

3.2 Oral cavity and pharynx

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

Incidence	2015		2016		Prediction for 2020	
	Women	Men	Women	Men	Women	Men
Incident cases	4,310	9,620	4,180	9,720	4,600	9,200
Crude incidence rate ¹	10.4	23.9	10.0	23.9	11.1	22.8
Age-standardised incidence rate ^{1,2}	6.8	17.8	6.5	17.6	6.9	15.9
Median age at diagnosis	65	62	66	63		
Mortality	2015		2016		2017	
	Women	Men	Women	Men	Women	Men
Deaths	1,378	4,086	1,387	4,070	1,402	3,963
Crude mortality rate ¹	3.3	10.2	3.3	10.0	3.5	9.7
Age-standardised mortality rate ^{1,2}	1.9	7.2	1.8	7.0	1.8	6.7
Median age at death	71	65	72	66	72	66
Prevalence and survival rates	5 years		10 years			
	Women	Men	Women	Men		
Prevalence	15,000	31,900	24,400	51,700		
Absolute survival rate (2015–2016) ³	56 (52–60)	42 (39–46)	42 (36–55)	28 (25–31)		
Relative survival rate (2015–2016) ³	63 (58–68)	47 (42–50)	53 (44–69)	35 (30–38)		

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

► Additional information under www.krebsdaten.de/cancer-sites

Epidemiology

Cancers of the oral cavity and pharynx belong to a heterogeneous group of malignant neoplasms. In terms of their histology, around 87% are squamous cell carcinomas, with around 4% of cases developing as adenocarcinomas, particularly of the salivary glands. These cancers occur more often and, on average, three years earlier among men (at age 63) than among women (at age 66). Between 1999 and 2011, age-standardised incidence rates increased among both women and men. Since 2011, however, these rates have remained almost constant for women and have even declined among men. In contrast, mortality rates decreased slightly over the entire period among men and have remained almost unchanged for women.

Overall, women have a higher relative 5-year survival rate (63%) compared with men (47%). This difference is due to the fact that a lower proportion of women develop cancer of the mouth, tongue and throat than men, as these conditions are linked to alcohol and tobacco consumption. Importantly, these tumours are associated with a lower survival rate compared with, for example, malignant tumours of the lips and salivary glands. Similarly, UICC cancer staging data, which is available in around 70% of cases, indicates that more than one in four or five of these tumours is diagnosed at an early stage among women

(stage 0/1), whereas only one in every seventh case is identified at a similar stage among men.

Risk factors

Tobacco use and alcohol consumption are the most important risk factors associated with cancer of the oral cavity and pharynx. Moreover, the combination of these risk factors increases risk much more than the sum of their individual effects. Infection with human papillomavirus (HPV), especially with 'high risk' viruses, represents a further important risk factor. HPV infections are particularly associated with cancer of the throat (pharynx), and, albeit much less frequently, with cancer of the oral cavity. Infection with Epstein-Barr viruses and a high dietary intake of food containing nitrosamines (such as salted fish) are known risk factors associated with nasopharyngeal carcinoma. Furthermore, exposure to sunlight can contribute to carcinoma of the lips, and there are indications that a vitamin-deficient diet combined with a high intake of red meat and fried food increases the risk of cancer of the oral cavity and pharynx. Similarly, a number of rare pre-existing conditions increase the risk of cancer of the oral cavity and lips. A genetic predisposition to the development of carcinomas in the head and neck area also seems to play a role, since familial clusters have also been observed.

Figure 3.2.1a
 Age-standardised incidence and mortality rates by sex, ICD-10 C00-C14, Germany 1999-2016/2017, projection (incidence) through 2020 per 100,000 (old European Standard)

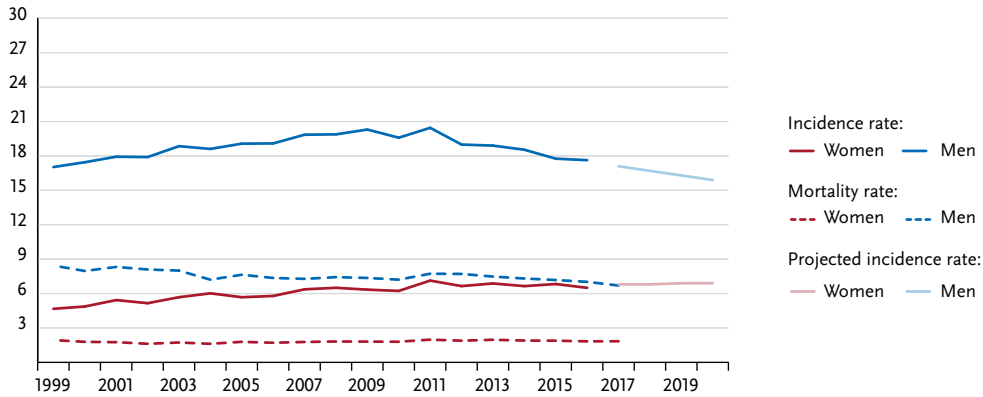


Figure 3.2.1b
 Absolute numbers of incident cases and deaths by sex, ICD-10 C00-C14, Germany 1999-2016/2017, projection (incidence) through 2020

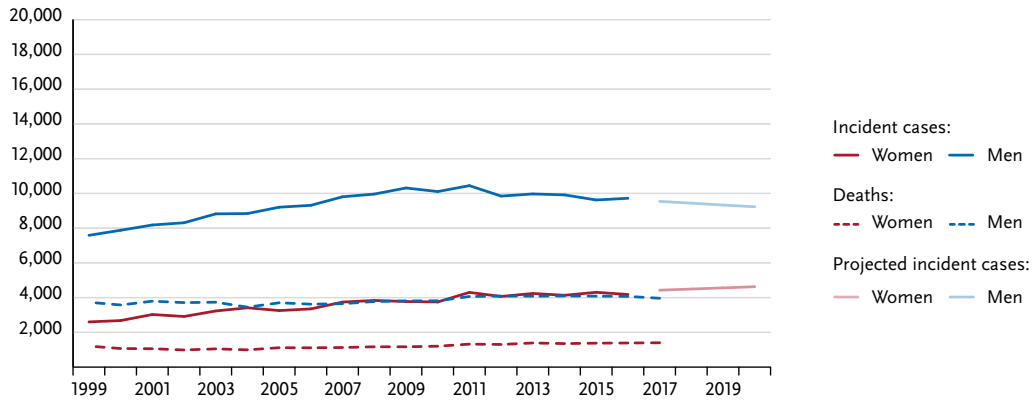


Figure 3.2.2
 Age-specific incidence rates by sex, ICD-10 C00-C14, Germany 2015-2016 per 100,000

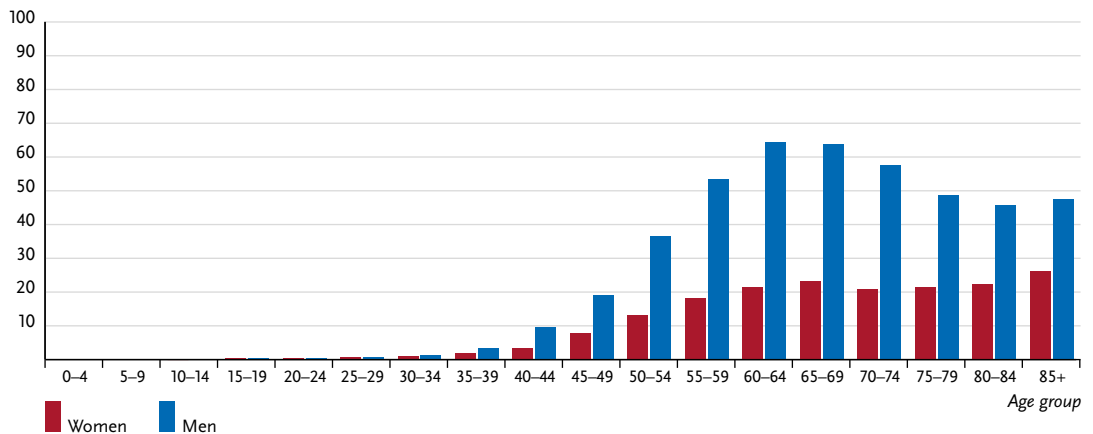


Table 3.2.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C00–C14, database 2016

Women 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 3,500)	0.7%	(1 in 130)	< 0.1%	(1 in 27,800)	0.3%	(1 in 370)
45 years	0.1%	(1 in 1,000)	0.7%	(1 in 140)	< 0.1%	(1 in 6,400)	0.3%	(1 in 370)
55 years	0.2%	(1 in 540)	0.6%	(1 in 160)	0.1%	(1 in 2,000)	0.3%	(1 in 390)
65 years	0.2%	(1 in 480)	0.5%	(1 in 210)	0.1%	(1 in 1,300)	0.2%	(1 in 460)
75 years	0.2%	(1 in 530)	0.3%	(1 in 330)	0.1%	(1 in 1,100)	0.2%	(1 in 620)
Lifetime risk			0.7%	(1 in 130)			0.3%	(1 in 380)
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 9,400)	0.8%	(1 in 130)
45 years	0.3%	(1 in 360)	1.6%	(1 in 61)	0.1%	(1 in 1,300)	0.8%	(1 in 130)
55 years	0.5%	(1 in 180)	1.4%	(1 in 70)	0.2%	(1 in 440)	0.7%	(1 in 140)
65 years	0.6%	(1 in 180)	1.0%	(1 in 100)	0.3%	(1 in 360)	0.5%	(1 in 190)
75 years	0.4%	(1 in 260)	0.5%	(1 in 190)	0.2%	(1 in 450)	0.3%	(1 in 310)
Lifetime risk			1.7%	(1 in 60)			0.7%	(1 in 130)

Figure 3.2.3
Distribution of UICC-stages at first diagnosis by sex, ICD-10 C00–C14, Germany 2015–2016
(top: all cases; bottom: only valid reports)

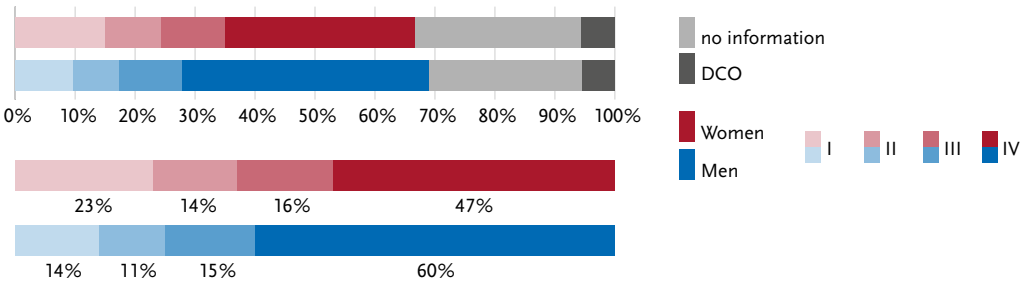


Figure 3.2.4
Absolute and relative survival rates up to 10 years after first diagnosis, by sex, ICD-10 C00–C14, Germany 2015–2016

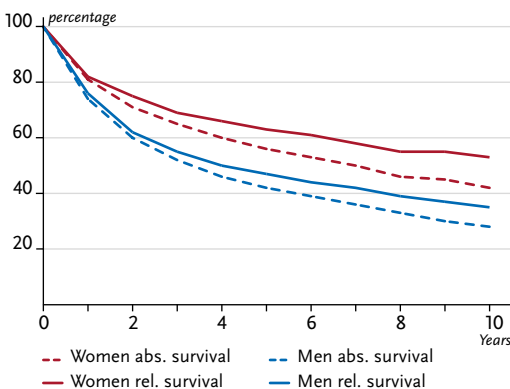


Figure 3.2.5
Relative 5-year survival by UICC-stage and sex, ICD-10 C00–C14, Germany 2015–2016

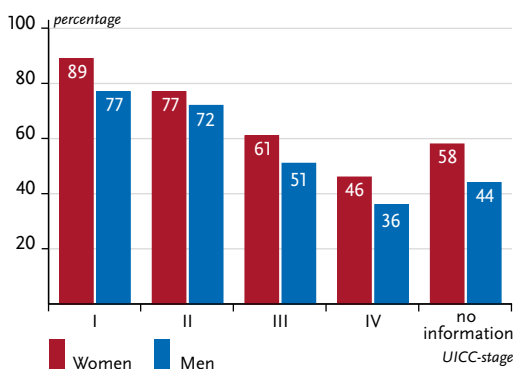


Figure 3.2.6
 Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C00–C14, 2015–2016
 (Incidence in Bremen for 2014 and 2016, incidence in eastern Germany for 2014 to 2015)
 per 100,000 (old European Standard)

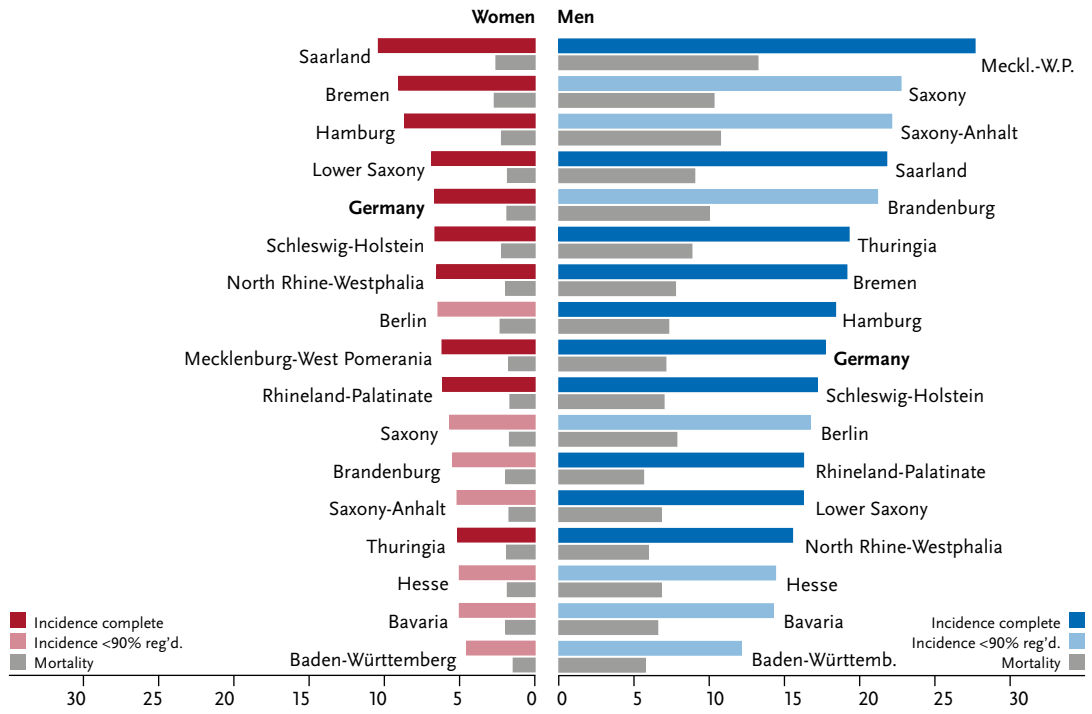
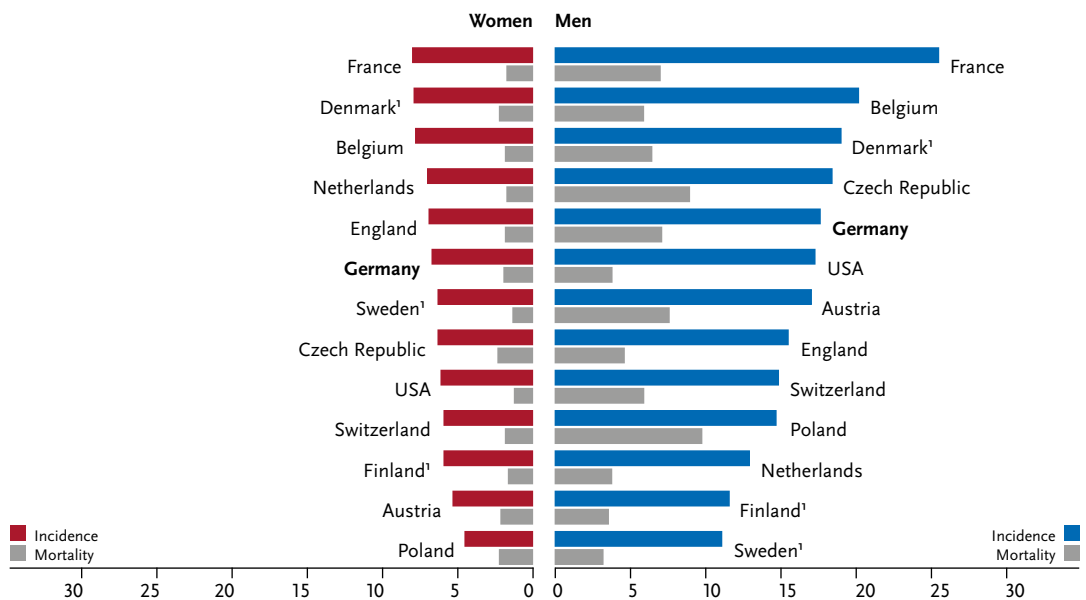


Figure 3.2.7
 International comparison of age-standardised incidence and mortality rates by sex,
 ICD-10 C00–C14, 2015–2016 or latest available year (details and sources, see appendix)
 per 100,000 (old European Standard)



¹ Data without C10.1