

Munich Cancer Registry



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

Cancer statistics: Survival

C01: Base of tongue cancer

Year of diagnosis	1988-2013
Patients	788
Diseases	789
Cases evaluated	440
Creation date	05/13/2015
Export date	12/30/2014
Population	4.64 m



http://www.tumorregister-muenchen.de/en/facts/surv/surv_C01__E.pdf

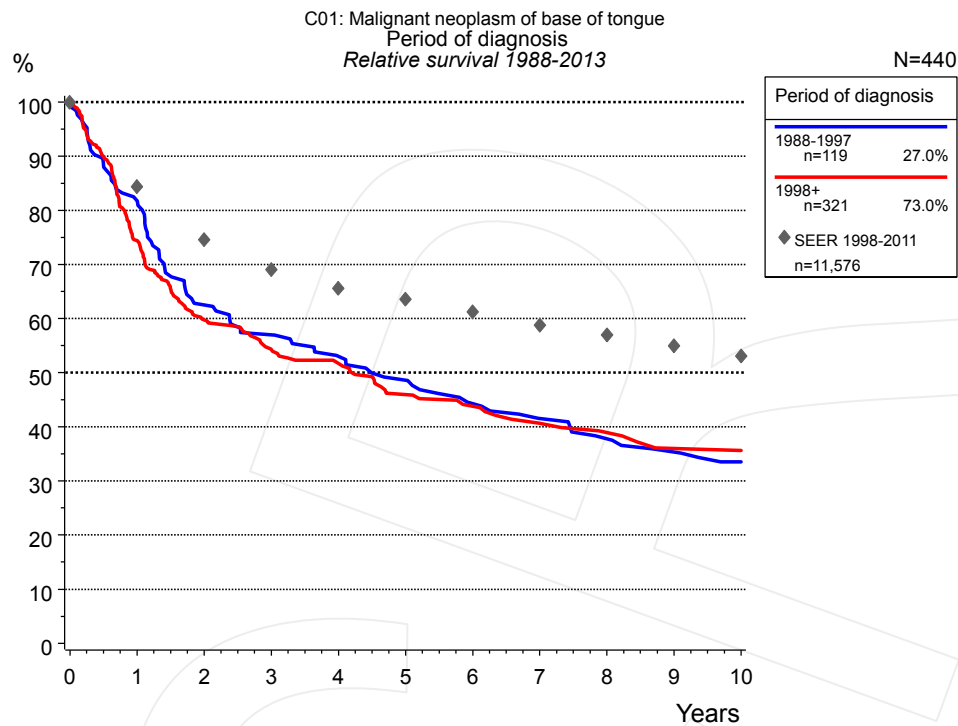


Figure 1a. Relative survival of patients with base of tongue cancer by period of diagnosis. Included in the evaluation are 440 cases diagnosed between 1988 and 2013.

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 2011, and are represented by gray 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=119		1998+ n=321	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	81.5	81.8	73.2	74.4
2	61.3	62.5	58.1	59.7
3	55.5	57.0	51.9	54.2
4	50.3	53.0	48.5	51.7
5	45.9	48.6	42.7	46.0
6	40.7	44.3	39.8	43.8
7	37.3	41.5	35.7	40.7
8	33.8	37.8	33.7	38.9
9	31.2	35.3	30.4	36.0
10	28.6	33.5	30.4	35.7

Table 1b. Observed (obs.) and relative (rel.) survival of patients with base of tongue cancer by period of diagnosis for period 1988-2013 (N=440).

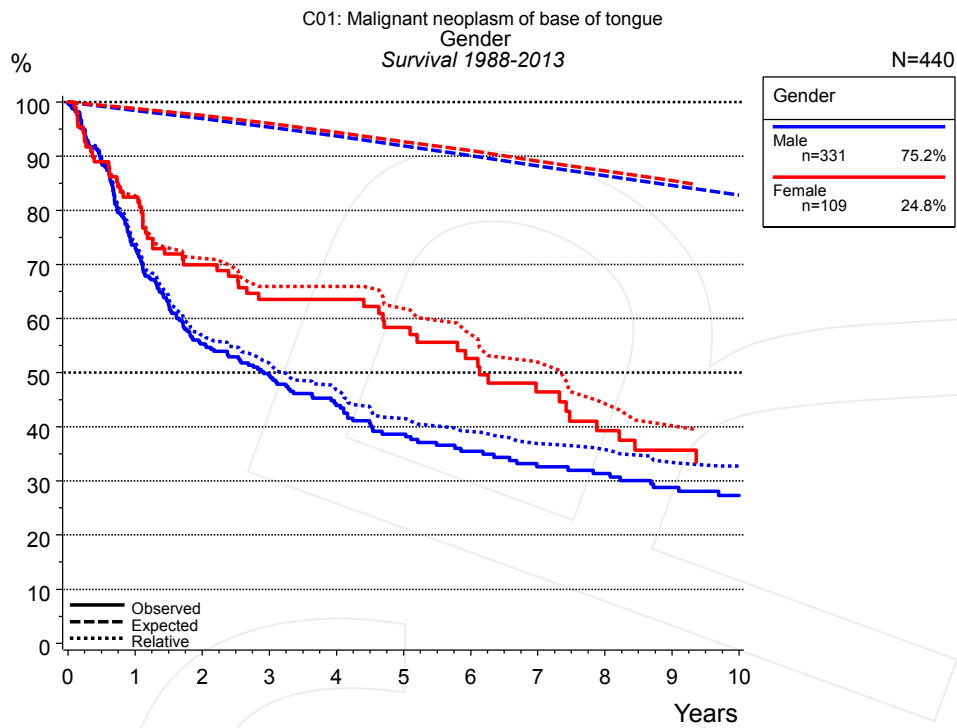


Figure 2a. Survival of patients with base of tongue cancer by gender. Included in the evaluation are 440 cases diagnosed between 1988 and 2013.

	Gender			
	Male n=331		Female n=109	
Years	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	73.3	74.3	82.4	82.7
2	55.3	56.9	69.9	71.1
3	49.4	51.7	63.5	66.0
4	43.9	46.8	63.5	66.0
5	38.7	41.6	58.3	61.9
6	35.5	39.1	52.6	57.1
7	32.6	36.9	46.4	52.0
8	31.4	35.8	39.3	44.3
9	28.7	33.4	35.7	40.2
10	27.3	32.8	33.5	38.2

Table 2b. Observed (obs.) and relative (rel.) survival of patients with base of tongue cancer by gender for period 1988-2013 (N=440).

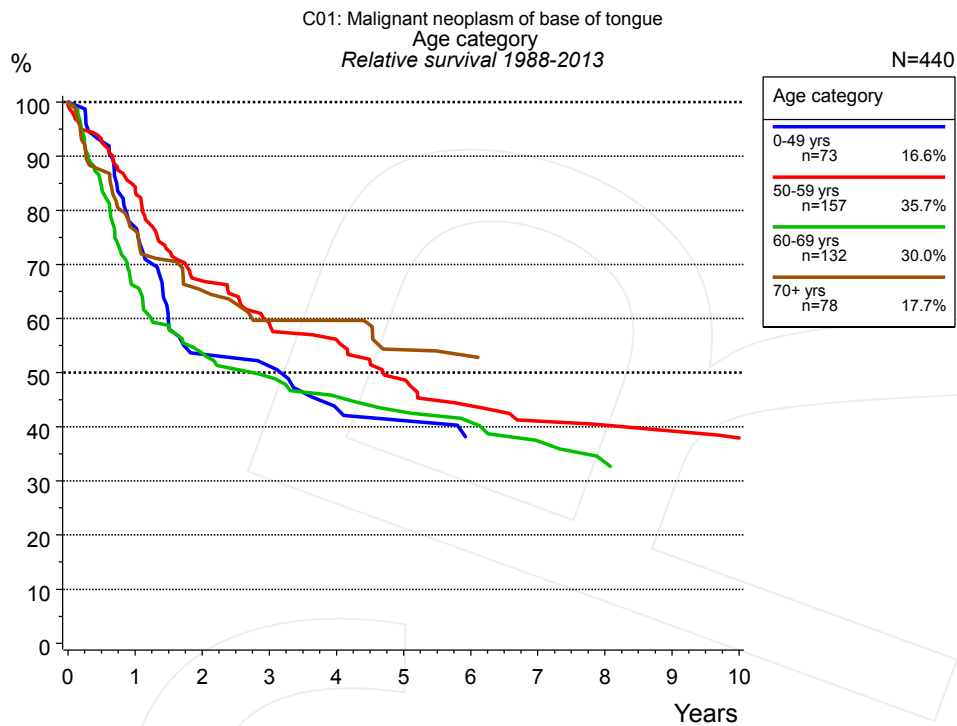


Figure 3a. Relative survival of patients with base of tongue cancer by age category. Included in the evaluation are 440 cases diagnosed between 1988 and 2013.

Years	Age category							
	0-49 yrs n=73		50-59 yrs n=157		60-69 yrs n=132		70+ yrs n=78	
	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	77.8	76.9	83.7	84.1	65.4	66.0	74.1	76.3
2	53.4	53.4	66.5	67.0	52.3	53.6	60.3	65.2
3	51.8	51.2	57.9	58.9	47.6	49.2	53.0	59.6
4	43.3	43.5	54.4	56.1	43.1	45.6	53.0	59.6
5	41.6	41.1	47.6	48.7	40.4	42.7	43.7	54.2
6	37.4	38.1	42.3	43.9	37.5	40.9	41.4	53.0
7	37.4	37.2	38.9	41.1	33.0	37.4		
8	37.4	36.2	37.7	40.3	29.7	33.4		
9			36.4	39.2				
10			34.9	37.9				

Table 3b. Observed (obs.) and relative (rel.) survival of patients with base of tongue cancer by age category for period 1988-2013 (N=440).

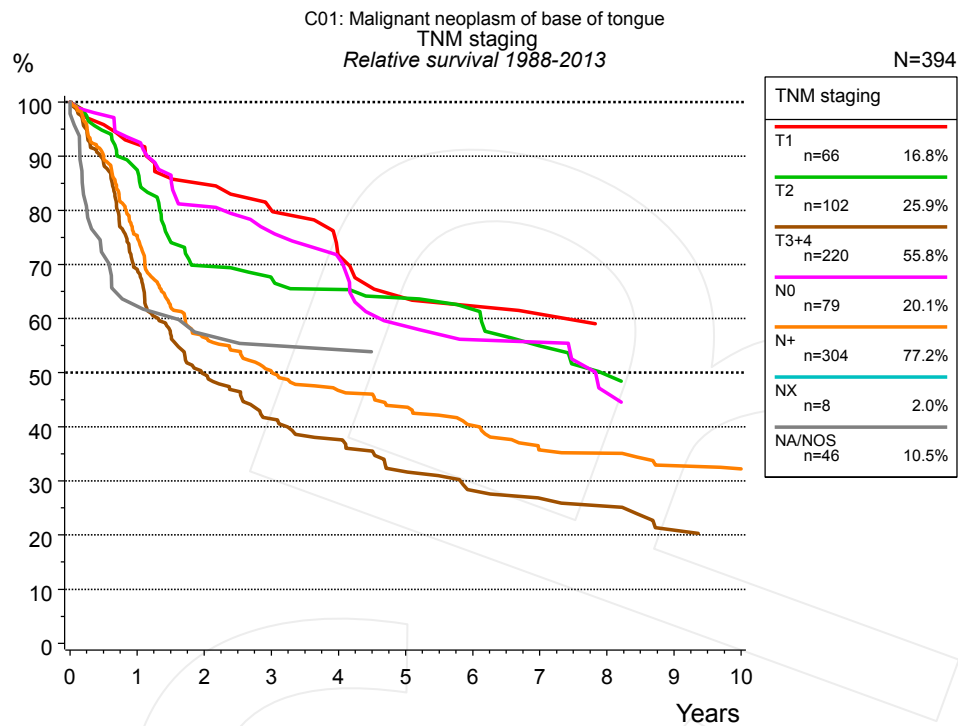


Figure 4a. Relative survival of patients with base of tongue cancer by TNM staging. For 396 of 440 cases diagnosed between 1988 and 2013 valid data could be obtained for this item. For a total of 394 cases an evaluable classification was established. The accumulated percentage exceeds the 100% value because patients are potentially considered in more than one subgroup. The grey line represents the subgroup of 46 patients with missing values regarding TNM staging (10.5% of 440 patients, the percent values of all other categories are related to n=394). Subgroups with sample size <15 are dropped from the chart.

TNM staging														
	T1 n=66		T2 n=102		T3+4 n=220		N0 n=79		N+ n=304		NX n=8		NA/NOS n=46	
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	92.3	92.2	85.9	87.4	68.6	69.1	92.3	92.8	74.3	75.3			62.7	62.2
2	84.5	84.8	67.8	69.7	48.4	49.7	79.2	80.8	55.1	56.5			55.7	57.1
3	79.2	80.0	64.3	67.5	39.9	41.5	73.5	75.9	48.3	50.2			53.0	55.0
4	68.9	71.7	61.8	65.4	35.9	37.6	67.2	71.3	44.1	46.7			53.0	54.2
5	62.3	63.7	59.1	63.8	29.9	31.7	54.9	58.6	41.0	43.7				
6	59.9	62.3	55.9	61.7	25.7	28.2	50.6	56.1	37.0	40.3				
7	57.0	60.8	47.6	55.0	23.8	26.8	50.6	55.6	32.0	35.7				
8	53.8	58.8	42.3	49.6	22.8	25.3	40.5	46.3	31.4	35.1				
9	53.8	57.5	40.4	48.5	18.4	20.9	37.9	43.0	28.5	32.8				
10			40.4	48.5	17.2	19.6			27.6	32.3				

Table 4b. Observed (obs.) and relative (rel.) survival of patients with base of tongue cancer by TNM staging for period 1988-2013 (N=779).

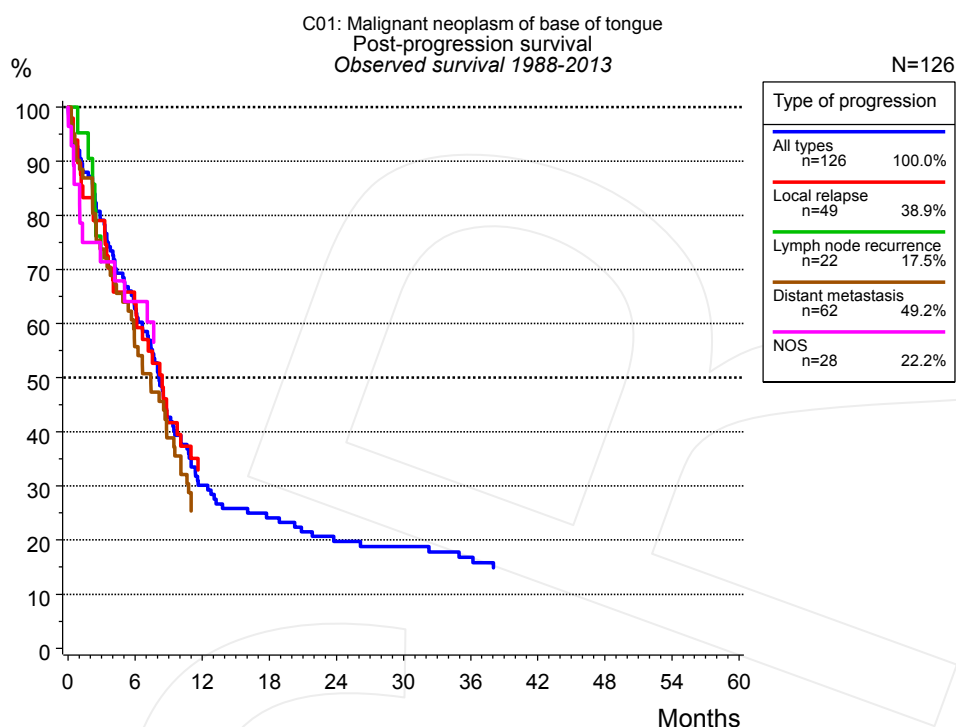


Figure 5a. Observed post-progression survival of 126 patients with base of tongue cancer diagnosed between 1988 and 2013 (incl. M1). These 126 patients with documented progression events during their course of disease represent 28.6% of the totally 440 evaluated cases. Patients with cancer relapse documented via death certificates only were excluded (n=82, 18.6%). 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=126 %	Local relapse n=49 %	Lymph node recurrence n=22 %	Distant metastasis n=62 %	NOS n=28 %
0	100.0	100.0	100.0	100.0	100.0
12	30.1	32.9			
24	19.7				
36	16.8				

Table 5b. Observed post-progression survival of patients with base of tongue cancer for period 1988-2013 (N=126).

Shortcuts

MCR	Munich Cancer Registry, Germany (Tumorregister München)
NCI	National Cancer Institute, USA
SEER	Surveillance, Epidemiology, and End Results, USA
UICC	Union for International Cancer Control, Geneva
DCO	Death certificate only. The death certificate provides the only notification to the registry.
NA	Not available
NOS	Not otherwise specified
OS	Observed/overall survival (Kaplan-Meier estimate)
RS	Relative survival, compared to the general population, ratio of observed to expected survival (Ederer II method), reflecting excess mortality among cancer patients
AS	Assembled survival chart (observed, expected, relative)
PPS	Post-progression survival, survival since first relapse (Kaplan-Meier estimate)
progression	Date of entry: Date of first locoregional recurrence, distant metastasis, unspecified
	Event: Death of all causes
CS	Conditional survival, survival probability under the condition of surviving a given period of time

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