3.2 Oral cavity and pharynx

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

	2011		2012		Prediction for 2016	
	Men	Women	Men	Women	Men	Women
Incident cases	10,000	3,900	9,290	3,650	10,000	4,200
Crude incidence rate[1]	25.52	9.48	23.64	8.87	25.0	10.1
Standardised incidence rate[1,2]	19.5	6.5	17.9	6.0	18.1	6.5
Median age at diagnosis	62	65	62	66		
Deaths	4,064	1,322	4,090	1,303		
Crude mortality rate[1]	10.37	3.22	10.41	3.17		
Standardised mortality rate[1,2]	7.7	2.0	7.7	1.9		
5-year prevalence	29,000	12,400	28,700	12,400		
	after 5 years		*after 10 years*			
Absolute survival rate (2011–2012)[3]	43 (41–46)	55 (48–60)	29 (27–32)	40 (32–45)		
Relative survival rate (2011–2012)[3]	48 (46–50)	61 (53–67)	36 (34–38)	50 (41–55)		

[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 90% squamous-cell carcinomas, somewhat more than 5% of cases are adenocarcinomas, for example of the salivary glands.

The most favourable 5-year-survival rates are associated with cancer of the lips and salivary glands, whereas comparatively unfavourable survival prospects exist for cancers of the floor of the mouth, the tongue and the lower part of the throat (hypopharynx). Women had the more favourable 5-year survival at 61% compared to men with 48%. Contributing toward this among women is a lower proportion of cancers of the floor of the mouth, tongue and hypopharynx that are encouraged mainly by the consumption of alcohol and tobacco. One in every three tumours in women is diagnosed in the early stages (T1), but only one in every four cases in men.

The fact that men in general develop cancer more frequently and on average four years earlier than women (men aged 62, women at the age of 66) is probably connected with tobacco and alcohol consumption. The incidence and mortality rates for cancers of the oral cavity and throat have not significantly changed since the year 2000. For men, the mortality rate has fallen a little, while among women the incidence has increased slightly. Significant regional differences are to be reported, especially among men: For example, the death rates in Mecklenburg-Western Pomerania are currently about twice as high as those in Schleswig-Holstein or in southern Germany.

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. Another risk factor of major importance is an infection with human papilloma virus (HPV), especially if high risk human papilloma viruses are involved. It is assumed that 40% of all malignancies of the pharynx can be attributed to these viruses. Their contribution to the onset of cancer of oral cavity is less. 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. 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 predisposition 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 1999–2012
per 100,000 (European standard)

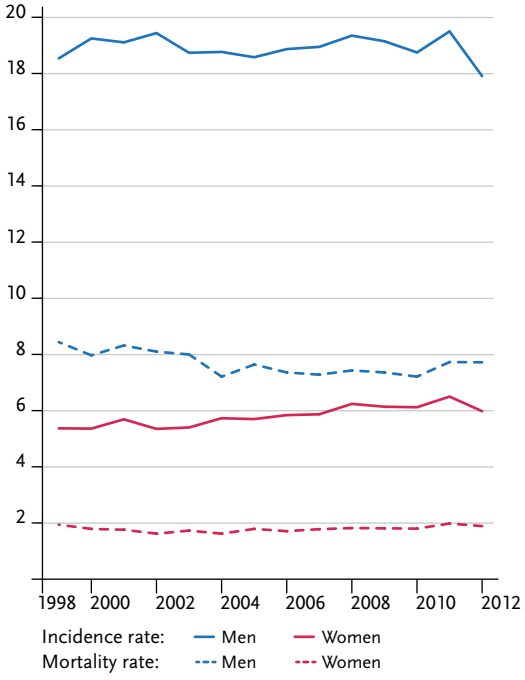


Figure 3.2.1b
Absolute numbers of incident cases and deaths, by sex, ICD-10 C00–C14, Germany 1999–2012

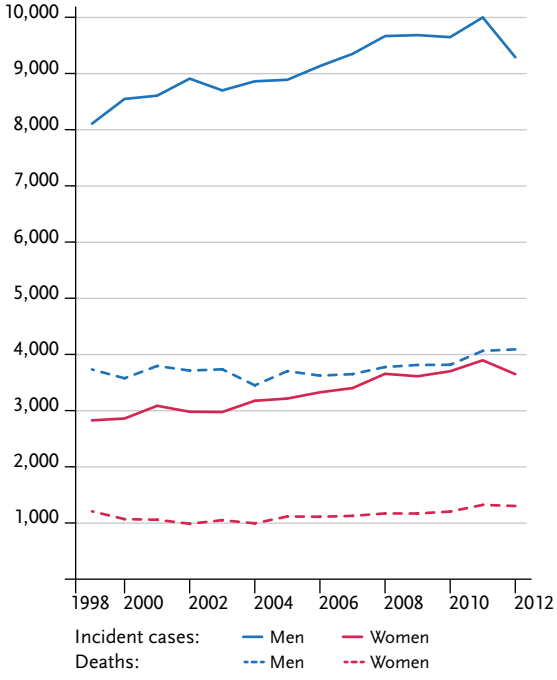


Figure 3.2.2
Age-specific incidence rates by sex, ICD-10 C00–C14, Germany 2011–2012
per 100,000

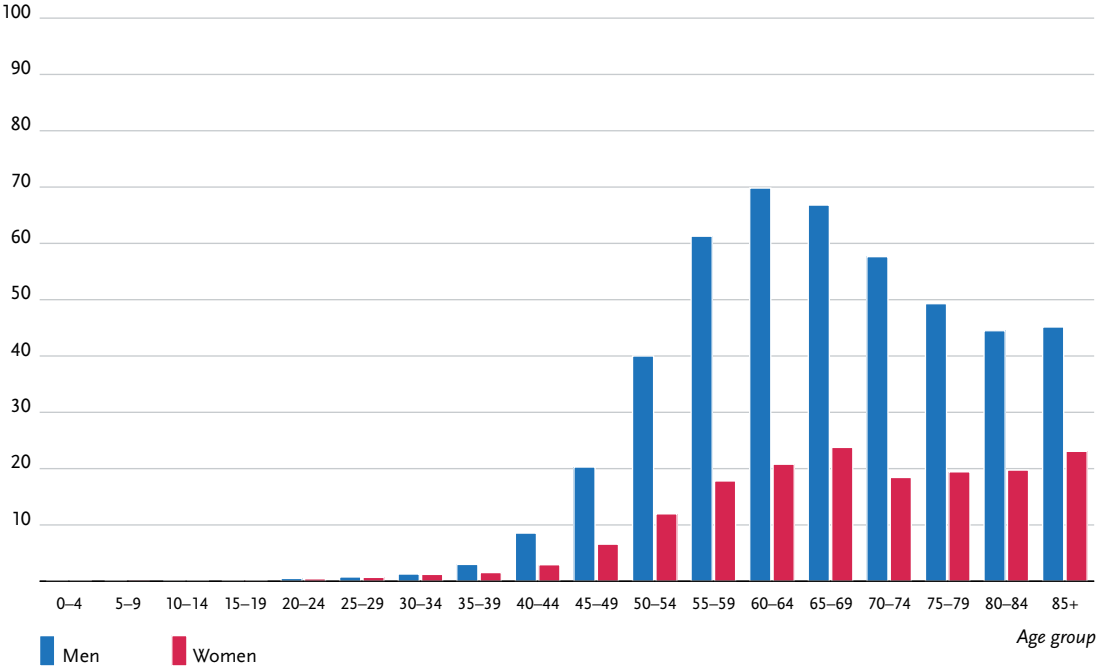


Table 3.2.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C00–C14, database 2012

	Risk of developing cancer				Mortality risk			
Men aged	**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 6,000)	0.8 %	(1 in 130)
45 years	0.3 %	(1 in 350)	1.7 %	(1 in 61)	0.1 %	(1 in 960)	0.8 %	(1 in 130)
55 years	0.6 %	(1 in 170)	1.4 %	(1 in 70)	0.3 %	(1 in 390)	0.7 %	(1 in 150)
65 years	0.5 %	(1 in 180)	0.9 %	(1 in 110)	0.3 %	(1 in 380)	0.5 %	(1 in 210)
75 years	0.4 %	(1 in 280)	0.5 %	(1 in 210)	0.2 %	(1 in 550)	0.3 %	(1 in 360)
Lifetime risk			1.7 %	(1 in 59)			0.8 %	(1 in 130)
Women aged	**in the next ten years**		**ever**		**in the next ten years**		**ever**	
35 years	<0.1 %	(1 in 4,800)	0.7 %	(1 in 150)	<0.1 %	(1 in 27,000)	0.3 %	(1 in 390)
45 years	0.1 %	(1 in 1,100)	0.7 %	(1 in 150)	<0.1 %	(1 in 4,800)	0.3 %	(1 in 400)
55 years	0.2 %	(1 in 560)	0.6 %	(1 in 170)	0.1 %	(1 in 1,800)	0.2 %	(1 in 420)
65 years	0.2 %	(1 in 510)	0.4 %	(1 in 230)	0.1 %	(1 in 1,400)	0.2 %	(1 in 520)
75 years	0.2 %	(1 in 630)	0.3 %	(1 in 380)	0.1 %	(1 in 1,300)	0.1 %	(1 in 730)
Lifetime risk			0.7 %	(1 in 150)			0.3 %	(1 in 390)

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 2011–2012

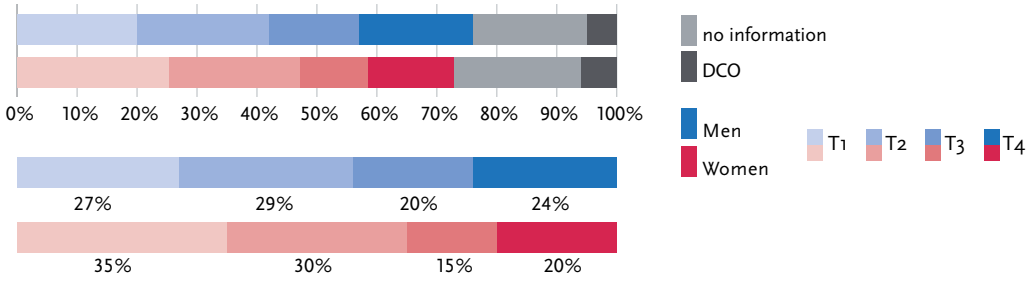


Figure 3.2.4a
Absolute survival rates up to 10 years after first diagnosis, by sex, ICD-10 C00–C14, Germany 2011–2012

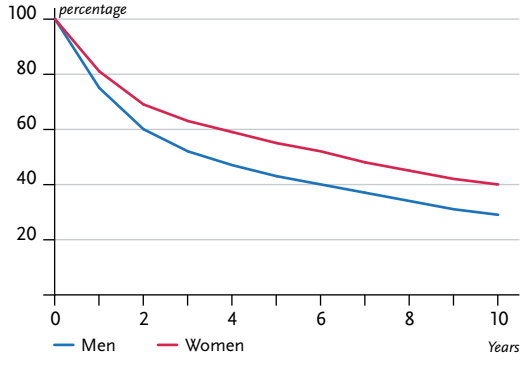


Figure 3.2.4b
Relative survival rates up to 10 years after first diagnosis, by sex, ICD-10 C00–C14, Germany 2011–2012

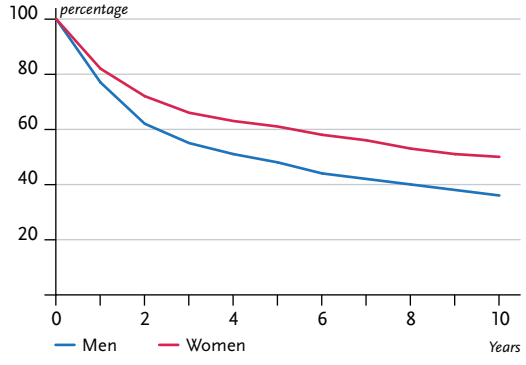


Figure 3.2.5
Registered age-standardised incidence and mortality rates in German federal states, by sex, ICD-10 C00–C14, 2011–2012
per 100,000 (European standard)

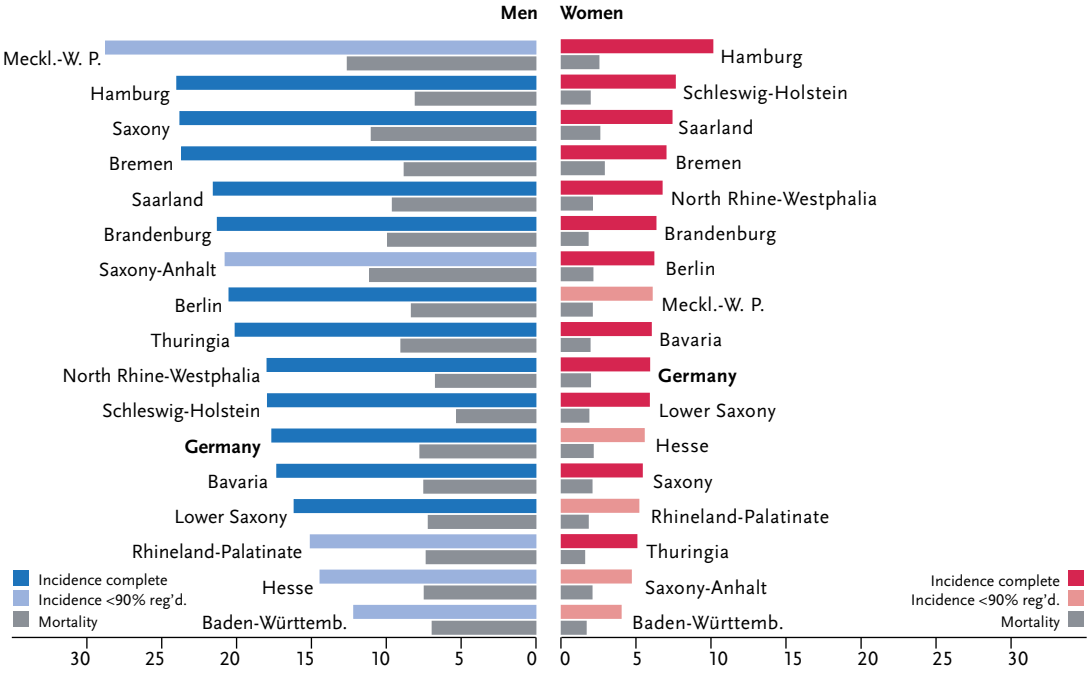
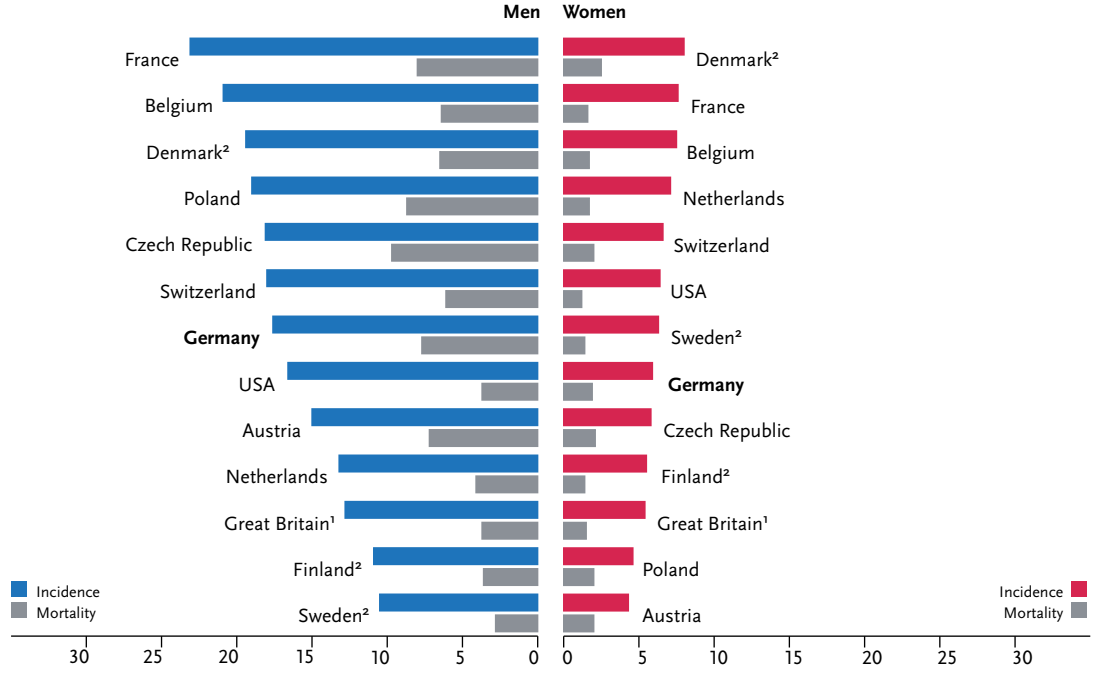


Figure 3.2.6
International comparison of age-standardised incidence and mortality rates, by sex, ICD-10 C00–C14, 2011–2012 or latest available year (details and sources, see appendix)
per 100,000 (European standard)



[1] data without C07, C08, C11
[2] data without C10.1