Munich Cancer Registry

ICD-10 C70: Meninges cancer

Survival

Year of diagnosis	1990-1997	1998-2020
Patients	11	127
Diseases	11	127
Cases evaluated	11	93
Creation date	04/15/2022	
Database export	12/20/2021	
Population	4.92 m	

Index of figures and tables

ICD-10 C70: Malignant neoplasm of meninges
Period of diagnosis
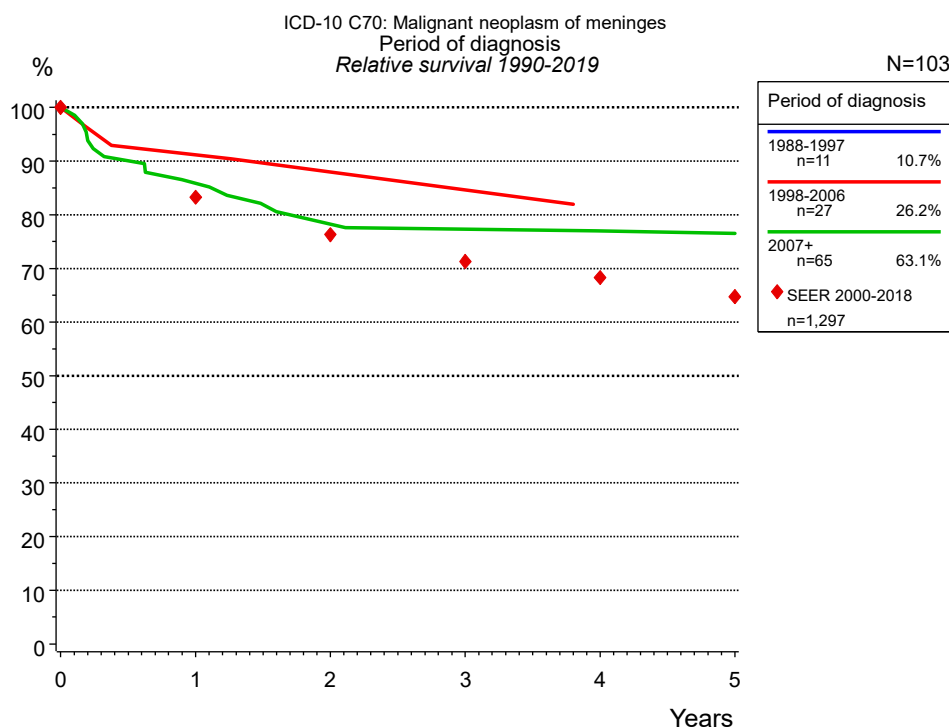*Relative survival 1990-2019*

Figure 1a. Relative survival of patients with meninges cancer by period of diagnosis. Included in the evaluation are 103 cases diagnosed between 1990 and 2019. Subgroups with sample size <20 are omitted from the chart.

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.

	Period of diagnosis			
	1998-2006 n=27		2007+ n=65	
Years	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	92.3	91.2	85.6	85.8
2	88.5	88.0	77.5	78.2
3	80.8	84.6	75.9	77.3
4			74.1	77.0
5			74.1	76.5
Median				

Table 1b. Observed (obs.) and relative (rel.) survival of patients with meninges cancer by period of diagnosis for period 1990-2019 (N=103).
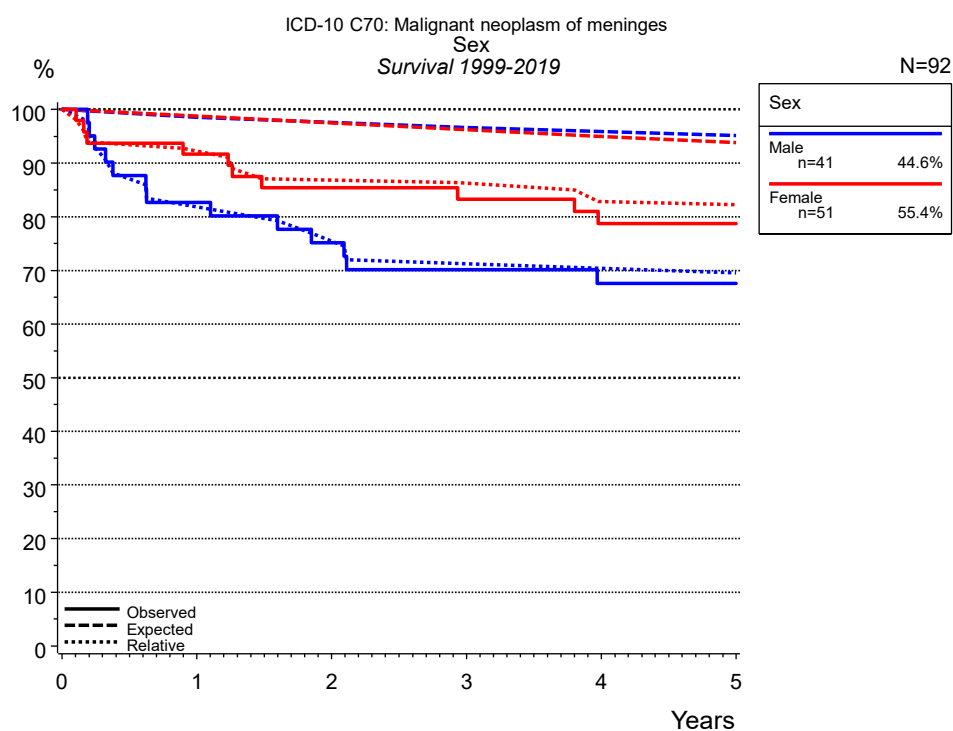
ICD-10 C70: Malignant neoplasm of meninges
Sex
Survival 1999-2019

Figure 2a. Survival of patients with meninges cancer by sex. Included in the evaluation are 92 cases diagnosed between 1999 and 2019.

	Sex			
	Male n=41		Female n=51	
Years	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	82.7	81.8	91.7	92.3
2	75.1	75.5	85.4	86.8
3	70.1	71.2	83.2	86.3
4	67.5	70.4	78.7	82.9
5	67.5	69.5	78.7	82.3
Median				

Table 2b. Observed (obs.) and relative (rel.) survival of patients with meninges cancer by sex for period 1999-2019 (N=92).

ICD-10 C70: Malignant neoplasm of meninges
Age category
Observed survival 1999-2019

Figure 3a. Observed survival of patients with meninges cancer by age category. Included in the evaluation are 92 cases diagnosed between 1999 and 2019. Subgroups with sample size <20 are omitted from the chart.

ICD-10 C70: Malignant neoplasm of meninges
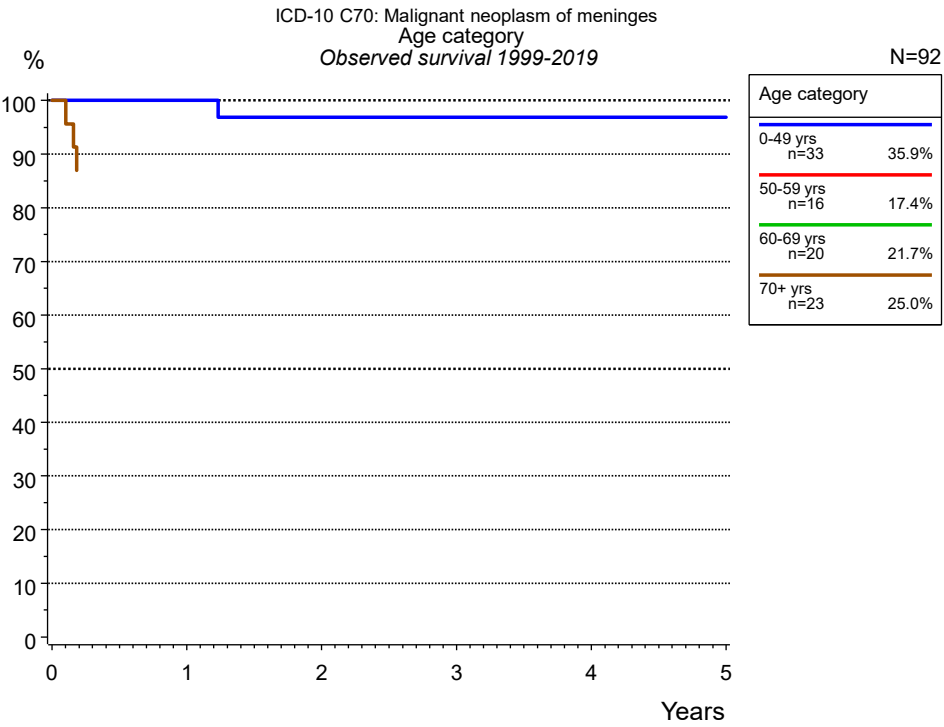Age category
Relative survival 1999-2019

Figure 3b. Relative survival of patients with meninges cancer by age category. Included in the evaluation are 92 cases diagnosed between 1999 and 2019. Subgroups with sample size <20 are omitted from the chart.
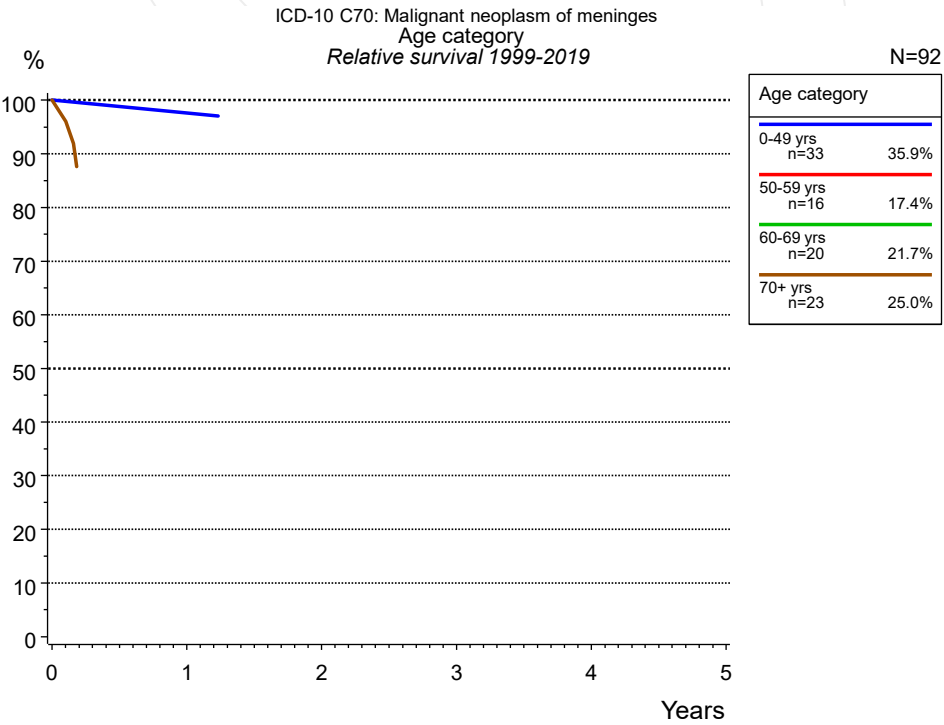
	Age category					
	0-49 yrs n=33		60-69 yrs n=20		70+ yrs n=23	
Years	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0
1	100.0	97.6				
Median						

Table 3c. Observed (obs.) and relative (rel.) survival of patients with meninges cancer by age category for period 1999-2019 (N=92).

ICD-10 C70: Malignant neoplasm of meninges
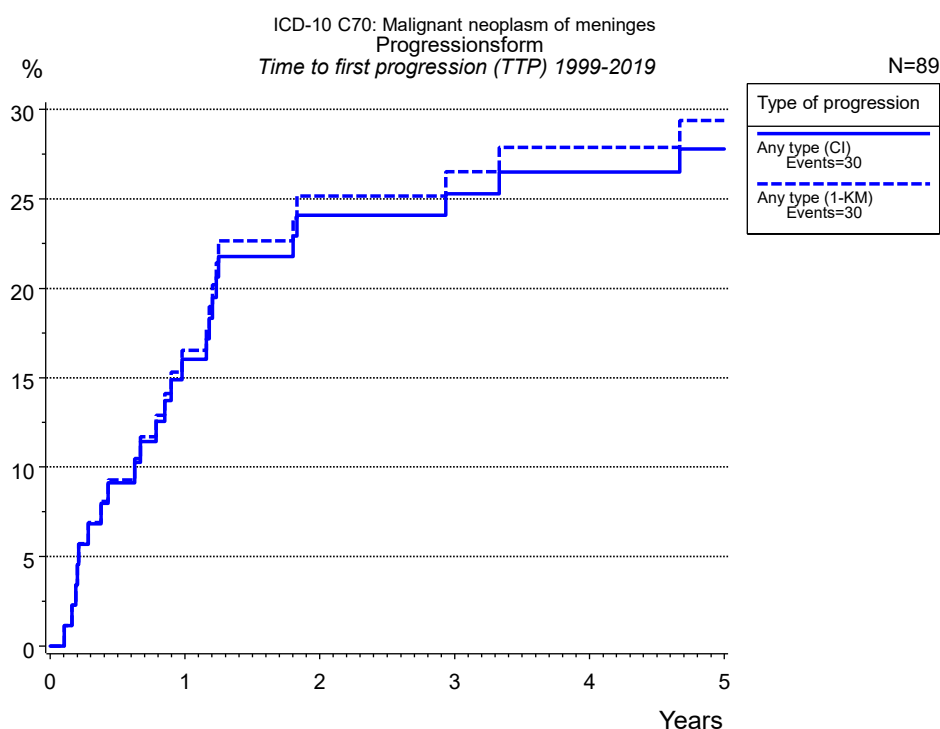Progressionsform
Time to first progression (TTP) 1999-2019

Figure 5a. Time to first progression of 89 patients with meninges cancer diagnosed between 1999 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)
N	89	89
Events	24	24
compet.	10	
Years	%	%
0	0.0	0.0
1	16.0	16.5
2	24.1	25.2
3	25.3	26.5
4	26.5	27.9
5	27.8	29.4

Table 5b. Time to first progression of patients with meninges cancer for period 1999-2019 (N=89), also showing the total of progression events (Events) and of deaths as competing risk (compet.).

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 C70: Meninges cancer [Internet]. 2022 [updated 2022 Apr 15; cited 2022 Jun 1]. Available from: https://www.tumorregister-muenchen.de/en/facts/surv/sC70__E-ICD-10-C70-Meninges-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.