Munich Cancer Registry



- Baseline statistics
- Selection Matrix
- Homepage

Munich Cancer Registry at Munich Cancer Center Marchioninistr. 15 Munich, 81377 Germany

http://www.tumorregister-muenchen.de/en

Cancer statistics: Survival

Year of diagnosis 1978-1987 1988-1997 1998-2011 Patients 66 95 195 95 195 Diseases 66 04/01/2013 Creation date 01/03/2013 Export date Population 4.5 m



http://www.tumorregister-muenchen.de/en/facts/surv/surv_C11_E.pdf

C11: Nasopharynx cancer

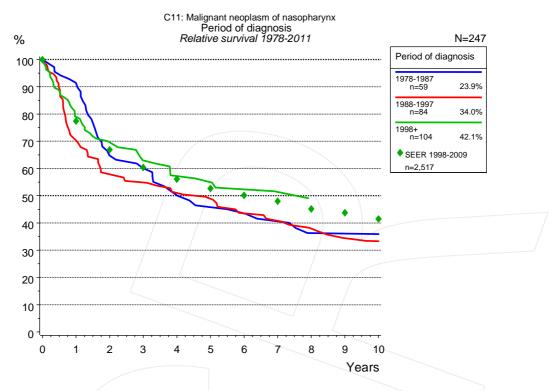


Figure 1a. Relative survival of patients with nasopharynx cancer by period of diagnosis. Included in the evaluation are 247 cases diagnosed between 1978 and 2011.

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 1998 to 2009, and are represented by green 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 populationbased 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						
	1978-	1987	1988-	1997	199)8+
	n=59		n=84		n=104	
Years	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0	100.0	100.0
1	89.8	91.3	70.2	70.2	78.2	78.9
2	62.7	64.7	57.1	57.9	68.4	69.6
3	57.6	60.0	53.5	54.8	60.9	62.9
4	49.0	50.1	48.6	51.0	55.0	57.2
5	43.7	45.8	46.2	48.8	53.4	54.9
6	41.8	43.5	40.1	43.5	49.8	52.3
7	38.2	40.6	37.7	40.7	47.4	51.3
8	32.7	36.3	34.0	37.9	44.5	48.9
9	32.7	36.1	30.2	34.4	44.5	47.3
10	32.7	36.0	29.0	33.3	44.5	45.6

Table 1b. Observed (obs.) and relative (rel.) survival of patients with nasopharynx cancer by periodof diagnosis for period 1978-2011 (N=247).

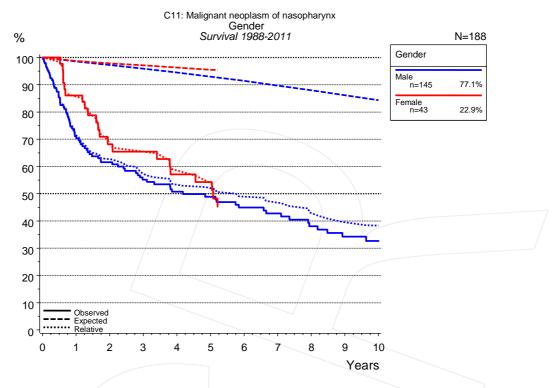


Figure 2a. Survival of patients with nasopharynx cancer by gender. Included in the evaluation are 188 cases diagnosed between 1988 and 2011.

	C	Sende	r		
	Ma	ale	Female		
	n=1	45	n=43		
Years	obs. %	rel. %	obs. %	rel. %	
0	100.0	100.0	100.0	100.0	
1	71.0	71.4	86.0	85.6	
2	61.5	62.6	68.1	68.5	
3	55.1	57.3	65.4	65.4	
4	50.7	53.3	57.1	58.5	
5	48.9	52.0	54.2	53.9	
6	44.9	48.9	45.2	45.8	
7	42.7	46.7			
8	38.0	42.9			
9	34.2	39.5			
10	32.7	38.3			

Table 2b. Observed (obs.) and relative (rel.) survival of patients with nasopharynx cancer by gender for period 1988-2011 (N=188).



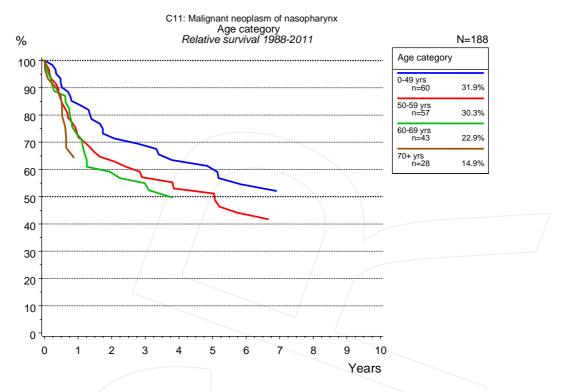


Figure 3a. Relative survival of patients with nasopharynx cancer by age category. Included in the evaluation are 188 cases diagnosed between 1988 and 2011.

			Age	categ	ory			
	0-49	yrs	50-59 yrs		60-69 yrs		70+ yrs	
	n=	60	n=	57	n=	43	n=	28
Years	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	85.0	84.0	73.1	72.0	72.0	72.5		
2	72.9	71.8	63.9	63.2	57.2	58.8		
3	69.1	68.7	55.9	56.9	52.0	54.5		
4	62.9	63.0	51.5	52.8				
5	60.7	60.2	51.5	51.2				
6	53.8	54.2	42.1	43.5				
7	51.3	51.9	39.5	39.7				
8	51.3	49.7						
	0 1 2 3 4 5 6 7	Image: Market	0 100.0 100.0 1 85.0 84.0 2 72.9 71.8 3 69.1 68.7 4 62.9 63.0 5 60.7 60.2 6 53.8 54.2 7 51.3 51.9	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	n=60 $n=57$ $n=7$ Yearsobs.%rel.%obs.%rel.%obs.%0100.0100.0100.0100.0100.0185.084.073.172.072.0272.971.863.963.257.2369.168.755.956.952.0462.963.051.552.851.2560.760.251.551.251.2653.854.242.143.551.2751.351.939.759.759.7		$ \begin{array}{c c c c c c c c c c c c c c c c c c c $

Table 3b. Observed (obs.) and relative (rel.) survival of patients with nasopharynx cancer by age category for period 1988-2011 (N=188).



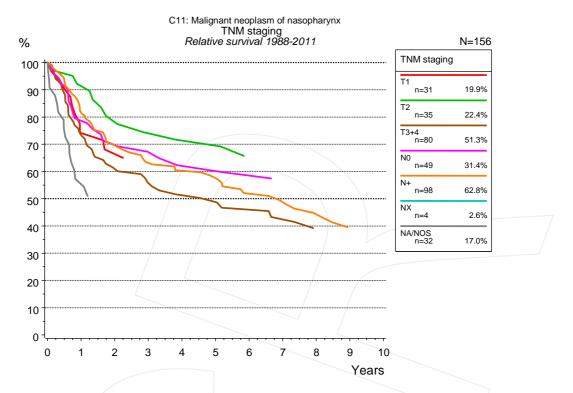


Figure 4a. Relative survival of patients with nasopharynx cancer by TNM staging. For 156 of 188 cases diagnosed between 1988 and 2011 valid data could be obtained for this item. The accumulated percentage exceeds the 100% value because patients are potientially considered in more than one subgroup. The grey line represents the subgroup of 32 patients with missing values regarding TNM staging (17.0% of 188 patients, the percent values of all other categories are related to n=156). Subgroups with sample size <15 are dropped from the chart.

	TNM staging													
	т	1	т	2	Т3-		N	-	N	+	N	Х	NA/N	NOS
	n=	31	n=	35	n=	80	n=	49	n=	98	n=	=4	n=	32
Years	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	73.3	74.1	91.1	91.3	73.5	73.3	78.7	78.6	81.4	81.5			56.3	55.3
2	66.7	66.4	78.5	78.1	60.1	60.9	69.7	69.6	68.4	69.6				
3	63.2	63.2	71.8	74.0	54.0	55.7	64.7	67.1	61.4	63.1				
4			68.4	71.3	49.2	51.2	59.3	62.0	57.6	60.3				
5			68.4	69.4	47.3	48.7	59.3	60.1	55.0	57.5				
6			61.0	65.2	43.5	46.0	56.0	58.5	48.2	51.9				
7					39.3	42.4	52.5	56.6	45.1	48.7				
8									40.1	44.2				
9									34.8	39.5				
10									34.8	39.2				

Table 4b. Observed (obs.) and relative (rel.) survival of patients with nasopharynx cancer by TNM staging for period 1988-2011 (N=297).

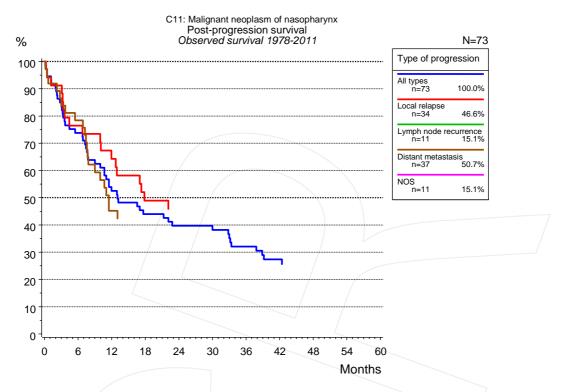


Figure 5a. Observed post-progression survival of 73 patients with nasopharynx cancer diagnosed between 1978 and 2011 (incl. M1). These 73 patients with documented progression events during their course of disease represent 29.6% of the totally 247 evaluated cases. Patients with cancer relapse documented via death certificates only were excluded (n=36, 14.6%). Multiple progression types on different sites are included in the evaluation even when not occuring 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. Subgroups with sample size <15 are dropped from the chart.

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 "All types" 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 potientially considered in more than one subgroup.

		Type of	f progressior	า	
	All types	Local relapse	Lymph node recurrence	Distant metastasis	NOS
	n=73	n=34	n=11	n=37	n=11
Months	%	%	%	%	%
0	100.0	100.0	100.0	100.0	100.0
12	52.5	64.2		45.2	
24	39.7				
36	32.1				

Table 5b. Observed post-progression survival of patients with nasopharynx cancer for period 1978-2011 (N=73).

Shortcuts

AS Assembled survival chart (observed, expected, relative) CS Conditional survival DCO Death certificate only. The death certificate provides the only notification to the registry. Munich Cancer Registry, Germany (Tumorregister München) MCR NA Not available NCI National Cancer Institute, USA NOS Not otherwise specified Observed/overall survival (Kaplan-Meier estimate) OS PPS Post-progression survival RS Relative Survival. Ratio of observed and expected survival (derived from the normal population) SEER Surveillance, Epidemiology, and End Results, USA TTP Time to progression Date of entry: Date of diagnosis Event (Progression): First local recurrence, lymph node relapse or distant metastasis, unspecified recurrence First all-cause recurrence is illustrated by survival curves (Kaplan-Meier estimate). First local recurrence, lymph node relapse or distant metastasis are depicted cumulatively, where applicable ("reverse" Kaplan-Meier estimate). UICC Union for International Cancer Control, Geneva

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Munich Cancer Registry

Index of figures and tables

Fig./Tb	bl.	Page
1a	Relative survival by period of diagnosis (chart)	2
1b	Survival by period of diagnosis (table)	2
2a	Survival by gender (chart)	3
2b	Survival by gender (table)	3
3a	Relative survival by age category (chart)	4
3b	Survival by age category (table)	4
4a	Relative survival by TNM staging (chart)	5
4b	Survival by TNM staging (table)	5
5a	Observed post-progression survival (chart)	6
5b	Observed post-progression survival (table)	6