

3.9 Gall bladder and biliary tract

Table 3.9.1
Overview of key epidemiological parameters for Germany, ICD-10 C23–C24

Incidence	2015		2016		Prediction for 2020	
	Women	Men	Women	Men	Women	Men
Incident cases	2,890	2,600	2,740	2,550	2,500	2,600
Crude incidence rate ¹	7.0	6.5	6.6	6.3	6.1	6.5
Age-standardised incidence rate ^{1,2}	3.3	4.0	3.2	3.9	2.8	3.8
Median age at diagnosis	77	73	77	74		
Mortality	2015		2016		2017	
	Women	Men	Women	Men	Women	Men
Deaths	2,090	1,611	2,113	1,562	2,072	1,727
Crude mortality rate ¹	5.0	4.0	5.1	3.8	4.9	4.2
Age-standardised mortality rate ^{1,2}	2.2	2.4	2.2	2.2	2.1	2.5
Median age at death	78	75	79	76	79	76
Prevalence and survival rates	5 years		10 years			
	Women	Men	Women	Men		
Prevalence	4,400	4,200	6,100	5,800		
Absolute survival rate (2015–2016) ³	15 (9–24)	18 (7–22)	10 (6–22)	12 (5–16)		
Relative survival rate (2015–2016) ³	18 (11–30)	22 (9–27)	16 (9–37)	18 (7–23)		

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

In 2016, about 5,290 new cases of malignant tumours of the gall bladder (about 32%) and extrahepatic bile ducts (68%) were diagnosed in Germany. The proportion of biliary tract tumours diagnosed outside of the liver was significantly higher in men (79%) than in women (60%). The majority of these cancers were adenocarcinomas. About 1% of tumours of the biliary tract were what are known as Klatskin tumours.

As with liver cancer, the risk of developing gall bladder and biliary tract cancer increases steadily with age. One in every 190 women and one in every 210 men will develop a gall bladder or biliary tract tumour during their lifetime.

Since 1999, age-standardised incidence in Germany has declined significantly among women (particularly regarding gall bladder carcinomas). Incidence has remained largely constant among men, although age-standardised mortality decreased until around 2009, after which it began to rise again slightly.

The 5-year survival rates from malignant tumours of the gall bladder and biliary tract are rather low at 18% among women and 22% among men.

Risk factors

The causes of gall bladder and biliary tract carcinomas have yet to be clearly identified. Age is the main known risk factor. Severe overweight and primary sclerosing cholangitis (PSC) are also risk factors associated with these tumours. Large gallbladder polyps, inflammation of the gallbladder (and the resulting porcelain gallbladder), as well as gallbladder stones, can increase the risk of gallbladder carcinomas. In addition to chronic inflammatory diseases of the bile ducts, the following pre-existing diseases are risk factors associated with bile duct carcinomas: congenital dilation of the bile ducts (Caroli syndrome), bile duct stones, bile duct cysts, diabetes mellitus, hepatitis B and C infections, liver diseases caused by a high level of alcohol consumption; inflammatory bowel disease, and smoking. Parasitic liver flukes are another risk factor associated with bile duct and gallbladder carcinomas, and are particularly relevant in Asia.

Screening of the general population for these forms of cancer would not be particularly useful. However, regular check-ups could be considered for certain risk groups, such as patients with gallbladder polyps, gallbladder stones and PSC.

Figure 3.9.1a
 Age-standardised incidence and mortality rates by sex, ICD-10 C23–C24, Germany 1999–2016/2017, projection (incidence) through 2020 per 100,000 (old European Standard)

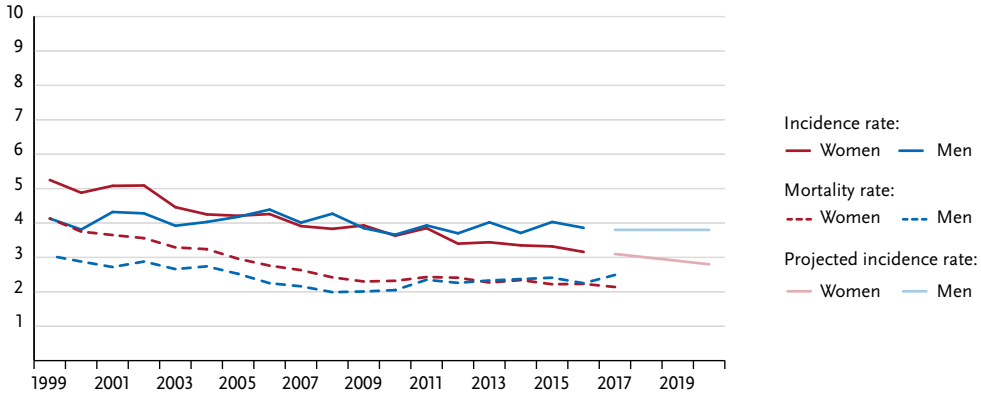


Figure 3.9.1b
 Absolute numbers of incident cases and deaths by sex, ICD-10 C23–C24, Germany 1999–2016/2017, projection (incidence) through 2020

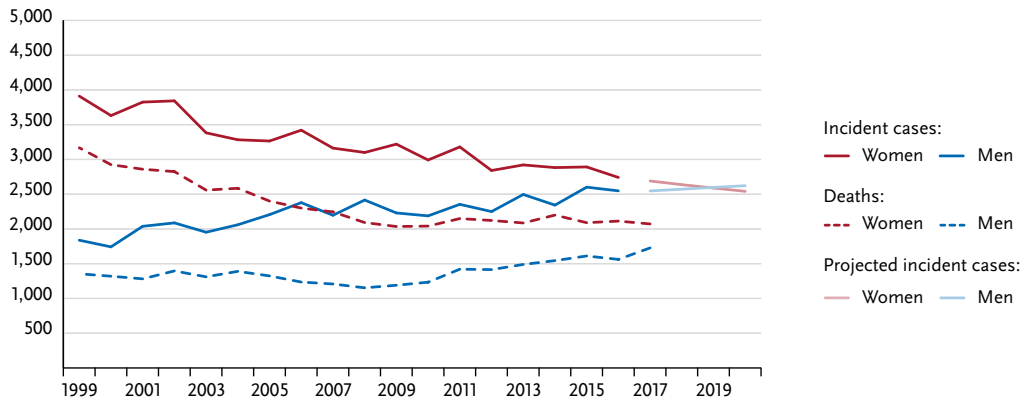


Figure 3.9.2
 Age-specific incidence rates by sex, ICD-10 C23–C24, Germany 2015–2016 per 100,000

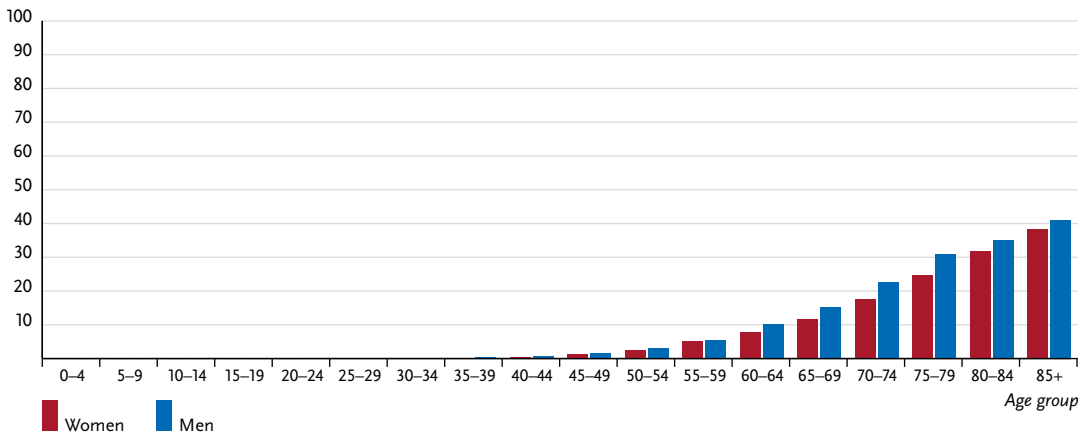


Table 3.9.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C23–C24, database 2016

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 23,700)	0.5%	(1 in 190)	< 0.1%	(1 in 52,600)	0.4%	(1 in 230)
45 years	< 0.1%	(1 in 5,100)	0.5%	(1 in 190)	< 0.1%	(1 in 8,900)	0.4%	(1 in 230)
55 years	0.1%	(1 in 1,500)	0.5%	(1 in 190)	< 0.1%	(1 in 2,500)	0.4%	(1 in 230)
65 years	0.1%	(1 in 720)	0.5%	(1 in 210)	0.1%	(1 in 1,100)	0.4%	(1 in 240)
75 years	0.2%	(1 in 450)	0.4%	(1 in 260)	0.2%	(1 in 510)	0.4%	(1 in 270)
Lifetime risk			0.5%	(1 in 190)			0.4%	(1 in 240)
Men aged	in the next ten years		ever		in the next ten years		ever	
35 years	< 0.1%	(1 in 16,600)	0.5%	(1 in 200)	< 0.1%	(1 in 81,000)	0.3%	(1 in 300)
45 years	< 0.1%	(1 in 4,100)	0.5%	(1 in 200)	< 0.1%	(1 in 11,200)	0.3%	(1 in 300)
55 years	0.1%	(1 in 1,400)	0.5%	(1 in 210)	< 0.1%	(1 in 2,900)	0.3%	(1 in 300)
65 years	0.2%	(1 in 600)	0.5%	(1 in 220)	0.1%	(1 in 1,000)	0.3%	(1 in 300)
75 years	0.2%	(1 in 400)	0.4%	(1 in 280)	0.2%	(1 in 530)	0.3%	(1 in 340)
Lifetime risk			0.5%	(1 in 210)			0.3%	(1 in 310)

Figure 3.9.3
Distribution of UICC-stages at first diagnosis by sex, ICD-10 C23–C24, Germany 2015–2016
(top: all cases; bottom: only valid reports)

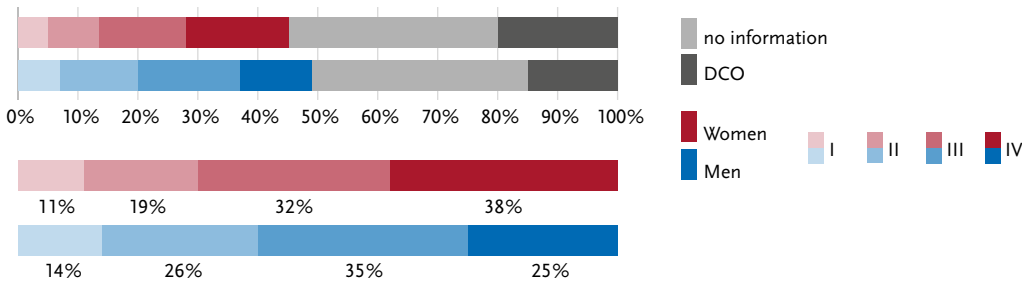


Figure 3.9.4
Absolute and relative survival rates up to 10 years after first diagnosis, by sex, ICD-10 C23–C24, Germany 2015–2016

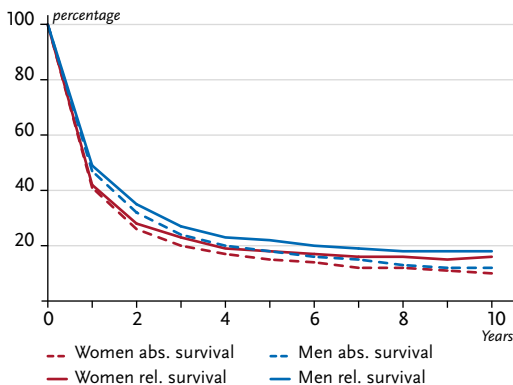


Figure 3.9.5
Relative 5-year survival by UICC-stage and sex, ICD-10 C23–C24, Germany 2015–2016

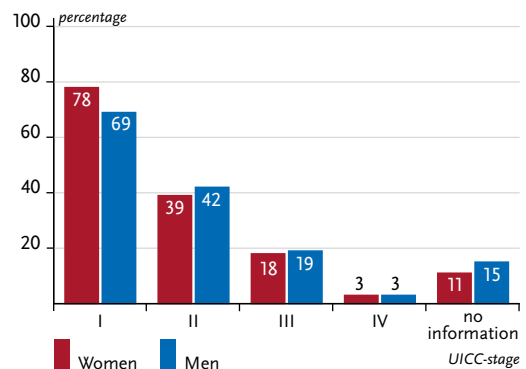


Figure 3.9.6
 Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C23–C24, 2015–2016
 (Incidence in Bremen for 2014 and 2016, incidence in eastern Germany for 2014 to 2015)
 per 100,000 (old European Standard)

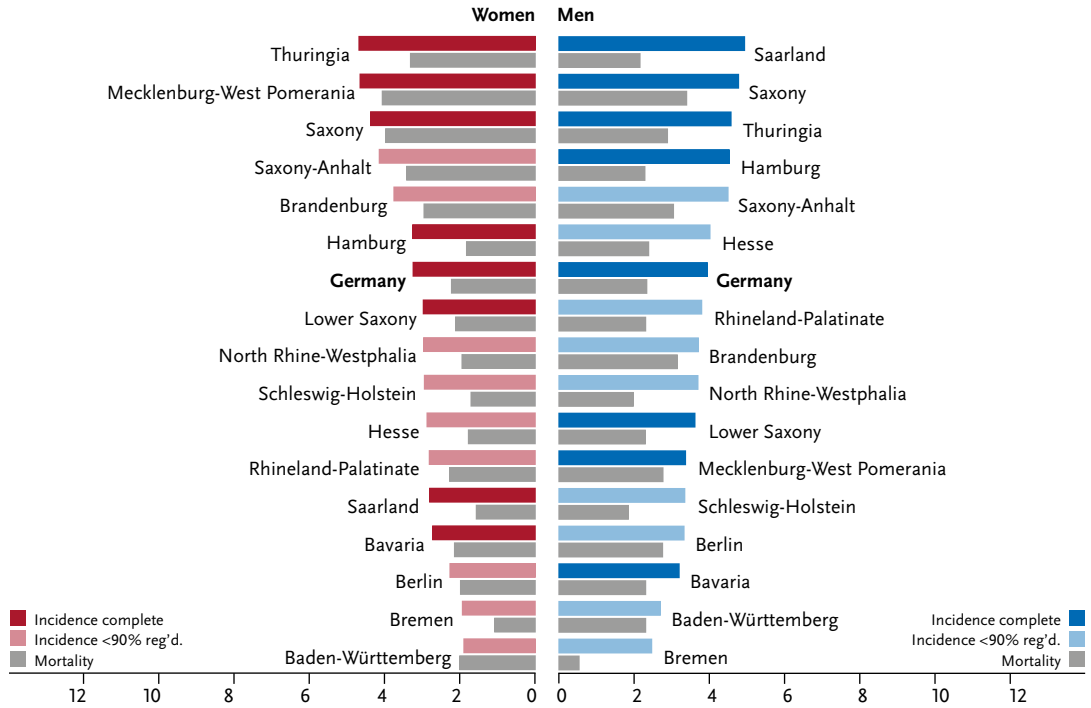
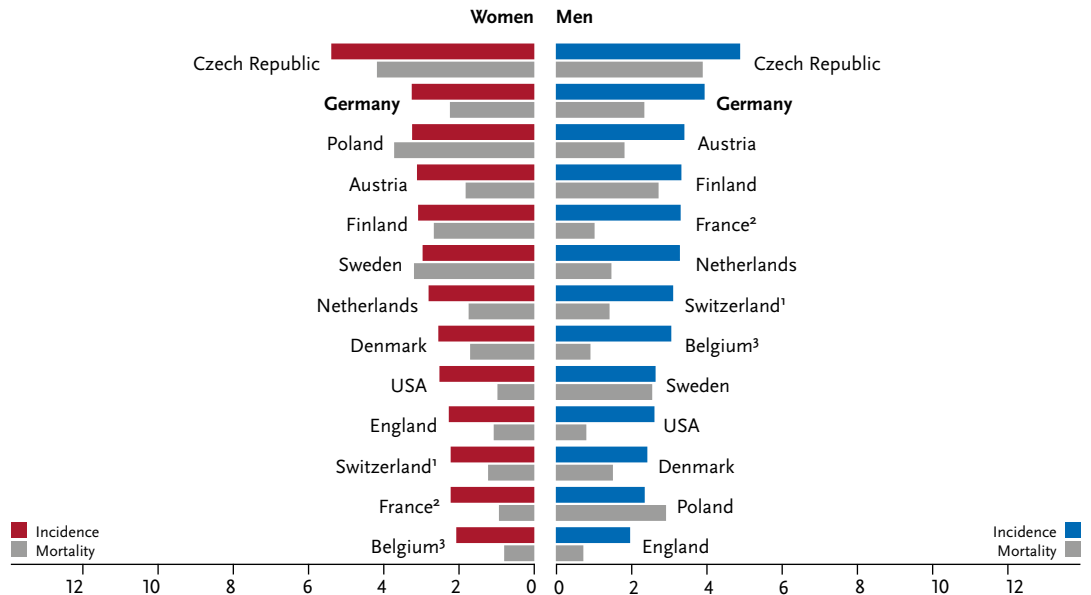


Figure 3.9.7
 International comparison of age-standardised incidence and mortality rates by sex,
 ICD-10 C23–C24, 2015–2016 or latest available year (details and sources, see appendix)
 per 100,000 (old European Standard)



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