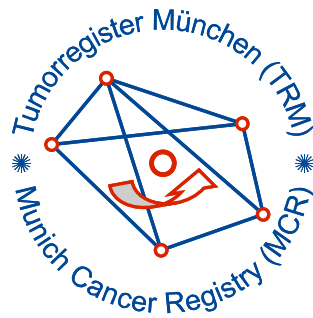


# Munich Cancer Registry



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

## GI-NET: Gastroint. neuroend. tumor

### Survival

Year of diagnosis	1998-2020
Patients	3,280
Diseases	3,307
Cases evaluated	2,546
Creation date	04/27/2022
Database export	12/20/2021
Population	4.92 m



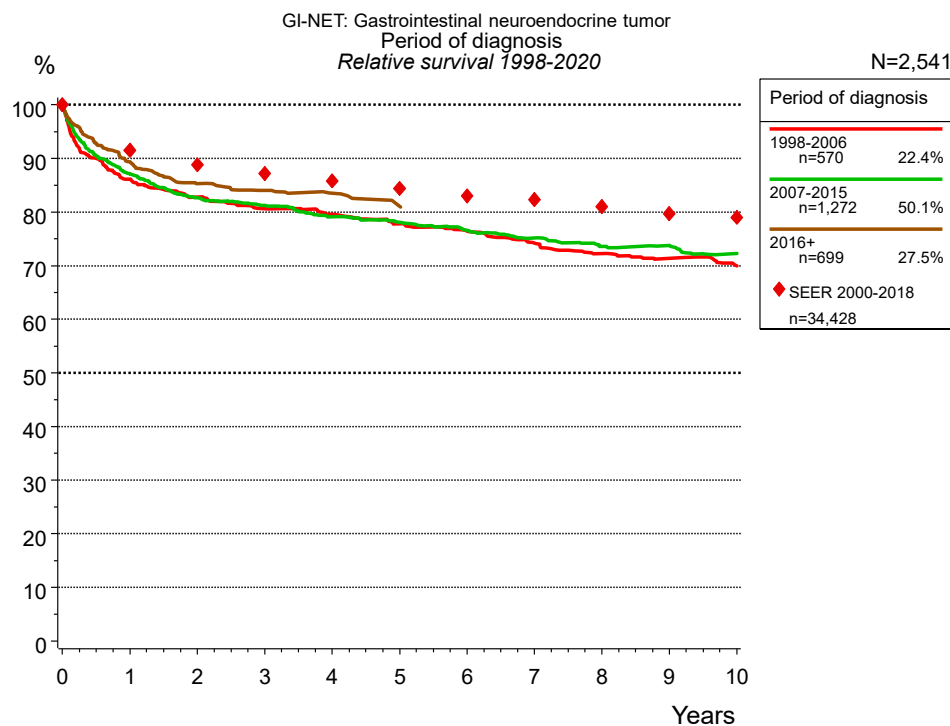
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<https://www.tumorregister-muenchen.de/en>

<https://www.tumorregister-muenchen.de/en/facts/surv/shGNETE-GI-NET-Gastroint.-neuroend.-tumor-survival.pdf>

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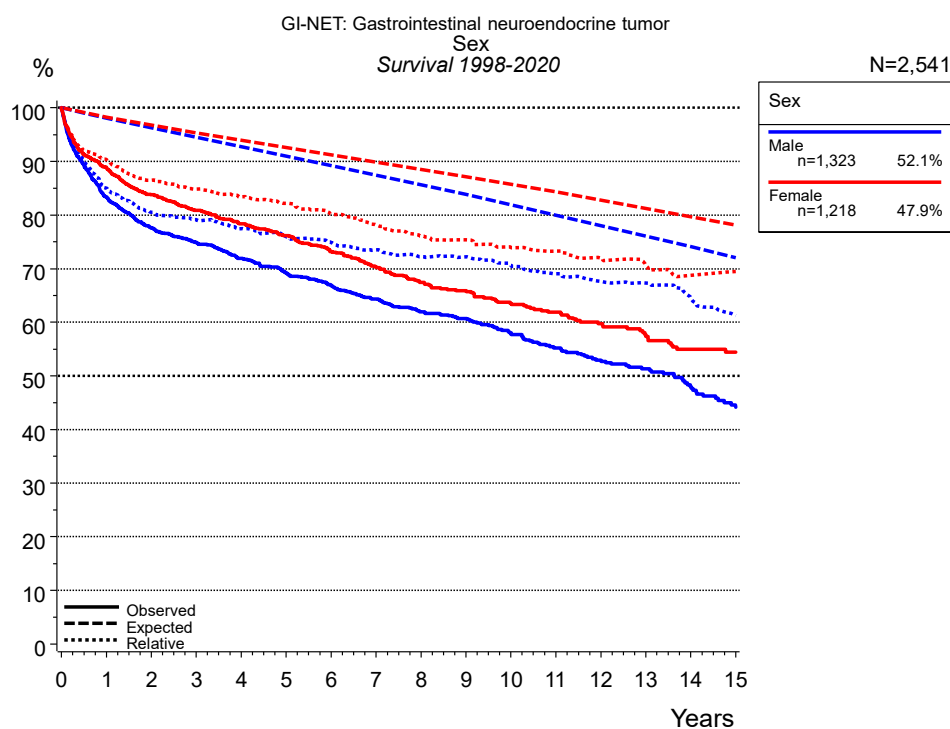
**Figure 1a.** Relative survival of patients with gastroint. neuroend. tumor by period of diagnosis. Included in the evaluation are 2,541 cases diagnosed between 1998 and 2020.

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.

Years	Period of diagnosis					
	1998-2006 n=570		2007-2015 n=1,272		2016+ n=699	
	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0
1	84.4	86.1	85.5	87.2	88.0	89.4
2	79.7	82.8	79.8	82.6	82.6	85.3
3	76.2	80.6	77.2	81.2	80.1	84.0
4	74.0	79.6	74.0	79.1	78.4	83.5
5	71.0	77.8	71.8	78.0	75.9	81.1
6	68.5	76.4	69.2	76.5		
7	65.3	74.2	66.8	75.1		
8	62.4	72.3	64.3	73.6		
9	60.4	71.4	63.4	73.7		
10	58.0	69.9	61.0	72.3		
Median	13.7		13.8			

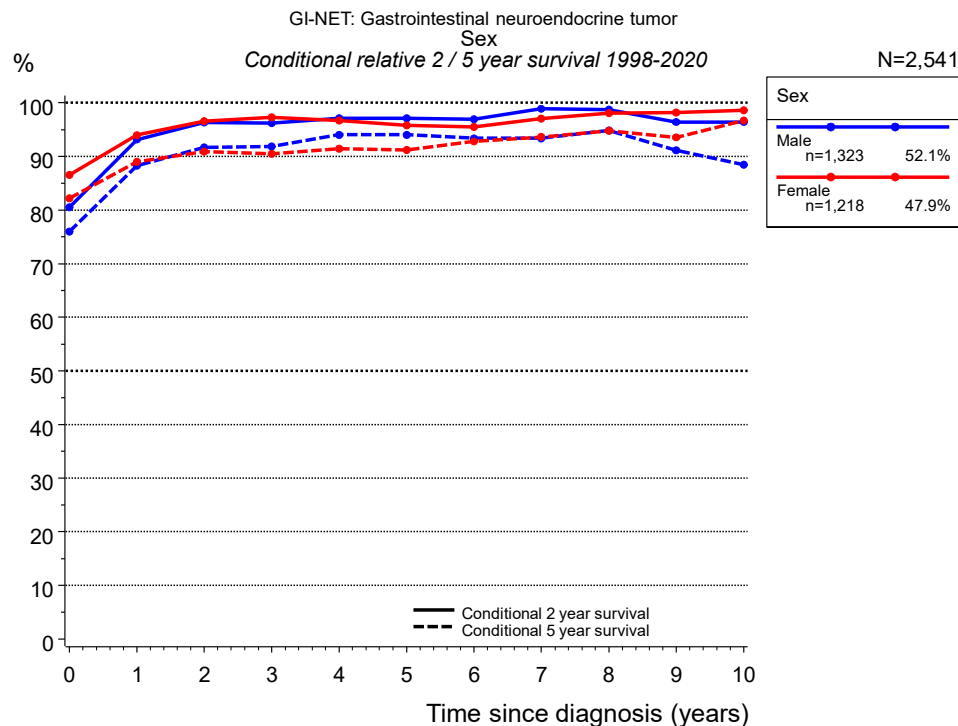
**Table 1b.** Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by period of diagnosis for period 1998-2020 (N=2,541).



**Figure 2a.** Survival of patients with gastroint. neuroend. tumor by sex. Included in the evaluation are 2,541 cases diagnosed between 1998 and 2020.

Years	Sex			
	Male n=1,323		Female n=1,218	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	83.4	85.0	88.8	90.4
2	77.6	80.5	83.8	86.5
3	74.9	79.1	80.9	84.8
4	71.9	77.4	78.4	83.4
5	69.2	76.0	76.2	82.2
6	66.9	74.9	73.2	80.2
7	64.4	73.5	70.4	78.2
8	61.9	72.2	67.4	76.1
9	60.7	72.2	65.9	75.4
10	58.1	70.7	63.5	73.9
11	55.2	69.0	61.9	73.3
12	52.9	67.6	59.7	72.0
13	51.3	67.3	57.3	70.6
14	48.0	64.5	55.0	68.8
15	44.1	61.2	54.5	69.5
Median	13.6		18.4	

**Table 2b.** Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by sex for period 1998-2020 (N=2,541).

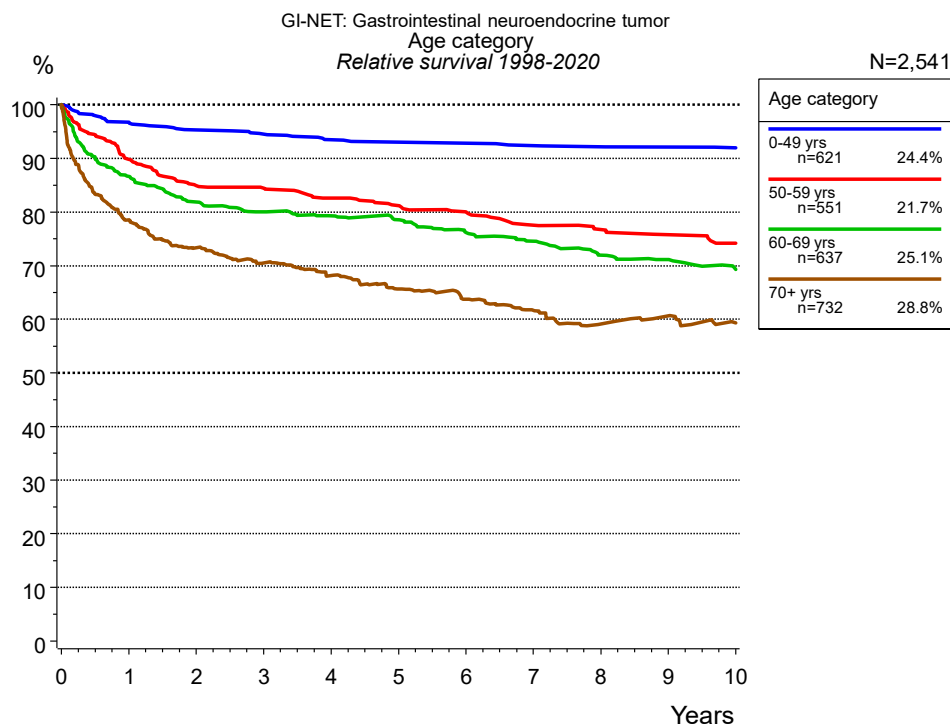


**Figure 2c.** Conditional relative 2 / 5-year survival of patients with gastroint. neuroend. tumor by sex. For 2,541 of 2,541 cases diagnosed between 1998 and 2020 valid data could be obtained for this item.

Years	Sex					
	Male			Female		
	n	Cond. surv. % 2 yrs	5 yrs	n	Cond. surv. % 2 yrs	5 yrs
0	1,323	80.5	76.0	1,218	86.5	82.2
1	1,053	93.1	88.3	1,037	94.0	89.0
2	930	96.3	91.7	930	96.6	90.9
3	841	96.2	91.8	846	97.3	90.5
4	759	97.1	94.0	744	96.7	91.4
5	652	97.1	94.0	651	95.8	91.2
6	582	97.0	93.4	567	95.5	92.8
7	501	98.9	93.4	501	97.0	93.6
8	431	98.7	94.9	430	98.0	94.8
9	370	96.4	91.1	352	98.2	93.6
10	304	96.4	88.4	296	98.6	96.7

**Table 2d.** Conditional relative 2 / 5-year survival of patients with gastroint. neuroend. tumor by sex for period 1998-2020 (N=2,541).

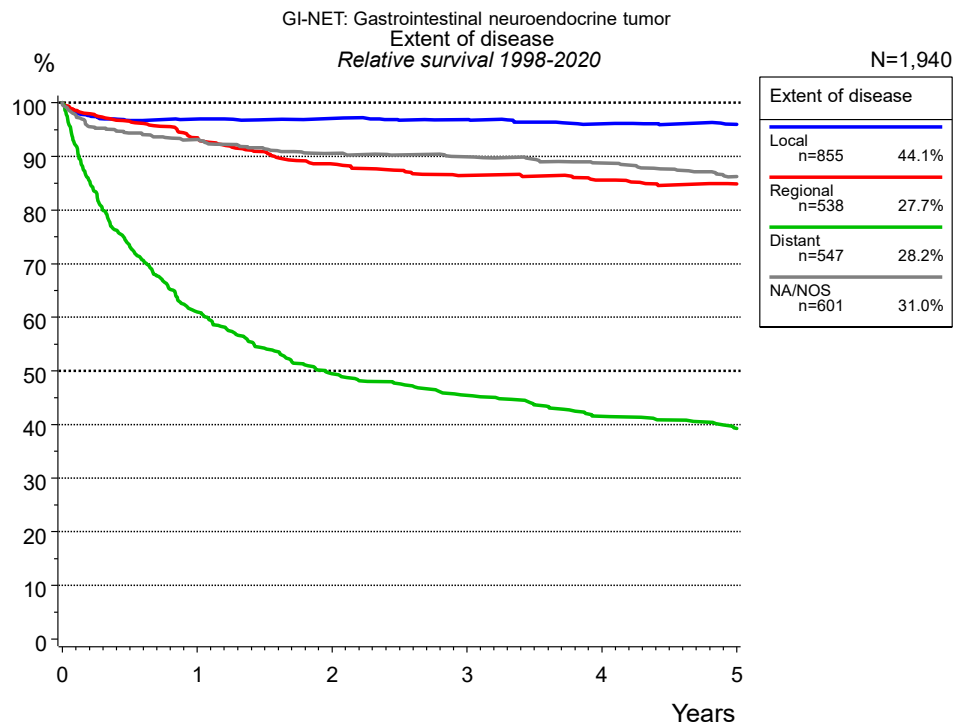
Conditional relative survival rates refer to the relative survival probability, in this case for 2 and 5 years after cancer diagnosis, compared to the age- and sex-matched population (=100 %) under the condition of being alive for a certain time period (x-axis in Figure 2a). The results illustrate to 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 96.2% (n=841).



**Figure 3a.** Relative survival of patients with gastroint. neuroend. tumor by age category. Included in the evaluation are 2,541 cases diagnosed between 1998 and 2020.

Years	Age category							
	0-49 yrs n=621		50-59 yrs n=551		60-69 yrs n=637		70+ yrs n=732	
	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	96.6	96.7	89.4	89.8	85.7	86.7	74.9	78.6
2	95.0	95.3	84.0	85.0	79.9	81.9	66.6	73.3
3	94.3	94.5	83.2	84.5	77.1	80.0	60.8	70.5
4	93.1	93.5	80.7	82.6	75.2	79.3	55.9	68.1
5	92.4	93.0	78.9	81.2	73.3	78.6	50.9	65.6
6	92.1	92.9	77.0	80.0	69.9	76.2	46.6	63.8
7	91.6	92.3	74.2	77.6	67.1	74.6	42.4	61.6
8	91.3	92.2	72.7	76.8	63.3	72.0	38.1	59.1
9	91.0	92.1	71.1	75.8	61.4	71.2	36.6	60.6
10	90.5	91.9	68.8	74.2	58.4	69.3	33.1	59.3
Median			16.7		13.6		5.2	

**Table 3b.** Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by age category for period 1998-2020 (N=2,541).



**Figure 4a.** Relative survival of patients with gastroint. neuroend. tumor by extent of disease. For 1,983 of 2,541 cases diagnosed between 1998 and 2020 valid data could be obtained for this item. For a total of 1,940 cases an evaluable classification was established. The grey line represents the subgroup of 601 patients with missing values regarding extent of disease (23.7 % of 2,541 patients, the percent values of all other categories are related to n=1,940).

Years	Extent of disease							
	Local n=855		Regional n=538		Distant n=547		NA/NOS n=601	
	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	95.6	97.0	91.9	93.5	59.8	61.0	91.3	93.1
2	94.3	97.1	85.4	88.6	47.7	49.5	87.0	90.6
3	92.8	96.9	81.9	86.5	43.3	45.5	84.8	89.9
4	90.7	96.1	79.7	85.6	38.9	41.5	82.3	88.8
5	89.3	96.0	77.5	84.8	36.2	39.3	78.4	86.3
Median			15.8		1.7		18.5	

**Table 4b.** Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by extent of disease for period 1998-2020 (N=1,940).

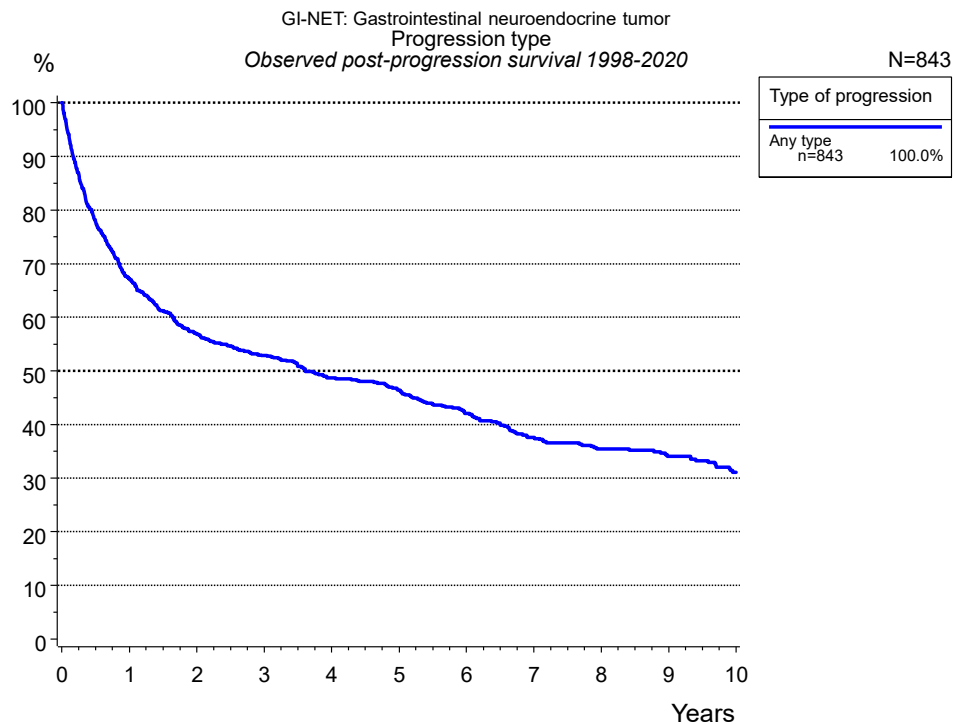


**Figure 5a.** Time to first progression of 1,982 patients with gastroint. neuroend. tumor diagnosed between 1998 and 2020 (in solid cancers M0 only) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). The frequency of events may be underestimated due to underreporting.

	Type of progression	
	Any type (CI)	Any type (1-KM)
N	1,982	1,982
Events	327	327
compet.	159	
Years	%	%
0	0.0	0.0
1	8.6	8.8
2	12.4	12.8
3	14.8	15.3
4	16.2	16.8
5	17.9	18.6

**Table 5b.** Time to first progression of patients with gastroint. neuroend. tumor for period 1998-2020 (N=1,982), also showing the total of progression events (Events) and of deaths as competing risk (compet.).



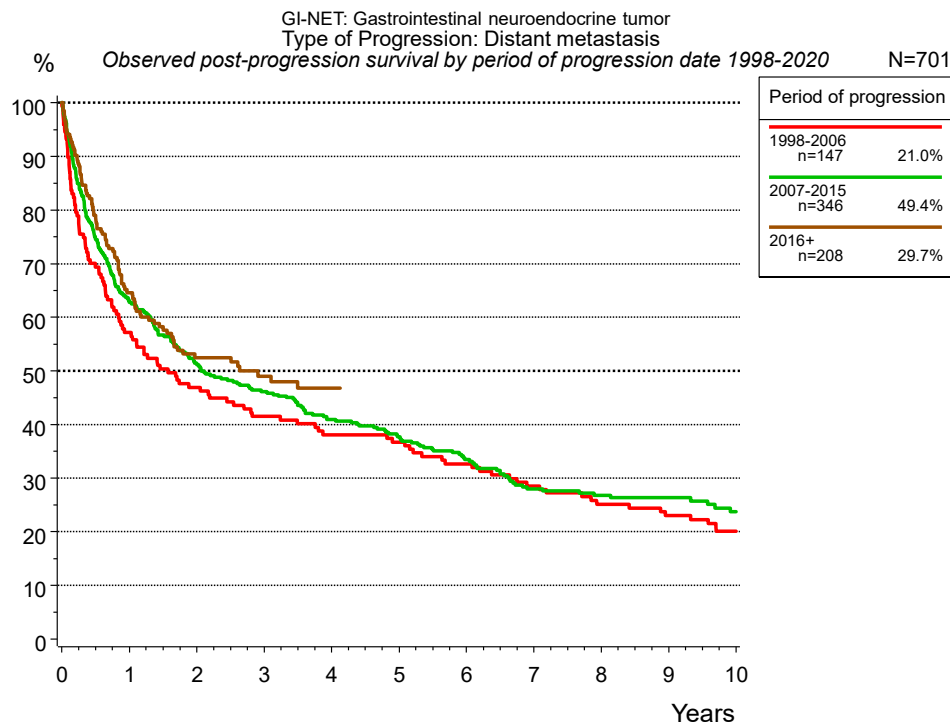


**Figure 5c.** Observed post-progression survival of 843 patients with gastroint. neuroend. tumor diagnosed between 1998 and 2020. These 843 patients with documented progression events during their course of disease represent 33.4 % of the totally 2,522 evaluated cases (incl. M1, n=540, 21.4 %). Patients with cancer relapse documented via death certificates only were excluded (n=90, 3.6 %).

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	
Any type n=843	
Years	%
0	100.0
1	67.1
2	56.8
3	52.8
4	48.7
5	46.5
6	42.1
7	37.6
8	35.4
9	34.1
10	31.1

**Table 5d.** Observed post-progression survival of patients with gastroint. neuroend. tumor for period 1998-2020 (N=843).



**Figure 5e.** Observed post-progression (distant metastasis) survival of 701 patients with gastroint. neuroend. tumor diagnosed between 1998 and 2020 by period of progression.

Years	Period of progression		
	1998-2006 n=147 %	2007-2015 n=346 %	2016+ n=208 %
0	100.0	100.0	100.0
1	57.1	62.8	64.6
2	46.9	51.1	52.5
3	41.5	46.2	49.0
4	38.1	40.9	46.8
5	36.7	37.7	
6	32.7	33.5	
7	28.6	28.0	
8	25.1	26.8	
9	23.0	26.3	
10	20.1	23.7	

**Table 5f.** Observed post-progression (distant metastasis) survival of patients with gastroint. neuroend. tumor for period 1998-2020 by period of progression (N=701).

## 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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