

3.8 Liver

Table 3.8.1
Overview of key epidemiological parameters for Germany, ICD-10 C22

Incidence	2015		2016		Prediction for 2020	
	Women	Men	Women	Men	Women	Men
Incident cases	2,880	6,110	2,750	6,220	3,100	6,400
Crude incidence rate ¹	6.9	15.2	6.6	15.3	7.4	15.9
Age-standardised incidence rate ^{1,2}	3.7	9.8	3.5	9.8	3.7	9.5
Median age at diagnosis	75	71	74	71		
Mortality	2015		2016		2017	
	Women	Men	Women	Men	Women	Men
Deaths	2,611	5,231	2,625	5,411	2,697	5,213
Crude mortality rate ¹	6.3	13.0	6.3	13.3	6.4	12.8
Age-standardised mortality rate ^{1,2}	3.1	8.1	3.0	8.2	3.1	7.8
Median age at death	76	73	77	74	77	74
Prevalence and survival rates	5 years		10 years			
	Women	Men	Women	Men		
Prevalence	3,600	9,700	4,700	12,700		
Absolute survival rate (2015–2016) ³	13 (6–20)	12 (7–18)	9 (6–17)	7 (5–11)		
Relative survival rate (2015–2016) ³	15 (7–22)	15 (9–21)	12 (8–25)	10 (7–16)		

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

Although liver cancer is relatively rare, it is one of the most common causes of cancer death and, as such, comes with a particularly poor prognosis. Around 9,000 new cases are diagnosed in Germany every year, with nearly 8,000 deaths. One in 88 men and one in 190 women in Germany will develop a malignant tumour of the liver during their lifetime. Relative 5-year survival rates among both men and women are currently around 15%. About 65% of malignant liver tumours develop out of liver cells (hepatocellular carcinomas) with 23% developing from the intrahepatic bile ducts (cholangiocarcinoma); this proportion is higher among women.

Since 1999, age-standardised incidence and mortality rates have risen slightly in both sexes. However, this increase does not appear to have continued over the past 5 years, and a decline in incidence and mortality has even been identified among men.

Incidence and mortality in the north-western German federal states are somewhat lower than in the rest of the country. Finally, men and women have particularly high rates of incidence and death in France.

Risk factors and early detection

The main risk factor associated with liver cancer is cirrhosis. In Germany, the most common causes of cirrhosis are chronic hepatitis C infections and high levels of alcohol consumption. Non-alcoholic fatty liver disease, which also increases the risk of liver cancer, is also becoming increasingly important in this context. This condition may occur as a consequence of diabetes mellitus or metabolic syndrome, with metabolic syndrome often being triggered by obesity.

Chronic hepatitis B infection, even without cirrhosis of the liver, is also a risk factor associated with liver cancer and is particularly important in Africa and Southeast Asia. Smoking also increases the risk of liver cancer. The consumption of foods containing the mould toxin aflatoxin B₁ continues to play a role in less developed countries. Inherited metabolic diseases such as hemochromatosis, porphyrias and alpha-1-antitrypsin deficiency can also increase the risk of liver cancer.

No statutory screening programme for liver cancer is currently in place for the general population. However, regular ultrasound check-ups should be offered to all patients with liver cirrhosis, chronic hepatitis B or C infections, and fatty liver disease. Blood tests (for alpha-fetoprotein) are only of minor relevance.

Figure 3.8.1a
Age-standardised incidence and mortality rates by sex, ICD-10 C22, Germany 1999–2016/2017, projection (incidence) through 2020 per 100,000 (old European Standard)

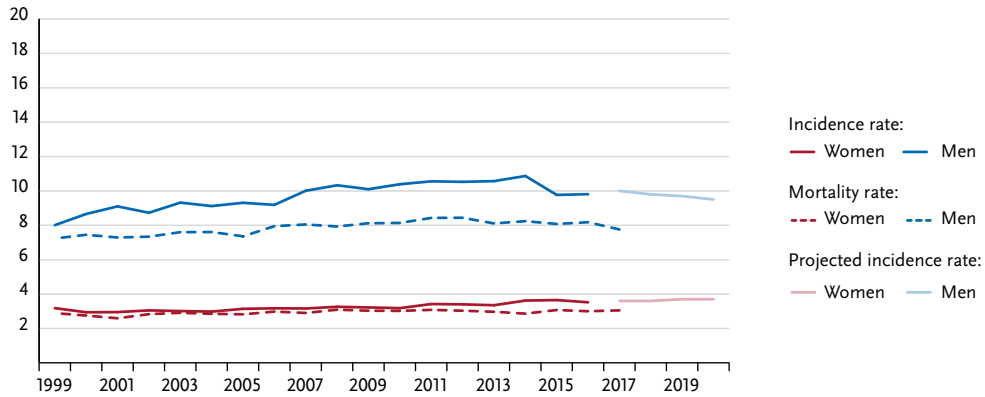


Figure 3.8.1b
Absolute numbers of incident cases and deaths by sex, ICD-10 C22, Germany 1999–2016/2017, projection (incidence) through 2020

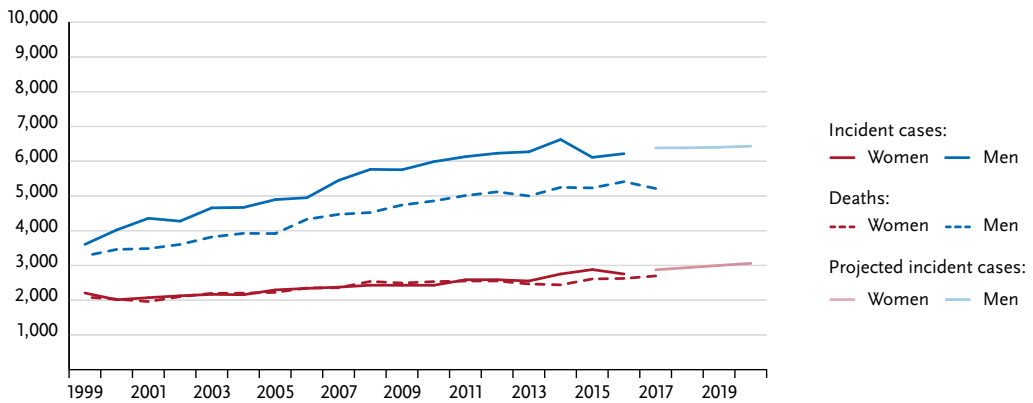


Figure 3.8.2
Age-specific incidence rates by sex, ICD-10 C22, Germany 2015–2016 per 100,000

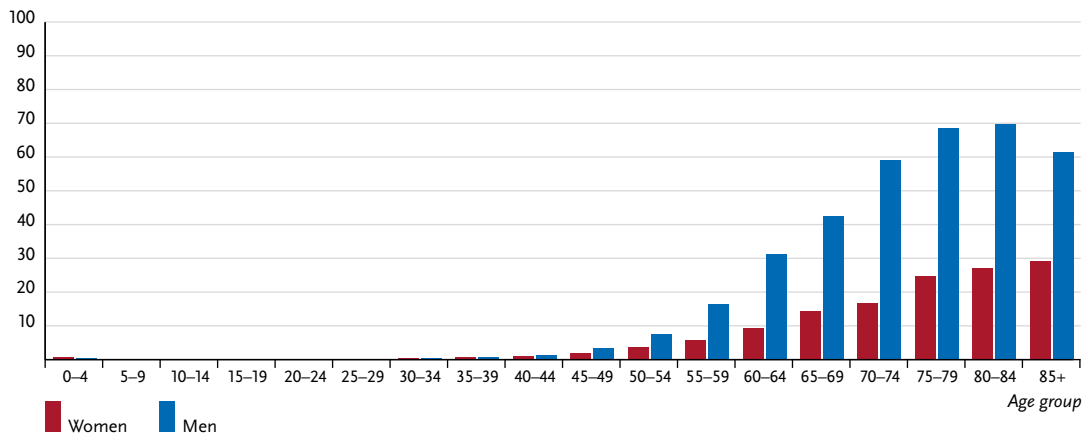


Table 3.8.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C22, database 2016

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 11,100)	0.5%	(1 in 190)	< 0.1%	(1 in 23,100)	0.5%	(1 in 190)
45 years	< 0.1%	(1 in 3,600)	0.5%	(1 in 200)	< 0.1%	(1 in 5,300)	0.5%	(1 in 190)
55 years	0.1%	(1 in 1,300)	0.5%	(1 in 200)	0.1%	(1 in 1,600)	0.5%	(1 in 200)
65 years	0.1%	(1 in 670)	0.4%	(1 in 230)	0.1%	(1 in 810)	0.5%	(1 in 210)
75 years	0.2%	(1 in 500)	0.3%	(1 in 300)	0.2%	(1 in 430)	0.4%	(1 in 250)
Lifetime risk			0.5%	(1 in 190)			0.5%	(1 in 190)
Men aged	in the next ten years		ever		in the next ten years		ever	
35 years	< 0.1%	(1 in 8,200)	1.2%	(1 in 86)	< 0.1%	(1 in 14,100)	1.1%	(1 in 91)
45 years	0.1%	(1 in 1,600)	1.2%	(1 in 86)	< 0.1%	(1 in 2,700)	1.1%	(1 in 91)
55 years	0.2%	(1 in 440)	1.1%	(1 in 87)	0.2%	(1 in 570)	1.1%	(1 in 91)
65 years	0.5%	(1 in 220)	1.0%	(1 in 98)	0.4%	(1 in 270)	1.0%	(1 in 97)
75 years	0.5%	(1 in 190)	0.7%	(1 in 140)	0.6%	(1 in 170)	0.8%	(1 in 120)
Lifetime risk			1.1%	(1 in 88)			1.1%	(1 in 93)

Figure 3.8.3
Distribution of UICC-stages at first diagnosis by sex, ICD-10 C22, Germany 2015–2016
(top: all cases; bottom: only valid reports)

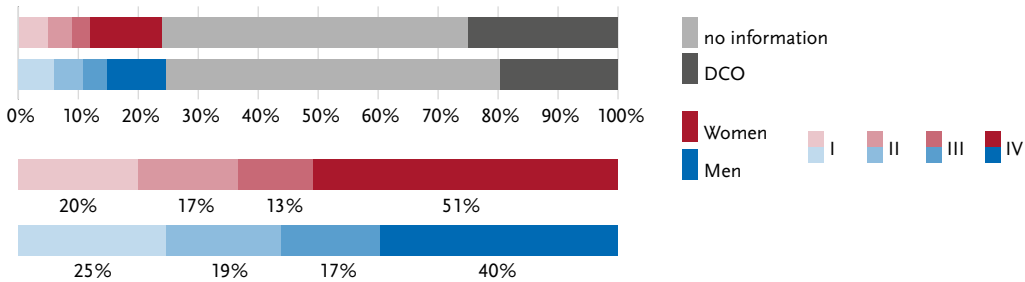


Figure 3.8.4
Absolute and relative survival rates up to 10 years after first diagnosis, by sex, ICD-10 C22, Germany 2015–2016

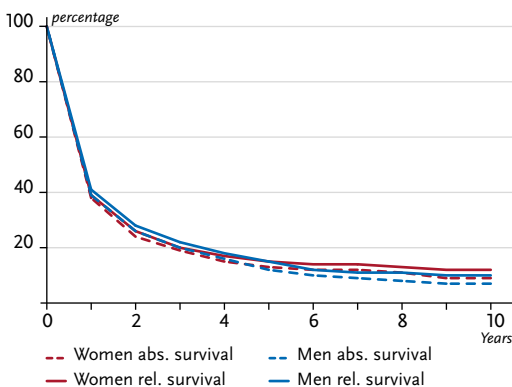


Figure 3.8.5
Relative 5-year survival by UICC-stage and sex, ICD-10 C22, Germany 2015–2016

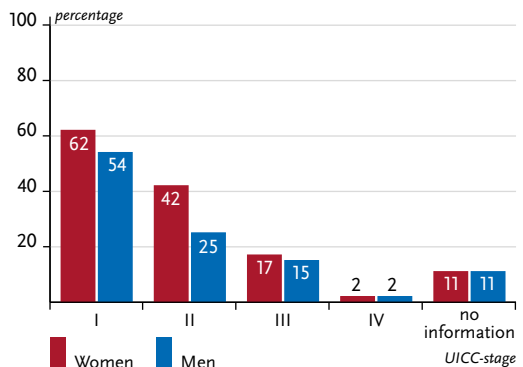


Figure 3.8.6
 Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C22, 2015–2016
 (Incidence in Bremen for 2014 and 2016, incidence in eastern Germany for 2014 to 2015)
 per 100,000 (old European Standard)

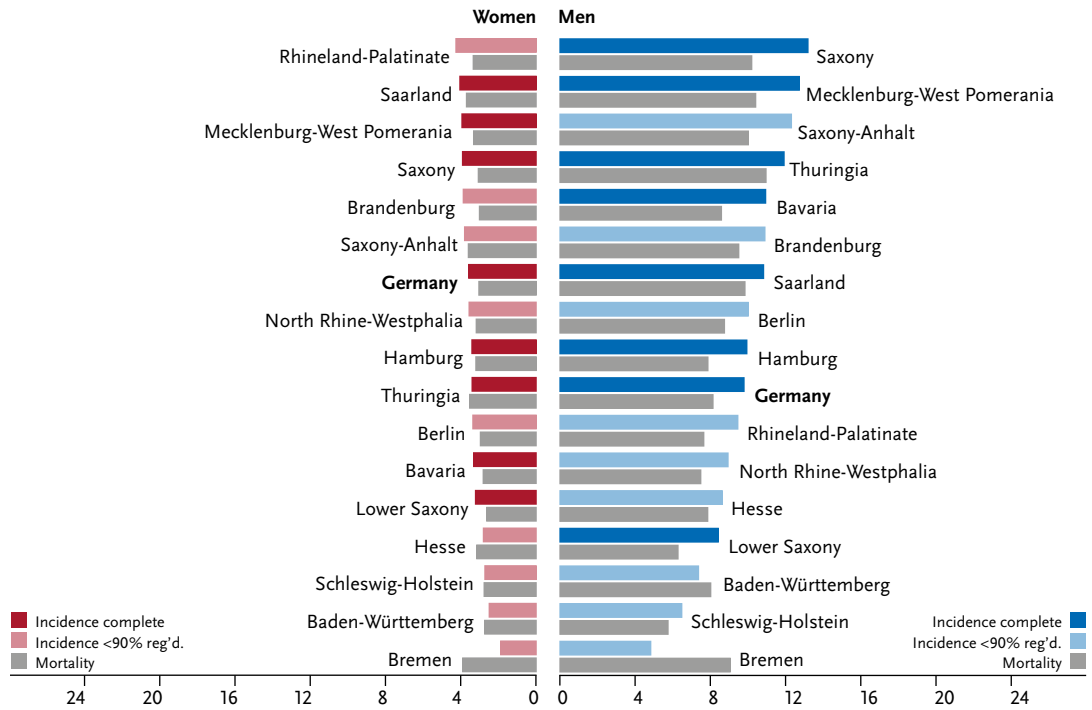


Figure 3.8.7
 International comparison of age-standardised incidence and mortality rates by sex,
 ICD-10 C22, 2015–2016 or latest available year (details and sources, see appendix)
 per 100,000 (old European Standard)

