

3.2 Oral cavity and pharynx

Table 3.2.1
Overview of key epidemiological parameters for Germany, ICD-10 C00 – C14

	2009		2010		Prediction for 2014	
	Men	Women	Men	Women	Men	Women
Incident cases	9,480	3,480	9,340	3,490	9,900	3,900
Crude incidence rate ¹	23.6	8.3	23.3	8.4	24.9	9.5
Standardised incidence rate ^{1,2}	18.8	5.9	18.2	5.9	18.3	6.4
Median age at diagnosis	61	64	61	65		
Deaths	3,813	1,169	3,816	1,204		
Crude mortality rate ¹	9.5	2.8	9.5	2.9		
Standardised mortality rate ^{1,2}	7.4	1.8	7.2	1.8		
5-year prevalence	27,800	11,300	27,900	11,500		
Absolute 5-year survival rate (2009-2010) ³			44 (40-46)	55 (49-66)		
Relative 5-year survival rate (2009-2010) ³			48 (44-50)	61 (55-72)		

¹ per 100,000 persons ² age-standardised (European standard) ³ in percentages (lowest and highest value of the included German federal states)

Epidemiology

Cancer of the oral cavity and the pharynx is made up of a heterogeneous group of malignant neoplasms. In addition to squamous-cell carcinomas, somewhat more than 5 % of cases are adenocarcinomas, for example of the salivary glands.

Men are significantly more frequently affected and given a median age at diagnosis of 61 years, somewhat earlier than women too (65 years).

Incidence and mortality rates for men from cancer of the oral cavity and pharynx have been declining since the turn of the millennium, whilst among women there is still a slight increase in both incidence and mortality rates in Germany. The number of cases among men is currently no longer increasing and in women the increase is slight. The highest incidence and mortality rates for women in Germany continue to be reported from Hamburg and Bremen, and for men in Mecklenburg-Western Pomerania. In an international comparison, the highest incidence rate among men is in France, and for women in Denmark.

Depending on site, the survival prospects vary greatly within this disease group. Favourable 5-year survival rates are associated with carcinoma of the lips and salivary glands, whereas comparatively unfavourable prognoses exist for malignant tumours of the pharynx. These differences partly also account for the low survival rates of men (48 %) compared to women (61 %). Approximately 40 % of the tumours in women are diagnosed at an early stage (T1), but only around 30 % in men.

Risk factors

The most important triggers for cancer of the oral cavity and pharynx are tobacco and alcohol consumption. The combination of both factors is particularly harmful. Further possible risk factors can be a one-sided, vitamin deficient diet with excessive meat consumption. Inadequate oral hygiene and mechanical irritations, for example due to poorly fitting dentures, are also possible risk factors. Exposure to sunlight can contribute to carcinoma of the lips. Contact with sawdust or some chemicals – mostly in an occupational context – can increase the risk of developing tumours, especially in the nasopharynx. An infection with human papilloma virus (HPV) is a risk factor for tumours of the pharynx. The role of HPV in the origins of cancer of the oral cavity has not yet been completely clarified. Epstein-Barr viruses are regarded as a further viral risk factor, in particular for nasopharyngeal carcinoma. People with type 2 diabetes, a marked immunodeficiency or rare pre-existing conditions may also have an increased risk. There are also clear indications that a genetic pre-disposition plays a role in the development of carcinoma in the head and neck areas.

Figure 3.2.1a
Age-standardised incidence and mortality rates, by sex,
ICD-10 C00 – C14, Germany 1999 – 2010
per 100,000 (European standard)

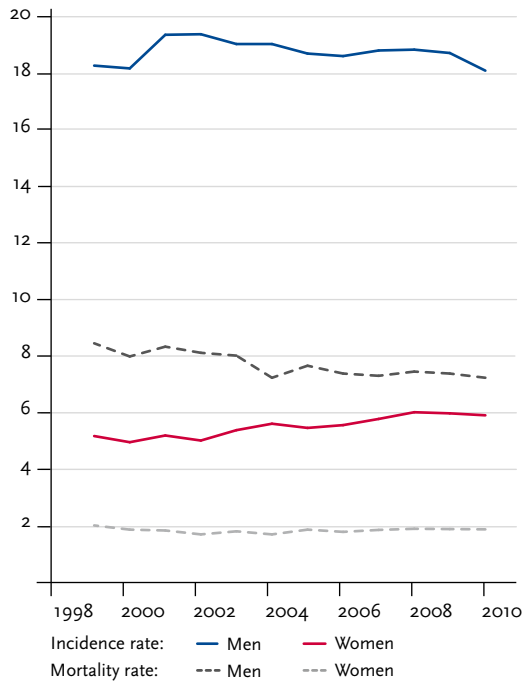


Figure 3.2.1b
Absolute numbers of incident cases and deaths, by sex,
ICD-10 C00 – C14, Germany 1999 – 2010

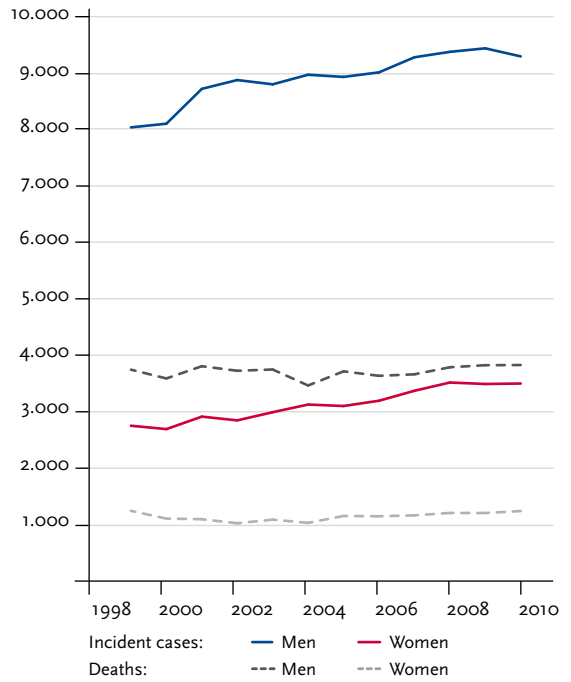


Figure 3.2.2
Age-specific incidence rates by sex, ICD-10 C00 – C14, Germany 2009 – 2010
per 100,000

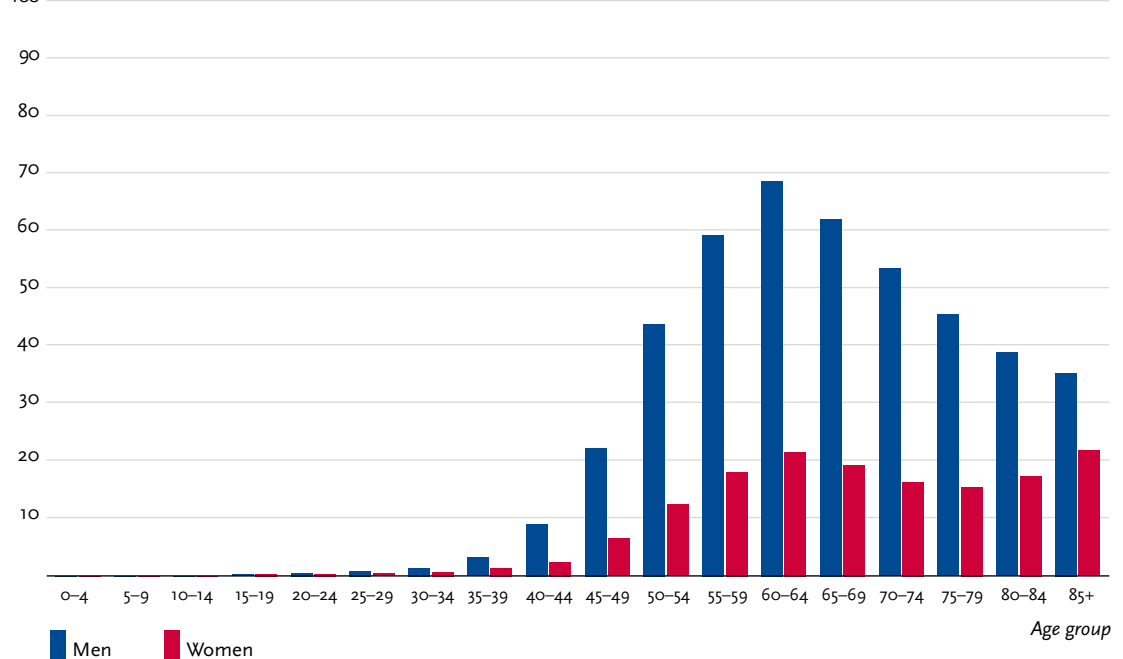


Table 3.2.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C00 – C14, database 2010

Men aged	Risk of developing cancer				Mortality risk			
	in the next ten years		ever		in the next ten years		ever	
35 years	0.1%	(1 in 1,500)	1.7%	(1 in 59)	<0.1%	(1 in 6,800)	0.7%	(1 in 140)
45 years	0.3%	(1 in 320)	1.6%	(1 in 61)	0.1%	(1 in 930)	0.7%	(1 in 140)
55 years	0.6%	(1 in 170)	1.4%	(1 in 72)	0.2%	(1 in 440)	0.6%	(1 in 160)
65 years	0.5%	(1 in 190)	0.9%	(1 in 110)	0.2%	(1 in 410)	0.4%	(1 in 220)
75 years	0.3%	(1 in 300)	0.5%	(1 in 220)	0.2%	(1 in 560)	0.3%	(1 in 380)
Lifetime risk			1.7%	(1 in 60)			0.7%	(1 in 140)
Women aged	in the next ten years		ever		in the next ten years		ever	
35 years	<0.1%	(1 in 4,600)	0.6%	(1 in 160)	<0.1%	(1 in 22,000)	0.2%	(1 in 430)
45 years	0.1%	(1 in 1,100)	0.6%	(1 in 160)	<0.1%	(1 in 4,200)	0.2%	(1 in 430)
55 years	0.2%	(1 in 530)	0.5%	(1 in 180)	0.1%	(1 in 2,000)	0.2%	(1 in 470)
65 years	0.2%	(1 in 570)	0.4%	(1 in 260)	0.1%	(1 in 1,700)	0.2%	(1 in 590)
75 years	0.1%	(1 in 730)	0.2%	(1 in 430)	0.1%	(1 in 1,500)	0.1%	(1 in 790)
Lifetime risk			0.7%	(1 in 150)			0.2%	(1 in 430)

Figure 3.2.3
Distribution of T-stages at first diagnosis by sex (top: all cases; bottom: only valid reports)
ICD-10 C00 – C14, Germany 2010

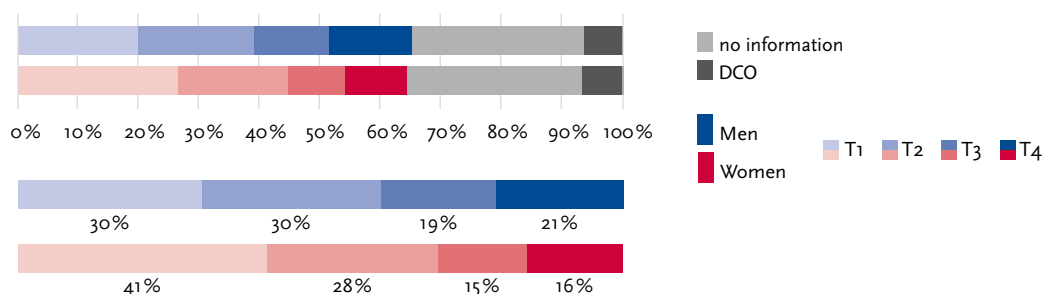


Figure 3.2.4a
Absolute survival rates up to 5 years after first diagnosis, by sex, ICD-10 C00 – C14, Germany 2009 – 2010

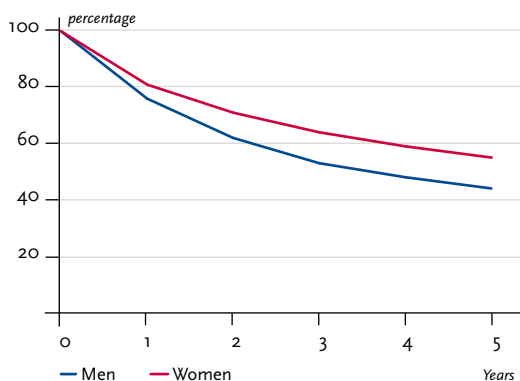


Figure 3.2.4b
Relative survival rates up to 5 years after first diagnosis, by sex, ICD-10 C00 – C14, Germany 2009 – 2010

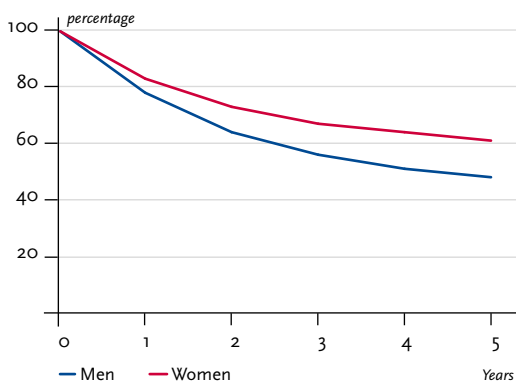


Figure 3.2.5
Registered age-standardised incidence and mortality rates in German federal states, by sex,
ICD-10 C00 – C14, 2009 – 2010
per 100,000 (European standard)

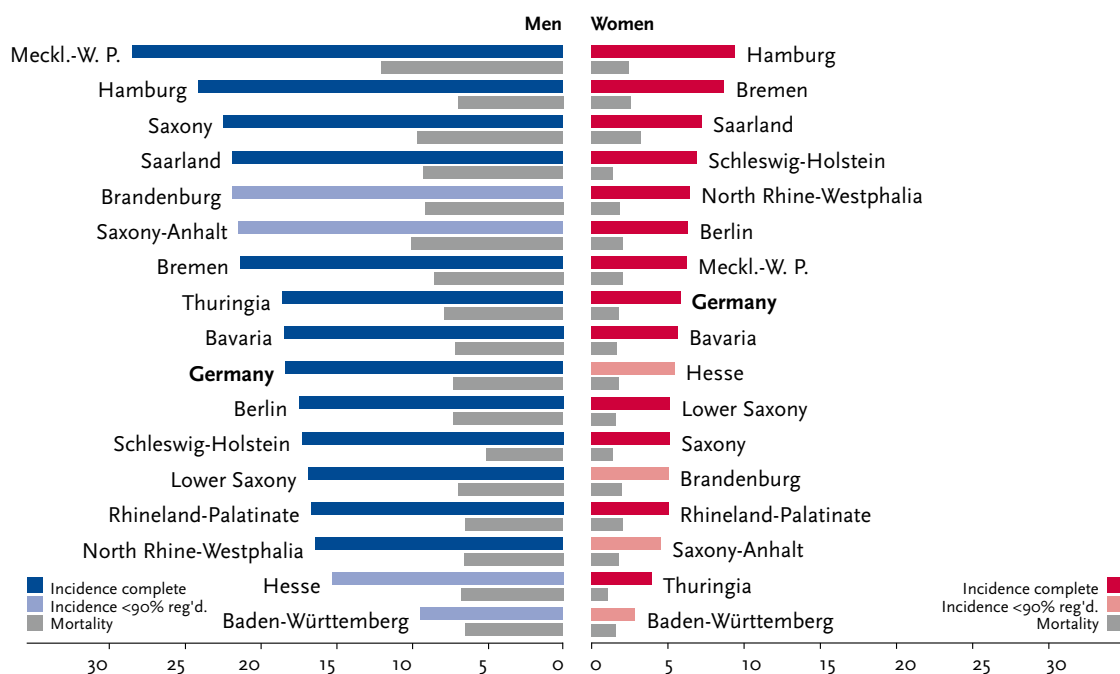


Figure 3.2.6
International comparison of age-standardised incidence and mortality rates, by sex,
ICD-10 C00 – C14, 2009 – 2010 or latest available year (details and sources, see appendix)
per 100,000 (European standard)

