

Munich Cancer Registry



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

GI-NET: Gastroint. neuroend. tumor

Survival

Year of diagnosis	1988-1997	1998-2016
Patients	135	2,410
Diseases	135	2,430
Cases evaluated	124	1,879
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/shGNETE-GI-NET-Gastroint.-neuroend.-tumor-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 extent of disease (chart)	7
4b	Survival by extent of disease (table)	7
5a	Time to first progression (chart)	8
5b	Time to first progression (table)	8
5c	Observed post-progression survival (chart)	9
5d	Observed post-progression survival (table)	9
5e	Observed post-progression survival by period of progression (chart)	10
5f	Observed post-progression survival by period of progression (table)	10

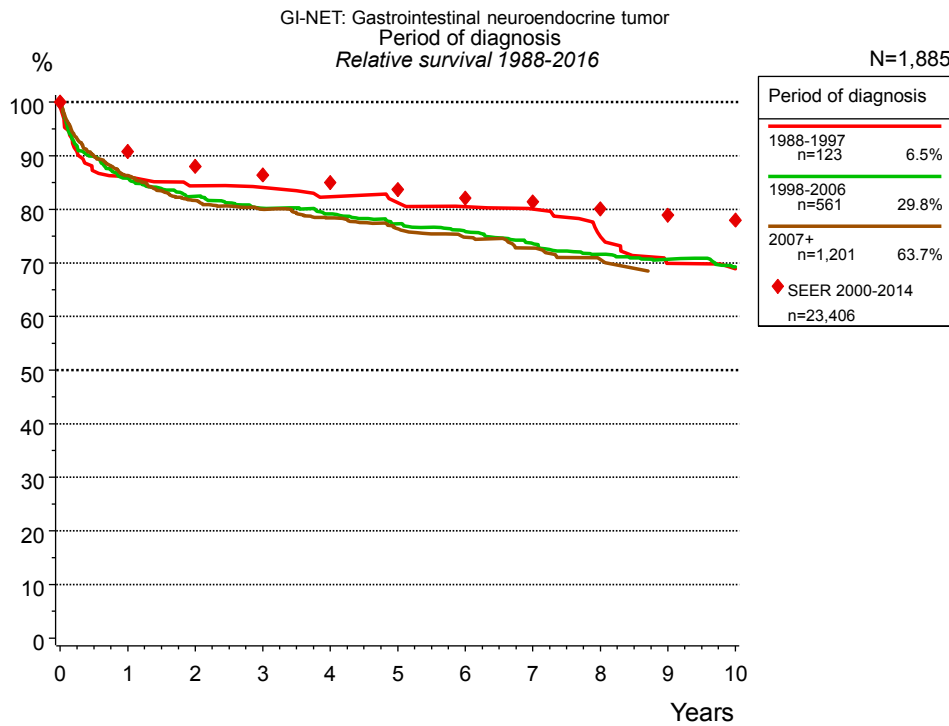


Figure 1a. Relative survival of patients with gastroint. neuroend. tumor by period of diagnosis. Included in the evaluation are 1,885 cases diagnosed between 1988 and 2016.

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 2014, 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=123		1998-2006 n=561		2007+ n=1,201	
	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0
1	83.6	86.1	84.2	85.8	84.7	86.3
2	80.3	84.4	79.3	82.4	78.9	81.6
3	78.7	84.1	75.8	80.2	76.2	80.0
4	75.4	82.3	73.5	79.1	73.4	78.4
5	72.9	81.2	70.4	77.3	70.4	76.4
6	71.3	80.5	67.9	75.9	67.7	74.8
7	69.6	80.1	64.6	73.6	64.9	72.8
8	64.6	74.9	61.6	71.6	61.6	70.7
9	58.6	69.9	59.6	70.7		
10	56.9	68.9	57.2	69.3		

Table 1b. Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by period of diagnosis for period 1988-2016 (N=1,885).

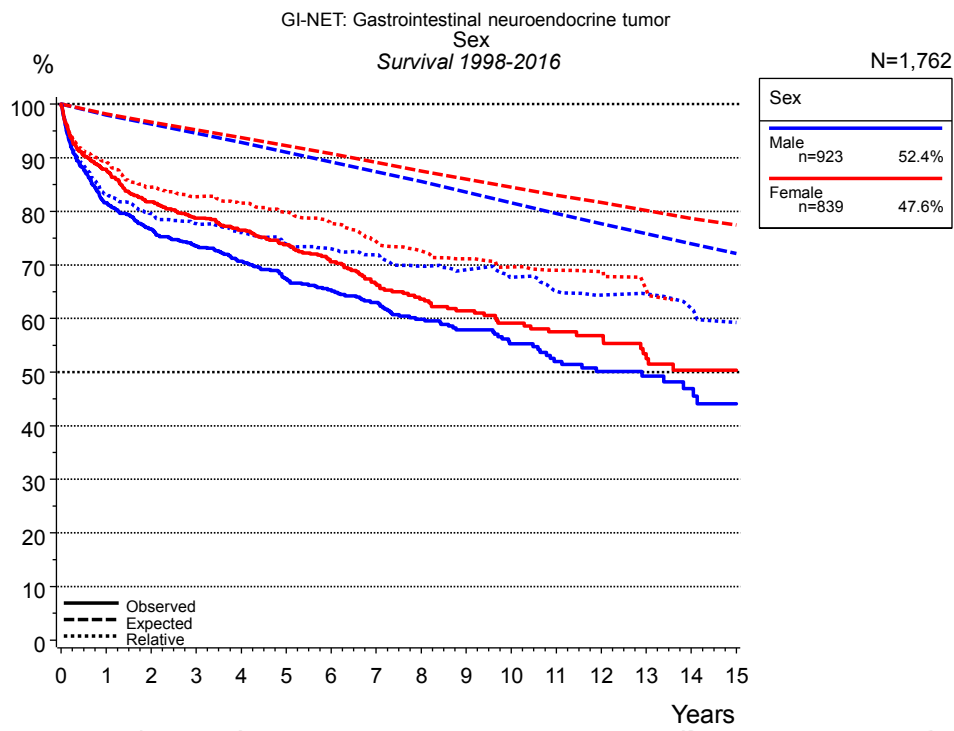


Figure 2a. Survival of patients with gastroint. neuroend. tumor by sex. Included in the evaluation are 1,762 cases diagnosed between 1998 and 2016.

Years	Sex			
	Male n=923		Female n=839	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	81.6	83.2	87.7	89.4
2	76.6	79.6	81.7	84.5
3	73.6	77.7	78.8	82.7
4	70.7	76.0	76.5	81.5
5	67.4	73.9	73.8	79.9
6	65.3	73.0	70.6	77.7
7	63.0	71.9	66.5	74.4
8	59.9	69.8	63.7	72.6
9	57.9	69.1	61.4	71.1
10	55.3	67.7	59.1	69.6
11	52.0	65.1	57.5	69.0
12	50.1	64.4	56.8	68.7
13	49.2	64.6	52.5	65.4
14	46.9	61.9		
15	44.1	59.2		

Table 2b. Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by sex for period 1998-2016 (N=1,762).

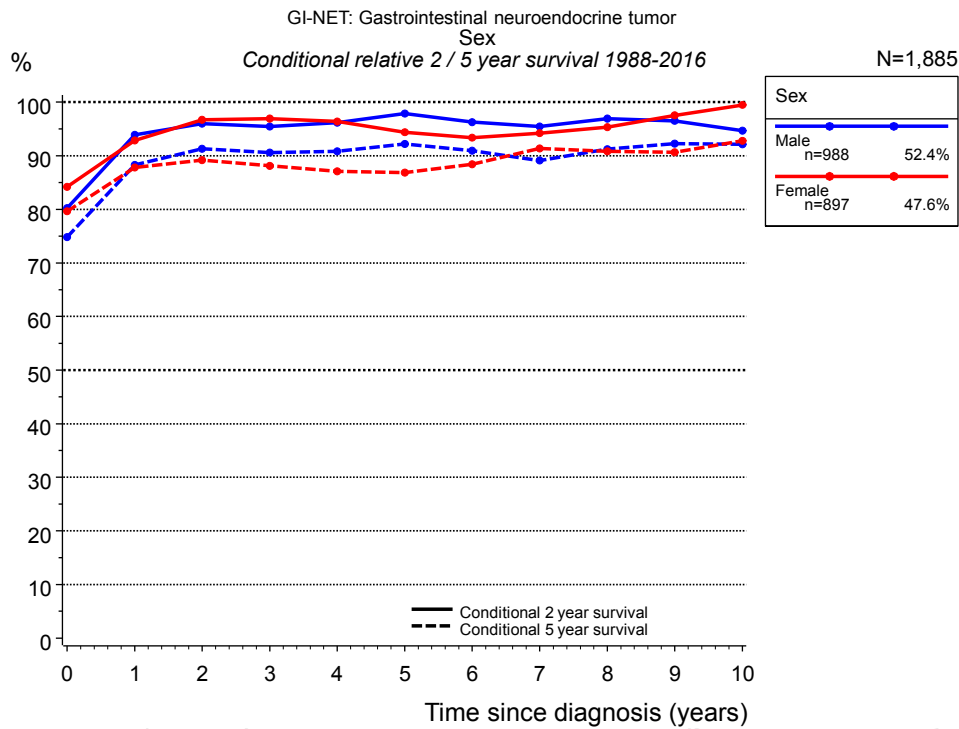


Figure 2c. Conditional relative 2 / 5-year survival of patients with gastroint. neuroend. tumor by sex. For 1,885 of 1,885 cases diagnosed between 1988 and 2016 valid data could be obtained for this item.

Years	Sex					
	n	Male		Female		
		Cond. surv. %	2 yrs	5 yrs	n	Cond. surv. %
0	988	80.2	74.8	897	84.2	79.6
1	737	93.9	88.3	721	92.9	87.8
2	640	96.0	91.3	627	96.7	89.1
3	547	95.5	90.6	535	96.9	88.1
4	473	96.2	90.8	460	96.4	87.1
5	394	97.9	92.2	388	94.4	86.9
6	342	96.3	91.0	320	93.4	88.4
7	300	95.5	89.1	266	94.2	91.4
8	242	96.9	91.3	213	95.3	90.8
9	196	96.5	92.2	173	97.5	90.7
10	159	94.7	92.2	146	99.5	92.8

Table 2d. Conditional relative 2 / 5-year survival of patients with gastroint. neuroend. tumor by sex for period 1988-2016 (N=1,885).

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 95.5% (n=547).

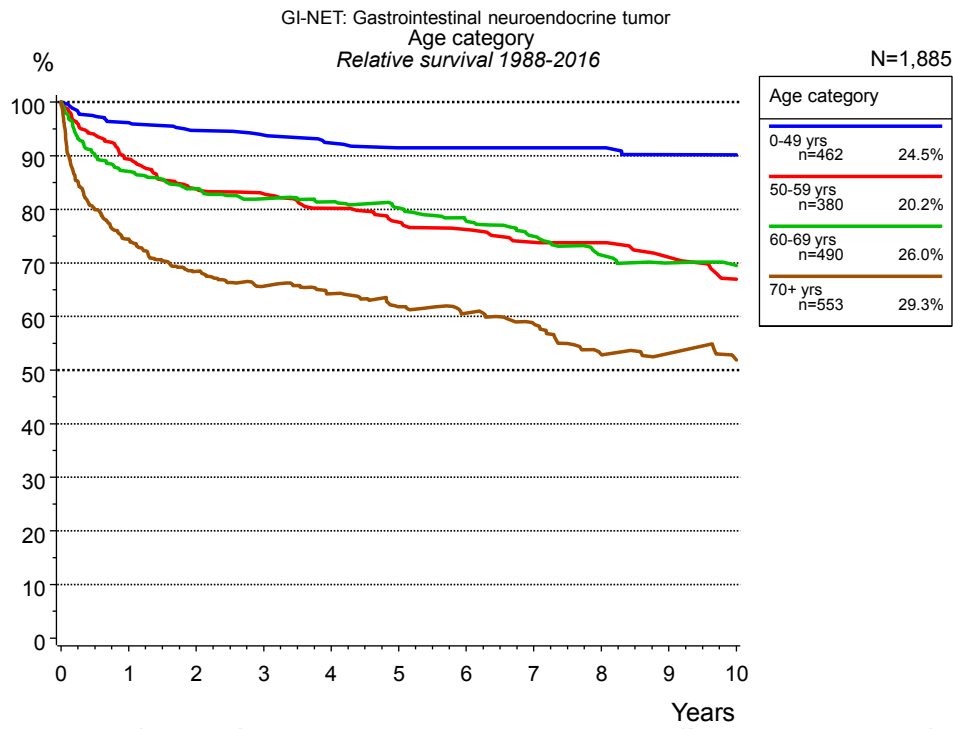


Figure 3a. Relative survival of patients with gastroint. neuroend. tumor by age category. Included in the evaluation are 1,885 cases diagnosed between 1988 and 2016.

Years	Age category							
	0-49 yrs n=462		50-59 yrs n=380		60-69 yrs n=490		70+ yrs n=553	
	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	96.1	96.2	89.0	89.3	86.1	87.1	70.6	74.4
2	94.5	94.7	82.9	83.8	81.8	83.8	61.9	68.4
3	93.6	93.9	81.6	82.9	78.6	82.0	56.4	65.7
4	92.0	92.4	78.3	80.2	77.0	81.4	52.5	64.3
5	90.8	91.5	75.4	77.6	74.7	80.2	47.5	61.9
6	90.8	91.5	73.5	76.2	71.1	77.8	43.9	60.6
7	90.8	91.5	70.6	73.8	67.1	75.0	39.9	58.7
8	90.8	91.5	70.0	73.7	62.5	71.4	33.8	52.9
9	88.9	90.2	66.1	71.1	59.7	70.0	31.4	53.1
10	88.9	90.2	61.8	66.9	57.9	69.5	28.3	51.9

Table 3b. Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by age category for period 1988-2016 (N=1,885).

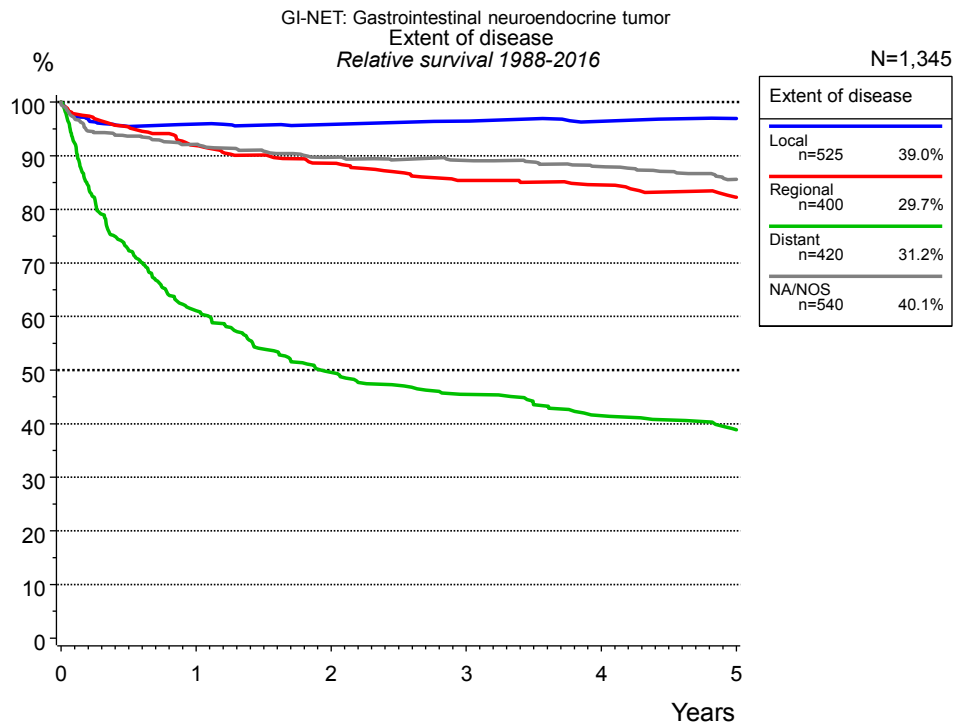


Figure 4a. Relative survival of patients with gastroint. neuroend. tumor by extent of disease. For 1,385 of 1,885 cases diagnosed between 1988 and 2016 valid data could be obtained for this item. For a total of 1,345 cases an evaluable classification was established. The grey line represents the subgroup of 540 patients with missing values regarding extent of disease (28.6 % of 1,885 patients, the percent values of all other categories are related to n=1,345).

Years	Extent of disease							
	Local n=525		Regional n=400		Distant n=420		NA/NOS n=540	
	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	94.5	95.9	90.2	91.9	59.8	61.1	90.3	92.1
2	93.1	95.9	85.4	88.6	47.8	49.6	86.2	89.7
3	92.3	96.4	80.8	85.4	43.2	45.5	84.1	89.1
4	90.6	96.4	78.7	84.6	38.9	41.5	81.7	88.0
5	89.8	96.9	74.9	82.3	36.0	38.9	78.0	85.6

Table 4b. Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by extent of disease for period 1988-2016 (N=1,345).

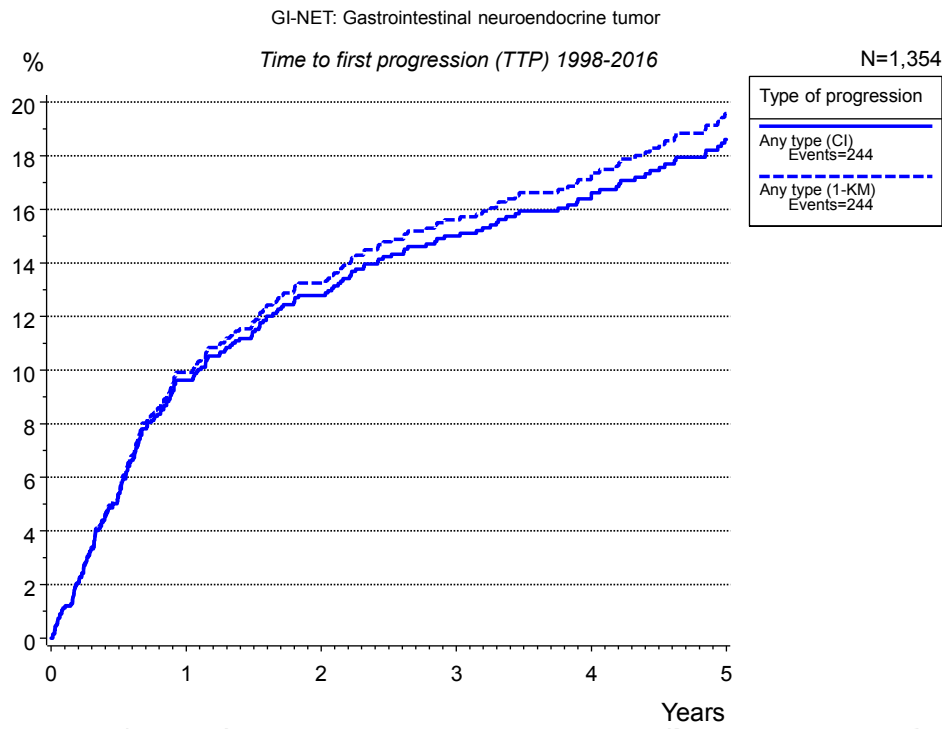


Figure 5a. Time to first progression of 1,354 patients with gastroint. neuroend. tumor diagnosed between 1998 and 2016 (in solid cancers M0 only) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). The frequency of events may be underestimated due to underreporting.

Years	Type of progression	
	Any type (CI)	Any type (1-KM)
	n=1,354 %	n=1,354 %
0	0.0	0.0
1	9.6	9.9
2	12.8	13.2
3	15.0	15.6
4	16.4	17.1
5	18.6	19.6

Table 5b. Time to first progression of patients with gastroint. neuroend. tumor for period 1998-2016 (N=1,354).

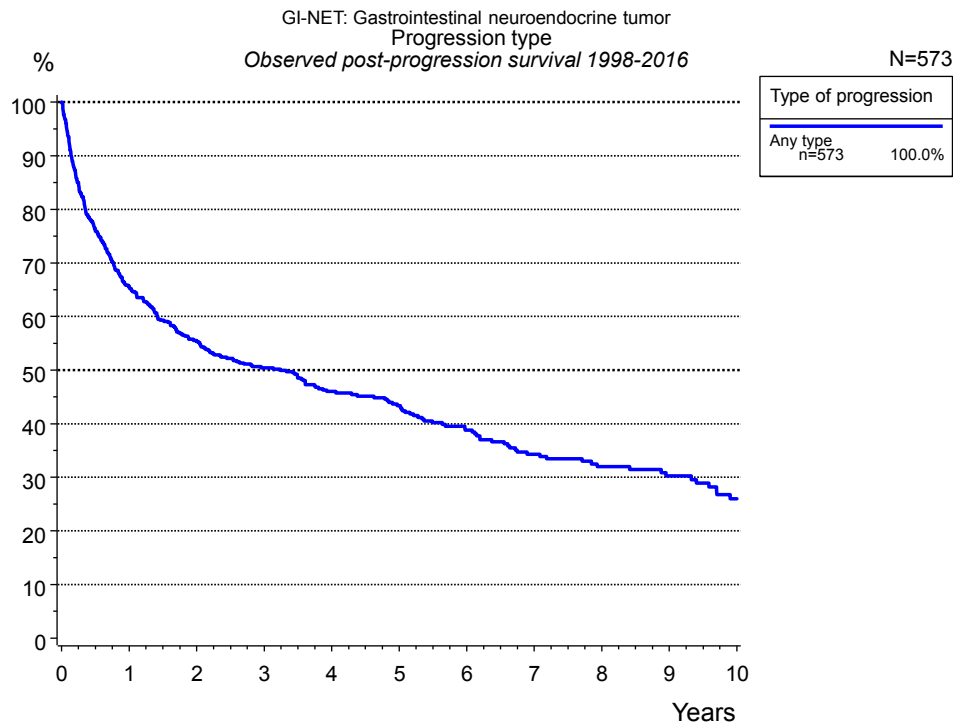


Figure 5c. Observed post-progression survival of 573 patients with gastroint. neuroend. tumor diagnosed between 1998 and 2016. These 573 patients with documented progression events during their course of disease represent 32.9 % of the totally 1,742 evaluated cases (incl. M1, n=388, 22.3 %). Patients with cancer relapse documented via death certificates only were excluded (n=59, 3.4 %).

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=573 %
0	100.0
1	65.4
2	55.3
3	50.4
4	46.0
5	43.4
6	38.8
7	34.3
8	32.0
9	30.2
10	26.0

Table 5d. Observed post-progression survival of patients with gastroint. neuroend. tumor for period 1998-2016 (N=573).

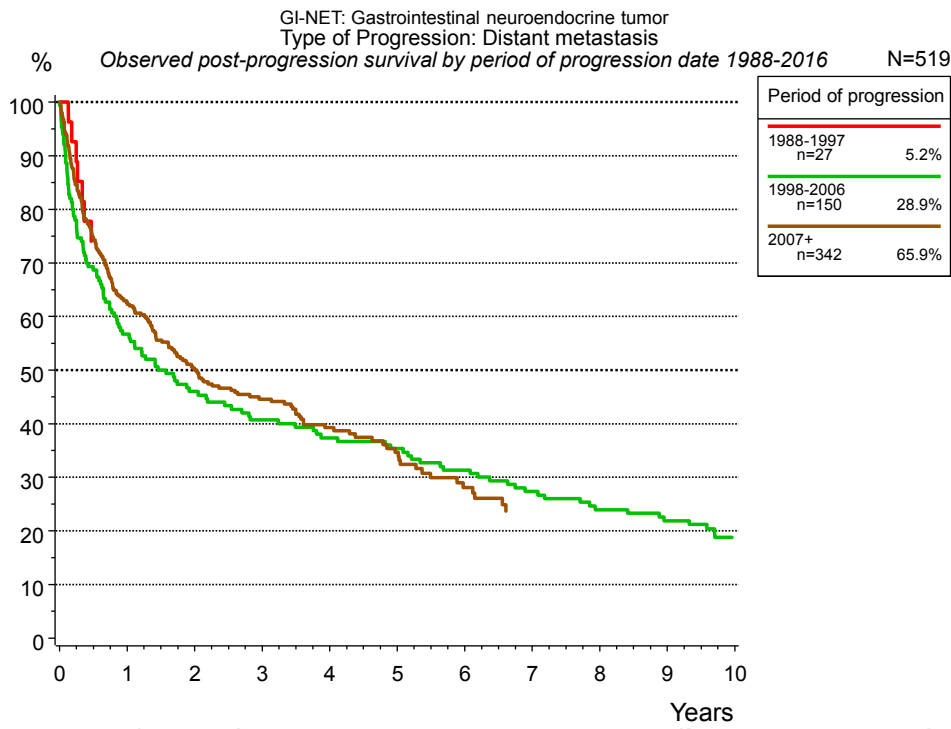


Figure 5e. Observed post-progression (distant metastasis) survival of 519 patients with gastroint. neuroend. tumor diagnosed between 1988 and 2016 by period of progression.

Years	Period of progression		
	1988-1997 n=27 %	1998-2006 n=150 %	2007+ n=342 %
0	100.0	100.0	100.0
1		56.7	62.3
2		46.0	50.0
3		40.7	44.6
4		37.3	39.3
5		35.3	34.6
6		31.3	28.0
7		27.3	
8		23.9	
9		21.9	
10		18.8	

Table 5f. Observed post-progression (distant metastasis) survival of patients with gastroint. neuroend. tumor for period 1988-2016 by period of progression (N=519).

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 GI-NET: Gastroint. neuroend. tumor [Internet]. 2018 [updated 2018 Aug 22; cited 2018 Oct 1]. Available from: <https://www.tumorregister-muenchen.de/en/facts/surv/shGNETE-GI-NET-Gastroint.-neuroend.-tumor-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.