

3.3 Oesophagus

Table 3.3.1
Overview of key epidemiological parameters for Germany, ICD-10 C15

Incidence	2015		2016		Prediction for 2020	
	Women	Men	Women	Men	Women	Men
Incident cases	1,680	5,600	1,740	5,540	1,800	6,100
Crude incidence rate ¹	4.1	13.9	4.2	13.7	4.3	15.1
Age-standardised incidence rate ^{1,2}	2.3	9.6	2.4	9.4	2.3	9.8
Median age at diagnosis	71	67	71	67		
Mortality	2015		2016		2017	
	Women	Men	Women	Men	Women	Men
Deaths	1,238	4,269	1,245	4,434	1,233	4,266
Crude mortality rate ¹	3.0	10.6	3.0	10.9	2.9	10.5
Age-standardised mortality rate ^{1,2}	1.5	7.1	1.5	7.2	1.5	6.8
Median age at death	75	69	74	70	74	70
Prevalence and survival rates	5 years		10 years			
	Women	Men	Women	Men		
Prevalence	3,000	11,100	4,200	15,100		
Absolute survival rate (2015–2016) ³	22 (10–33)	19 (13–27)	16 (7–25)	12 (8–18)		
Relative survival rate (2015–2016) ³	24 (11–36)	22 (14–31)	21 (11–35)	17 (11–24)		

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

Cancer of the oesophagus accounts for about 3.5% of all deaths from cancer among men and 1.2% of deaths from cancer among women. Since 1999, age-standardised mortality rates have remained virtually unchanged. In Germany, men are diagnosed with cancer of the oesophagus around three to four times more frequently than women, and, on average, at the age of 67, four years earlier than among women. The incidence among men and women under age 60 is decreasing, whereas it is increasing among older age groups.

Squamous cell carcinomas account for 50% of all cases of cancer of the oesophagus. In recent years, the proportion of adenocarcinomas, which are almost exclusively found in the transitional zone to the stomach, has risen to over 40%.

Relative 5-year survival rates of 24% for women and 22% for men with oesophageal carcinoma are among the lowest of any cancer type. Only one in three tumours is diagnosed at an early stage (UICC stage I/II).

Risk factors

Oesophageal cancers can be divided into two types: squamous cell carcinomas, which are more common; and adenocarcinomas, which are somewhat less common. Tobacco use and alcohol consumption are the main risk factors associated with squamous cell carcinomas of the oesophagus. Cancer risk increases according to the amount of alcohol consumed daily. When tobacco use is combined with alcohol consumption, the two substances have an even more harmful effect.

Adenocarcinomas often arise due to gastro-oesophageal reflux disease (persistent reflux of gastric contents into the oesophagus – chronic heartburn). These conditions lead to mucosal changes in the lower section of the oesophagus and may develop into what is known as Barrett's oesophagus, a precancerous condition. Overweight and smoking are further important risk factors.

A motility disorder of the oesophagus or the sphincter between the oesophagus and stomach (achalasia) significantly increases the risk of squamous cell carcinomas and adenocarcinomas. Although family clusters have been identified, it remains unclear whether a hereditary disposition or environmental factors play a role in the development of cancer of the oesophagus.

Figure 3.3.1a
 Age-standardised incidence and mortality rates by sex, ICD-10 C15, Germany 1999–2016/2017, projection (incidence) through 2020 per 100,000 (old European Standard)

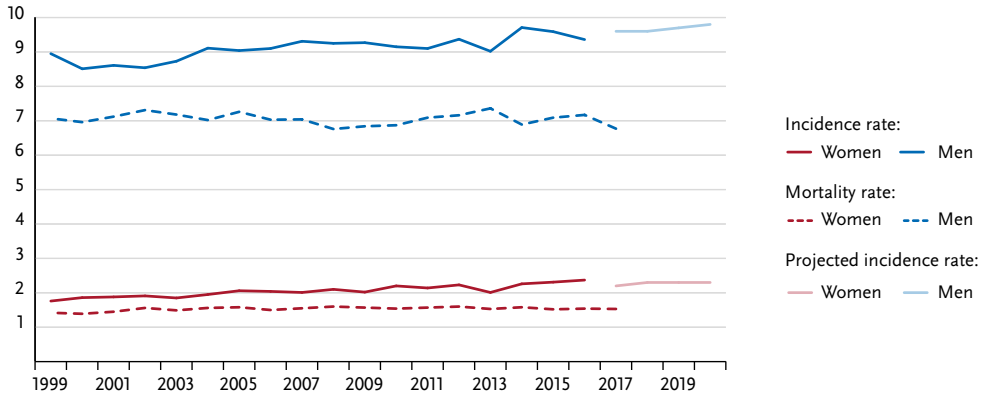


Figure 3.3.1b
 Absolute numbers of incident cases and deaths by sex, ICD-10 C15, Germany 1999–2016/2017, projection (incidence) through 2020

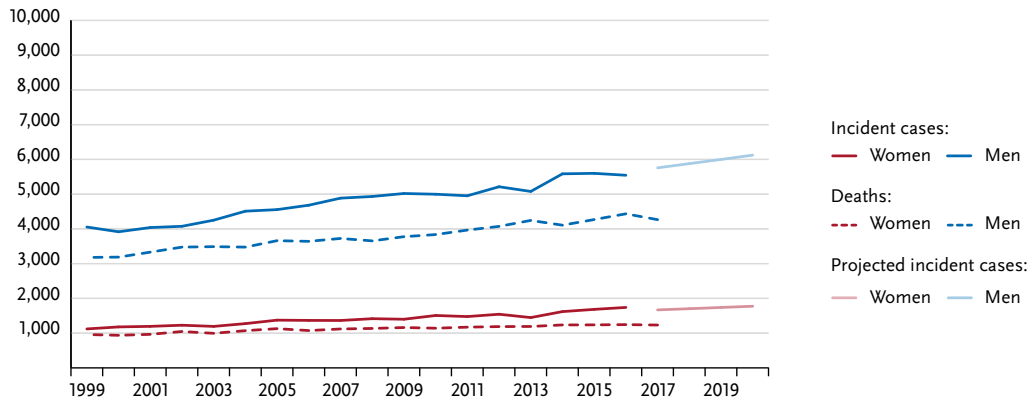


Figure 3.3.2
 Age-specific incidence rates by sex, ICD-10 C15, Germany 2015–2016 per 100,000

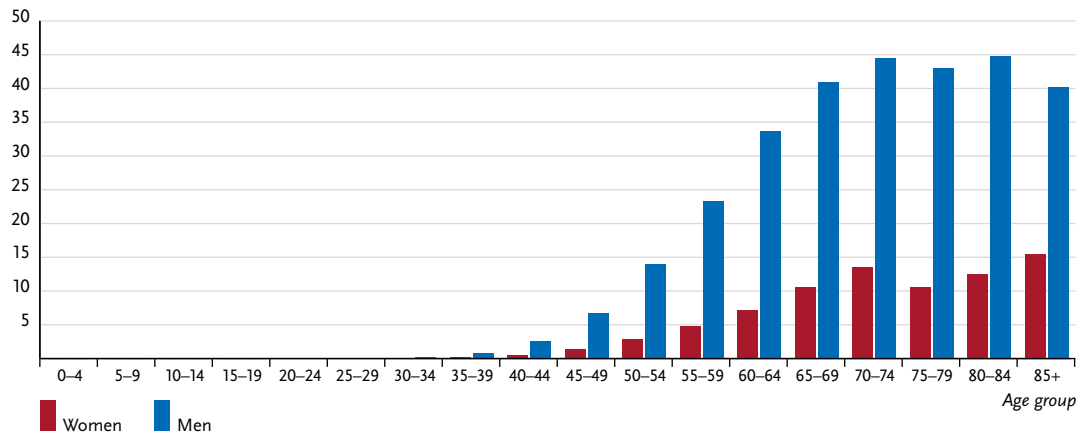


Table 3.3.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C15, database 2016

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 22,100)	0.3%	(1 in 310)	< 0.1%	(1 in 60,500)	0.2%	(1 in 410)
45 years	< 0.1%	(1 in 4,600)	0.3%	(1 in 310)	< 0.1%	(1 in 9,900)	0.2%	(1 in 410)
55 years	0.1%	(1 in 1,700)	0.3%	(1 in 320)	< 0.1%	(1 in 2,700)	0.2%	(1 in 410)
65 years	0.1%	(1 in 870)	0.3%	(1 in 380)	0.1%	(1 in 1,400)	0.2%	(1 in 460)
75 years	0.1%	(1 in 990)	0.2%	(1 in 590)	0.1%	(1 in 1,100)	0.2%	(1 in 620)
Lifetime risk			0.3%	(1 in 310)			0.2%	(1 in 410)
Men aged	in the next ten years		ever		in the next ten years		ever	
35 years	< 0.1%	(1 in 5,400)	1.0%	(1 in 99)	< 0.1%	(1 in 12,500)	0.9%	(1 in 120)
45 years	0.1%	(1 in 970)	1.0%	(1 in 100)	0.1%	(1 in 1,700)	0.9%	(1 in 120)
55 years	0.3%	(1 in 380)	0.9%	(1 in 110)	0.2%	(1 in 500)	0.8%	(1 in 120)
65 years	0.4%	(1 in 270)	0.7%	(1 in 140)	0.3%	(1 in 330)	0.7%	(1 in 140)
75 years	0.3%	(1 in 300)	0.5%	(1 in 220)	0.4%	(1 in 280)	0.5%	(1 in 200)
Lifetime risk			1.0%	(1 in 100)			0.8%	(1 in 120)

Figure 3.3.3
Distribution of UICC-stages at first diagnosis by sex, ICD-10 C15, Germany 2015–2016
(top: all cases; bottom: only valid reports)

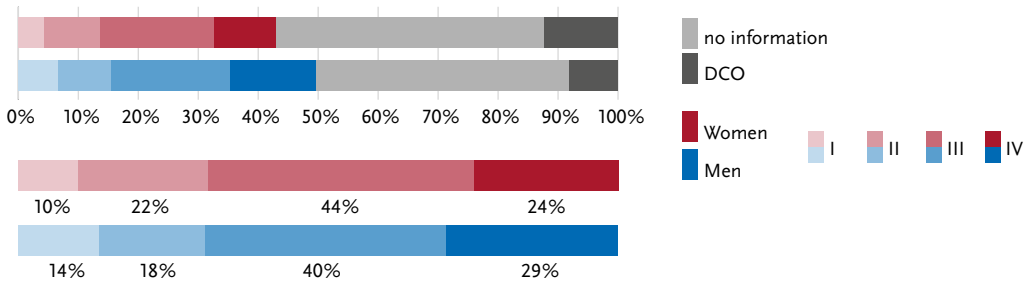


Figure 3.3.4
Absolute and relative survival rates up to 10 years after first diagnosis, by sex, ICD-10 C15, Germany 2015–2016

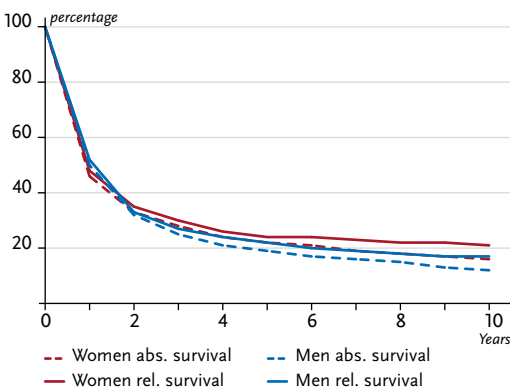


Figure 3.3.5
Relative 5-year survival by UICC-stage and sex, ICD-10 C15, Germany 2015–2016

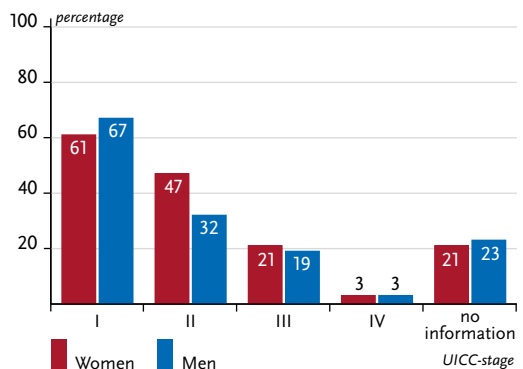


Figure 3.3.6
Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C15, 2015–2016
 (Incidence in Bremen for 2014 and 2016, incidence in eastern Germany for 2014 to 2015)
 per 100,000 (old European Standard)

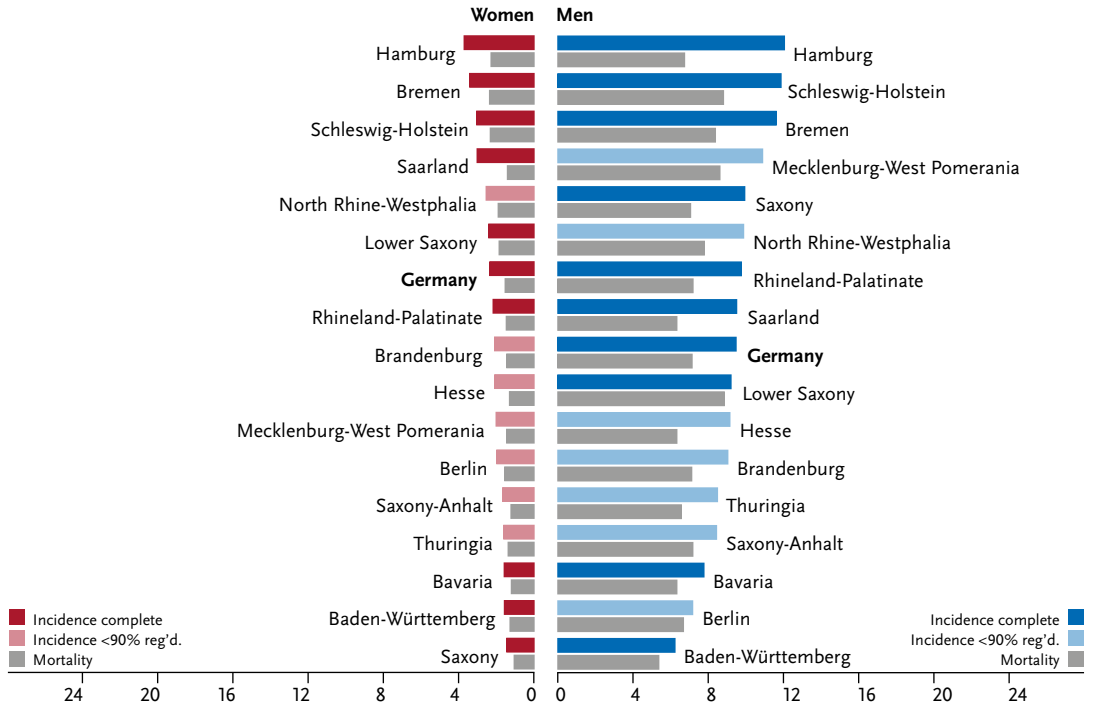


Figure 3.3.7
International comparison of age-standardised incidence and mortality rates by sex, ICD-10 C15, 2015–2016 or latest available year (details and sources, see appendix)
 per 100,000 (old European Standard)

