNM staging 2003+ (table)	8
5a	Time to first progression (chart)	9
5b	Time to first progression (table)	9
5c	Observed post-progression survival (chart)	11
5d	Observed post-progression survival (table)	11
5e	Observed post-progression survival by period of progression (chart)	12
5f	Observed post-progression survival by period of progression (table)	12

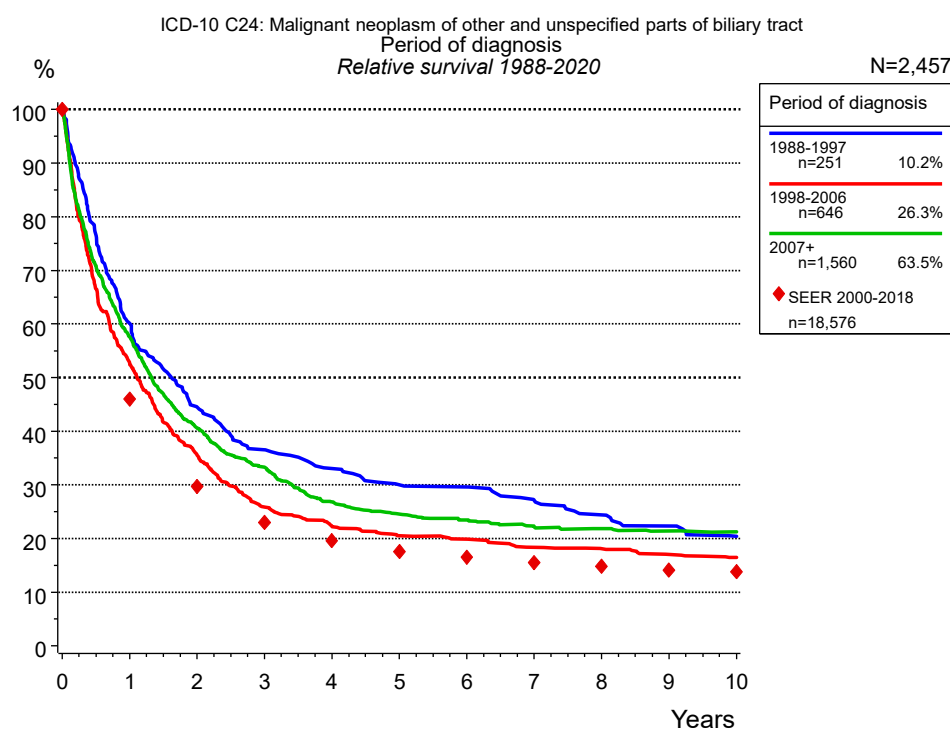


Figure 1a. Relative survival of patients with biliary tract cancer by period of diagnosis. Included in the evaluation are 2,457 cases diagnosed between 1988 and 2020.

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 2018, 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=251		1998-2006 n=646		2007+ n=1,560	
	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0
1	58.4	60.1	50.7	52.6	55.7	57.6
2	42.2	44.5	33.4	35.6	38.3	40.6
3	34.2	36.6	23.8	25.9	30.6	33.3
4	30.0	33.0	20.0	22.3	24.0	26.8
5	26.6	30.0	17.9	20.5	21.4	24.6
6	25.7	29.6	17.1	19.9	19.9	23.4
7	22.7	27.1	15.3	18.4	18.3	22.2
8	20.2	24.4	14.7	18.1	17.5	21.9
9	18.0	22.3	13.4	17.0	16.6	21.4
10	15.9	20.4	12.5	16.4	16.0	21.3
Median	1.5		1.0		1.2	

Table 1b. Observed (obs.) and relative (rel.) survival of patients with biliary tract cancer by period of diagnosis for period 1988-2020 (N=2,457).

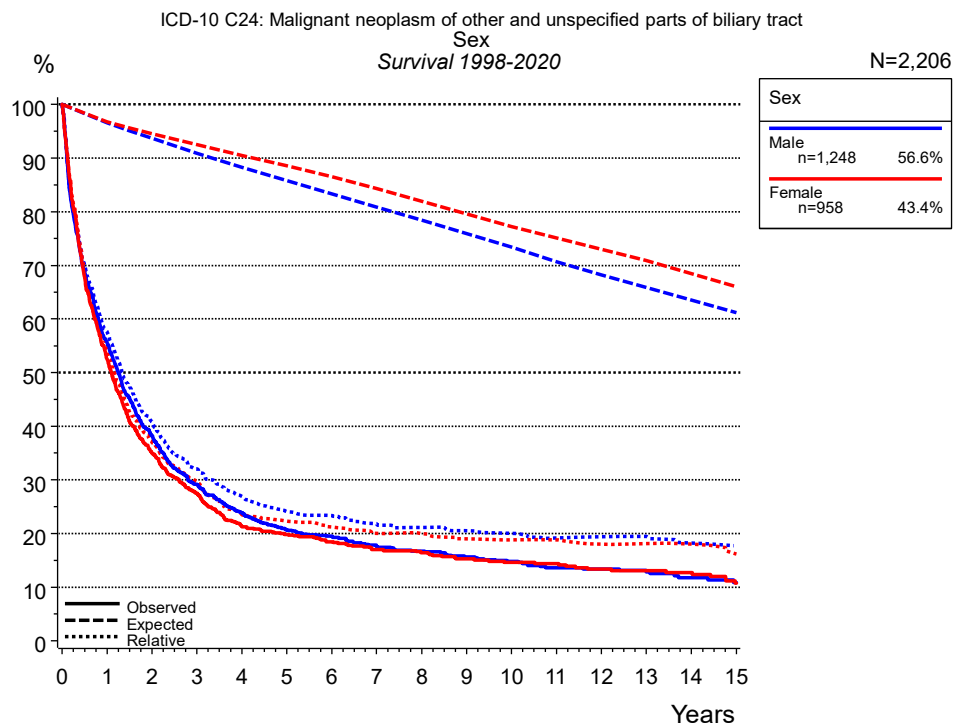


Figure 2a. Survival of patients with biliary tract cancer by sex. Included in the evaluation are 2,206 cases diagnosed between 1998 and 2020.

Years	Sex			
	Male n=1,248		Female n=958	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	55.5	57.5	52.6	54.3
2	38.2	40.8	35.0	37.0
3	29.2	32.0	27.5	29.7
4	23.8	26.9	21.4	23.5
5	20.7	24.1	19.9	22.3
6	19.5	23.3	18.5	21.2
7	17.7	21.8	17.0	20.0
8	16.7	21.2	16.4	20.0
9	15.6	20.5	15.3	19.0
10	14.8	20.0	14.6	18.8
11	13.6	19.2	14.4	18.8
12	13.4	19.4	13.3	18.1
13	12.8	19.4	13.1	18.1
14	11.8	18.2	12.7	18.1
15	10.9	17.8	10.7	16.2
Median	1.2		1.1	

Table 2b. Observed (obs.) and relative (rel.) survival of patients with biliary tract cancer by sex for period 1998-2020 (N=2,206).

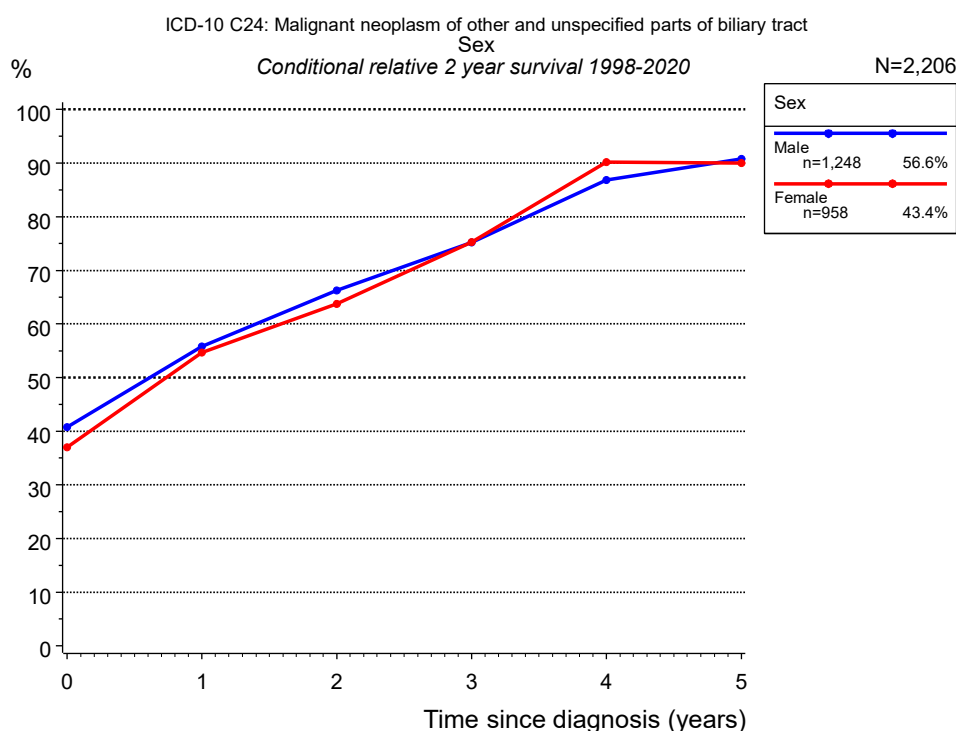


Figure 2c. Conditional relative 2-year survival of patients with biliary tract cancer by sex. For 2,206 of 2,206 cases diagnosed between 1998 and 2020 valid data could be obtained for this item.

Years	Sex			
	Male		Female	
	n	Cond. surv. % 2 yrs	n	Cond. surv. % 2 yrs
0	1,248	40.8	958	37.0
1	669	55.8	484	54.7
2	430	66.3	305	63.7
3	305	75.2	222	75.2
4	230	86.9	162	90.2
5	182	90.8	138	90.0

Table 2d. Conditional relative 2-year survival of patients with biliary tract cancer by sex for period 1998-2020 (N=2,206).

Conditional relative survival rates refer to the relative survival probability, in this case for 2 years after cancer diagnosis, compared to the age- and sex-matched population (=100 %) under the condition of being alive for a certain time period (x-axis in Figure 2a). The results illustrate to what extent the cancer induced mortality of particular subgroups declines in the subsequent years after detection of the malignancy. For instance, according to the presented survival statistics, patients in the subgroup sex="Male", who are alive at least 3 years after cancer diagnosis, the conditional relative 2-year survival rate is 75.2% (n=305).

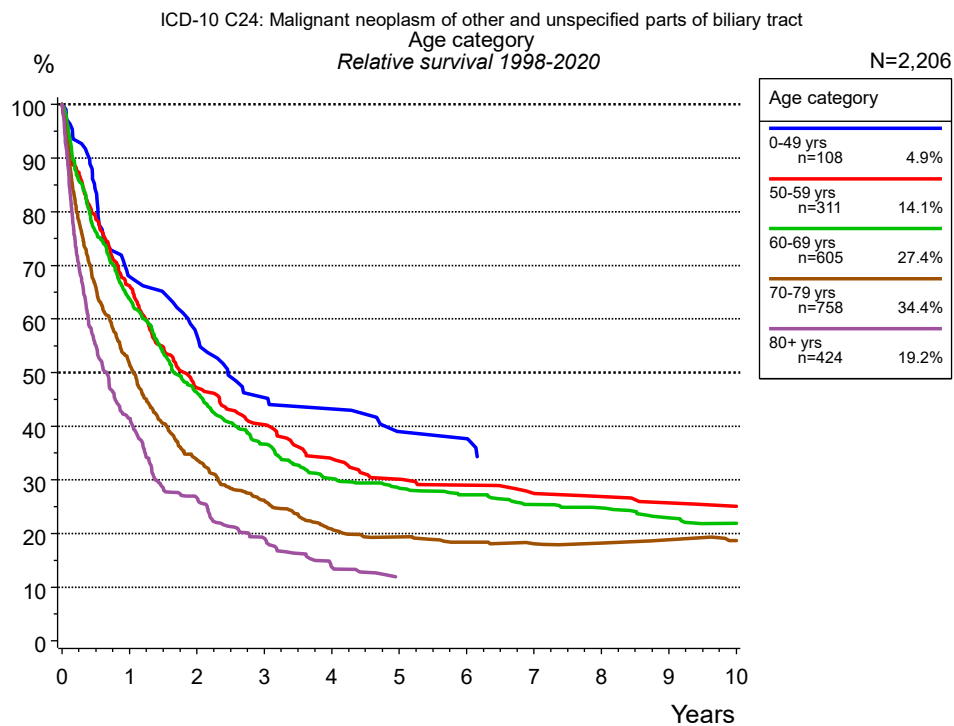


Figure 3a. Relative survival of patients with biliary tract cancer by age category. Included in the evaluation are 2,206 cases diagnosed between 1998 and 2020.

Years	Age category									
	0-49 yrs n=108		50-59 yrs n=311		60-69 yrs n=605		70-79 yrs n=758		80+ yrs n=424	
	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
1	67.9	67.9	65.8	66.2	62.9	63.8	49.9	51.5	37.7	41.4
2	56.7	56.9	46.6	47.2	45.1	46.3	31.6	33.7	22.1	26.7
3	46.0	45.3	39.9	40.3	35.2	36.6	23.8	26.2	14.6	19.1
4	43.8	43.2	33.2	34.0	28.5	30.2	18.3	20.9	9.4	13.8
5	38.6	39.0	29.6	30.1	26.5	28.5	16.2	19.4	7.3	12.0
6	38.6	37.7	28.1	29.0	24.7	27.2	14.8	18.4		
7			26.6	27.4	22.6	25.4	13.6	18.1		
8			25.5	26.9	21.6	24.7	12.9	18.2		
9			24.2	25.7	19.5	22.9	12.6	18.8		
10			23.6	25.0	18.3	21.9	11.6	18.7		
Median	2.5		1.7		1.6		1.0		0.6	

Table 3b. Observed (obs.) and relative (rel.) survival of patients with biliary tract cancer by age category for period 1998-2020 (N=2,206).

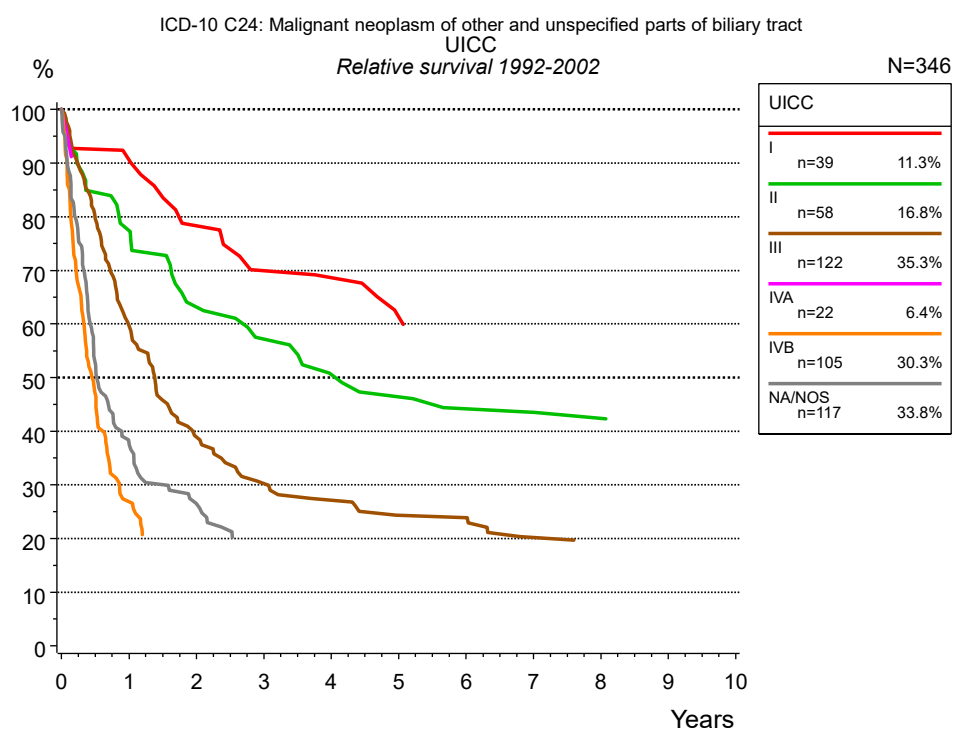


Figure 4a. Relative survival of patients with biliary tract cancer by UICC. For 354 of 463 cases diagnosed between 1992 and 2002 valid data could be obtained for this item. For a total of 346 cases an evaluable classification was established. The grey line represents the subgroup of 117 patients with missing values regarding UICC (25.3 % of 463 patients, the percent values of all other categories are related to n=346).

Due to substantial changes in stage classification schemes long-term survival statistics over decades could not be created.

Years	UICC											
	I n=39		II n=58		III n=122		IVA n=22		IVB n=105		NA/NOS n=117	
	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
1	89.7	90.6	77.2	77.4	58.1	59.5			26.7	26.9	36.2	37.8
2	74.4	78.3	61.4	63.2	37.6	38.9					24.1	26.5
3	64.1	70.0	54.2	57.2	29.1	30.3						
4	61.5	68.6	47.0	50.6	25.6	27.2						
5	53.8	61.4	43.3	46.4	22.2	24.3						
6	51.3	59.5	39.7	44.2	22.2	23.9						
7			39.7	43.5	18.0	20.2						
8			37.9	42.4	17.1	19.2						
Median	6.3		3.6		1.4				0.5		0.5	

Table 4b. Observed (obs.) and relative (rel.) survival of patients with biliary tract cancer by UICC for period 1992-2002 (N=346).

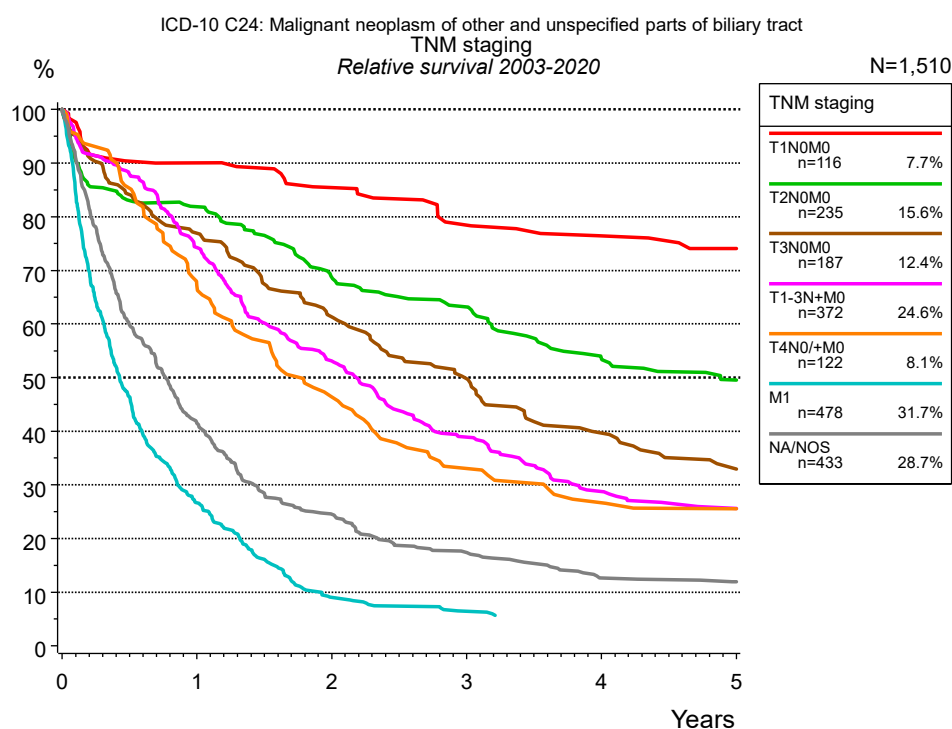


Figure 4c. Relative survival of patients with biliary tract cancer by TNM staging. For 1,549 of 1,943 cases diagnosed between 2003 and 2020 valid data could be obtained for this item. For a total of 1,510 cases an evaluable classification was established. The grey line represents the subgroup of 433 patients with missing values regarding TNM staging (22.3 % of 1,943 patients, the percent values of all other categories are related to n=1,510).

Due to substantial changes in stage classification schemes long-term survival statistics over decades could not be created.

		TNM staging													
		T1N0M0 n=116		T2N0M0 n=235		T3N0M0 n=187		T1-3N+M0 n=372		T4N0/+M0 n=122		M1 n=478		NA/NOS n=433	
Years		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		88.5	90.0	79.9	81.9	75.1	76.9	72.7	74.3	65.6	67.0	26.0	26.7	39.2	41.4
2		82.0	85.4	65.3	68.7	58.6	61.4	50.7	53.1	44.6	46.4	8.6	9.0	22.2	24.5
3		74.0	78.4	58.7	63.2	46.5	49.8	36.3	38.9	31.5	33.0	6.0	6.4	15.3	17.4
4		69.8	76.5	48.4	53.6	36.0	39.6	26.4	28.8	25.2	26.6			10.6	12.7
5		66.4	74.0	43.4	49.5	29.1	32.9	23.1	25.6	23.4	25.5			9.7	11.9
Median		14.4		3.7		2.5		2.1		1.6		0.4		0.7	

Table 4d. Observed (obs.) and relative (rel.) survival of patients with biliary tract cancer by TNM staging for period 2003-2020 (N=1,510).

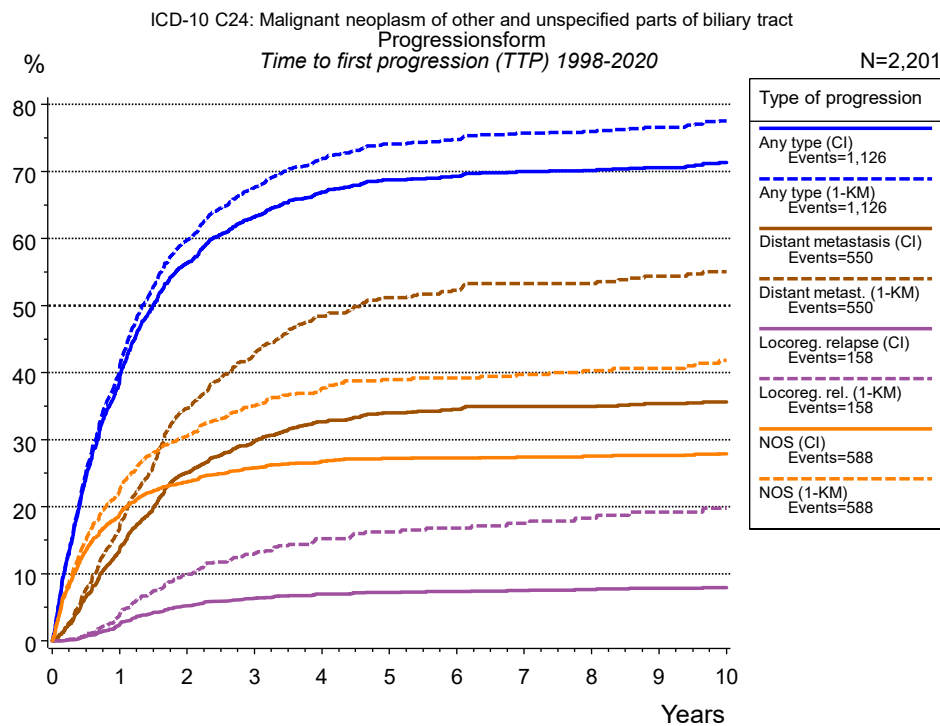


Figure 5a. Time to first progression of 2,201 patients with biliary tract cancer diagnosed between 1998 and 2020 (in solid cancers M0 only) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). The frequency of events may be underestimated due to underreporting.

	Type of progression						
	Any type (CI)	Any type (1-KM)	Distant metastasis (CI)	Distant metast. (1-KM)	Locoreg. relapse (CI)	Locoreg. rel. (1-KM)	NOS (CI)
N	1,675	1,675	1,676	1,676	2,201	2,201	2,200
Events	1,123	1,123	548	548	156	156	587
compet.	191		731		1,602		1,182
Years	%	%	%	%	%	%	%
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	39.1	40.8	13.6	17.1	2.4	3.8	18.9
2	56.3	59.7	25.1	34.7	5.2	9.9	23.7
3	63.2	67.6	29.7	42.8	6.3	12.9	25.8
4	66.9	71.9	32.6	48.4	6.9	15.3	26.7
5	68.7	74.1	34.0	51.2	7.2	16.3	27.2
6	69.2	74.8	34.5	52.3	7.3	16.8	27.2
7	70.0	75.7	34.9	53.3	7.5	17.5	27.4
8	70.2	75.9	34.9	53.3	7.6	18.3	27.5
9	70.6	76.5	35.4	54.4	7.8	19.2	27.6
10	71.3	77.6	35.6	55.0	7.9	19.7	27.9

Type of progression	
<i>cont'd</i>	NOS (1-KM)
N	2,200
Events	587
compet.	
Years	%
0	0.0
1	22.6
2	30.5
3	35.1
4	37.6
5	39.0
6	39.2
7	39.7
8	40.3
9	40.6
10	41.8

Table 5b. Time to first progression of patients with biliary tract cancer for period 1998-2020 (N=2,201), also showing the total of progression events (Events) and of deaths as competing risk (compet.).

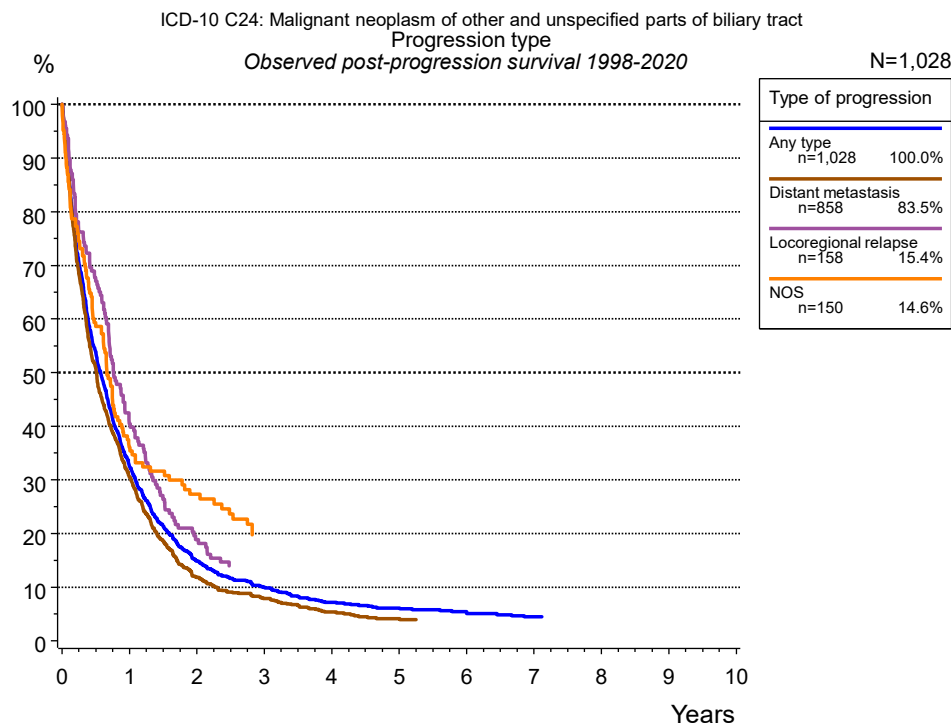


Figure 5c. Observed post-progression survival of 1,028 patients with biliary tract cancer diagnosed between 1998 and 2020. These 1,028 patients with documented progression events during their course of disease represent 46.7 % of the totally 2,201 evaluated cases (incl. M1, n=526, 23.9 %). Patients with cancer relapse documented via death certificates only were excluded (n=624, 28.4 %). 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=1,028 %	Distant metastasis n=858 %	Locoregional relapse n=158 %	NOS n=150 %
0	100.0	100.0	100.0	100.0
1	32.4	30.5	40.5	36.1
2	14.9	11.8	18.9	27.3
3	10.0	7.8		
4	7.2	5.4		
5	6.1	4.1		
6	5.2			
7	4.5			

Table 5d. Observed post-progression survival of patients with biliary tract cancer for period 1998-2020 (N=1,028).

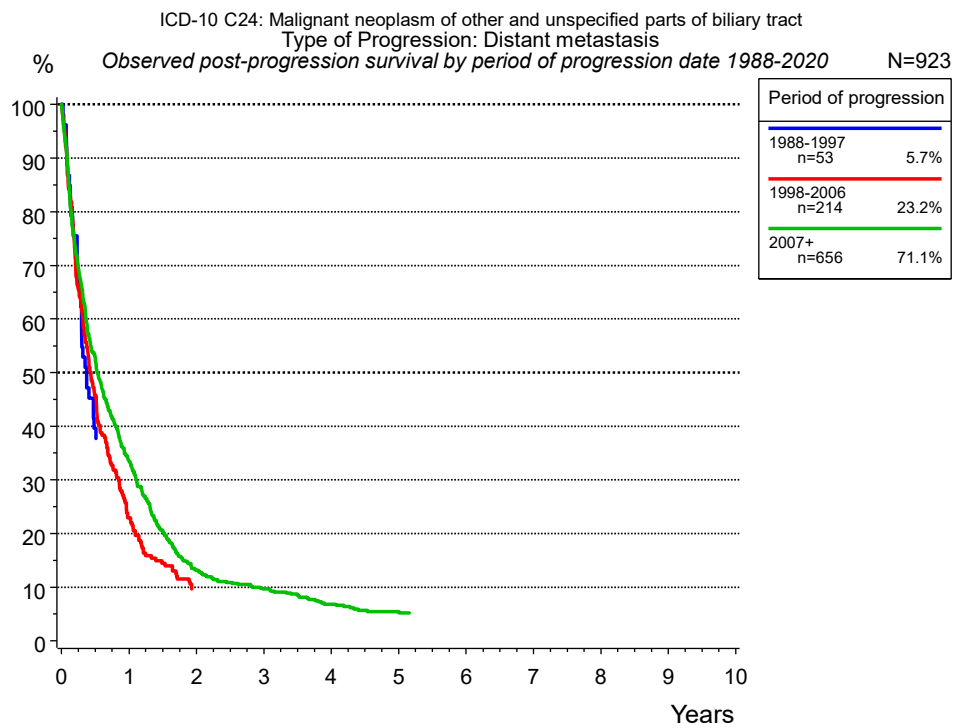


Figure 5e. Observed post-progression (distant metastasis) survival of 923 patients with biliary tract cancer diagnosed between 1988 and 2020 by period of progression.

Years	Period of progression		
	1988-1997 n=53 %	1998-2006 n=214 %	2007+ n=656 %
0	100.0	100.0	100.0
1		22.9	33.4
2			13.2
3			9.6
4			6.8
5			5.4

Table 5f. Observed post-progression (distant metastasis) survival of patients with biliary tract cancer for period 1988-2020 by period of progression (N=923).

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

Recommended Citation

Munich Cancer Registry. Survival ICD-10 C24: Biliary tract cancer [Internet]. 2022 [updated 2022 Apr 15; cited 2022 Jun 1]. Available from: https://www.tumorregister-muenchen.de/en/facts/surv/sC24__E-ICD-10-C24-Biliary-tract-cancer-survival.pdf

Copyright

The content of the public web site provided by the Munich Cancer Registry is available worldwide and free of charge. All documents are free to download, utilize, copy, print-out and distribute, providing that the MCR is referenced.

Disclaimer

The Munich Cancer Registry reserves the right to not be responsible for the topicality, correctness, completeness or quality of the information provided. Liability claims regarding damage caused by the use of any information provided, including any kind of information which is incomplete or incorrect, will therefore be rejected.