

3.10 Pancreas

Table 3.10.1
Overview of key epidemiological parameters for Germany, ICD-10 C25

Incidence	2015		2016		Prediction for 2020	
	Women	Men	Women	Men	Women	Men
Incident cases	9,020	9,370	9,190	9,180	9,700	10,200
Crude incidence rate ¹	21.7	23.3	22.0	22.6	23.3	25.3
Age-standardised incidence rate ^{1,2}	10.8	14.9	10.9	14.4	10.9	15.1
Median age at diagnosis	76	72	76	72		
Mortality	2015		2016		2017	
	Women	Men	Women	Men	Women	Men
Deaths	8,659	8,497	9,044	9,008	9,058	8,947
Crude mortality rate ¹	20.9	21.2	21.7	22.2	21.6	21.9
Age-standardised mortality rate ^{1,2}	9.8	13.2	10.1	13.7	9.9	13.3
Median age at death	77	73	77	73	77	74
Prevalence and survival rates	5 years		10 years			
	Women	Men	Women	Men		
Prevalence	10,600	11,500	13,500	14,200		
Absolute survival rate (2015–2016) ³	8 (4–17)	8 (4–12)	5 (2–12)	5 (3–9)		
Relative survival rate (2015–2016) ³	9 (4–19)	9 (5–14)	7 (3–17)	7 (4–12)		

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, around 18,400 people in Germany were diagnosed with pancreatic cancer. Its unfavourable prognosis means that nearly the same number of people died from the condition. Since the end of the 1990s, age-standardised incidence and mortality rates have increased slightly, especially among persons above the age of 65 years. Furthermore, the absolute number of new cases and deaths has steadily increased over the years both among women and men, although this trend is also influenced by demographics.

Malignant neoplasms of the pancreas frequently cause no or non-specific symptoms in their early stages. Thus, they are usually first detected at an advanced stage. This explains the extremely unfavourable relative 5-year survival rate associated with pancreatic cancer: just 9% for women and men in Germany. Pancreatic carcinoma, thus, has the lowest survival rate of all forms of cancer. Moreover, it is also the fourth most common cause of death from cancer among both women and men (8.6% and 7.2% respectively). The median age at diagnosis is 76 years for women and 72 years for men.

Risk factors

Passive and active smoking are known risk factors associated with pancreatic cancer. Severe excess weight (adiposity), type 2 diabetes mellitus and a very high alcohol intake are further risk factors. Patients with chronic inflammation of the pancreas (pancreatitis) also have an increased risk. Infections with pathogens such as *Helicobacter pylori*, hepatitis B or HIV are also linked to pancreatic cancer. First-degree relatives of people with pancreatic cancer are at an increased risk of developing the condition themselves. This association may be due to a similar lifestyle or to genetic factors, such as a BRCA-2 mutation. The consumption of large amounts of processed meats and smoked or grilled foods may also increase the risk of pancreatic cancer.

The role played by environmental factors and occupational exposure to harmful substances is currently unclear. However, possible risk factors associated with pancreatic carcinoma include pesticides, herbicides, fungicides, chlorinated hydrocarbons, chromium and chromium-containing compounds, electromagnetic fields and fuel vapours.

Figure 3.10.1a
 Age-standardised incidence and mortality rates by sex, ICD-10 C25, Germany 1999–2016/2017, projection (incidence) through 2020 per 100,000 (old European Standard)

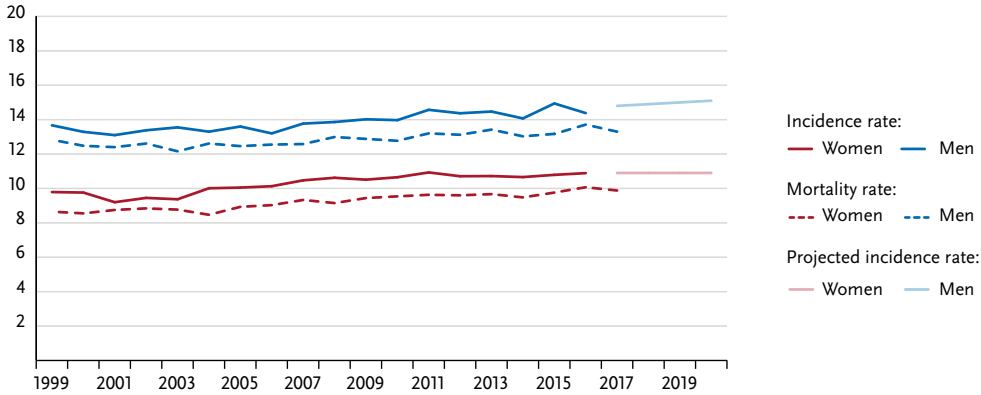


Figure 3.10.1b
 Absolute numbers of incident cases and deaths by sex, ICD-10 C25, Germany 1999–2016/2017, projection (incidence) through 2020

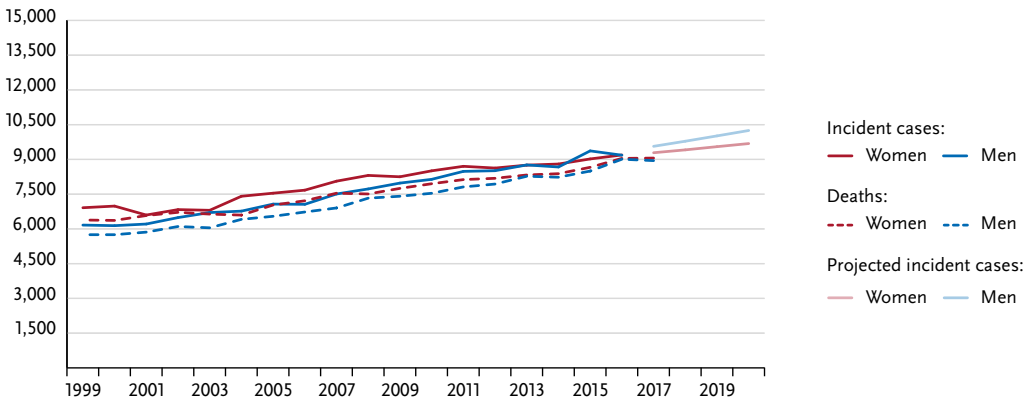


Figure 3.10.2
 Age-specific incidence rates by sex, ICD-10 C25, Germany 2015–2016 per 100,000

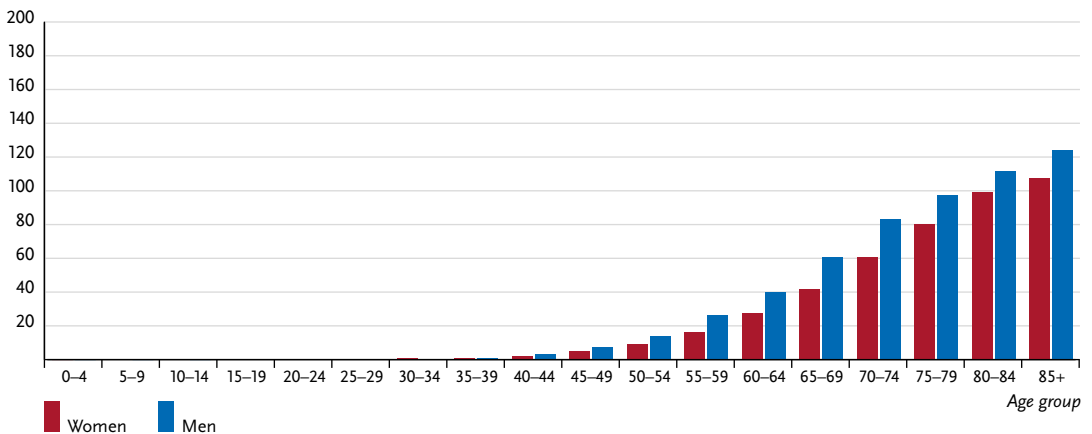


Table 3.10.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C25, database 2016

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 5,500)	1.8%	(1 in 57)	< 0.1%	(1 in 9,000)	1.8%	(1 in 55)
45 years	0.1%	(1 in 1,400)	1.7%	(1 in 57)	0.1%	(1 in 1,800)	1.8%	(1 in 55)
55 years	0.2%	(1 in 460)	1.7%	(1 in 58)	0.2%	(1 in 520)	1.8%	(1 in 56)
65 years	0.5%	(1 in 200)	1.6%	(1 in 63)	0.4%	(1 in 230)	1.7%	(1 in 59)
75 years	0.8%	(1 in 130)	1.2%	(1 in 82)	0.8%	(1 in 120)	1.4%	(1 in 71)
Lifetime risk			1.7%	(1 in 58)			1.8%	(1 in 56)
Men aged	in the next ten years		ever		in the next ten years		ever	
35 years	< 0.1%	(1 in 4,500)	1.7%	(1 in 57)	< 0.1%	(1 in 7,800)	1.8%	(1 in 54)
45 years	0.1%	(1 in 950)	1.7%	(1 in 57)	0.1%	(1 in 1,200)	1.8%	(1 in 54)
55 years	0.3%	(1 in 320)	1.7%	(1 in 59)	0.3%	(1 in 350)	1.8%	(1 in 55)
65 years	0.6%	(1 in 160)	1.5%	(1 in 65)	0.6%	(1 in 170)	1.7%	(1 in 58)
75 years	0.8%	(1 in 130)	1.1%	(1 in 88)	0.9%	(1 in 110)	1.4%	(1 in 72)
Lifetime risk			1.7%	(1 in 59)			0.4%	(1 in 56)

Figure 3.10.3
Distribution of UICC-stages at first diagnosis by sex, ICD-10 C25, Germany 2015–2016
(top: all cases; bottom: only valid reports)

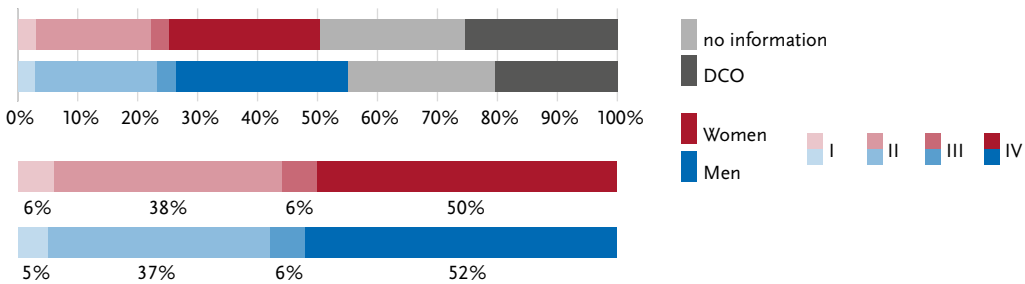


Figure 3.10.4
Absolute and relative survival rates up to 10 years after first diagnosis, by sex, ICD-10 C25, Germany 2015–2016

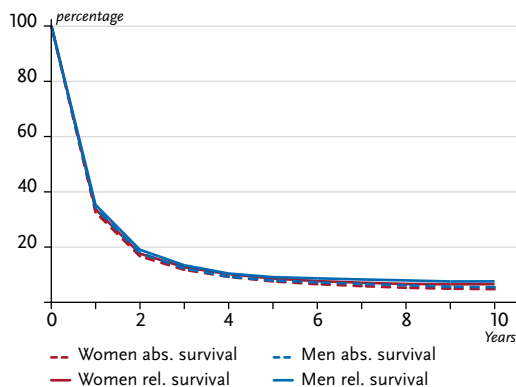


Figure 3.10.5
Relative 5-year survival by UICC-stage and sex, ICD-10 C25, Germany 2015–2016

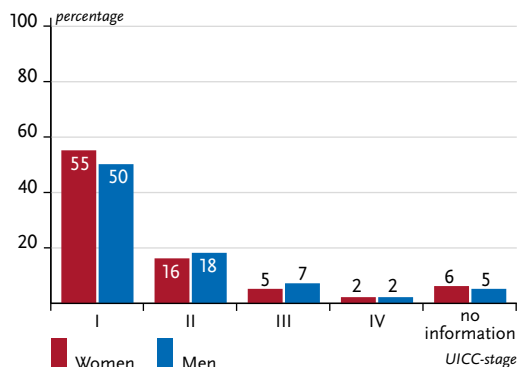


Figure 3.10.6
 Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C25, 2015–2016
 (Incidence in Bremen for 2014 and 2016, incidence in eastern Germany for 2014 to 2015)
 per 100,000 (old European Standard)

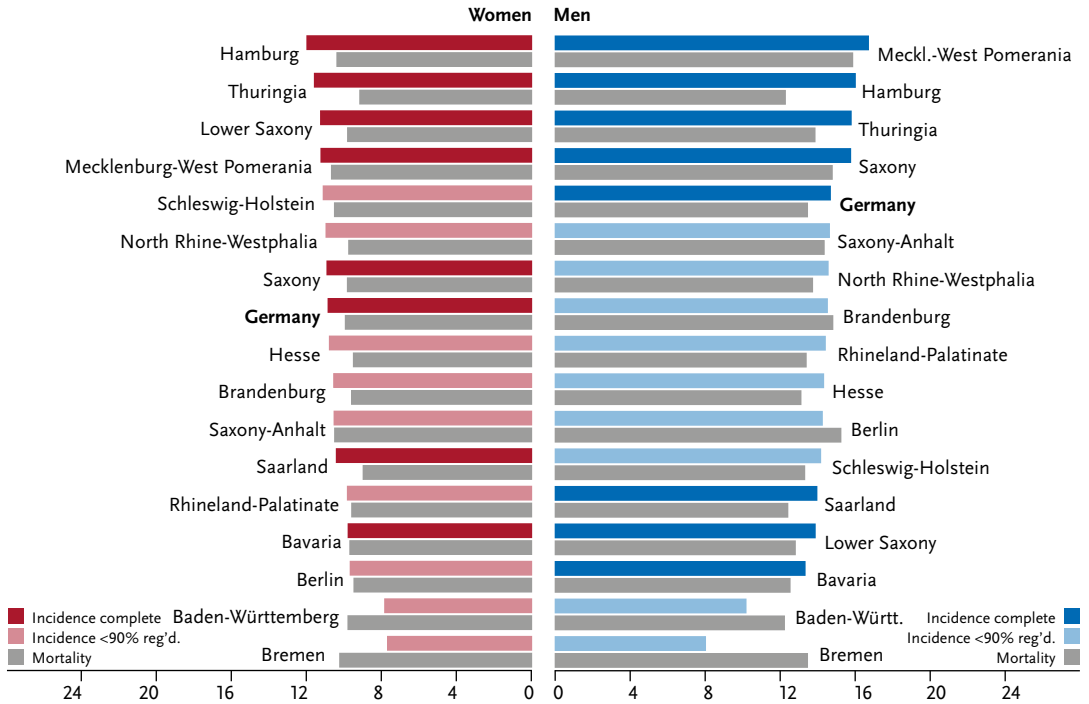


Figure 3.10.7
 International comparison of age-standardised incidence and mortality rates by sex,
 ICD-10 C25, 2015–2016 or latest available year (details and sources, see appendix)
 per 100,000 (old European Standard)

