3.5 Small intestine

Table 3.5.1
Overview of key epidemiological parameters for Germany, ICD-10 C17

Incidence	2015		2016		Prediction for 2020	
	Women	Men	Women	Men	Women	Men
Incident cases	1,150	1,340	1,270	1,350	1,600	1,800
Crude incidence rate[1]	2.8	3.3	3.0	3.3	3.9	4.5
Age-standardised incidence rate[1,2]	1.7	2.3	1.8	2.2	2.3	2.9
Median age at diagnosis	70	69	70	69		

Mortality	2015		2016		2017	
	Women	Men	Women	Men	Women	Men
Deaths	300	366	325	341	313	345
Crude mortality rate[1]	0.7	0.9	0.8	0.8	0.7	0.8
Age-standardised mortality rate[1,2]	0.3	0.6	0.4	0.5	0.4	0.5
Median age at death	77	74	76	75	76	75

Prevalence and survival rates	5 years		10 years	
	Women	Men	Women	Men
Prevalence	3,800	4,200	5,800	6,500
Absolute survival rate (2015–2016)	53	50	38	35
Relative survival rate (2015–2016)	60	58	49	48

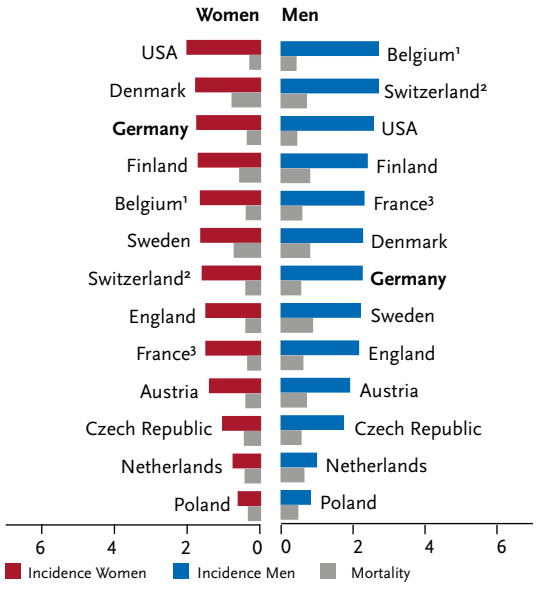
1 per 100,000 persons 2 age-standardised (old European Standard)

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

Epidemiology and risk factors

About half of all malignant tumours of the small intestine are neuroendocrine tumours (NET); these also occur in other organs of the digestive tract, and on the skin and in the lungs, albeit less frequently. Gastrointestinal stromal tumours (GIST) account for a good 10 % of cases of cancers of the small intestine. Around 2,620 people in Germany, of which 1,270 were women, developed cancer of the small intestine in 2016. As in other European countries, incidence and death rates have risen steadily since 1999, with a slightly higher increase identified among women. Overall survival rates are slightly lower than for colon cancer, but 5-year survival rates are higher for both GIST (at around 85 %) and NET (at around 75 %) than for other malignant tumours of the small intestine. Little is known about the risk factors associated with NET of the small intestine. Hereditary diseases such as Lynch syndrome, Peutz-Jeghers syndrome, familial juvenile polyposis and cystic fibrosis as well as inflammatory bowel diseases (Crohn's disease) increase a person's risk of developing adenocarcinomas of the small intestine. Furthermore, patients with type 1 neurofibromatosis (Recklinghausen's disease) have an increased risk of gastrointestinal stromal tumours (GIST) of the small intestine. Finally, a small proportion of these tumours are linked to genetics (a familial GIST syndrome).

Figure 3.5.1
International comparison of age-standardised incidence and mortality rates by sex, ICD-10 C17, 2015 – 2016 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)



1 Mortality only for 2015 from WHO mortality database
2 Mortality only for 2015
3 Mortality only for 2013/2014 from WHO mortality database

Figure 3.5.2
Age-standardised incidence and mortality rates by sex, ICD-10 C17, Germany 1999–2016/2017, projection (incidence) through 2020
per 100,000 (old European Standard)

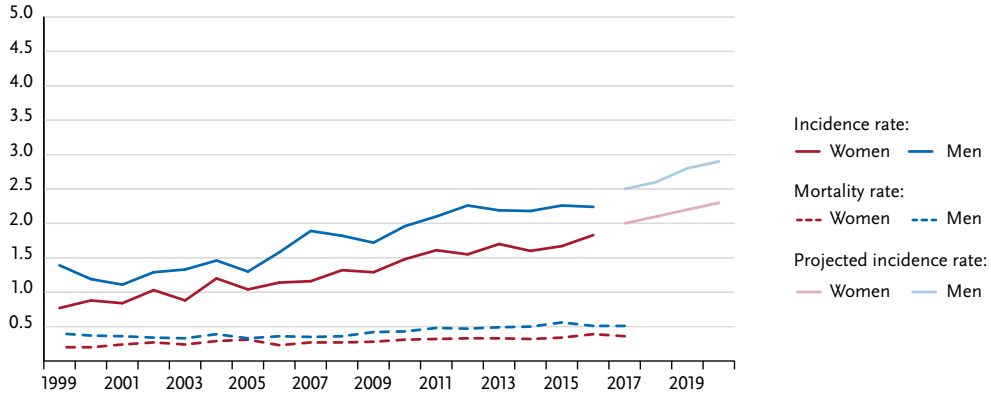


Figure 3.5.3
Absolute and relative survival rates up to 10 years after first diagnosis, by sex, ICD-10 C17, Germany 2015–2016

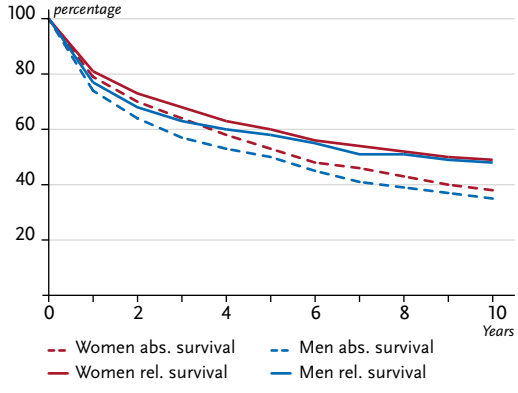


Figure 3.5.4
Relative 5-year survival by histology and sex, ICD-10 C17, Germany 2015–2016

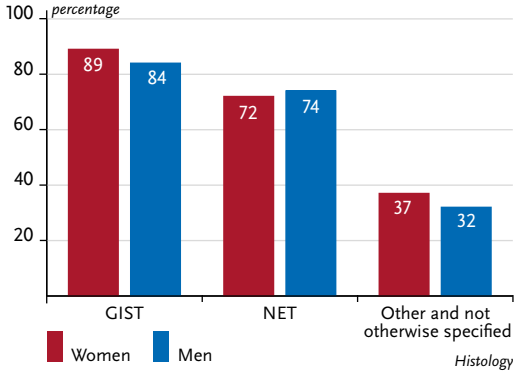


Figure 3.5.5
Age-specific incidence rates by sex, ICD-10 C17, Germany 2015–2016
per 100,000