

Munich Cancer Registry



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ICD-10 C71: Astrocytoma I-III

Survival

Year of diagnosis	1988-1997	1998-2019
Patients	105	883
Diseases	105	883
Cases evaluated	102	812
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/sC71A_E-ICD-10-C71-Astrocytoma-I-III-survival.pdf

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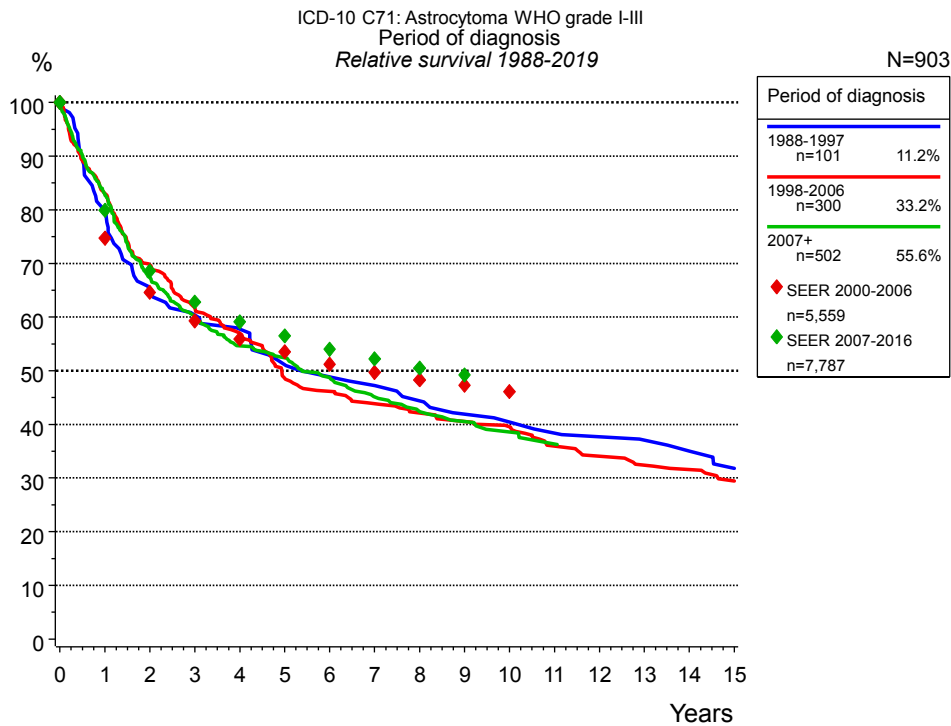


Figure 1a. Relative survival of patients with astrocytoma I-III by period of diagnosis. Included in the evaluation are 903 cases diagnosed between 1988 and 2019.

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 2016, 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=101		1998-2006 n=300		2007+ n=502	
	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0
1	80.2	79.9	82.4	83.0	82.3	82.9
2	65.1	65.0	69.0	69.7	66.6	67.3
3	60.0	60.4	60.7	61.7	59.0	59.9
4	56.9	57.8	55.8	57.0	53.6	54.7
5	50.8	51.1	47.5	48.5	51.3	52.4
6	47.8	48.9	45.0	46.2	47.3	48.7
7	46.8	47.2	42.6	43.8	43.6	45.1
8	43.7	44.4	40.8	42.1	41.2	42.4
9	40.6	41.9	39.0	40.6	39.1	40.5
10	39.5	40.4	38.0	39.5	37.3	38.6
11	37.3	38.4	34.3	35.9	35.7	36.4
12	36.2	37.7	32.4	34.1		
13	35.0	37.1	30.6	32.4		
14	33.9	35.0	29.7	31.6		
15	30.4	31.8	27.7	29.4		
Median	5.0		4.8		5.2	

Table 1b. Observed (obs.) and relative (rel.) survival of patients with astrocytoma I-III by period of diagnosis for period 1988-2019 (N=903).

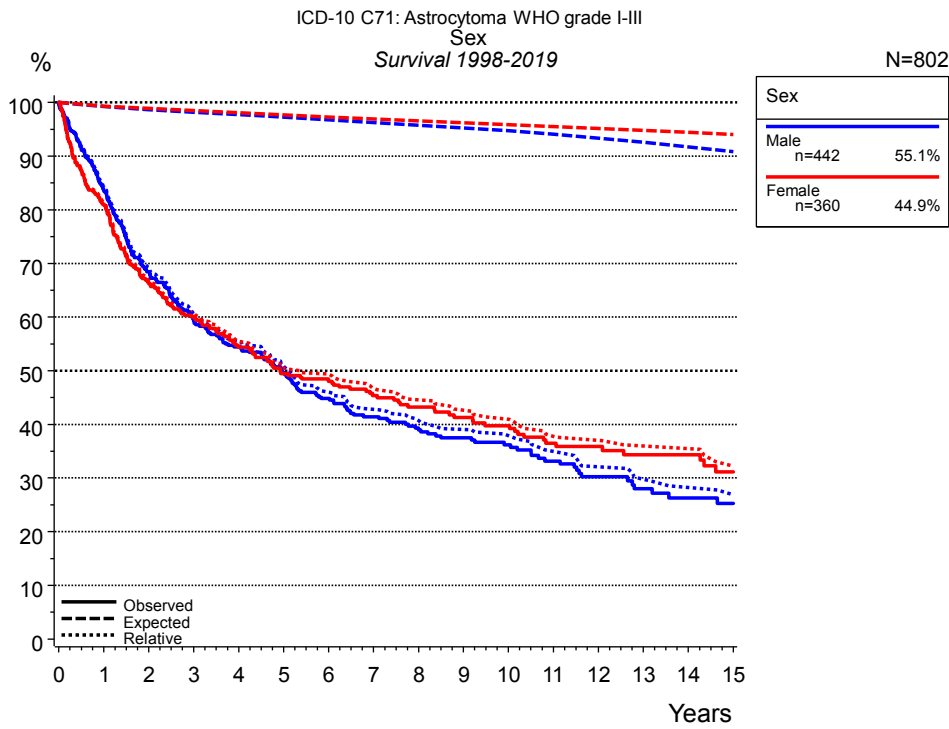


Figure 2a. Survival of patients with astrocytoma I-III by sex. Included in the evaluation are 802 cases diagnosed between 1998 and 2019.

Years	Sex			
	Male n=442		Female n=360	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	83.4	84.0	81.1	81.4
2	68.4	69.2	66.3	67.0
3	59.3	60.4	60.0	60.7
4	54.5	55.5	54.4	55.4
5	49.6	50.8	49.5	50.5
6	44.8	46.0	48.1	49.4
7	41.4	42.8	45.4	46.7
8	39.4	40.7	43.2	44.6
9	37.5	39.0	41.3	42.7
10	36.2	37.9	39.8	41.0
11	33.2	34.9	36.5	37.8
12	30.2	32.1	35.9	37.0
13	28.0	29.8	34.3	36.0
14	26.3	28.2	34.3	35.5
15	25.3	26.9	31.1	32.2
Median	4.9		4.9	

Table 2b. Observed (obs.) and relative (rel.) survival of patients with astrocytoma I-III by sex for period 1998-2019 (N=802).

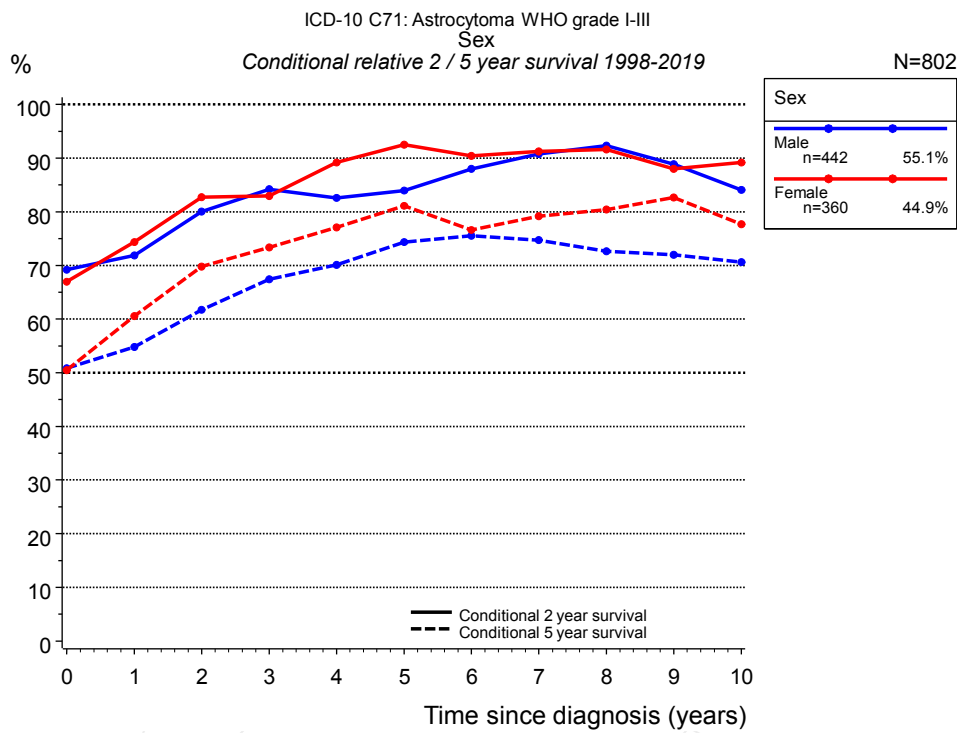


Figure 2c. Conditional relative 2 / 5-year survival of patients with astrocytoma I-III by sex. For 802 of 802 cases diagnosed between 1998 and 2019 valid data could be obtained for this item.

Years	Sex					
	n	Male		Female		n
		Cond. surv. % 2 yrs	5 yrs	Cond. surv. % 2 yrs	5 yrs	
0	442	69.2	50.8	360	67.0	50.5
1	353	71.8	54.8	281	74.4	60.5
2	284	80.1	61.7	223	82.7	69.8
3	235	84.2	67.4	198	83.0	73.3
4	209	82.6	70.1	171	89.2	77.1
5	179	83.9	74.4	147	92.5	81.1
6	151	88.0	75.5	131	90.4	76.6
7	130	90.8	74.7	112	91.3	79.2
8	108	92.3	72.6	95	91.6	80.4
9	94	88.9	72.0	82	88.0	82.7
10	77	84.0	70.6	75	89.2	77.7

Table 2d. Conditional relative 2 / 5-year survival of patients with astrocytoma I-III by sex for period 1998-2019 (N=802).

Conditional relative survival rates refer to the relative survival probability, in this case for 2 and 5 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 84.2% (n=235).

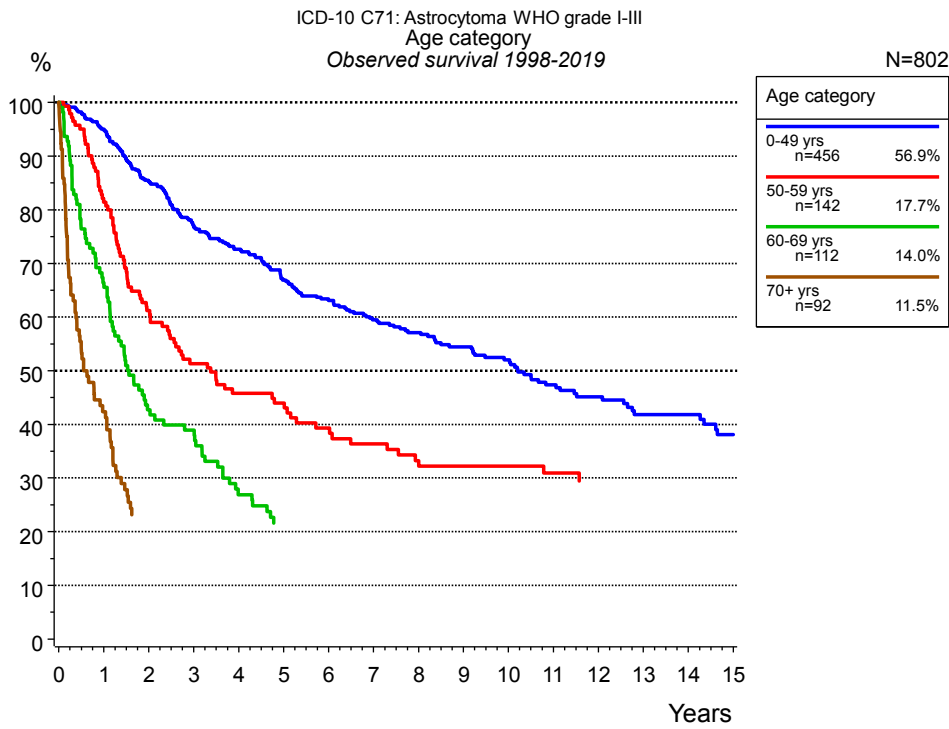


Figure 3a. Observed survival of patients with astrocytoma I-III by age category. Included in the evaluation are 802 cases diagnosed between 1998 and 2019.

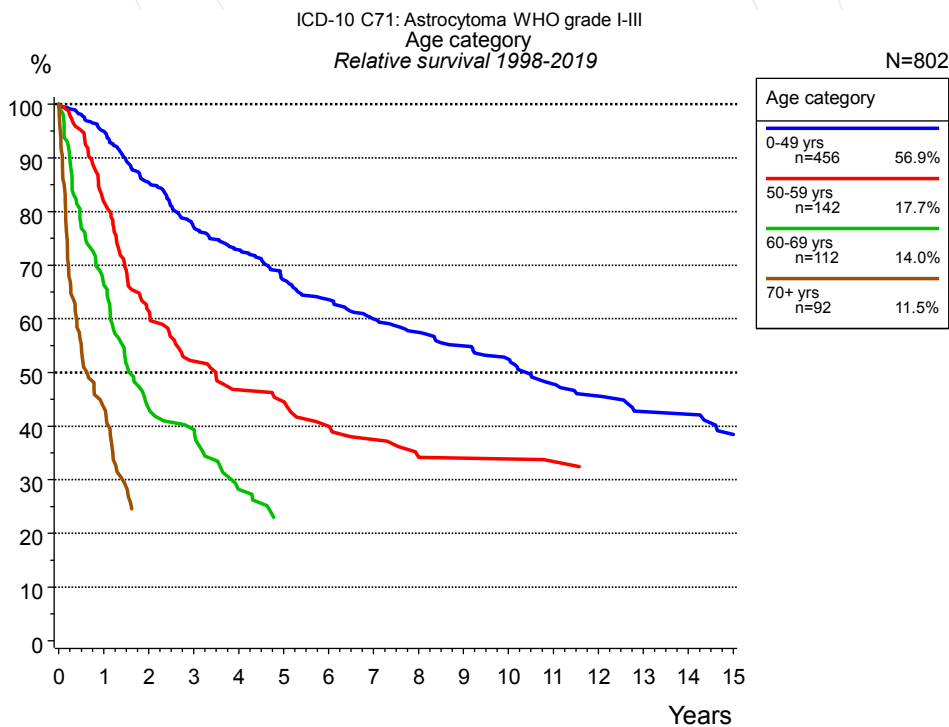


Figure 3b. Relative survival of patients with astrocytoma I-III by age category. Included in the evaluation are 802 cases diagnosed between 1998 and 2019.

Years	Age category							
	0-49 yrs n=456		50-59 yrs n=142		60-69 yrs n=112		70+ yrs n=92	
	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	94.8	94.9	81.4	81.8	66.4	66.5	42.3	43.5
2	85.3	85.4	61.2	61.4	42.7	43.2		
3	76.9	77.1	51.3	52.1	38.9	39.4		
4	72.6	72.8	45.8	46.8	26.9	28.2		
5	66.9	67.2	44.0	44.6				
6	63.1	63.6	39.3	40.0				
7	59.5	59.9	36.4	37.5				
8	57.1	57.5	33.2	34.2				
9	54.5	54.9	32.2	34.0				
10	52.0	52.5	32.2	33.9				
11	47.4	47.9	30.9	33.4				
12	45.2	45.6						
13	41.8	42.7						
14	41.8	42.2						
15	38.1	38.5						
Median	10.2		3.4		1.6		0.6	

Table 3c. Observed (obs.) and relative (rel.) survival of patients with astrocytoma I-III by age category for period 1998-2019 (N=802).

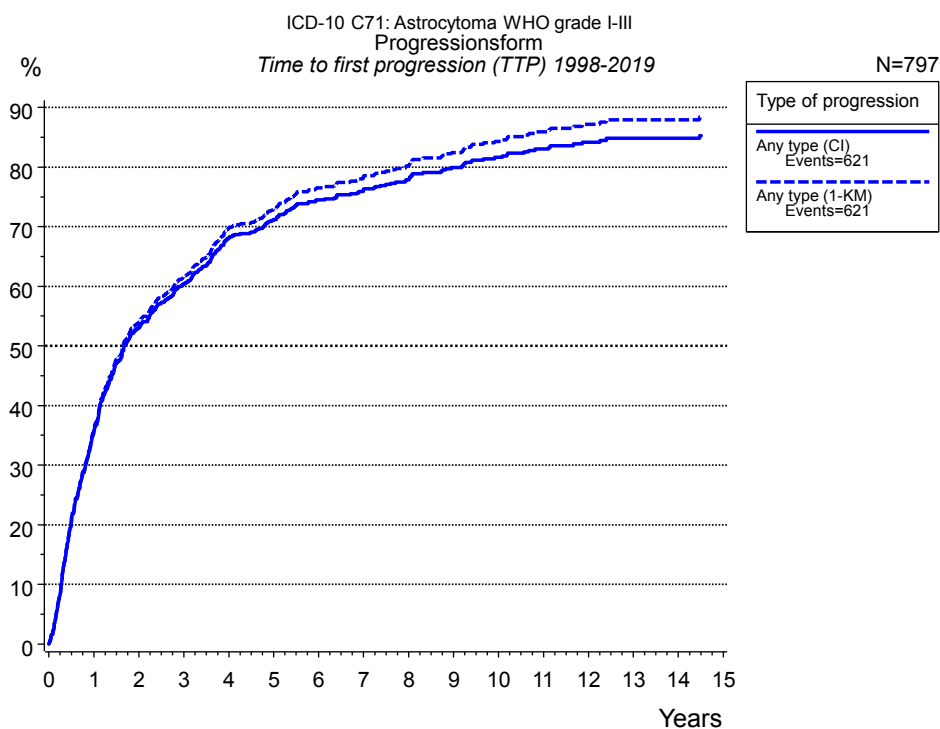


Figure 5a. Time to first progression of 797 patients with astrocytoma I-III diagnosed between 1998 and 2019 (in solid cancers M0 only) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). The frequency of events may be underestimated due to underreporting.

	Type of progression	
	Any type (CI)	Any type (1-KM)
N	797	797
Events	619	619
compet.	32	
Years	%	%
0	0.0	0.0
1	35.4	35.8
2	53.0	53.9
3	60.4	61.6
4	68.0	69.6
5	71.2	73.0
6	74.5	76.5
7	76.2	78.4
8	77.9	80.2
9	79.9	82.4
10	81.6	84.3
11	83.0	85.9
12	84.2	87.2
13	84.8	87.9
14	84.8	87.9

Table 5b. Time to first progression of patients with astrocytoma I-III for period 1998-2019 (N=797), also showing the total of progression events (Events) and of deaths as competing risk (compet.).

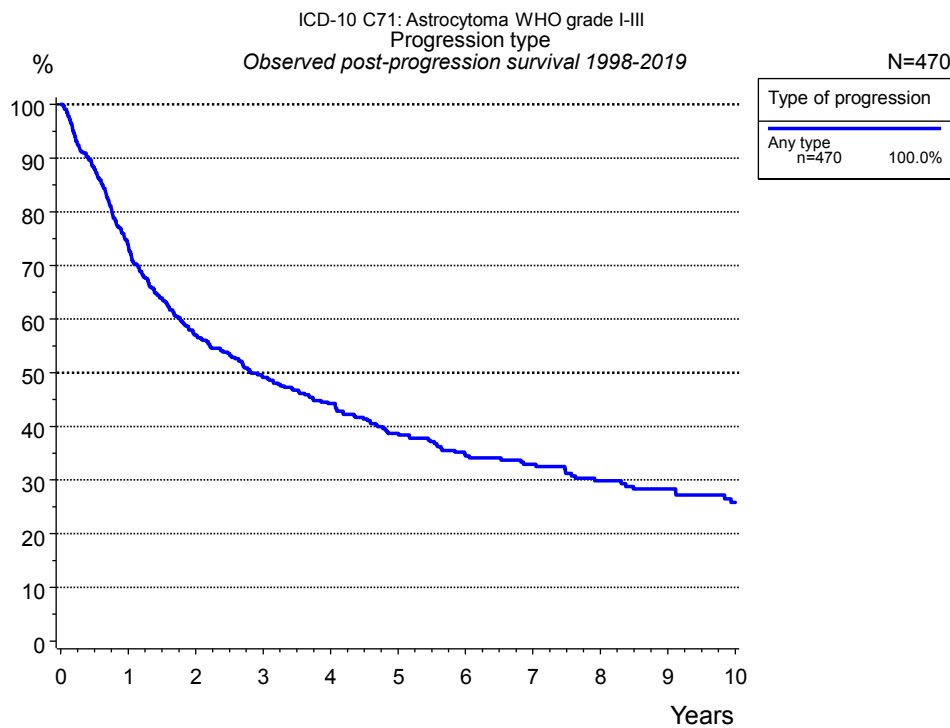


Figure 5c. Observed post-progression survival of 470 patients with astrocytoma I-III diagnosed between 1998 and 2019. These 470 patients with documented progression events during their course of disease represent 59.0 % of the totally 797 evaluated cases. Patients with cancer relapse documented via death certificates only were excluded (n=151, 18.9 %).

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.

Type of progression	
Years	Any type n=470 %
0	100.0
1	73.9
2	57.0
3	49.1
4	44.2
5	38.7
6	34.5
7	32.9
8	29.8
9	28.3
10	25.8

Table 5d. Observed post-progression survival of patients with astrocytoma I-III for period 1998-2019 (N=470).

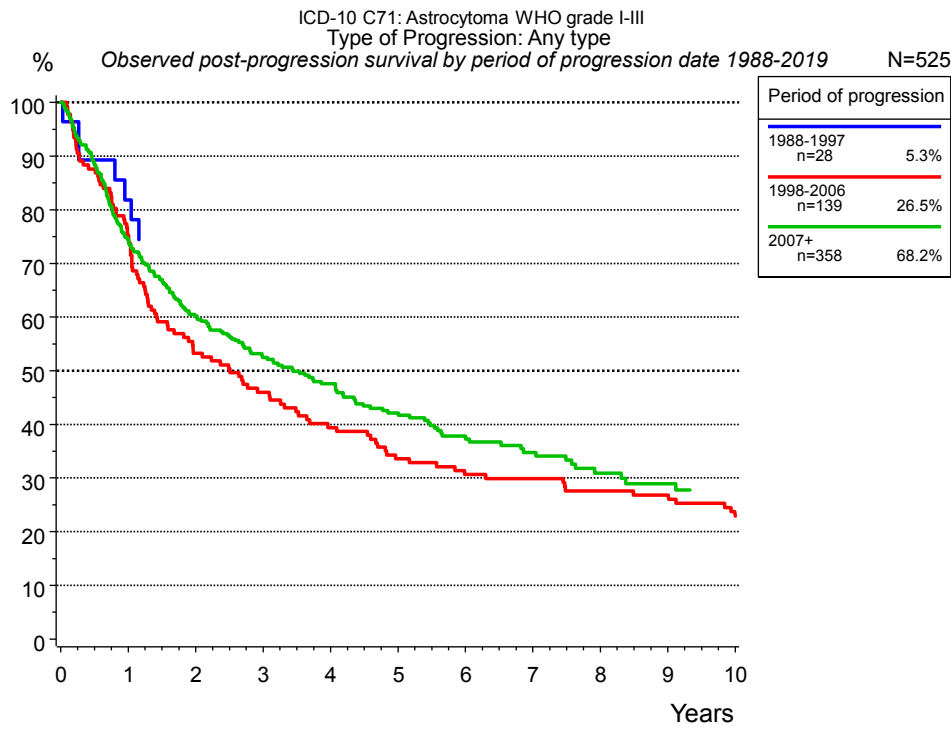


Figure 5e. Observed post-progression (any type) survival of 525 patients with astrocytoma I-III diagnosed between 1988 and 2019 by period of progression.

Years	Period of progression		
	1988-1997 n=28 %	1998-2006 n=139 %	2007+ n=358 %
0	100.0	100.0	100.0
1	81.8	75.2	74.5
2		53.3	60.2
3		46.0	52.5
4		39.4	47.6
5		33.6	42.1
6		30.7	37.3
7		29.9	34.8
8		27.6	30.9
9		26.8	28.9
10		22.9	

Table 5f. Observed post-progression (any type) survival of patients with astrocytoma I-III for period 1988-2019 by period of progression (N=525).

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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