Munich Cancer Registry



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- ▶ Selection Matrix
- ▶ Homepage
- ▶ Deutsch

ICD-10 C09: Tonsil cancer

Survival

Year of diagnosis	1988-1997	1998-2014
Patients	309	1,408
Diseases	309	1,418
Cases evaluated	268	1,126
Creation date	03/02/2016	
Export date	12/23/2015	
Population	4.64 m	



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

http://www.tumorregister-muenchen.de/en/facts/surv/sC09__E-ICD-10-C09-Tonsil-cancer-survival.pdf

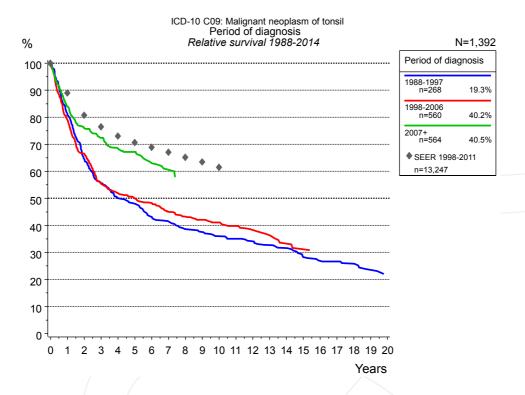


Figure 1a. Relative survival of patients with tonsil cancer by period of diagnosis. Included in the evaluation are 1,392 cases diagnosed between 1988 and 2014.

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 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.



Period of diagnosis									
	1988-	1997	1998-	2006	200	7+			
	n=268		n=5	60	n=564				
Years	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %			
0	100.0	100.0	100.0	100.0	100.0	100.0			
1	79.5	80.9	77.9	79.1	82.7	84.0			
2	62.5	64.5	64.6	66.5	73.7	75.9			
3	52.8	55.7	53.0	55.4	69.1	72.4			
4	46.6	50.1	49.1	51.9	64.5	68.5			
5	44.2	48.0	46.4	49.9	62.6	67.2			
6	39.2	43.1	44.3	48.3	56.9	63.0			
7	36.8	41.4	40.7	45.0	54.4	60.6			
8	33.7	38.6	38.5	43.3					
9	32.5	37.6	36.9	42.1					
10	30.5	36.0	35.4	41.1					
11	29.3	35.1	33.7	39.8					
12	28.1	34.1	31.8	38.3					
13	26.4	32.7	29.7	36.3					
14	25.1	31.6	26.6	33.3					
15	21.6	28.3	24.6	31.2					
16	20.3	26.9							
17	19.9	26.6							
18	19.0	25.8							
19	16.7	23.5							
20	15.1	22.0							

Table 1b. Observed (obs.) and relative (rel.) survival of patients with tonsil cancer by period of diagnosis for period 1988-2014 (N=1,392).

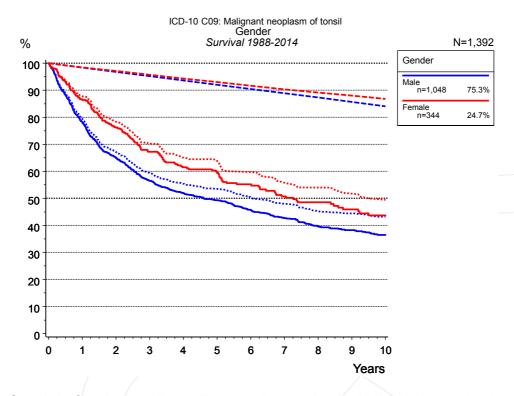


Figure 2a. Survival of patients with tonsil cancer by gender. Included in the evaluation are 1,392 cases diagnosed between 1988 and 2014.

Gender								
	Ma	ale	Female					
	n=1,	048	n=3	344				
Years	obs. %	rel. %	obs. %	rel. %				
0	100.0	100.0	100.0	100.0				
1	78.1	79.4	86.4	87.7				
2	65.0	67.2	76.2	78.3				
3	56.4	59.3	67.2	70.2				
4	52.0	55.4	61.5	65.1				
5	49.3	53.5	59.4	63.8				
6	45.7	50.4	55.2	59.7				
7	42.7	48.0	50.7	55.7				
8	39.7	45.3	48.5	54.0				
9	38.3	44.5	45.9	51.7				
10	36.5	43.2	43.7	49.4				

Table 2b. Observed (obs.) and relative (rel.) survival of patients with tonsil cancer by gender for period 1988-2014 (N=1,392).

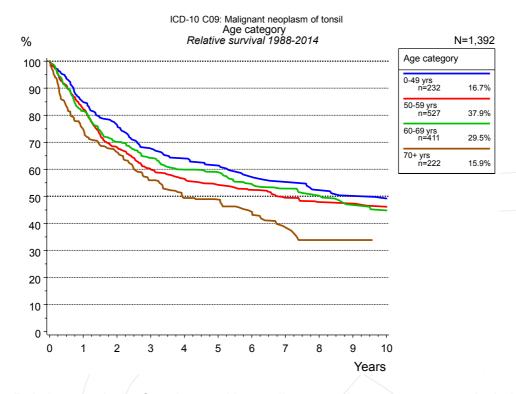


Figure 3a. Relative survival of patients with tonsil cancer by age category. Included in the evaluation are 1,392 cases diagnosed between 1988 and 2014.

	Age category									
	0-49	yrs	50-59	50-59 yrs		60-69 yrs		70+ yrs		
	n=2	232	n=5	527	n=4	111	n=2	222		
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	84.6	84.9	81.7	82.2	80.5	81.5	71.2	74.7		
2	76.1	76.4	67.3	68.1	68.2	70.2	59.6	66.4		
3	67.2	67.7	58.7	59.9	61.5	64.2	47.2	56.0		
4	63.6	64.0	55.0	56.5	56.5	59.9	39.1	49.4		
5	60.9	61.4	52.2	54.2	54.4	58.9	36.6	48.8		
6	56.9	57.1	50.1	52.4	49.3	54.5	31.2	44.3		
7	54.4	55.3	46.7	49.5	46.9	52.9	25.3	38.5		
8	50.9	52.3	44.7	47.9	43.9	50.2	21.1	33.8		
9	48.6	50.2	44.0	47.3	39.8	46.8	21.1	33.8		
10	47.7	49.2	42.3	46.1	37.5	44.8	17.8	33.8		

Table 3b. Observed (obs.) and relative (rel.) survival of patients with tonsil cancer by age category for period 1988-2014 (N=1,392).

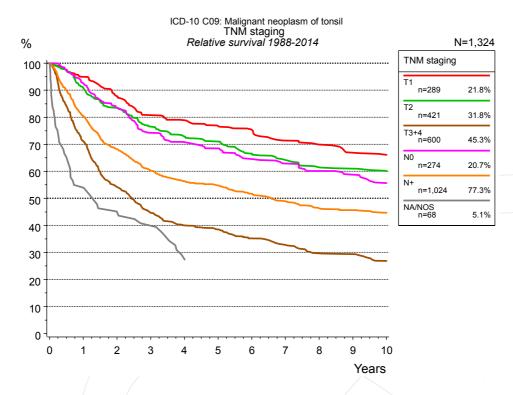


Figure 4a. Relative survival of patients with tonsil cancer by TNM staging. For 1,330 of 1,392 cases diagnosed between 1988 and 2014 valid data could be obtained for this item. For a total of 1,324 cases an evaluable classification was established. The accumulated percentage exceeds the 100% value because patients are potientially considered in more than one subgroup. The grey line represents the subgroup of 68 patients with missing values regarding TNM staging (4.9% of 1,392 patients, the percent values of all other categories are related to n=1,324).

	TNM staging											
	Т	1	Т	2	Т3	+4	N	0	N+		NA/NOS	
	n=2	289	n=4	121	n=6	600	n=2	274	n=1,	024	n=	68
Years	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
1	94.0	95.0	89.4	90.8	69.8	71.1	91.4	92.5	79.1	80.4	53.7	53.9
2	85.9	87.8	81.1	83.4	52.4	54.3	81.4	83.5	66.1	68.3	43.0	45.0
3	77.9	80.8	73.2	76.5	42.3	44.6	71.2	74.3	57.4	60.3	38.3	39.9
4	75.4	78.9	68.7	72.9	37.3	40.0	66.9	70.8	52.9	56.3	26.6	27.5
5	72.3	76.8	66.0	71.0	35.3	38.5	64.1	68.5	50.6	54.8		
6	69.9	75.3	61.0	66.6	31.7	35.2	59.6	64.6	46.9	51.7		
7	65.2	71.4	57.7	64.2	29.0	32.8	56.7	62.9	43.7	48.9		
8	62.9	69.9	54.6	61.5	25.9	29.7	53.6	60.1	40.8	46.4		
9	59.5	66.9	53.4	61.0	25.3	29.4	51.5	58.7	39.7	45.7		
10	58.0	66.1	52.0	60.2	22.6	26.9	48.0	55.7	38.1	44.7		

Table 4b. Observed (obs.) and relative (rel.) survival of patients with tonsil cancer by TNM staging for period 1988-2014 (N=2,608).

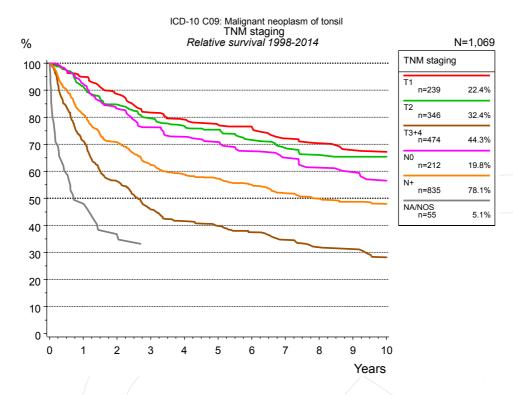


Figure 4c. Relative survival of patients with tonsil cancer by TNM staging. For 1,075 of 1,124 cases diagnosed between 1998 and 2014 valid data could be obtained for this item. For a total of 1,069 cases an evaluable classification was established. The accumulated percentage exceeds the 100% value because patients are potientially considered in more than one subgroup. The grey line represents the subgroup of 55 patients with missing values regarding TNM staging (4.9% of 1,124 patients, the percent values of all other categories are related to n=1,069).

	TNM staging											
	Т	1	Т	2	Т3	+4	N	0	N	+	NA/N	NOS
	n=2	239	n=3	346	n=4	174	n=2	212	n=8	35	n=	55
Years	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
1	94.0	95.0	90.1	91.3	70.0	71.2	91.2	92.3	79.9	81.1	48.1	48.0
2	86.9	88.6	82.6	84.7	54.5	56.3	81.3	83.2	68.7	70.8	34.7	36.5
3	78.9	81.8	76.6	79.6	43.6	45.9	73.7	76.3	59.6	62.4	30.7	31.9
4	75.7	79.1	72.8	76.7	38.9	41.6	69.7	72.8	55.4	58.8		
5	72.9	77.3	70.6	75.4	36.5	39.8	67.1	70.9	52.9	57.2		
6	71.0	76.3	66.0	71.6	33.7	37.5	62.9	67.4	50.0	55.0		
7	66.1	72.2	62.1	68.6	30.7	34.6	59.5	65.1	46.5	51.9		
8	63.7	70.4	59.1	66.0	27.9	31.9	55.6	61.4	44.0	49.8		
9	60.8	67.8	57.3	65.4	26.9	31.2	53.5	59.7	42.3	48.7		
10	59.7	67.2	57.3	65.4	23.7	28.2	50.1	56.5	41.0	48.0		

Table 4d. Observed (obs.) and relative (rel.) survival of patients with tonsil cancer by TNM staging for period 1998-2014 (N=2,106).

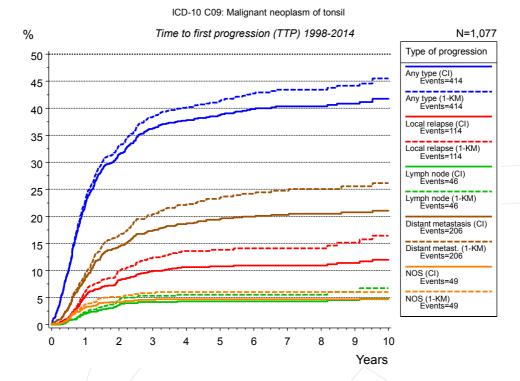


Figure 5a. Time to first progression of 1,077 patients with tonsil cancer diagnosed between 1998 and 2014 (M0 only in solid cancers) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). The frequency of events may be underestimated due to underreporting.

			Type of	f progressior	1		
	Any type (CI)	Any type (1-KM)	Local relapse (CI)	Local relapse (1-KM)	Lymph node (CI)	Lymph node (1-KM)	Distant metastasis (CI)
	n=1,077	n=1,077	n=1,077	n=1,077	n=1,077	n=1,077	n=1,077
Years	%	%	%	%	%	%	%
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	22.1	22.9	5.2	6.0	2.0	2.3	8.8
2	31.4	33.0	8.2	10.0	3.5	4.4	14.5
3	36.3	38.5	9.9	12.5	4.2	5.3	17.4
4	37.7	40.1	10.6	13.6	4.3	5.5	18.6
5	38.8	41.4	10.8	13.8	4.3	5.5	19.5
6	39.8	42.7	10.9	14.1	4.3	5.5	20.0
7	40.4	43.4	10.9	14.1	4.3	5.5	20.3
8	40.4	43.4	10.9	14.1	4.3	5.5	20.5
9	40.9	44.2	11.4	15.2	4.5	6.1	20.7
10	41.7	45.5	12.0	16.4	4.8	6.7	21.1

		f progression	1
cont'd	Distant metast. (1- KM)	NOS (CI)	NOS (1-KM)
	n=1,077	n=1,077	n=1,077
Years	%	%	%
0	0.0	0.0	0.0
1	9.6	3.2	3.8
2	16.5	4.2	5.1
3	20.4	4.6	5.8
4	22.1	4.7	6.0
5	23.5	4.7	6.0
6	24.2	4.7	6.0
7	24.8	4.7	6.0
8	25.1	4.7	6.0
9	25.6	4.7	6.0
10	26.2	4.7	6.0

Table 5b. Time to first progression of patients with tonsil cancer for period 1998-2014 (N=1,077).



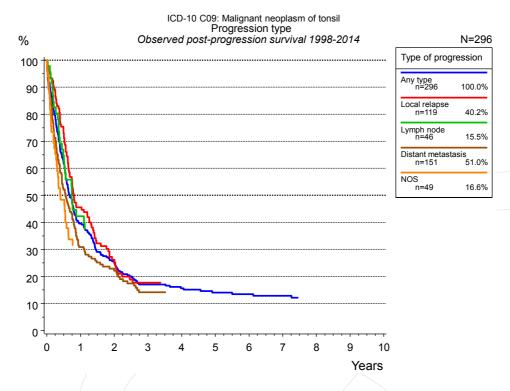


Figure 5c. Observed post-progression survival of 296 patients with tonsil cancer diagnosed between 1998 and 2014. These 296 patients with documented progression events during their course of disease represent 26.4 % of the totally 1,121 evaluated cases (incl. M1, n=44, 3.9 %). Patients with cancer relapse documented via death certificates only were excluded (n=162, 14.5 %). 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 "Any type" 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 progression									
		Any type	Local relapse	Lymph node	Distant metastasis	NOS					
		n=296	n=119	n=46	n=151	n=49					
	Years	%	%	%	%	%					
	0	100.0	100.0	100.0	100.0	100.0					
	1	39.6	45.5	42.3	30.9	31.6					
	2	25.2	26.2		22.2						
	3	17.0	17.7		14.1						
	4	15.6	17.7								
	5	14.0									
	6	13.5									
	7	12.9									

Table 5d. Observed post-progression survival of patients with tonsil cancer for period 1998-2014 (N=296).

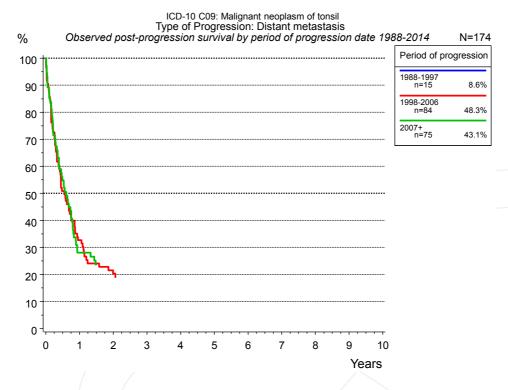


Figure 5e. Observed post-progression (distant metastasis) survival of 174 patients with tonsil cancer diagnosed between 1988 and 2014 by period of progression.

Period of progression										
	1988-1997	1998-2006	2007+							
	n=15	n=84	n=75							
Years	%	%	%							
0	100.0	100.0	100.0							
1		32.7	28.1							
2		20.3								

Table 5f. Observed post-progression (distant metastasis) survival of patients with tonsil cancer for period 1988-2014 by period of progression (N=174).



Shortcuts

Munich Cancer Registry, G	ermany				
National Cancer Institute, U	JSA				
Surveillance, Epidemiology, and End Results, USA					
Union for International Can	cer Control, Geneva				
Death certificate only	Death certificate provides the only notification to the registry.				
Not available					
Not otherwise specified					
Overall/Observed survival	Overall/Observed survival (Kaplan-Meier estimate) Date of entry: diagnosis Event: death from any cause				
Relative survival	Survival compared to "general population", ratio of observed to expected survival (Ederer II method), reflecting cancer specific survival				
Assembled survival	Assembled chart of observed, expected, relative survival				
Conditional survival	Survival probability under the condition of surviving a given period of time				
Time to progression	Time to first progression / relapse Date of entry: diagnosis Event: (progression / relapse): first local-, lymph node recurrence, distant metastasis or unspecified progression				
1-KM	1 minus Kaplan-Meier estimator ("inverse" Kaplan-Meier estimator)				
CI	Cumulative incidence Death as competing risk (according to Kalbfleisch und Prentice)				
Post-progression survival	Survival since first progression / relapse (Kaplan-Meier estimate) Date of entry (progression / relapse): first local-, lymph node recurrence, distant metastasis or unspecified progression Event: death from any cause				
	National Cancer Institute, L Surveillance, Epidemiology Union for International Can Death certificate only Not available Not otherwise specified Overall/Observed survival Relative survival Assembled survival Conditional survival Time to progression				

Recommended Citation

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Index of figures and tables

Fig./Tbl	l.	Page
1a	Relative survival by period of diagnosis (chart)	2
1b	Survival by period of diagnosis (table)	3
2a	Survival by gender (chart)	4
2b	Survival by gender (table)	4
3a	Relative survival by age category (chart)	5
3b	Survival by age category (table)	5
4a	Relative survival by TNM staging 1988+ (chart)	6
4b	Survival by TNM staging 1988+ (table)	6
4c	Relative survival by TNM staging 1998+ (chart)	7
4d	Survival by TNM staging 1998+ (table)	7
5a	Time to first progression (chart)	8
5b	Time to first progression (table)	8
5c	Observed post-progression survival (chart)	10
5d	Observed post-progression survival (table)	10
5e	Observed post-progression survival by period of progression (chart)	11
5f	Observed post-progression survival by period of progression (table)	11