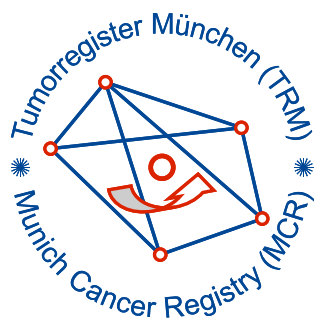


Munich Cancer Registry



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

ICD-10 C37: Thymus cancer

Survival

| | |
|-------------------|------------|
| Year of diagnosis | 1998-2016 |
| Patients | 237 |
| Diseases | 238 |
| Cases evaluated | 194 |
| Creation date | 08/22/2018 |
| Export date | 08/09/2018 |
| Population | 4.81 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/sC37__E-ICD-10-C37-Thymus-cancer-survival.pdf

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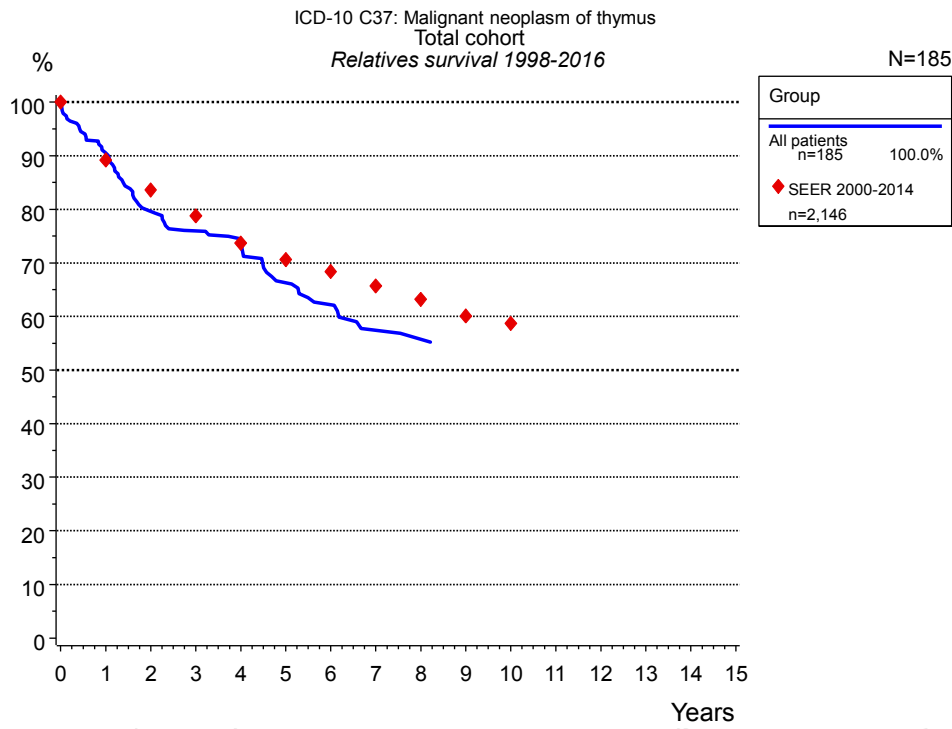


Figure 1a. Relative survival of the total cohort with thymus cancer. Included in the evaluation are 185 cases diagnosed between 1998 and 2016.

| Years | Group | |
|-------|--------|--------|
| | obs. % | rel. % |
| 0 | 100.0 | 100.0 |
| 1 | 89.1 | 90.5 |
| 2 | 77.5 | 79.6 |
| 3 | 73.0 | 76.0 |
| 4 | 70.0 | 74.3 |
| 5 | 61.8 | 66.3 |
| 6 | 57.2 | 62.2 |
| 7 | 51.8 | 57.4 |
| 8 | 50.3 | 55.7 |

Table 1b. Observed (obs.) and relative (rel.) survival of the total cohort with thymus cancer for period 1998-2016 (N=185).

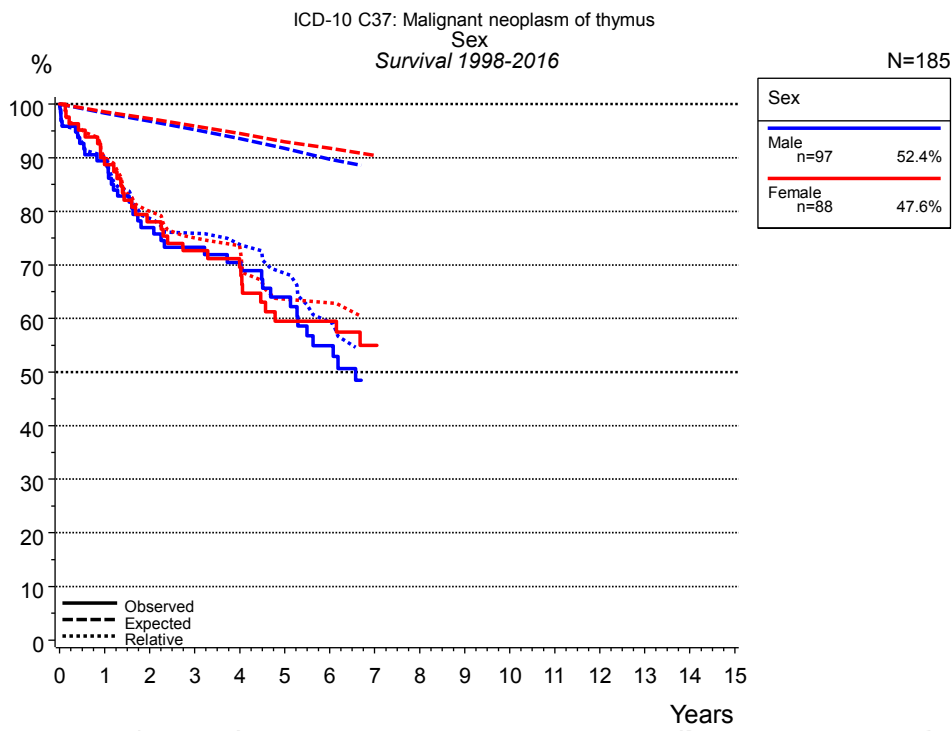


Figure 2a. Survival of patients with thymus cancer by sex. Included in the evaluation are 185 cases diagnosed between 1998 and 2016.

| Years | Sex | | | |
|-------|--------------|--------|----------------|--------|
| | Male n=97 | | Female n=88 | |
| | obs. % | rel. % | obs. % | rel. % |
| 0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 1 | 89.4 | 90.1 | 88.7 | 90.0 |
| 2 | 77.0 | 78.7 | 78.0 | 80.0 |
| 3 | 73.3 | 75.9 | 72.7 | 75.0 |
| 4 | 70.5 | 73.8 | 69.6 | 73.3 |
| 5 | 64.0 | 68.4 | 59.5 | 63.6 |
| 6 | 54.9 | 59.3 | 59.5 | 62.9 |
| 7 | | | 55.0 | 59.5 |

Table 2b. Observed (obs.) and relative (rel.) survival of patients with thymus cancer by sex for period 1998-2016 (N=185).

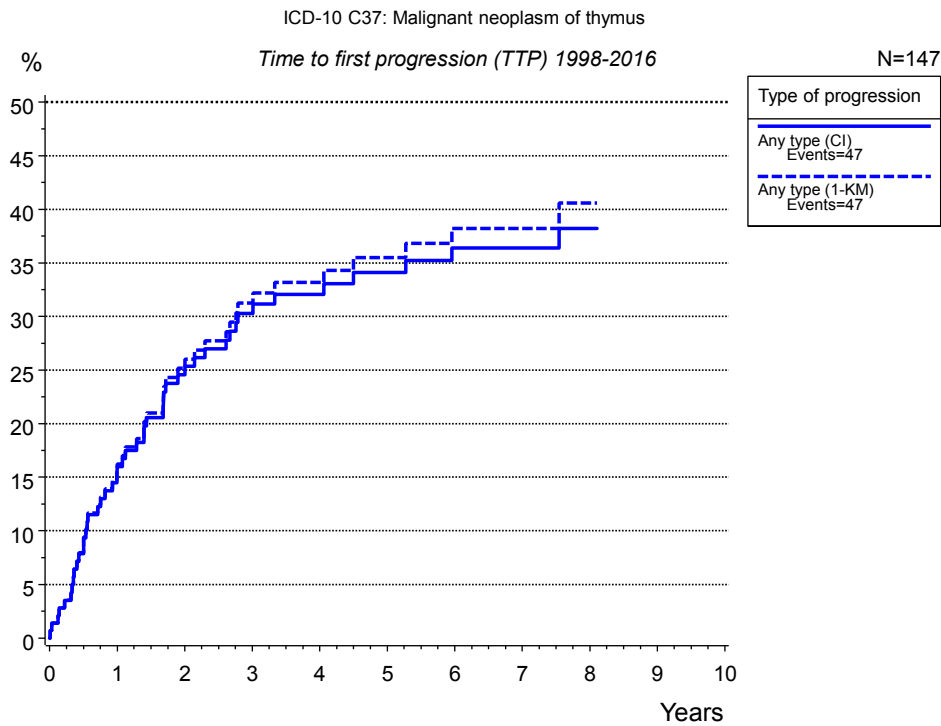


Figure 5a. Time to first progression of 147 patients with thymus cancer diagnosed between 1998 and 2016 (in solid cancers M0 only) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). The frequency of events may be underestimated due to underreporting.

| Years | Type of progression | |
|-------|---------------------|-----------------|
| | Any type (CI) | Any type (1-KM) |
| | n=147 % | n=147 % |
| 0 | 0.0 | 0.0 |
| 1 | 16.0 | 16.2 |
| 2 | 24.6 | 25.2 |
| 3 | 30.3 | 31.3 |
| 4 | 32.1 | 33.2 |
| 5 | 34.1 | 35.5 |
| 6 | 36.4 | 38.2 |
| 7 | 36.4 | 38.2 |
| 8 | 38.2 | 40.6 |

Table 5b. Time to first progression of patients with thymus cancer for period 1998-2016 (N=147).

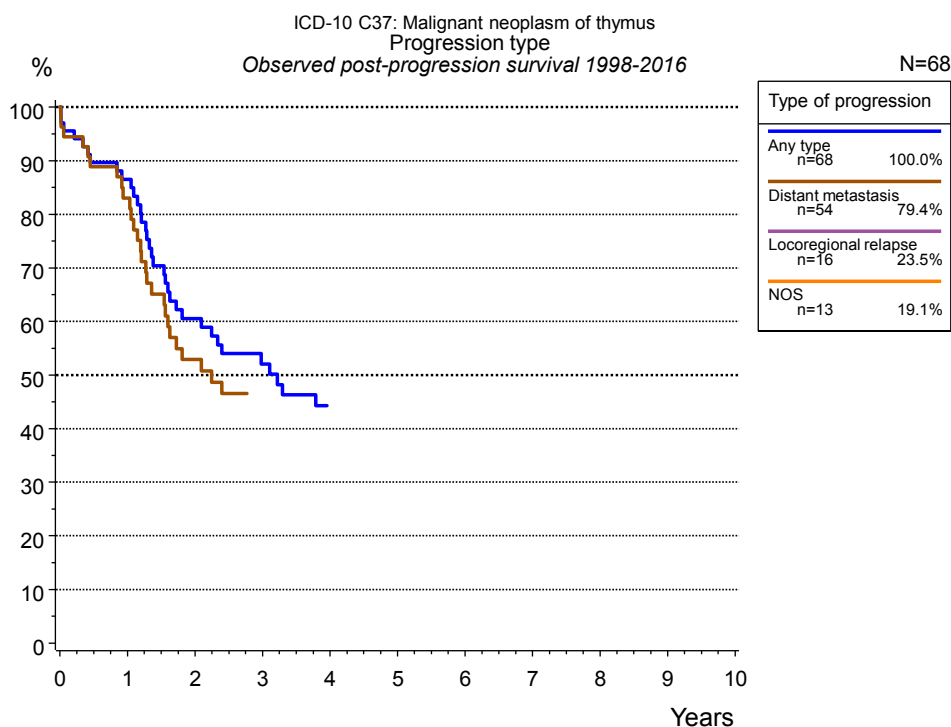


Figure 5c. Observed post-progression survival of 68 patients with thymus cancer diagnosed between 1998 and 2016. These 68 patients with documented progression events during their course of disease represent 37.0 % of the totally 184 evaluated cases (incl. M1, n=37, 20.1 %). Patients with cancer relapse documented via death certificates only were excluded (n=16, 8.7 %). 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. Subgroups with sample size <20 are omitted from the chart.

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=68 % | Distant metastasis n=54 % |
| 0 | 100.0 | 100.0 |
| 1 | 86.5 | 83.0 |
| 2 | 60.6 | 52.9 |
| 3 | 52.1 | |
| 4 | 44.3 | |

Table 5d. Observed post-progression survival of patients with thymus cancer for period 1998-2016 (N=68).

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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