Munich Cancer Registry



- Baseline statistics
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Munich Cancer Registry at Munich Cancer Center Marchioninistr. 15 Munich, 81377 Germany

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

Cancer statistics: Survival

GI-NET: Gastroint. neuroend. tumor

| Year of diagnosis | 1988-1997 | 1998-2011 |
|-------------------|------------|-----------|
| Patients | 131 | 1,341 |
| Diseases | 131 | 1,351 |
| Creation date | 04/01/2013 | |
| Export date | 01/03/2013 | |
| Population | 4.5 m | |



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

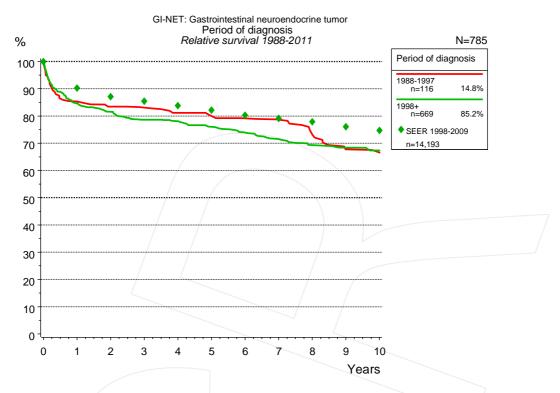


Figure 1a. Relative survival of patients with gastroint. neuroend. tumor by period of diagnosis. Included in the evaluation are 785 cases diagnosed between 1988 and 2011.

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.

| | I | Period | of dia | gnosis | | | |
|--|-------|--------|--------|--------|--------|--|--|
| | | 1988- | 1997 | 1998+ | | | |
| | | n=1 | 16 | n=669 | | | |
| | Years | obs. % | rel. % | obs. % | rel. % | | |
| | 0 | 100.0 | 100.0 | 100.0 | 100.0 | | |
| | 1 | 82.8 | 85.3 | 83.0 | 84.6 | | |
| | 2 | 79.3 | 83.5 | 78.5 | 81.5 | | |
| | 3 | 77.6 | 83.1 | 74.5 | 78.6 | | |
| | 4 | 74.1 | 81.1 | 72.7 | 78.1 | | |
| | 5 | 71.5 | 80.0 | 69.6 | 76.0 | | |
| | 6 | 69.8 | 79.1 | 66.3 | 73.9 | | |
| | 7 | 68.0 | 78.6 | 63.0 | 71.5 | | |
| | 8 | 62.7 | 73.1 | 60.0 | 69.3 | | |
| | 9 | 56.5 | 67.7 | 58.1 | 68.4 | | |
| | 10 | 54.6 | 66.5 | 56.1 | 67.3 | | |
| | | | | | | | |

Table 1b. Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by period of diagnosis for period 1988-2011 (N=785).

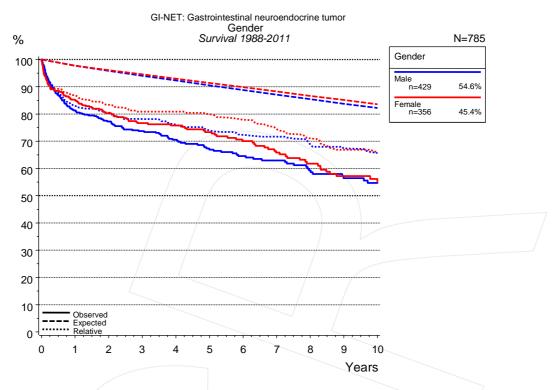


Figure 2a. Survival of patients with gastroint. neuroend. tumor by gender. Included in the evaluation are 785 cases diagnosed between 1988 and 2011.

| | Gender | | | | | | | |
|-------|--------|--------|--------|--------|--|--|--|--|
| | Ma | ale | Female | | | | | |
| | n=4 | 129 | n=356 | | | | | |
| Years | obs. % | rel. % | obs. % | rel. % | | | | |
| 0 | 100.0 | 100.0 | 100.0 | 100.0 | | | | |
| 1 | 81.3 | 83.0 | 85.0 | 86.9 | | | | |
| 2 | 77.2 | 80.5 | 80.3 | 83.4 | | | | |
| 3 | 73.7 | 78.1 | 76.6 | 80.9 | | | | |
| 4 | 70.5 | 76.1 | 75.8 | 80.8 | | | | |
| 5 | 66.9 | 73.9 | 73.4 | 79.9 | | | | |
| 6 | 64.5 | 72.3 | 70.1 | 77.9 | | | | |
| 7 | 63.0 | 71.7 | 65.8 | 74.4 | | | | |
| 8 | 59.3 | 68.7 | 61.8 | 71.0 | | | | |
| 9 | 56.4 | 67.4 | 57.2 | 66.9 | | | | |
| 10 | 54.7 | 65.7 | 55.1 | 65.9 | | | | |
| | | | | | | | | |

Table 2b. Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by gender for period 1988-2011 (N=785).



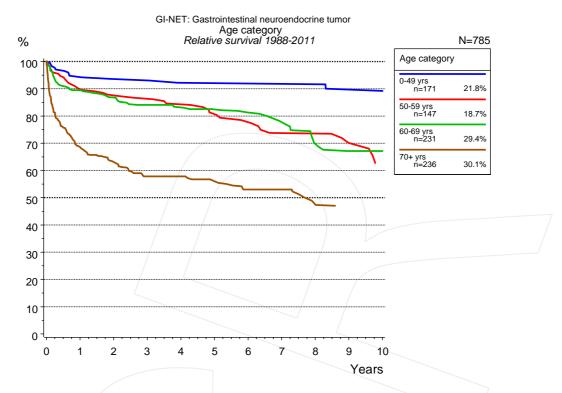


Figure 3a. Relative survival of patients with gastroint. neuroend. tumor by age category. Included in the evaluation are 785 cases diagnosed between 1988 and 2011.

| | Age category | | | | | | | | |
|-------|--------------|--------|--------|-----------|--------|-----------|--------|---------|--|
| | 0-49 | yrs | 50-59 | 50-59 yrs | | 60-69 yrs | | 70+ yrs | |
| | n=1 | 71 | n=147 | | n=231 | | n=236 | | |
| 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 | 94.7 | 94.3 | 89.7 | 89.8 | 88.6 | 89.4 | 64.7 | 68.6 | |
| 2 | 93.3 | 93.6 | 86.8 | 87.5 | 84.5 | 86.7 | 56.9 | 63.1 | |
| 3 | 93.3 | 93.0 | 85.2 | 86.3 | 80.7 | 84.1 | 49.2 | 57.9 | |
| 4 | 91.6 | 92.2 | 82.5 | 84.2 | 78.5 | 83.1 | 47.2 | 57.9 | |
| 5 | 91.6 | 92.1 | 78.5 | 80.6 | 76.2 | 82.4 | 41.8 | 56.1 | |
| 6 | 91.6 | 91.9 | 75.2 | 77.7 | 73.4 | 81.3 | 37.4 | 53.0 | |
| 7 | 91.6 | 91.8 | 70.0 | 73.7 | 69.1 | 77.7 | 35.5 | 53.0 | |
| 8 | 91.6 | 91.6 | 70.0 | 73.5 | 60.5 | 69.7 | 29.8 | 47.4 | |
| 9 | 88.5 | 89.7 | 65.0 | 70.1 | 56.4 | 67.1 | 27.3 | 47.0 | |
| 10 | 88.5 | 89.2 | 57.6 | 62.4 | 56.4 | 67.1 | | | |
| | | | | | | | | | |

Table 3b. Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by age category for period 1988-2011 (N=785).



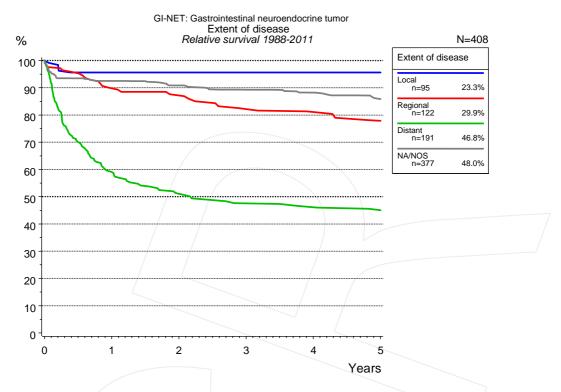


Figure 4a. Relative survival of patients with gastroint. neuroend. tumor by extent of disease. For 526 of 785 cases diagnosed between 1988 and 2011 valid data could be obtained for this item. For a total of 408 cases an evaluable classification was established. The grey line represents the subgroup of 377 patients with missing values regarding extent of disease (48.0% of 785 patients, the percent values of all other categories are related to n=408).

| Extent of disease | | | | | | | | |
|-------------------|--------|--------|-------------------|--------|------------------|--------|--------|--------|
| | Loo | cal | Regional n=122 | | Distant n=191 | | NA/NOS | |
| | n= | 95 | | | | | n=377 | |
| 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 | 94.7 | 95.6 | 88.3 | 89.8 | 57.7 | 59.1 | 90.9 | 92.5 |
| 2 | 94.7 | 95.6 | 84.7 | 87.2 | 49.4 | 51.0 | 87.3 | 90.8 |
| 3 | 93.4 | 95.6 | 78.3 | 82.2 | 45.3 | 47.6 | 84.3 | 89.3 |
| 4 | 91.6 | 95.6 | 75.8 | 81.1 | 43.7 | 46.1 | 81.9 | 88.2 |
| 5 | 91.6 | 95.6 | 71.4 | 77.9 | 41.9 | 45.0 | 77.9 | 85.8 |

Table 4b. Observed (obs.) and relative (rel.) survival of patients with gastroint. neuroend. tumor by extent of disease for period 1988-2011 (N=408).



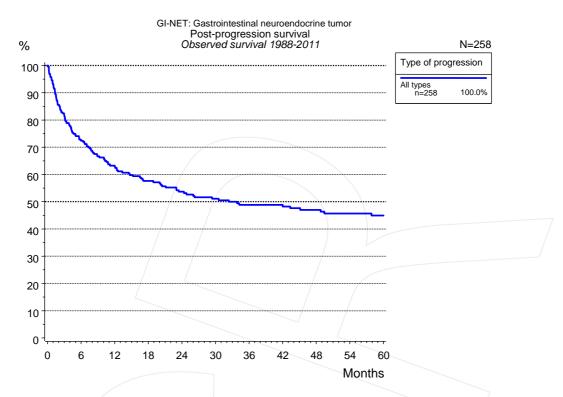


Figure 5a. Observed post-progression survival of 258 patients with gastroint. neuroend. tumor diagnosed between 1988 and 2011 (incl. M1). These 258 patients with documented progression events during their course of disease represent 32.9% of the totally 785 evaluated cases. Patients with cancer relapse documented via death certificates only were excluded (n=26, 3.3%).

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 ogression |
|--------|----------------------|
| - | All types |
| | n=258 |
| Months | % |
| 0 | 100.0 |
| 12 | 62.8 |
| 24 | 53.7 |
| 36 | 48.8 |
| 48 | 47.0 |
| 60 | 44.9 |
| | |

Table 5b. Observed post-progression survival of patients with gastroint. neuroend. tumor for period 1988-2011 (N=258).

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 Not available NA 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

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