

Munich Cancer Registry



- ▶ Incidence and Mortality
- ▶ Selection Matrix
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ICD-10 C38: Heart, mediastinum and pleura

Survival

Year of diagnosis	1988-1997	1998-2019
Patients	80	377
Diseases	80	377
Cases evaluated	72	264
Creation date	01/27/2021	
Database export	01/07/2021	
Population	4.92 m	



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

https://www.tumorregister-muenchen.de/en/facts/surv/sC38__E-ICD-10-C38-Heart-mediastinum-and-pleura-survival.pdf

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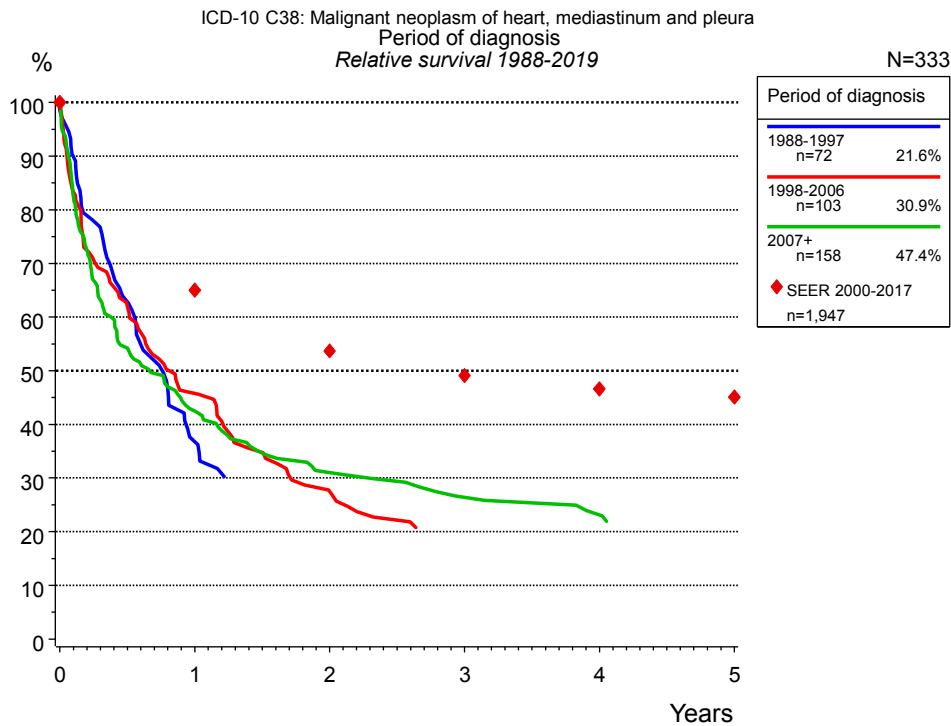


Figure 1a. Relative survival of patients with heart, mediastinum and pleura by period of diagnosis. Included in the evaluation are 333 cases diagnosed between 1988 and 2019.

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 2017, 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=72		1998-2006 n=103		2007+ n=158	
	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0
1	36.9	36.8	45.1	45.7	42.0	42.4
2			26.5	27.5	30.3	31.0
3					25.4	26.4
4					22.6	23.1
Median	0.8		0.8		0.7	

Table 1b. Observed (obs.) and relative (rel.) survival of patients with heart, mediastinum and pleura by period of diagnosis for period 1988-2019 (N=333).

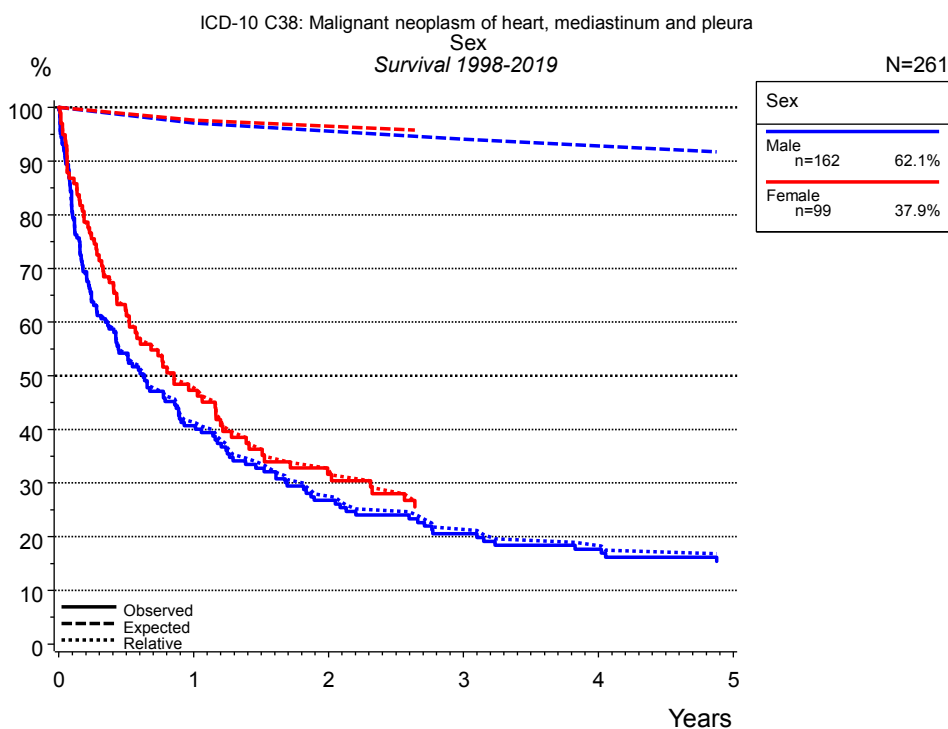


Figure 2a. Survival of patients with heart, mediastinum and pleura by sex. Included in the evaluation are 261 cases diagnosed between 1998 and 2019.

Years	Sex			
	Male n=162		Female n=99	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	40.7	41.3	47.3	47.7
2	26.8	27.5	31.6	32.4
3	20.6	21.3		
4	17.6	18.3		
5	15.4	16.8		
Median	0.6		0.9	

Table 2b. Observed (obs.) and relative (rel.) survival of patients with heart, mediastinum and pleura by sex for period 1998-2019 (N=261).

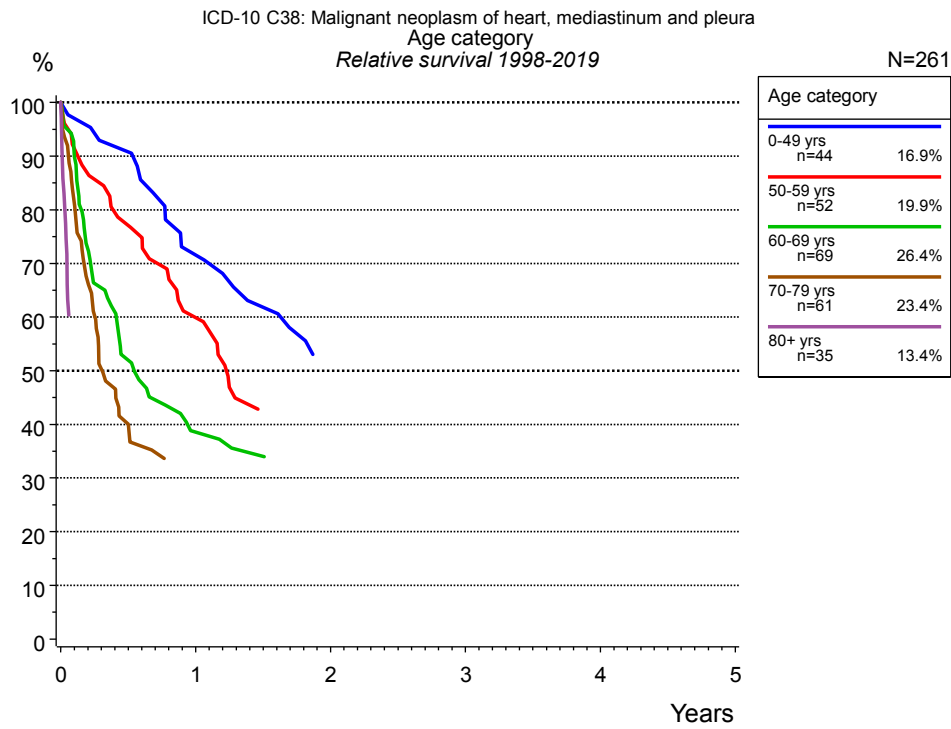


Figure 3a. Relative survival of patients with heart, mediastinum and pleura by age category. Included in the evaluation are 261 cases diagnosed between 1998 and 2019.

Years	Age category									
	0-49 yrs n=44		50-59 yrs n=52		60-69 yrs n=69		70-79 yrs n=61		80+ yrs n=35	
	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	73.1	71.6	60.8	59.9	38.4	38.6				
2	52.9	51.4								
Median			1.2		0.5		0.3			

Table 3b. Observed (obs.) and relative (rel.) survival of patients with heart, mediastinum and pleura by age category for period 1998-2019 (N=261).

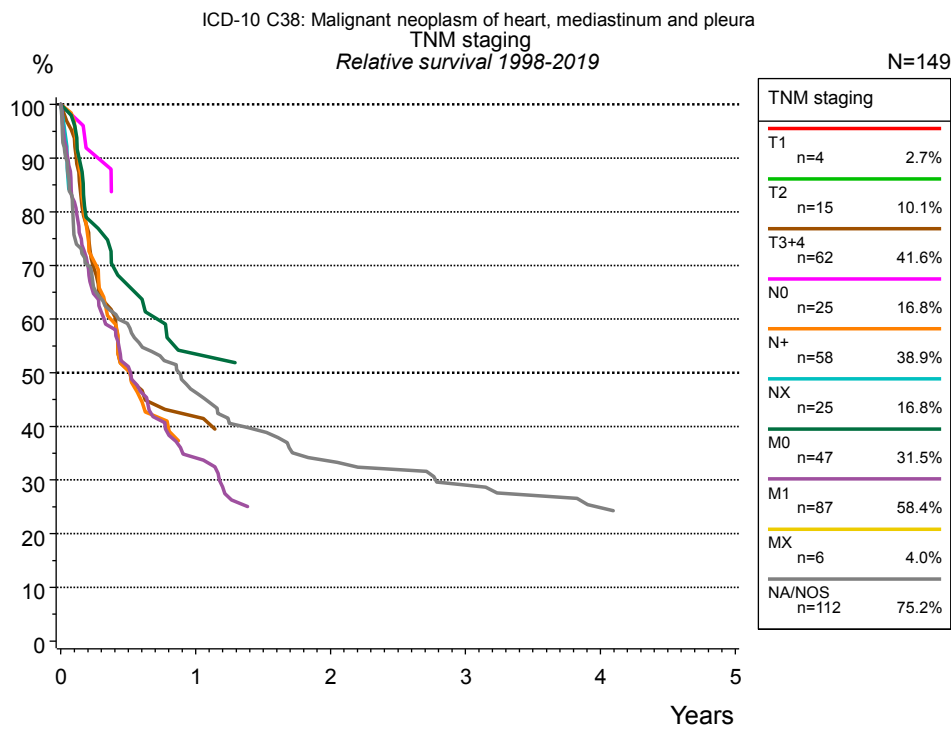


Figure 4a. Relative survival of patients with heart, mediastinum and pleura by TNM staging. For 149 of 261 cases diagnosed between 1998 and 2019 valid data could be obtained for this item. The accumulated percentage exceeds the 100 % value because patients are potentially considered in more than one subgroup. The grey line represents the subgroup of 112 patients with missing values regarding TNM staging (42.9 % of 261 patients, the percent values of all other categories are related to n=149). Subgroups with sample size <20 are omitted from the chart.

Years	TNM staging													
	T3+4 n=62		N0 n=25		N+ n=58		NX n=25		M0 n=47		M1 n=87		NA/NOS n=112	
	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	42.4	41.8			36.8	36.0			53.4	53.5	34.1	34.1	45.5	46.3
2													32.6	33.5
3													27.8	29.0
4													23.6	24.8
Median	0.5				0.5				1.5		0.5		0.9	

Table 4b. Observed (obs.) and relative (rel.) survival of patients with heart, mediastinum and pleura by TNM staging for period 1998-2019 (N=149).

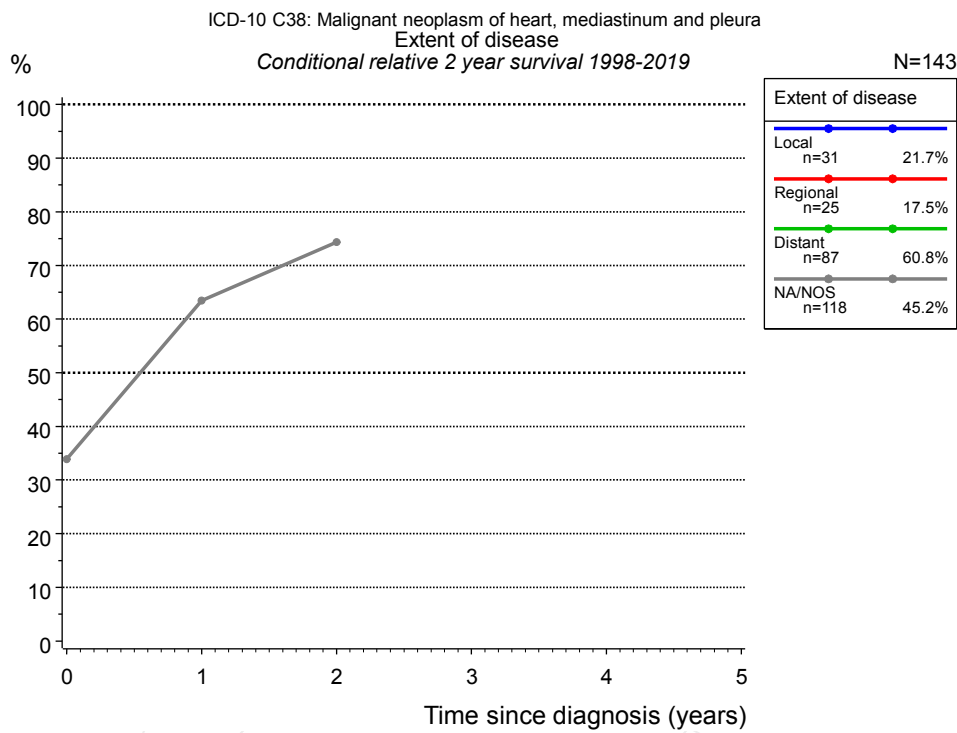


Figure 4c. Conditional relative 2-year survival of patients with heart, mediastinum and pleura by extent of disease. For 149 of 261 cases diagnosed between 1998 and 2019 valid data could be obtained for this item. For a total of 143 cases an evaluable classification was established. The grey line represents the subgroup of 118 patients with missing values regarding extent of disease (45.2 % of 261 patients, the percent values of all other categories are related to n=143).

Years	Extent of disease							
	Local		Regional		Distant		NA/NOS	
	n	Cond. surv. % 2 yrs	n	Cond. surv. % 2 yrs	n	Cond. surv. % 2 yrs	n	Cond. surv. % 2 yrs
0	31		25		87		118	33.9
1							52	63.4
2							37	74.4

Table 4d. Conditional relative 2-year survival of patients with heart, mediastinum and pleura by extent of disease for period 1998-2019 (N=143).

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 4a). 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 extent of disease="relative", who are alive at least 3 years after cancer diagnosis, the conditional relative -year survival rate is % (n=0).

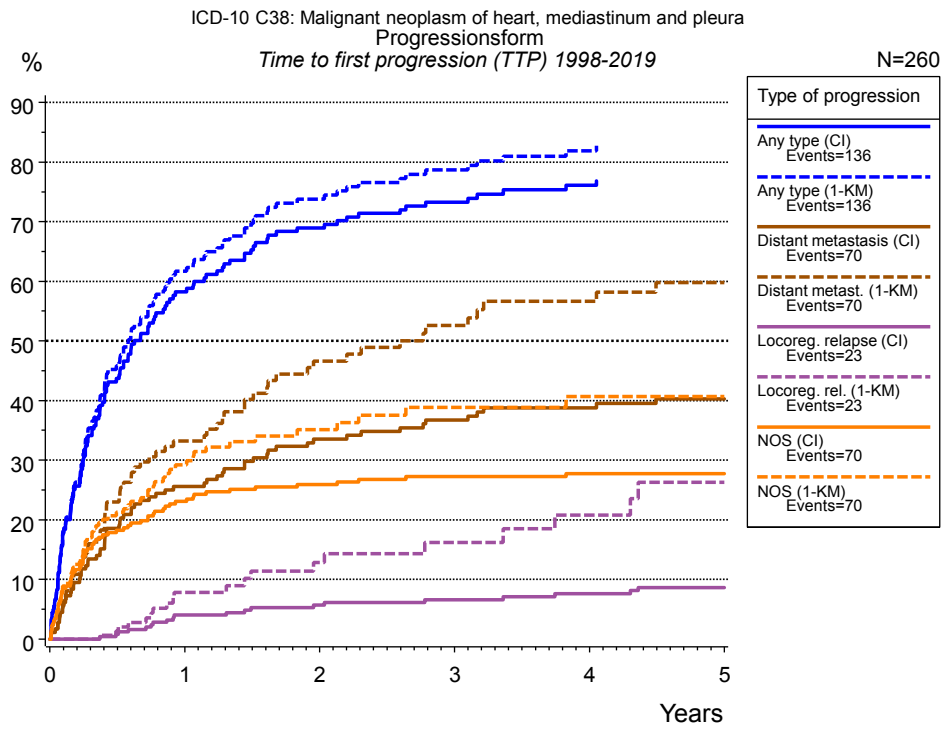


Figure 5a. Time to first progression of 260 patients with heart, mediastinum and pleura diagnosed between 1998 and 2019 (in solid cancers M0 only) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). 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	181	181	181	181	260	260	260	
Events	132	132	68	68	20	20	70	
compet.	14		71		193		144	
Years	%	%	%	%	%	%	%	%
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	58.2	61.7	25.6	33.2	4.0	7.8	23.1	
2	69.0	73.8	33.5	46.6	5.7	12.8	25.9	
3	73.3	78.7	36.7	52.6	6.6	16.2	27.2	
4	76.1	81.9	38.8	56.6	7.6	20.8	27.7	
5			40.3	59.8	8.6	26.3	27.7	

Type of progression	
cont'd	NOS (1-KM)
N	260
Events	70
compet.	
Years	%
0	0.0
1	29.2
2	35.1
3	38.8
4	40.7
5	40.7

Table 5b. Time to first progression of patients with heart, mediastinum and pleura for period 1998-2019 (N=260), also showing the total of progression events (Events) and of deaths as competing risk (compet.).

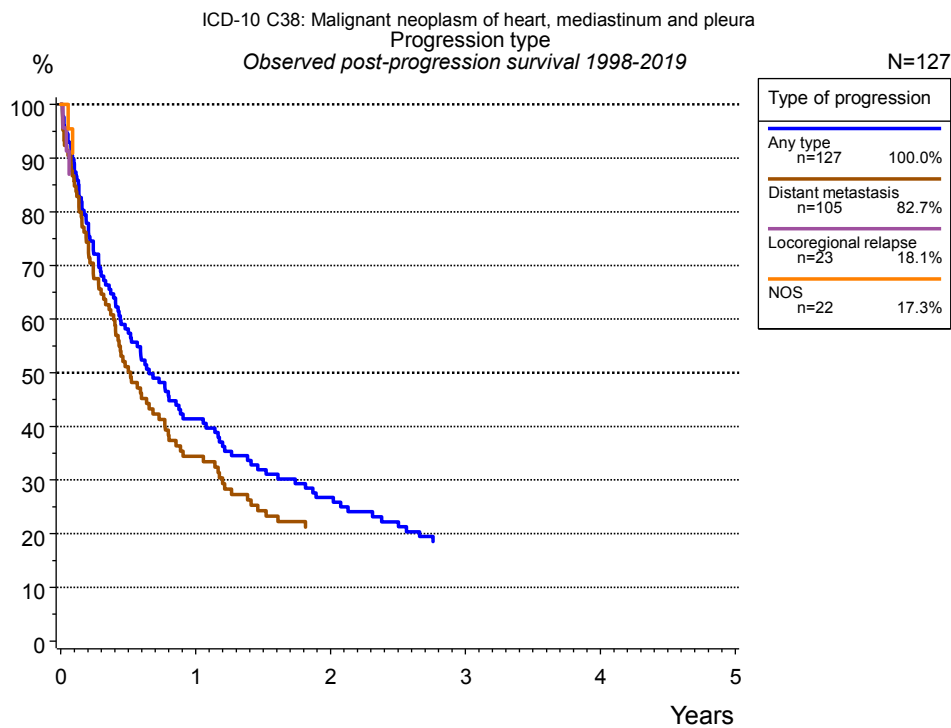


Figure 5c. Observed post-progression survival of 127 patients with heart, mediastinum and pleura diagnosed between 1998 and 2019. These 127 patients with documented progression events during their course of disease represent 48.8 % of the totally 260 evaluated cases (incl. M1, n=79, 30.4 %). Patients with cancer relapse documented via death certificates only were excluded (n=88, 33.8 %). 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=127 %	Distant metastasis n=105 %	Locoregional relapse n=23 %	NOS n=22 %
0	100.0	100.0	100.0	100.0
1	41.4	34.4		
2	26.8			

Table 5d. Observed post-progression survival of patients with heart, mediastinum and pleura for period 1998-2019 (N=127).

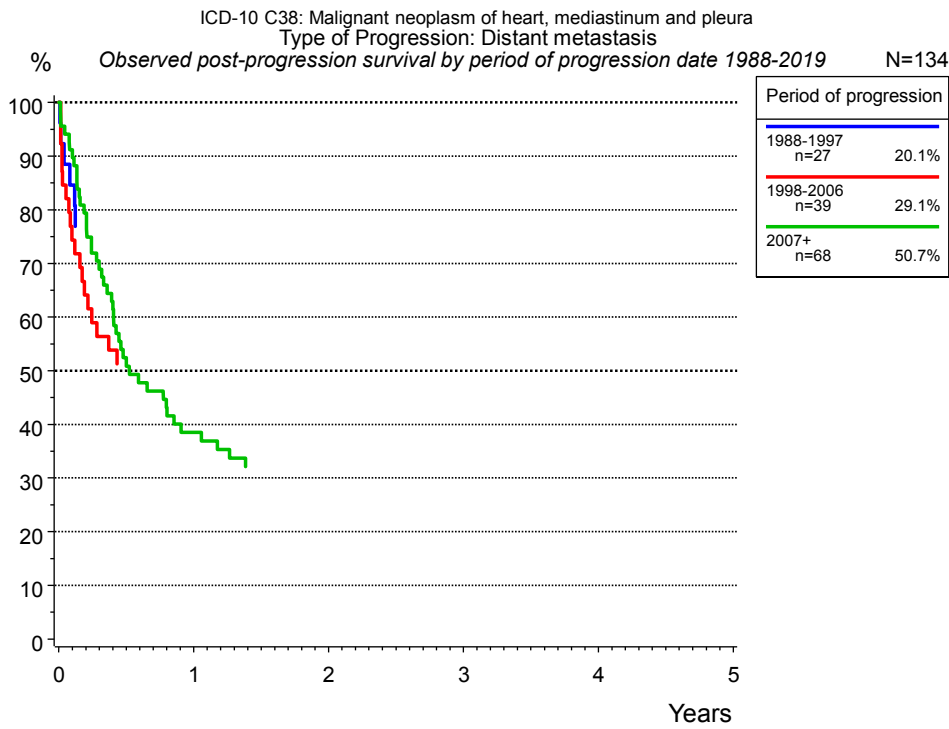


Figure 5e. Observed post-progression (distant metastasis) survival of 134 patients with heart, mediastinum and pleura diagnosed between 1988 and 2019 by period of progression.

Years	Period of progression		
	1988-1997 n=27 %	1998-2006 n=39 %	2007+ n=68 %
0	100.0	100.0	100.0
1			38.5

Table 5f. Observed post-progression (distant metastasis) survival of patients with heart, mediastinum and pleura for period 1988-2019 by period of progression (N=134).

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

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