

3.3 Oesophagus

Table 3.3.1
Overview of key epidemiological parameters for Germany, ICD-10 C15

Incidence	2017		2018		Prediction for 2022	
	Women	Men	Women	Men	Women	Men
Incident cases	1,660	5,600	1,840	5,710	2,000	6,300
Crude incidence rate ¹	4.0	13.7	4.4	14.0	4.8	15.2
Age-standardised incidence rate ^{1, 2}	2.3	9.3	2.4	9.3	2.6	9.7
Median age at diagnosis	71	67	71	68		
Mortality	2017		2018		2019	
	Women	Men	Women	Men	Women	Men
Deaths	1,233	4,266	1,358	4,278	1,332	4,510
Crude mortality rate ¹	2.9	10.5	3.2	10.5	3.2	11.0
Age-standardised mortality rate ^{1, 2}	1.5	6.8	1.6	6.8	1.6	7.0
Median age at death	74	70	75	69	75	70
Prevalence and survival rates	5 years		10 years		25 years	
	Women	Men	Women	Men	Women	Men
Prevalence	3,300	10,300	4,800	14,800	6,700	21,000
Absolute survival rate (2017–2018) ³	21 (18–26)	22 (20–28)	16 (14–26)	15 (13–20)		
Relative survival rate (2017–2018) ³	24 (20–28)	26 (23–33)	21 (19–34)	21 (17–27)		

¹ per 100,000 persons ² age-standardised (old European Standard) ³ in percent (lowest and highest value of the included German federal states)

Epidemiology

Cancer of the oesophagus accounts for about 1.3% of all cancer deaths in women and 3.4% in men. Since 1999, the age-standardised mortality rates have changed only marginally for both women and men. In Germany, men develop oesophageal cancer three times more frequently and, at 68 years of age (2018), on average three years earlier than women. For both sexes, the incidence rates decrease slightly for the age groups below 60 years, while they tend to increase in the higher age groups.

Squamous cell carcinomas account for 43% of all cancers of the oesophagus. The proportion of adenocarcinomas, which occur almost exclusively at the junction with the stomach, has risen to 47% in recent years. In men, the proportion of adenocarcinomas with 51%, is now even considerably higher than that of squamous cell carcinomas. Oesophageal carcinoma is one of the cancers with unfavourable survival prospects, with relative 5-year survival rates of 24% and 26% for women and men respectively. Only just under one in three tumours is diagnosed at an early stage (UICC I/II).

Risk factors

Oesophageal cancer can be divided into squamous cell carcinoma and the slightly more common adenocarcinoma. Adenocarcinomas often arise due to gastroesophageal reflux disease (persistent reflux of gastric juice into the oesophagus – chronic heartburn). These conditions lead to mucosal changes in the lower part of the oesophagus: A so-called Barrett's oesophagus can be developed, which is considered a precancerous condition. Other important risk factors are obesity and smoking.

The main risk factors for squamous cell carcinoma of the oesophagus in Germany are tobacco and alcohol consumption, especially in combination: If both factors act together, the harmful effect is considerably increased.

A motility disorder of the oesophagus and the sphincter between the oesophagus and the stomach (achalasia) significantly increases the risk of both squamous cell and adenocarcinoma. A familial accumulation of cases of the disease is also known. Whether and to what extent hereditary predisposition or environmental factors play a role is still unclear.

Figure 3.3.1a
 Age-standardised incidence and mortality rates by sex, ICD-10 C15, Germany 1999–2018/2019, projection (incidence) through 2022
 per 100,000 (old European Standard)

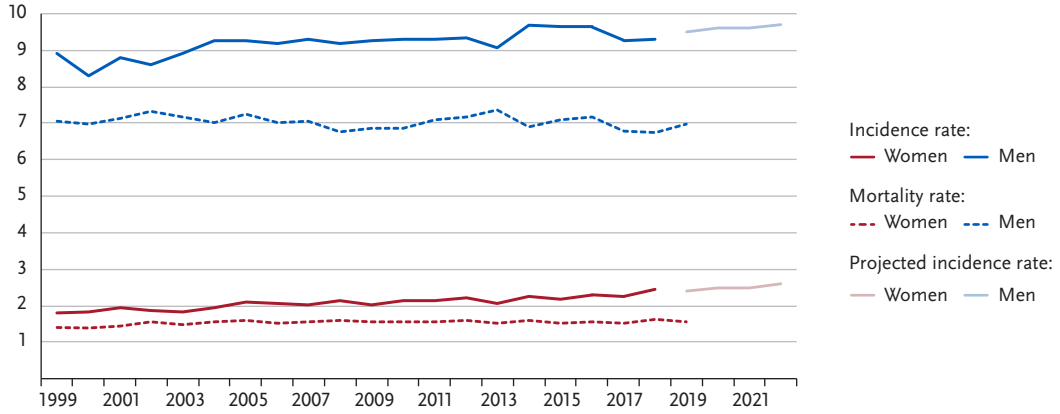


Figure 3.3.1b
 Absolute numbers of incident cases and deaths by sex, ICD-10 C15, Germany 1999–2018/2019, projection (incidence) through 2022

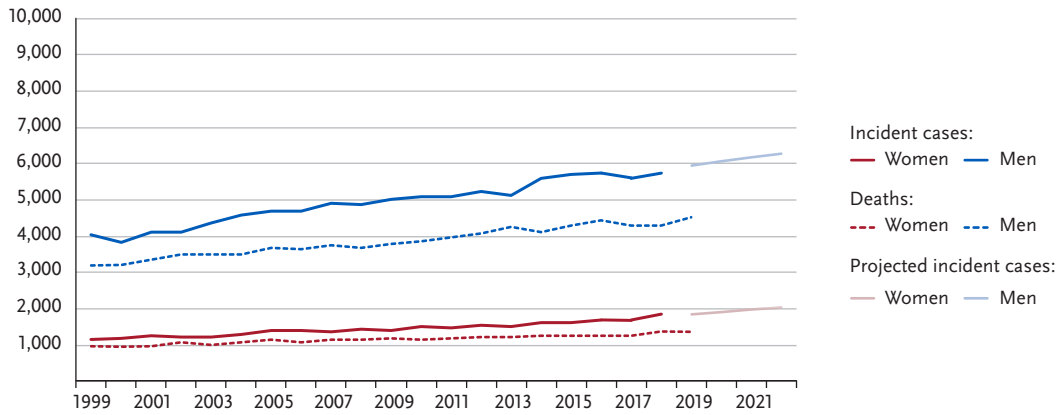


Figure 3.3.2
 Age-specific incidence rates by sex, ICD-10 C15, Germany 2017–2018
 per 100,000

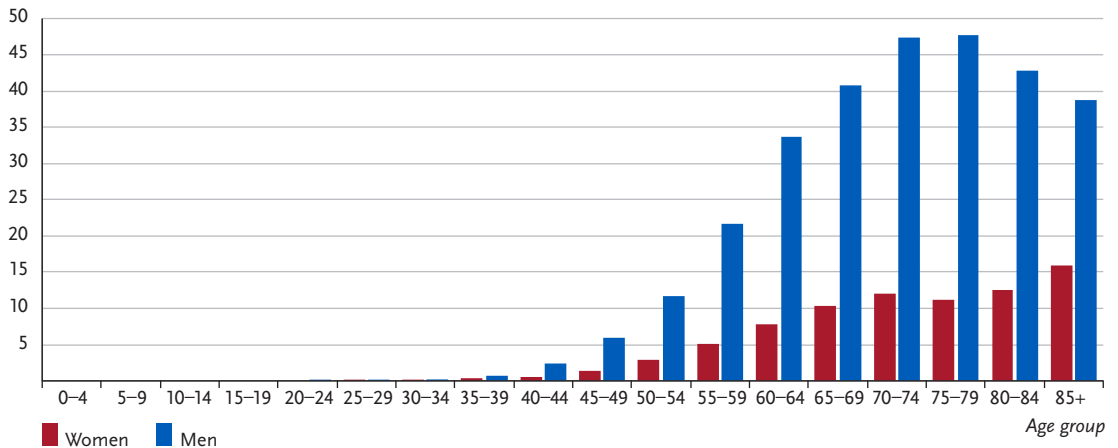


Table 3.3.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C15, database 2018

Risk of developing cancer				Mortality risk				
Women aged	in the next 10 years		ever		in the next 10 years		ever	
35 years	< 0.1 %	(1 in 19,100)	0.3 %	(1 in 290)	< 0.1 %	(1 in 39,500)	0.3 %	(1 in 390)
45 years	< 0.1 %	(1 in 4,600)	0.3 %	(1 in 300)	< 0.1 %	(1 in 8,200)	0.3 %	(1 in 390)
55 years	0.1 %	(1 in 1,500)	0.3 %	(1 in 310)	< 0.1 %	(1 in 2,700)	0.3 %	(1 in 400)
65 years	0.1 %	(1 in 920)	0.3 %	(1 in 370)	0.1 %	(1 in 1,400)	0.2 %	(1 in 440)
75 years	0.1 %	(1 in 930)	0.2 %	(1 in 550)	0.1 %	(1 in 1,100)	0.2 %	(1 in 570)
Lifetime risk			0.3 %	(1 in 300)			0.3 %	(1 in 390)
Men aged	in the next 10 years		ever		in the next 10 years		ever	
35 years	< 0.1 %	(1 in 6,100)	1.0 %	(1 in 96)	< 0.1 %	(1 in 11,700)	0.8 %	(1 in 130)
45 years	0.1 %	(1 in 1,100)	1.0 %	(1 in 97)	0.1 %	(1 in 1,700)	0.8 %	(1 in 130)
55 years	0.3 %	(1 in 380)	1.0 %	(1 in 100)	0.2 %	(1 in 560)	0.8 %	(1 in 130)
65 years	0.4 %	(1 in 250)	0.8 %	(1 in 130)	0.3 %	(1 in 350)	0.6 %	(1 in 160)
75 years	0.4 %	(1 in 270)	0.5 %	(1 in 200)	0.3 %	(1 in 330)	0.5 %	(1 in 220)
Lifetime risk			1.0 %	(1 in 98)			0.8 %	(1 in 130)

Figure 3.3.3
Distribution of UICC stages at diagnosis by sex, ICD-10 C15, Germany 2017–2018
top: according to 7th edition TNM; bottom: according to 8th edition TNM.
The DCO proportion was 6%. For 51% of the remaining cases, no UICC stage could be assigned.

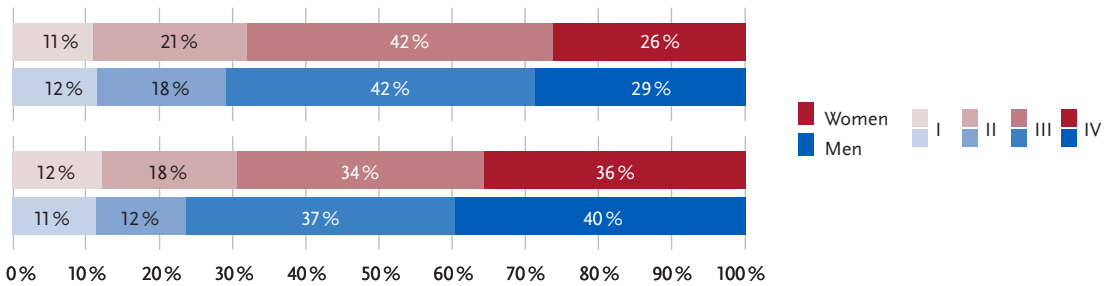


Figure 3.3.4
Absolute and relative survival rates up to 10 years after diagnosis by sex, ICD-10 C15, Germany 2017–2018

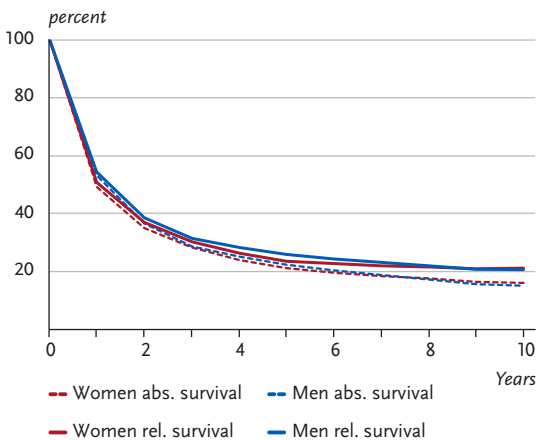


Figure 3.3.5
Relative 5-year survival by UICC stage (7th edition TNM) and sex, ICD-10 C15, Germany 2016–2018

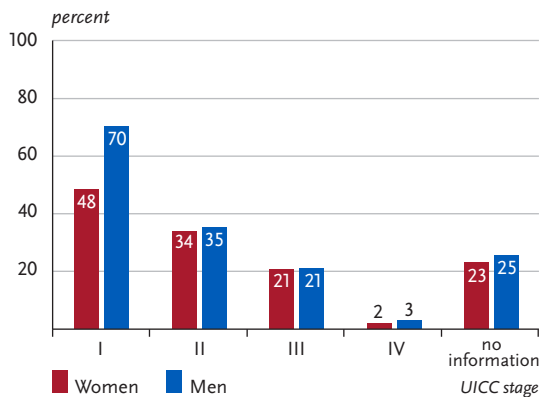


Figure 3.3.6
 Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C15, 2017–2018
 per 100,000 (old European Standard)

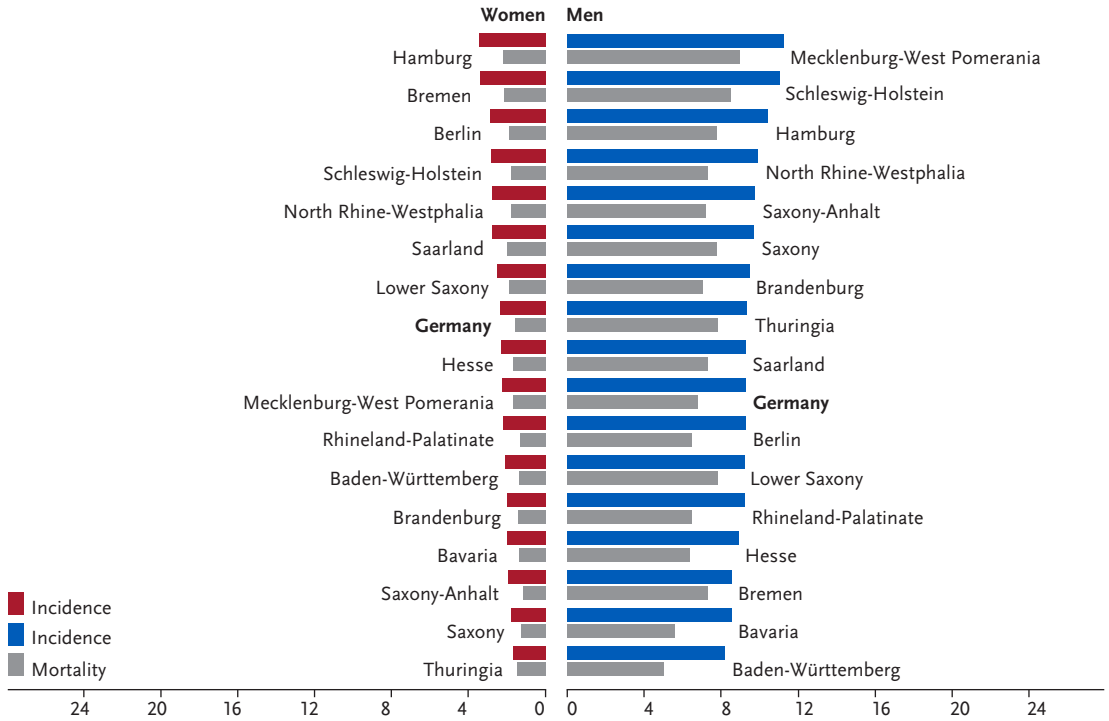


Figure 3.3.7
 International comparison of age-standardised incidence and mortality rates by sex,
 ICD-10 C15, 2017–2018 or latest available year (details and sources, see appendix)
 per 100,000 (old European Standard)

