# **Munich Cancer Registry**



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## ICD-10 C03: Gum cancer

### Survival

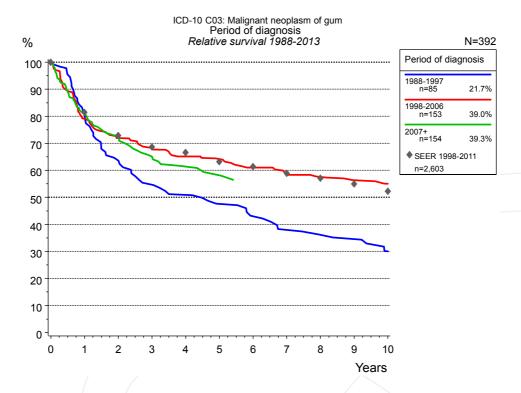
Year of diagnosis	1988-1997	1998-2014
Patients	96	385
Diseases	96	386
Cases evaluated	85	307
Creation date	04/11/2016	
Export date	12/23/2015	
Population	4.64 m	



Munich Cancer Registry at Munich Cancer Center Marchioninistr. 15 Munich, 81377 Germany

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

http://www.tumorregister-muenchen.de/en/facts/surv/sC03\_\_\_E-ICD-10-C03-Gum-cancer-survival.pdf

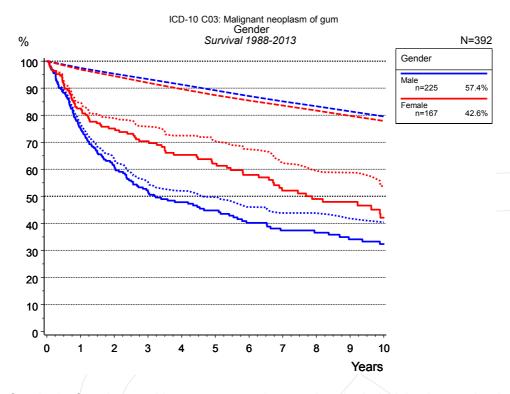


**Figure 1a.** Relative survival of patients with gum cancer by period of diagnosis. Included in the evaluation are 392 cases diagnosed between 1988 and 2013.

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 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 n=85		1998-2006 n=153		2007+		
					n=1	154	
Years	obs. %	rel. %	obs. %	rel. %	obs. %	rel. %	
0	100.0	100.0	100.0	100.0	100.0	100.0	
1	78.6	80.1	77.4	79.0	79.1	81.0	
2	61.6	63.6	68.6	71.9	68.7	72.5	
3	51.7	54.6	63.8	67.8	61.1	65.1	
4	46.8	50.9	59.6	65.1	55.9	61.4	
5	41.9	47.6	57.5	64.2	52.9	58.2	
6	36.9	43.0	53.4	61.0	49.2	55.1	
7	32.0	38.0	49.8	58.3			
8	29.6	36.1	48.4	57.6			
9	28.3	34.6	46.0	56.3			
10	23.4	30.0	44.1	55.0			

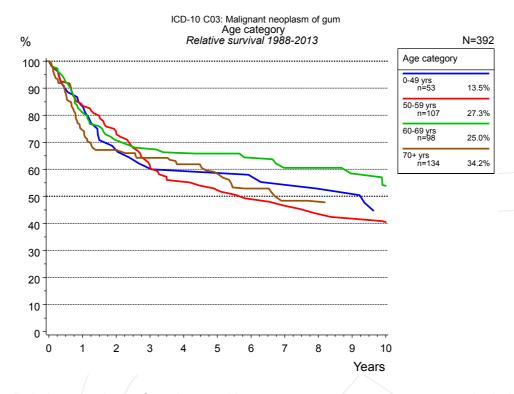
**Table 1b.** Observed (obs.) and relative (rel.) survival of patients with gum cancer by period of diagnosis for period 1988-2013 (N=392).



**Figure 2a.** Survival of patients with gum cancer by gender. Included in the evaluation are 392 cases diagnosed between 1988 and 2013.

Gender								
	Ma	ale	Female					
	n=2	225	n=1	167				
Years	obs. %	rel. %	obs. %	rel. %				
0	100.0	100.0	100.0	100.0				
1	75.2	76.8	82.5	84.6				
2	61.1	63.8	75.1	78.9				
3	52.2	55.4	70.4	75.8				
4	47.9	52.1	65.4	72.5				
5	44.8	49.7	62.1	70.4				
6	40.2	46.1	58.0	67.4				
7	37.4	43.9	52.1	62.3				
8	36.6	43.8	49.0	59.5				
9	34.1	41.8	48.0	58.8				
10	32.4	40.5	42.1	53.7				

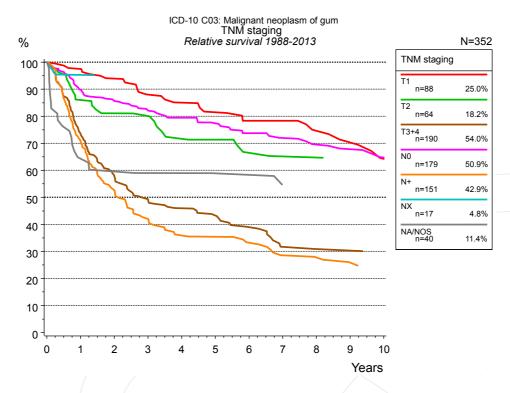
**Table 2b.** Observed (obs.) and relative (rel.) survival of patients with gum cancer by gender for period 1988-2013 (N=392).



**Figure 3a.** Relative survival of patients with gum cancer by age category. Included in the evaluation are 392 cases diagnosed between 1988 and 2013.

Age category											
	0-49	yrs	50-59	9 yrs	60-69	9 yrs	70+ yrs				
	n=	53	n=1	107	n=	98	n=134				
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	83.2	83.8	83.5	80.6	81.0	69.9	74.5			
2	68.3	67.0	73.0	73.5	69.1	70.8	60.6	67.2			
3	61.7	60.2	61.3	61.5	65.6	67.6	54.6	64.3			
4	59.5	59.3	54.7	55.4	63.2	66.0	48.7	61.9			
5	59.5	58.7	51.1	52.3	61.8	65.8	43.0	58.4			
6	57.0	57.4	47.2	49.0	59.0	64.3	36.1	52.9			
7	54.3	54.3	44.2	46.5	54.2	60.6	30.5	48.4			
8	51.6	52.8	41.2	43.5	54.2	60.5	29.0	48.0			
9	51.6	50.9	39.6	41.8	50.1	58.4	27.4	47.8			
10	43.3	44.0	37.5	40.5	45.4	53.9	27.4	47.8			

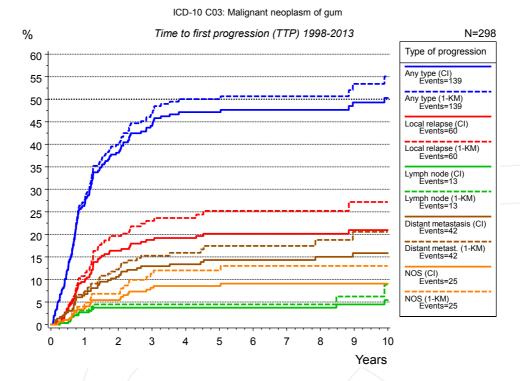
**Table 3b.** Observed (obs.) and relative (rel.) survival of patients with gum cancer by age category for period 1988-2013 (N=392).



**Figure 4a.** Relative survival of patients with gum cancer by TNM staging. For 354 of 392 cases diagnosed between 1988 and 2013 valid data could be obtained for this item. For a total of 352 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 40 patients with missing values regarding TNM staging (10.2% of 392 patients, the percent values of all other categories are related to n=352).

	TNM staging													
	Т	1	Т	2	Т3	+4	Ň	0	N	+	N	X	NA/N	NOS
	n=	88	n=	64	n=1	190	n=1	179	n=1	51	n=	17	n=	40
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	96.5	97.5	84.1	86.0	71.9	73.5	87.6	89.8	69.9	70.8	94.1	95.3	62.5	64.3
2	90.5	93.9	77.6	81.1	55.4	58.0	81.1	85.7	51.4	52.6			57.5	59.6
3	82.5	88.0	75.7	80.1	46.4	49.4	76.4	82.1	40.5	42.0			54.8	59.0
4	78.3	85.0	66.0	71.6	41.8	46.0	72.2	79.5	33.9	35.9			54.8	59.0
5	73.6	81.5	64.0	71.3	38.7	43.3	68.2	77.4	33.0	35.4			51.9	58.9
6	68.7	78.4	57.6	66.5	33.7	39.0	63.3	73.7	30.1	33.2			51.9	58.3
7	68.7	78.4	55.1	65.1	26.7	31.7	60.3	72.0	25.2	28.5			46.1	54.8
8	63.1	74.6	55.1	64.7	25.6	30.9	57.0	69.5	24.2	27.7			46.1	54.7
9	59.0	70.3	52.0	64.6	25.6	30.3	54.7	67.8	22.0	25.9			46.1	54.7
10	52.1	64.2	52.0	64.5			50.6	64.8						

**Table 4b.** Observed (obs.) and relative (rel.) survival of patients with gum cancer by TNM staging for period 1988-2013 (N=352).



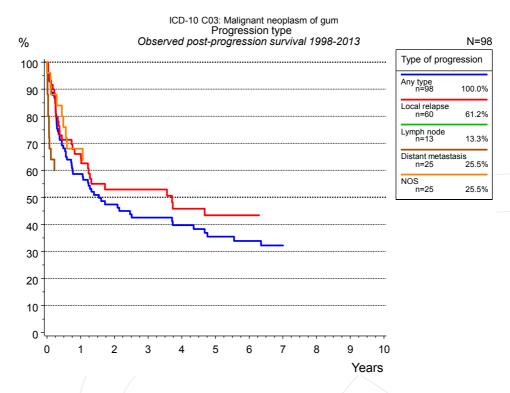
**Figure 5a.** Time to first progression of 298 patients with gum cancer diagnosed between 1998 and 2013 (M0 only in solid cancers) estimated by cumulative incidence function (CI, solid line) accounting for death as competing risk and by inverse Kaplan-Meier estimate (1-KM, dashed line). The frequency of events may be underestimated due to underreporting.

Type of progression									
	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=298	n=298	n=298	n=298	n=298	n=298	n=298		
Years	%	%	%	%	%	%	%		
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
1	26.7	27.5	9.5	10.7	2.7	3.1	6.7		
2	38.1	39.9	16.4	19.6	3.7	4.5	10.6		
3	44.1	46.5	18.8	23.0	3.7	4.5	12.9		
4	47.1	50.0	19.2	23.6	3.7	4.5	13.4		
5	47.1	50.0	20.2	25.2	3.7	4.5	14.4		
6	47.6	50.7	20.2	25.2	3.7	4.5	14.4		
7	47.6	50.7	20.2	25.2	3.7	4.5	14.4		
8	47.6	50.7	20.2	25.2	3.7	4.5	15.0		
9	49.3	53.4	21.0	27.2	4.5	6.2	15.9		
10	50.3	55.1	21.0	27.2	5.4	8.8	15.9		

	Type of progression									
cont'd	Distant metast. (1-	NOS (CI)	NOS (1-KM)							
	KM) n=298	n=298	n=298							
Years	%	%	%							
0	0.0	0.0	0.0							
1	7.4	3.7	4.4							
2	12.2	5.4	6.8							
3	15.3	8.2	11.3							
4	15.9	8.6	12.0							
5	17.4	8.6	12.0							
6	17.4	9.1	13.0							
7	17.4	9.1	13.0							
8	18.8	9.1	13.0							
9	20.6	9.1	13.0							
10	20.6	9.1	13.0							

Table 5b. Time to first progression of patients with gum cancer for period 1998-2013 (N=298).





**Figure 5c.** Observed post-progression survival of 98 patients with gum cancer diagnosed between 1998 and 2013. These 98 patients with documented progression events during their course of disease represent 32.1 % of the totally 305 evaluated cases (incl. M1, n=7, 2.3 %). Patients with cancer relapse documented via death certificates only were excluded (n=48, 15.7 %). Multiple progression types on different sites are included in the evaluation even when not occuring 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. Subgroups with sample size <15 are dropped from the chart.

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=98	n=60	n=13	n=25	n=25						
Years	%	%	%	%	%						
0	100.0	100.0	100.0	100.0	100.0						
1	58.7	66.1			68.0						
2	47.4	52.9									
3	42.5	52.9									
4	39.7	45.8									
5	35.4	43.4									
6	33.9	43.4									
7	32.2	43.4									

**Table 5d.** Observed post-progression survival of patients with gum cancer for period 1998-2013 (N=98).

#### **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**

Munich Cancer Registry. Survival ICD-10 C03: Gum cancer [Internet]. 2016 [updated 2016 Apr 11; cited 2016 Jun 1]. Available from: http://www.tumorregister-muenchen.de/en/facts/surv/sC03\_\_E-ICD-10-C03-Gum-cancer-survival.pdf

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