

Munich Cancer Registry



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

Cancer statistics: Survival

C02: Tongue excl. base of tongue

| | |
|-------------------|------------|
| Year of diagnosis | 1988-2012 |
| Patients | 1,329 |
| Diseases | 1,335 |
| Cases evaluated | 867 |
| Creation date | 03/25/2014 |
| Export date | 02/12/2014 |
| Population | 4.5 m |



http://www.tumorregister-muenchen.de/en/facts/surv/surv_C02__E.pdf

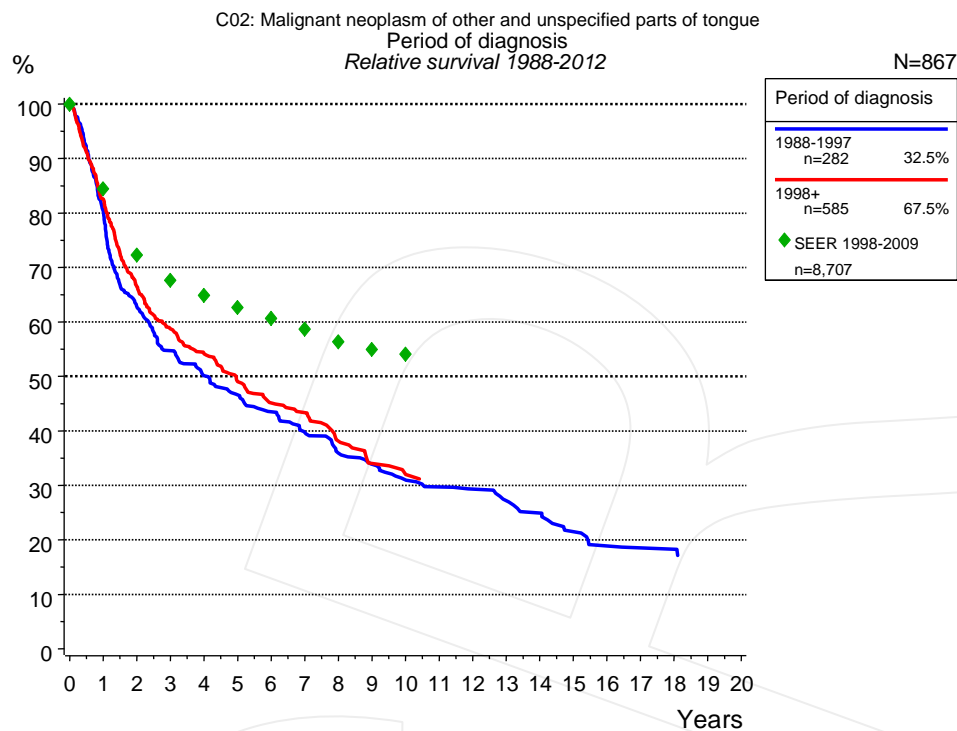


Figure 1a. Relative survival of patients with tongue excl. base of tongue by period of diagnosis. Included in the evaluation are 867 cases diagnosed between 1988 and 2012.

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 population-based statistics since 1988, 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=282 | | 1998+ n=585 | |
| | obs. % | rel. % | obs. % | rel. % |
| 0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 1 | 78.7 | 80.1 | 81.2 | 82.4 |
| 2 | 60.6 | 62.7 | 64.5 | 66.4 |
| 3 | 52.0 | 54.7 | 56.1 | 58.7 |
| 4 | 46.7 | 50.1 | 51.0 | 54.1 |
| 5 | 42.7 | 46.6 | 45.5 | 49.0 |
| 6 | 39.1 | 43.5 | 41.4 | 45.1 |
| 7 | 35.1 | 39.7 | 39.4 | 43.3 |
| 8 | 31.0 | 35.9 | 34.0 | 38.1 |
| 9 | 28.8 | 33.9 | 29.7 | 34.0 |
| 10 | 26.2 | 31.0 | 27.3 | 32.0 |
| 11 | 24.6 | 29.7 | 26.4 | 31.0 |
| 12 | 23.7 | 29.3 | 26.4 | 30.7 |
| 13 | 21.8 | 27.1 | | |
| 14 | 19.8 | 24.9 | | |
| 15 | 16.7 | 21.5 | | |
| 16 | 14.4 | 18.9 | | |
| 17 | 13.8 | 18.5 | | |
| 18 | 13.8 | 18.3 | | |
| 19 | 12.2 | 16.5 | | |

Table 1b. Observed (obs.) and relative (rel.) survival of patients with tongue excl. base of tongue by period of diagnosis for period 1988-2012 (N=867).

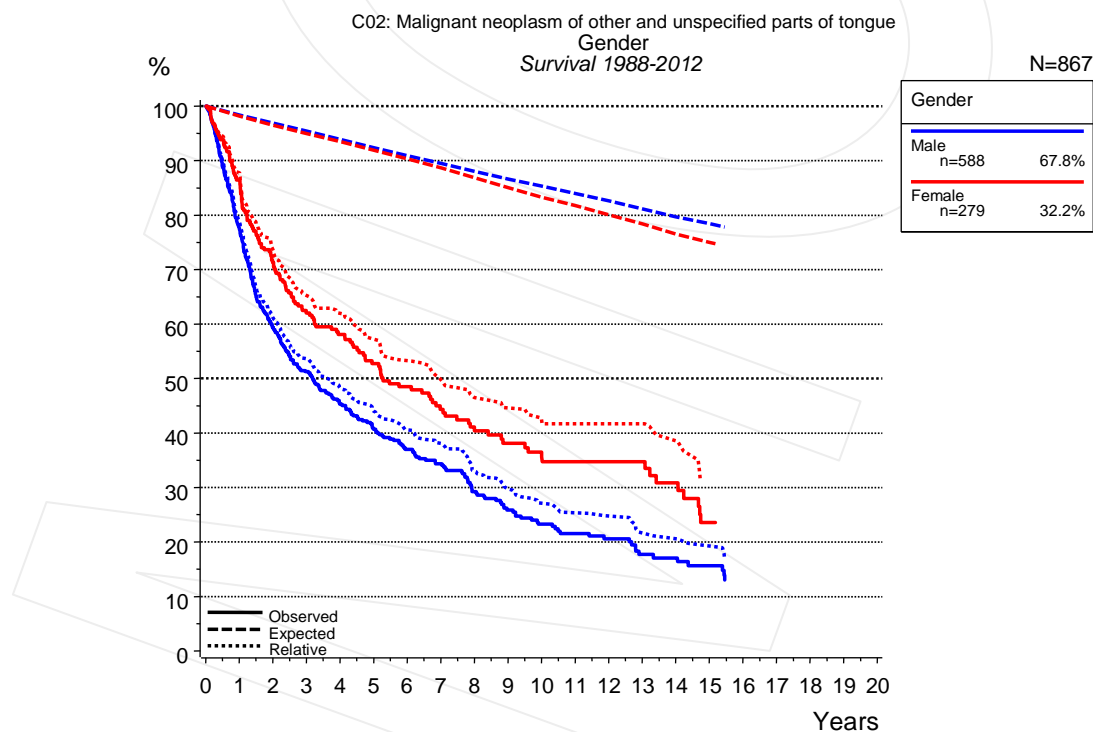


Figure 2a. Survival of patients with tongue excl. base of tongue by gender. Included in the evaluation are 867 cases diagnosed between 1988 and 2012.

| Years | Gender | | | |
|-------|---------------|--------|-----------------|--------|
| | Male n=588 | | Female n=279 | |
| | obs. % | rel. % | obs. % | rel. % |
| 0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 1 | 77.5 | 78.7 | 86.5 | 87.8 |
| 2 | 59.4 | 61.2 | 71.3 | 73.6 |
| 3 | 51.2 | 53.6 | 62.0 | 65.3 |
| 4 | 45.3 | 48.2 | 58.1 | 62.0 |
| 5 | 40.7 | 44.0 | 52.7 | 57.2 |
| 6 | 37.0 | 40.6 | 48.5 | 53.3 |
| 7 | 34.4 | 38.1 | 44.3 | 49.8 |
| 8 | 29.3 | 33.0 | 40.4 | 46.5 |
| 9 | 25.8 | 29.8 | 38.1 | 44.6 |
| 10 | 23.2 | 27.1 | 35.6 | 42.6 |
| 11 | 21.6 | 25.4 | 34.7 | 41.7 |
| 12 | 20.6 | 24.8 | 34.7 | 41.7 |
| 13 | 17.7 | 21.6 | 34.7 | 41.7 |
| 14 | 17.0 | 20.6 | 30.8 | 38.6 |
| 15 | 15.6 | 19.3 | 23.5 | 30.1 |
| 16 | 13.0 | 16.6 | | |
| 17 | 13.0 | 16.3 | | |
| 18 | 13.0 | 16.0 | | |
| 19 | 13.0 | 15.7 | | |

Table 2b. Observed (obs.) and relative (rel.) survival of patients with tongue excl. base of tongue by gender for period 1988-2012 (N=867).

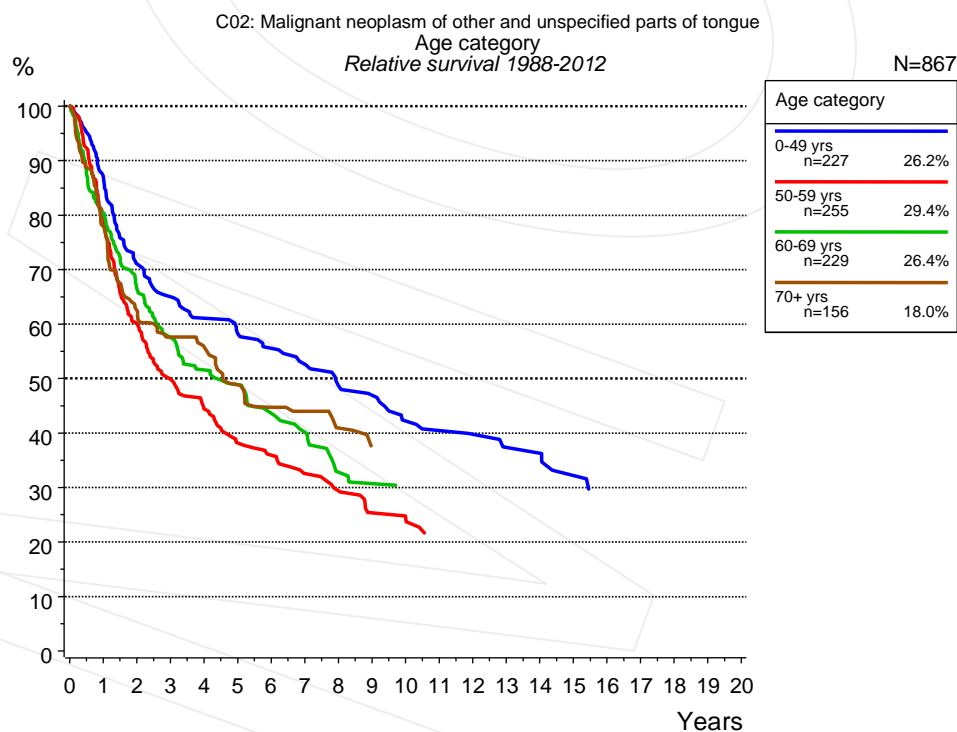


Figure 3a. Relative survival of patients with tongue excl. base of tongue by age category. Included in the evaluation are 867 cases diagnosed between 1988 and 2012.

| Years | Age category | | | | | | | |
|-------|-------------------|--------|--------------------|--------|--------------------|--------|------------------|--------|
| | 0-49 yrs n=227 | | 50-59 yrs n=255 | | 60-69 yrs n=229 | | 70+ yrs n=156 | |
| | 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 | 86.6 | 86.7 | 79.4 | 79.7 | 79.7 | 80.4 | 73.9 | 77.9 |
| 2 | 70.8 | 71.0 | 59.3 | 60.0 | 64.7 | 66.3 | 56.1 | 62.4 |
| 3 | 64.8 | 65.0 | 48.9 | 49.9 | 55.1 | 57.5 | 48.7 | 57.6 |
| 4 | 60.5 | 61.0 | 43.0 | 44.4 | 48.8 | 51.5 | 44.4 | 55.8 |
| 5 | 57.5 | 58.2 | 36.7 | 38.2 | 45.7 | 48.9 | 37.1 | 48.9 |
| 6 | 54.9 | 55.5 | 34.4 | 35.9 | 39.8 | 43.6 | 31.3 | 44.7 |
| 7 | 52.1 | 52.6 | 30.6 | 32.6 | 36.3 | 40.1 | 29.1 | 44.0 |
| 8 | 47.5 | 48.7 | 27.8 | 29.4 | 28.7 | 32.8 | 24.4 | 40.9 |
| 9 | 45.9 | 46.9 | 23.3 | 25.3 | 26.7 | 30.7 | 20.4 | 37.5 |
| 10 | 40.9 | 42.2 | 22.4 | 24.7 | 25.3 | 30.3 | | |
| 11 | 39.2 | 40.4 | 19.4 | 21.5 | 25.3 | 29.8 | | |
| 12 | 38.2 | 39.7 | 19.4 | 21.1 | | | | |
| 13 | 35.6 | 37.4 | | | | | | |
| 14 | 35.6 | 36.3 | | | | | | |
| 15 | 31.3 | 32.2 | | | | | | |
| 16 | 27.8 | 28.6 | | | | | | |

Table 3b. Observed (obs.) and relative (rel.) survival of patients with tongue excl. base of tongue by age category for period 1988-2012 (N=867).

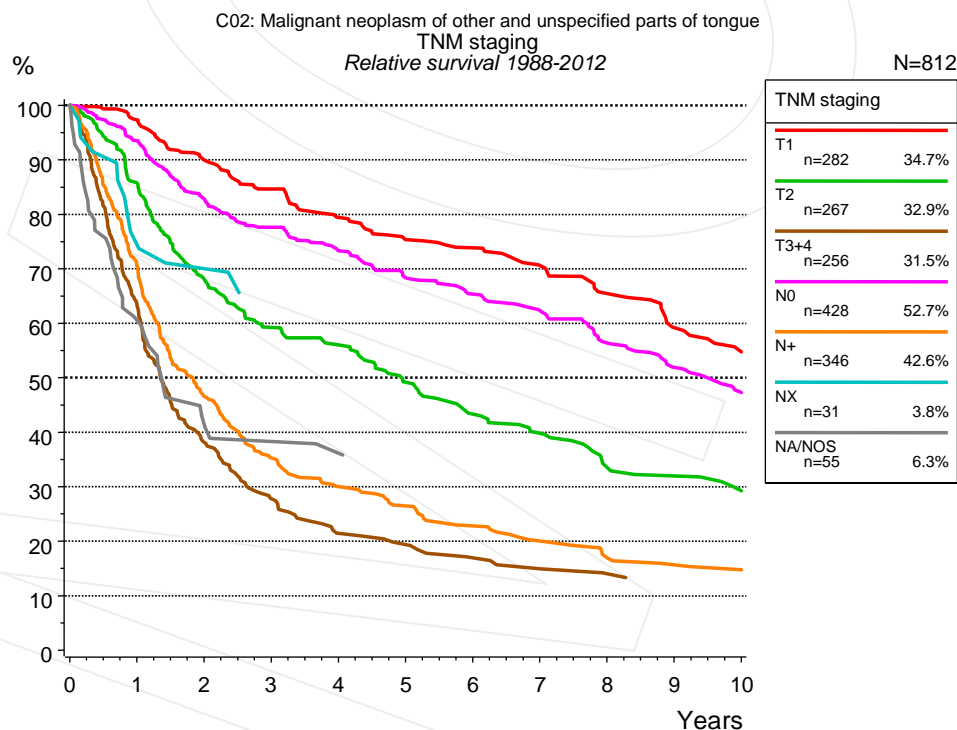


Figure 4a. Relative survival of patients with tongue excl. base of tongue by TNM staging. For 814 of 867 cases diagnosed between 1988 and 2012 valid data could be obtained for this item. For a total of 812 cases an evaluable classification was established. The accumulated percentage exceeds the 100% value because patients are potentially considered in more than one subgroup. The grey line represents the subgroup of 55 patients with missing values regarding TNM staging (6.3% of 867 patients, the percent values of all other categories are related to n=812).

| TNM staging | | | | | | | | | | | | | | |
|-------------|-------------|--------|-------------|--------|---------------|--------|-------------|--------|-------------|--------|------------|--------|----------------|--------|
| Years | T1 n=282 | | T2 n=267 | | T3+4 n=256 | | N0 n=428 | | N+ n=346 | | NX n=31 | | NA/NOS n=55 | |
| | 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 | 96.0 | 97.3 | 84.4 | 85.7 | 62.6 | 63.3 | 92.1 | 93.5 | 69.9 | 70.6 | 74.2 | 74.4 | 59.5 | 60.5 |
| 2 | 87.4 | 90.0 | 66.0 | 68.0 | 37.2 | 38.1 | 80.4 | 82.9 | 45.4 | 46.6 | 67.4 | 70.0 | 40.7 | 41.5 |
| 3 | 80.9 | 84.6 | 56.6 | 59.2 | 26.7 | 27.8 | 74.2 | 77.6 | 34.0 | 35.3 | | | 36.8 | 38.3 |
| 4 | 74.7 | 79.4 | 52.5 | 56.0 | 20.3 | 21.5 | 68.7 | 73.3 | 28.5 | 30.0 | | | 34.7 | 36.1 |
| 5 | 69.6 | 75.3 | 45.4 | 49.2 | 18.5 | 19.4 | 63.1 | 68.3 | 25.0 | 26.5 | | | | |
| 6 | 67.4 | 73.8 | 39.5 | 43.3 | 15.8 | 16.9 | 59.4 | 65.3 | 21.3 | 22.8 | | | | |
| 7 | 63.1 | 70.6 | 35.9 | 39.8 | 14.4 | 14.9 | 55.8 | 62.3 | 18.5 | 20.0 | | | | |
| 8 | 57.6 | 65.4 | 29.5 | 33.5 | 12.8 | 14.0 | 49.6 | 56.3 | 15.2 | 16.9 | | | | |
| 9 | 50.9 | 59.2 | 28.1 | 32.0 | | | 44.7 | 51.9 | 14.1 | 15.6 | | | | |
| 10 | 45.9 | 54.7 | 25.6 | 29.2 | | | 40.4 | 47.3 | 12.8 | 14.7 | | | | |

Table 4b. Observed (obs.) and relative (rel.) survival of patients with tongue excl. base of tongue by TNM staging for period 1988-2012 (N=1,610).

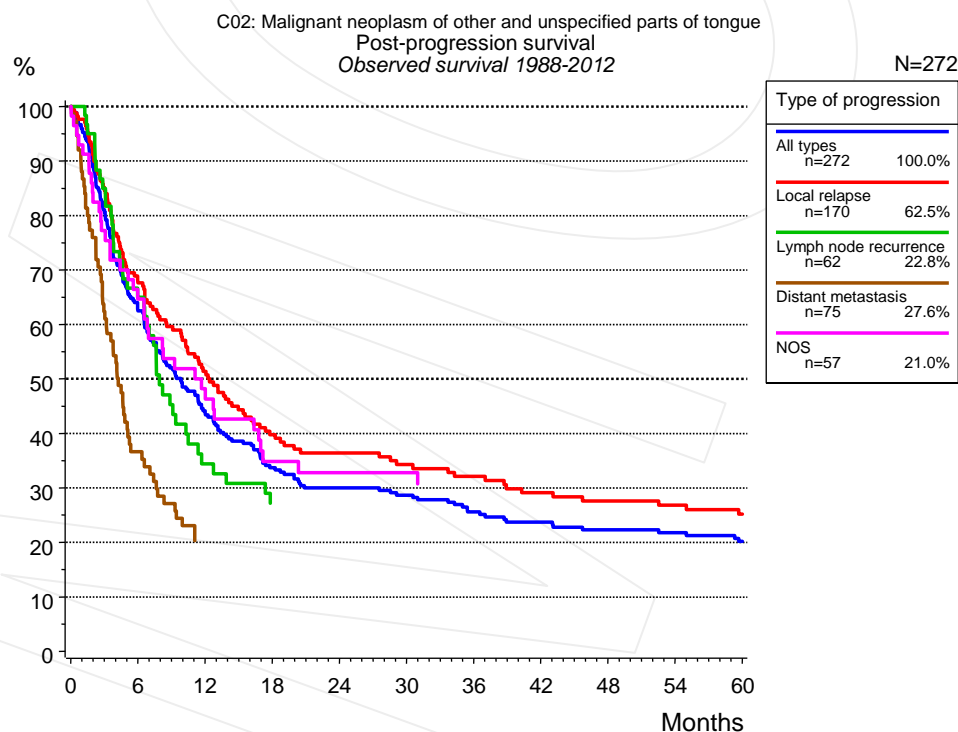


Figure 5a. Observed post-progression survival of 272 patients with tongue excl. base of tongue diagnosed between 1988 and 2012 (incl. M1). These 272 patients with documented progression events during their course of disease represent 31.4% of the totally 867 evaluated cases. Patients with cancer relapse documented via death certificates only were excluded (n=110, 12.7%). Multiple progression types on different sites are included in the evaluation even when not occurring

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.

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 potentially considered in more than one subgroup.

| Months | Type of progression | | | | NOS n=57 % |
|--------|-------------------------|-----------------------------|------------------------------------|---------------------------------|------------------|
| | All types n=272 % | Local relapse n=170 % | Lymph node recurrence n=62 % | Distant metastasis n=75 % | |
| 0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 12 | 43.8 | 51.4 | 34.4 | | 46.3 |
| 24 | 30.0 | 36.4 | | | 32.8 |
| 36 | 25.6 | 32.1 | | | |
| 48 | 22.3 | 27.6 | | | |
| 60 | 20.2 | 25.2 | | | |

Table 5b. Observed post-progression survival of patients with tongue excl. base of tongue for period 1988-2012 (N=272).

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. |
| MCR | Munich Cancer Registry, Germany (Tumorregister München) |
| NA | Not available |
| NCI | National Cancer Institute, USA |
| NOS | Not otherwise specified |
| OS | Observed/overall survival (Kaplan-Meier estimate) |
| 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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