

3.7 Anus

Table 3.7.1
Overview of key epidemiological parameters for Germany, ICD-10 C21

Incidence	2015		2016		Prediction for 2020	
	Women	Men	Women	Men	Women	Men
Incident cases	1,240	850	1,320	830	1,500	980
Crude incidence rate ¹	3.0	2.1	3.2	2.0	3.6	2.4
Age-standardised incidence rate ^{1,2}	1.9	1.5	2.1	1.5	2.3	1.7
Median age at diagnosis	66	64	65	64		
Mortality	2015		2016		2017	
	Women	Men	Women	Men	Women	Men
Deaths	290	181	308	204	336	229
Crude mortality rate ¹	0.7	0.5	0.7	0.5	0.8	0.6
Age-standardised mortality rate ^{1,2}	0.4	0.3	0.4	0.3	0.4	0.4
Median age at death	75	68	76	70	76	70
Prevalence and survival rates	5 years		10 years			
	Women	Men	Women	Men		
Prevalence	4,700	2,600	7,600	4,100		
Absolute survival rate (2015–2016)	58	54	46	40		
Relative survival rate (2015–2016)	65	61	59	53		

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

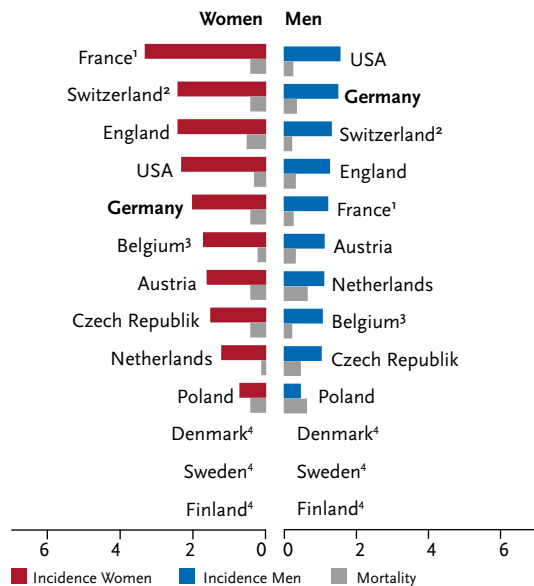
► Additional information under www.krebsdaten.de/cancer-sites

Epidemiology and risk factors

Most cancers of the anus are squamous cell carcinomas. In 2016, around 2,150 people developed this condition, 1,320 were women. Contrary to the declining rates of colorectal cancer, incidence and mortality rates for anal cancer have increased substantially over the past 15 years. Incidence is also increasing in other countries. Relative 5-year survival rates from cancer of the anus are approximately 65% for women and 61% for men.

In Germany, about 90% of anal carcinomas can be traced back to an infection with human papillomaviruses. Other risk factors include smoking, chronic immunosuppression and certain sexual practices, such as changing sexual partners frequently, and passive anal intercourse. The risk of developing anal cancer is significantly higher for HIV-positive patients, particularly among men with same-sex partners, than in the general population. The Standing Committee on Vaccination (STIKO) recommends that girls and boys be vaccinated against HPV between the ages of 9 and 14 years.

Figure 3.7.1
International comparison of age-standardised incidence and mortality rates by sex, ICD-10 C21, 2015–2016 or latest available year (details and sources, see appendix) per 100,000 (old European Standard)



¹ Mortality only for 2013/2014 from WHO mortality database

² Mortality only for 2015

³ Mortality only for 2015 from WHO mortality database

⁴ No comparable data available

Figure 3.7.2
Age-standardised incidence and mortality rates by sex, ICD-10 C21, Germany 1999–2016/2017, projection (incidence) through 2020 per 100,000 (old European Standard)

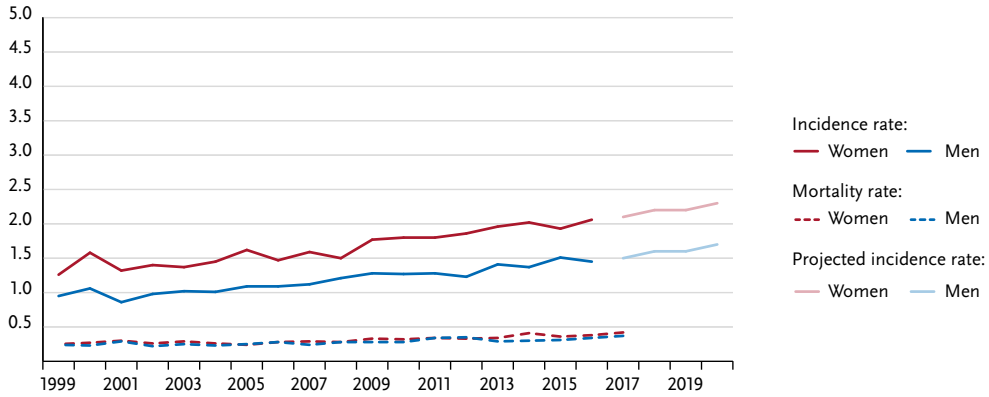


Figure 3.7.3
Absolute and relative survival rates up to 10 years after first diagnosis, by sex, ICD-10 C21, Germany 2015–2016

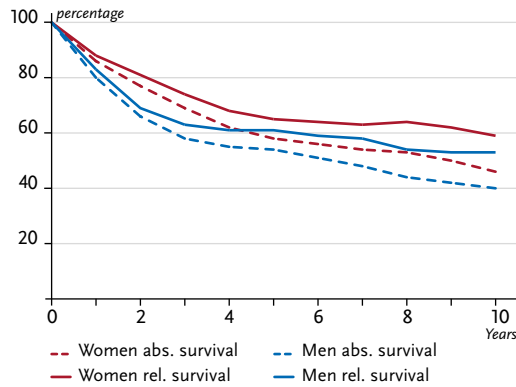


Figure 3.7.4
Relative 5-year survival by UICC-stage and sex, ICD-10 C21, Germany 201–2016

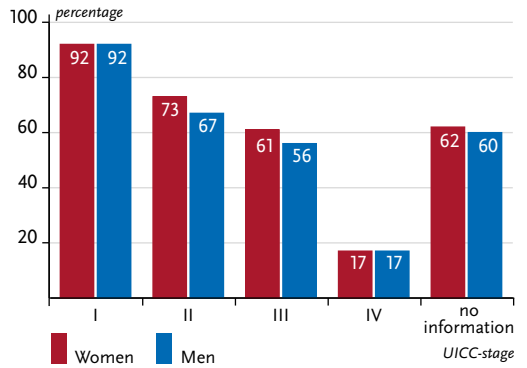


Figure 3.7.5
Age-specific incidence rates by sex, ICD-10 C21, Germany 2015–2016 per 100,000

