

Munich Cancer Registry



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

Cancer statistics: Survival

C04: Floor of mouth cancer

Year of diagnosis	1988-2012
Patients	1,078
Diseases	1,081
Cases evaluated	665
Creation date	03/25/2014
Export date	02/12/2014
Population	4.5 m



http://www.tumorregister-muenchen.de/en/facts/surv/surv_C04__E.pdf

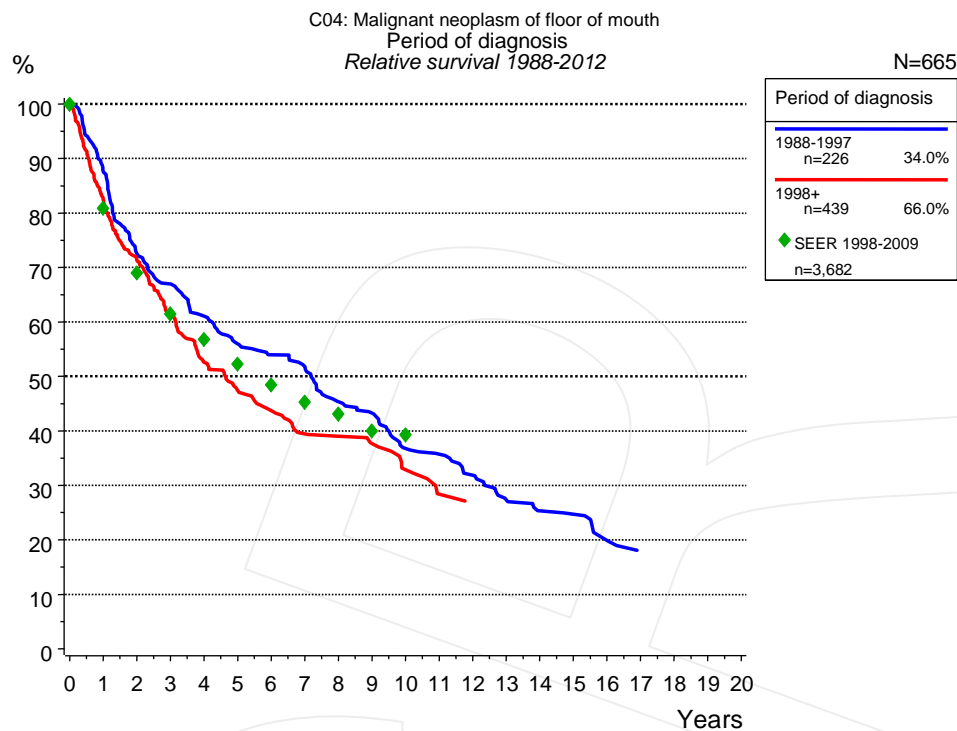


Figure 1a. Relative survival of patients with floor of mouth cancer by period of diagnosis. Included in the evaluation are 665 cases diagnosed between 1988 and 2012.

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=226		1998+ n=439	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	86.2	87.5	81.0	82.2
2	71.0	72.5	69.5	71.3
3	64.7	66.9	59.1	61.4
4	58.0	61.1	50.1	52.6
5	52.6	56.0	45.0	47.4
6	49.9	54.0	40.4	43.7
7	47.6	51.8	36.4	39.4
8	40.9	45.3	35.1	39.0
9	38.7	43.2	33.4	37.7
10	32.4	36.8	28.8	32.8
11	31.0	35.7	24.2	28.4
12	27.5	31.9	22.7	26.7
13	23.1	27.3	22.7	24.8
14	20.9	25.3		
15	20.4	24.7		
16	16.5	19.9		
17	14.2	17.9		

Table 1b. Observed (obs.) and relative (rel.) survival of patients with floor of mouth cancer by period of diagnosis for period 1988-2012 (N=665).

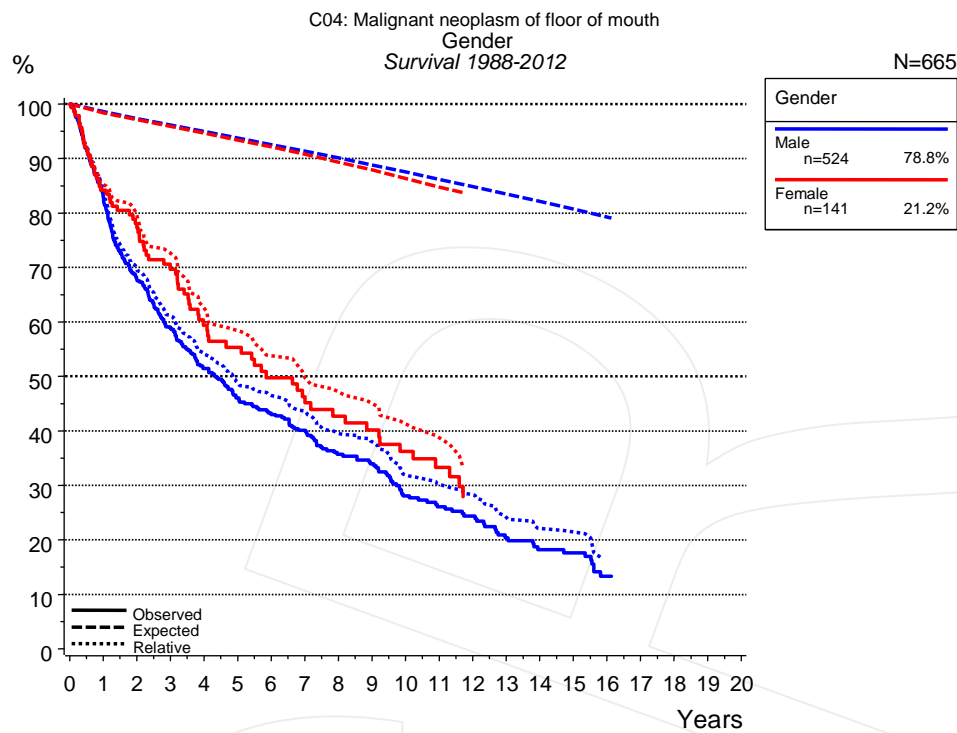


Figure 2a. Survival of patients with floor of mouth cancer by gender. Included in the evaluation are 665 cases diagnosed between 1988 and 2012.

Years	Gender			
	Male n=524		Female n=141	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	82.4	83.5	84.2	85.2
2	67.7	69.4	78.0	79.6
3	58.9	61.1	69.7	72.6
4	51.4	54.0	59.4	62.5
5	46.0	48.7	55.3	58.4
6	43.0	46.5	49.8	53.8
7	40.1	43.6	46.3	49.8
8	35.7	39.5	42.7	47.1
9	33.9	38.0	40.1	45.0
10	28.1	31.9	36.2	41.3
11	26.1	30.1	33.3	38.8
12	24.4	28.3		
13	20.4	24.1		
14	18.2	22.1		
15	17.6	21.4		
16	13.3	16.4		

Table 2b. Observed (obs.) and relative (rel.) survival of patients with floor of mouth cancer by gender for period 1988-2012 (N=665).

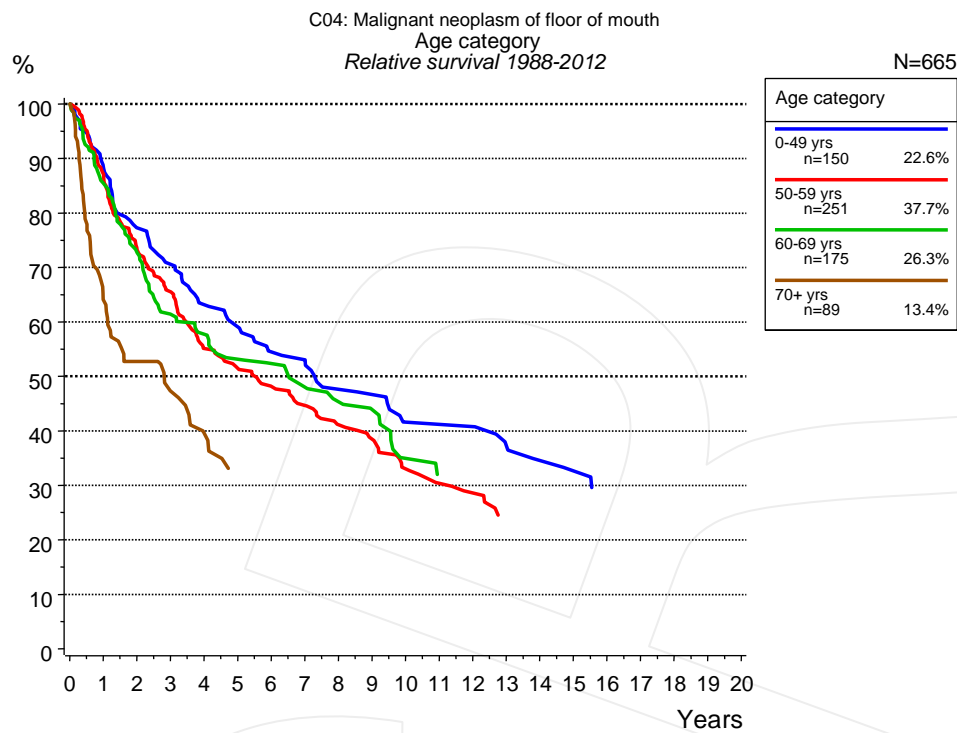


Figure 3a. Relative survival of patients with floor of mouth cancer by age category. Included in the evaluation are 665 cases diagnosed between 1988 and 2012.

Years	Age category							
	0-49 yrs n=150		50-59 yrs n=251		60-69 yrs n=175		70+ yrs n=89	
	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	88.6	88.2	86.1	86.6	84.2	85.4	60.6	64.0
2	76.8	77.2	72.5	73.3	71.1	72.7	48.3	52.7
3	70.3	70.6	64.4	65.5	58.6	61.4	40.3	47.3
4	62.7	63.1	53.4	55.1	54.8	57.7	32.3	39.5
5	58.6	59.1	49.6	51.4	49.5	53.1		
6	53.5	54.5	45.7	48.2	47.5	52.4		
7	52.6	53.0	42.3	44.6	43.1	48.0		
8	46.6	47.6	38.1	41.1	39.6	45.3		
9	45.5	46.6	35.5	38.4	37.1	43.9		
10	39.9	41.6	30.0	33.0	28.8	35.0		
11	39.9	41.2	27.0	30.4	25.4	31.5		
12	39.9	40.8	25.3	28.6				
13	35.7	37.3	21.1	24.5				
14	32.6	34.6	21.1	24.2				
15	30.9	32.7	21.1	24.0				

Table 3b. Observed (obs.) and relative (rel.) survival of patients with floor of mouth cancer by age category for period 1988-2012 (N=665).

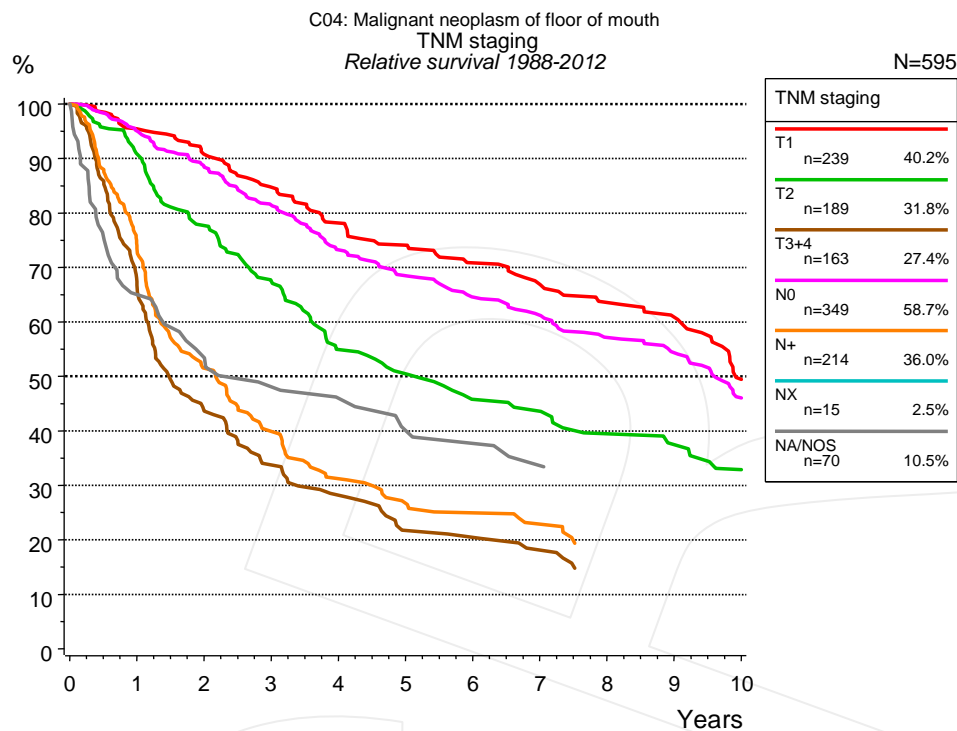


Figure 4a. Relative survival of patients with floor of mouth cancer by TNM staging. For 597 of 665 cases diagnosed between 1988 and 2012 valid data could be obtained for this item. For a total of 595 cases an evaluable classification was established. The accumulated percentage exceeds the 100% value because patients are potentially considered in more than one subgroup. The grey line represents the subgroup of 70 patients with missing values regarding TNM staging (10.5% of 665 patients, the percent values of all other categories are related to n=595).

TNM staging														
	T1 n=239		T2 n=189		T3+4 n=163		N0 n=349		N+ n=214		NX n=15		NA/NOS n=70	
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	94.4	95.4	89.6	90.8	66.4	67.2	94.1	95.0	72.8	73.9			63.8	65.0
2	88.9	90.7	75.7	77.6	43.1	43.7	86.7	88.4	50.1	51.5			52.7	53.4
3	82.1	84.7	64.9	67.4	32.8	33.7	78.9	81.4	38.3	39.9			46.1	48.1
4	75.1	78.1	52.0	54.9	27.2	28.2	70.0	73.2	30.0	31.2			42.8	46.0
5	70.5	74.1	47.7	50.5	20.5	21.7	64.9	68.4	25.4	26.7			37.3	40.1
6	66.2	70.8	42.1	45.8	19.6	20.4	60.2	64.6	23.3	25.0			35.4	37.7
7	62.2	66.9	40.4	43.6	16.9	18.1	56.6	61.2	21.1	22.9			31.7	33.6
8	58.0	63.5	35.6	39.5			51.9	57.2	17.4	19.1			29.8	31.9
9	54.9	60.9	33.3	37.5			48.8	54.3	17.4	18.6				
10	43.9	49.5	28.9	32.9			40.8	46.0						

Table 4b. Observed (obs.) and relative (rel.) survival of patients with floor of mouth cancer by TNM staging for period 1988-2012 (N=1,169).

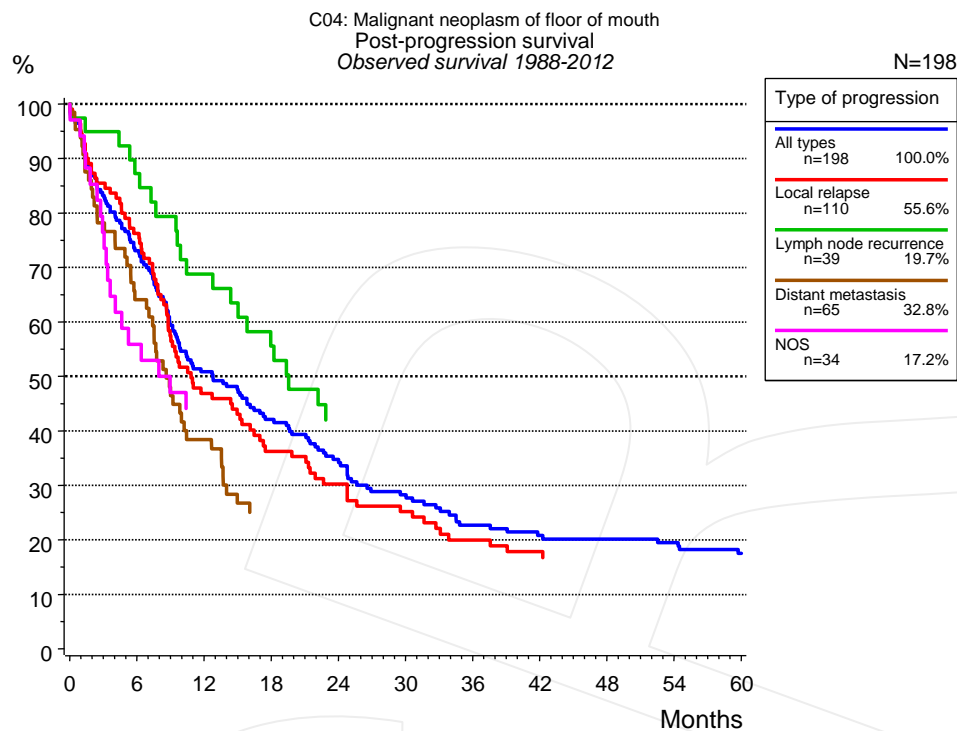


Figure 5a. Observed post-progression survival of 198 patients with floor of mouth cancer diagnosed between 1988 and 2012 (incl. M1). These 198 patients with documented progression events during their course of disease represent 29.8% of the totally 665 evaluated cases. Patients with cancer relapse documented via death certificates only were excluded (n=65, 9.8%). 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				
	All types n=198 %	Local relapse n=110 %	Lymph node recurrence n=39 %	Distant metastasis n=65 %	NOS n=34 %
0	100.0	100.0	100.0	100.0	100.0
12	50.9	46.9	68.8	38.4	44.1
24	34.7	30.2	42.0		
36	22.7	20.0			
48	20.1	16.8			
60	17.5				

Table 5b. Observed post-progression survival of patients with floor of mouth cancer for period 1988-2012 (N=198).

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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