

Munich Cancer Registry



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

Cancer statistics: Survival

BNET: Pulm. neuroend. tumor

Year of diagnosis	1988-2013
Patients	708
Diseases	709
Cases evaluated	346
Creation date	05/13/2015
Export date	12/30/2014
Population	4.64 m



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

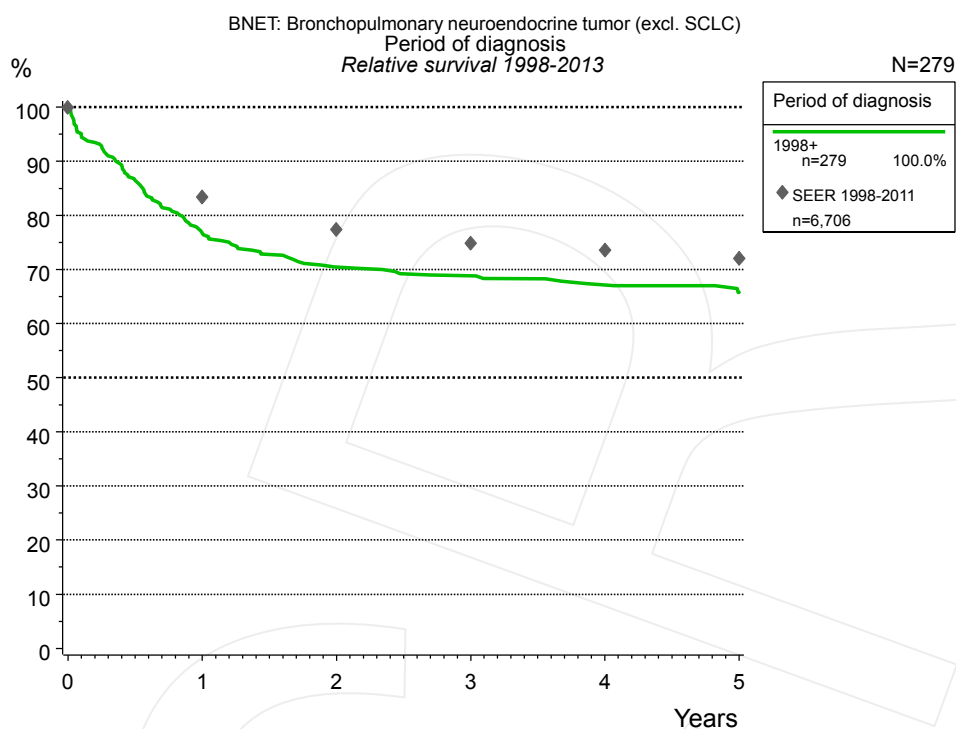


Figure 1a. Relative survival of patients with pulm. neuroend. tumor by period of diagnosis. Included in the evaluation are 279 cases diagnosed between 1998 and 2013.

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.

Period of diagnosis		
1998+		
n=279		
Years	obs. %	rel. %
0	100.0	100.0
1	75.9	76.7
2	68.2	70.4
3	66.1	68.8
4	63.4	67.1
5	60.9	65.8

Table 1b. Observed (obs.) and relative (rel.) survival of patients with pulm. neuroend. tumor by period of diagnosis for period 1998-2013 (N=279).

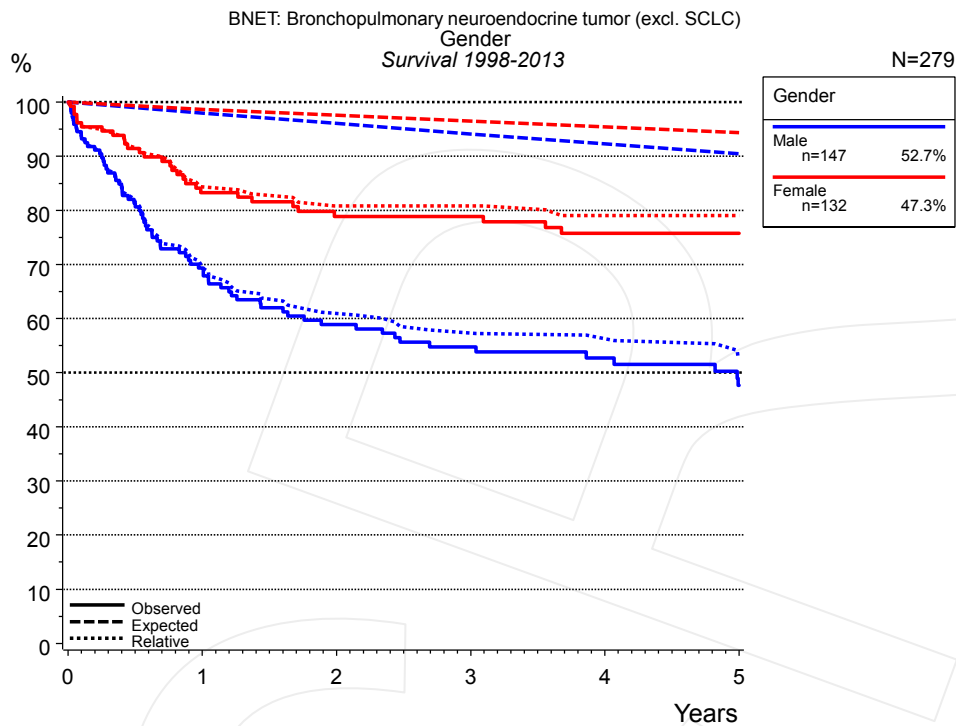


Figure 2a. Survival of patients with pulm. neuroend. tumor by gender. Included in the evaluation are 279 cases diagnosed between 1998 and 2013.

Years	Gender			
	Male n=147		Female n=132	
	obs. %	rel. %	obs. %	rel. %
0	100.0	100.0	100.0	100.0
1	69.3	69.6	83.3	84.4
2	58.9	61.0	78.9	80.8
3	54.8	57.3	78.9	80.8
4	52.7	56.3	75.7	79.1
5	47.7	52.7	75.7	79.1

Table 2b. Observed (obs.) and relative (rel.) survival of patients with pulm. neuroend. tumor by gender for period 1998-2013 (N=279).

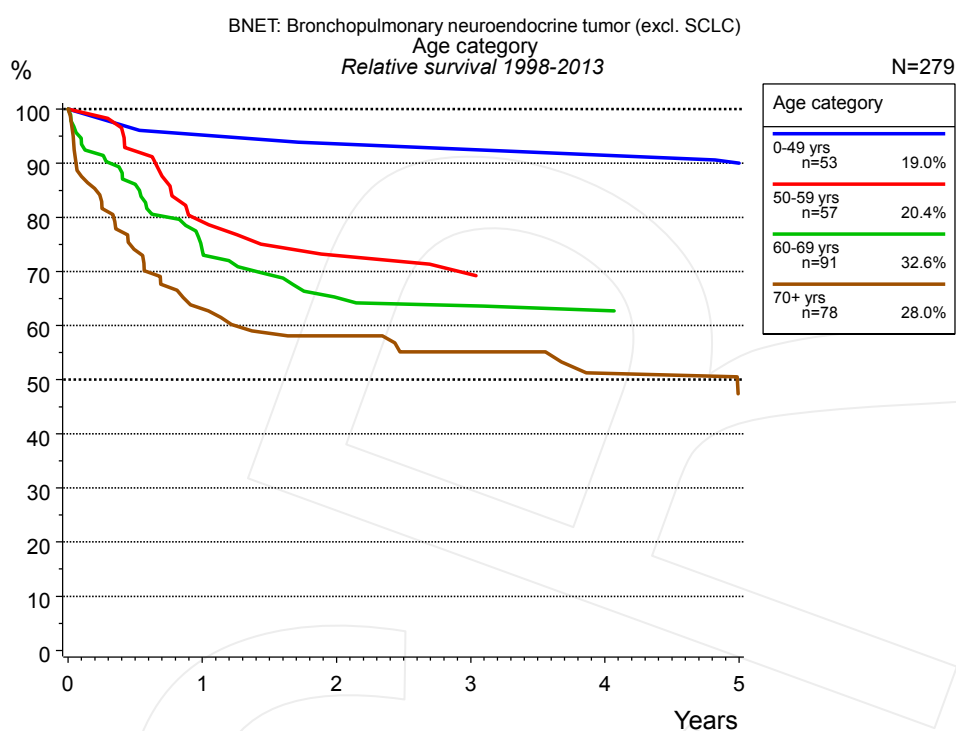


Figure 3a. Relative survival of patients with pulm. neuroend. tumor by age category. Included in the evaluation are 279 cases diagnosed between 1998 and 2013.

Years	Age category							
	0-49 yrs n=53		50-59 yrs n=57		60-69 yrs n=91		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	96.0	95.2	80.0	79.2	74.3	73.9	61.5	63.1
2	93.7	93.6	72.5	73.0	63.6	65.2	54.2	58.1
3	93.7	92.5	70.3	69.5	62.4	63.7	49.6	55.2
4	93.7	91.5	68.1	68.7	61.0	62.8	43.4	51.2
5	89.9	90.0	68.1	68.0	59.3	62.5	38.3	47.3

Table 3b. Observed (obs.) and relative (rel.) survival of patients with pulm. neuroend. tumor by age category for period 1998-2013 (N=279).

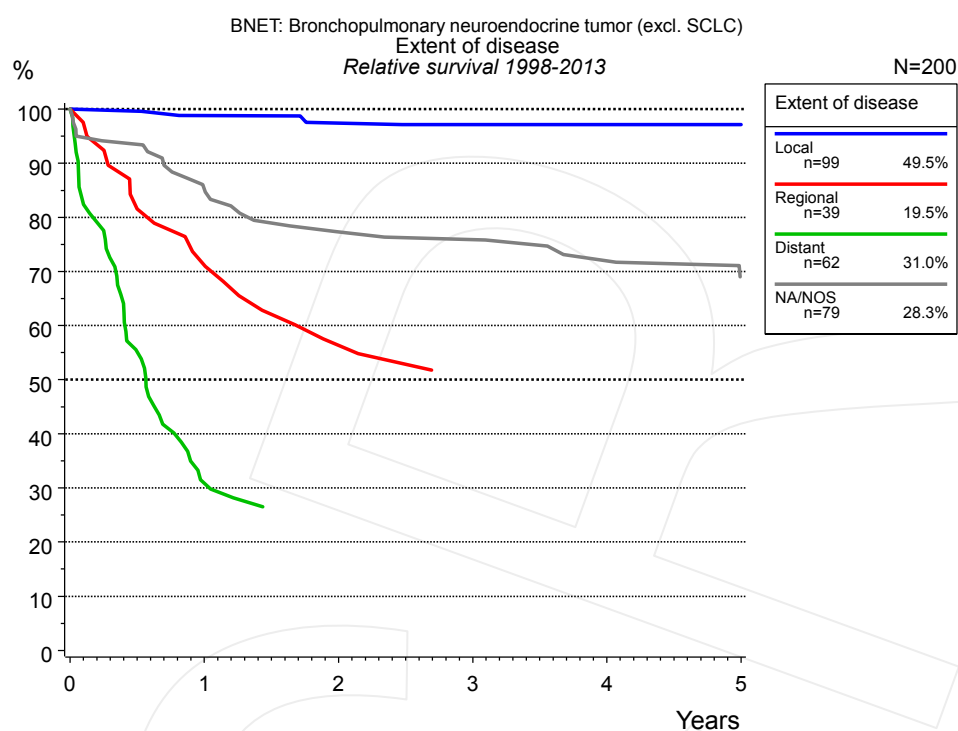


Figure 4a. Relative survival of patients with pulm. neuroend. tumor by extent of disease. For 232 of 279 cases diagnosed between 1998 and 2013 valid data could be obtained for this item. For a total of 200 cases an evaluable classification was established. The grey line represents the subgroup of 79 patients with missing values regarding extent of disease (28.3% of 279 patients, the percent values of all other categories are related to n=200).

Years	Extent of disease							
	Local n=99		Regional n=39		Distant n=62		NA/NOS n=79	
	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	97.9	98.8	72.4	71.2	30.9	30.9	84.3	85.2
2	95.5	97.4	55.7	56.4			74.4	77.3
3	94.2	97.1	49.6	50.9			72.9	75.9
4	94.2	97.1					68.1	72.0
5	94.2	97.1					62.7	69.0

Table 4b. Observed (obs.) and relative (rel.) survival of patients with pulm. neuroend. tumor by extent of disease for period 1998-2013 (N=200).

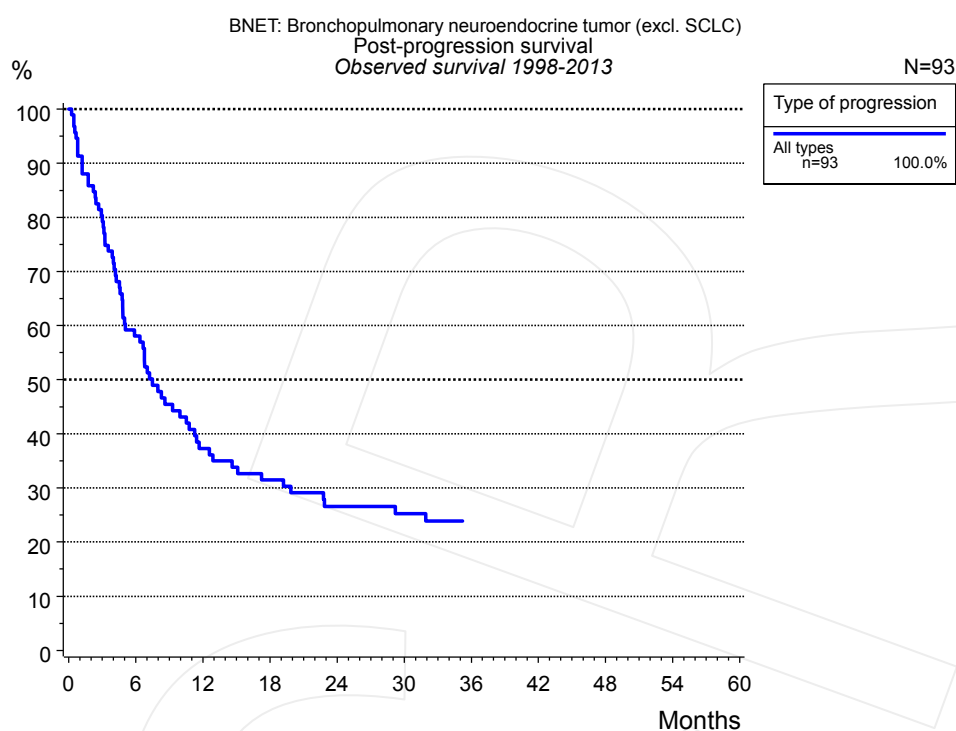


Figure 5a. Observed post-progression survival of 93 patients with pulm. neuroend. tumor diagnosed between 1998 and 2013 (incl. M1). These 93 patients with documented progression events during their course of disease represent 33.3% of the totally 279 evaluated cases. Patients with cancer relapse documented via death certificates only were excluded (n=19, 6.8%).

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.

Type of progression	
All types n=93	
Months	%
0	100.0
12	37.3
24	26.6

Table 5b. Observed post-progression survival of patients with pulm. neuroend. tumor for period 1998-2013 (N=93).

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

Recommended Citation

Munich Cancer Registry. Survival BNET: Pulm. neuroend. tumor [Internet]. 2015 [updated 2015 May 13; cited 2015 Jul 1]. Available from: http://www.tumorregister-muenchen.de/en/facts/surv/surv_hBNETE.pdf

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