3.5 Small intestine

Table 3.5.1
Overview of key epidemiological parameters for Germany, ICD-10 C17

Incidence		2017		2018		Prediction for 2022
	Women	Men	Women	Men	Women	Men
Incident cases	1,130	1,470	1,160	1,520	1,500	1,900
Crude incidence rate [1]	2.7	3.6	2.8	3.7	3.5	4.6
Age-standardised incidence rate [1, 2]	1.6	2.4	1.7	2.5	2.0	2.9
Median age at diagnosis	69	68	70	68		
Mortality		**2017**		**2018**		**2019**
	Women	Men	Women	Men	Women	Men
Deaths	313	345	346	407	314	377
Crude mortality rate [1]	0.7	0.8	0.8	1.0	0.7	0.9
Age-standardised mortality rate [1, 2]	0.4	0.5	0.4	0.6	0.4	0.6
Median age at death	76	75	77	76	77	74
Prevalence and survival rates		**5 years**		**10 years**		**25 years**
	Women	Men	Women	Men	Women	Men
Prevalence	3,700	4,500	6,100	7,100	8,500	9,700
Absolute survival rate (2017–2018) [3]	53	56	41	41		
Relative survival rate (2017–2018) [3]	60	65	53	57		

[1] per 100,000 persons [2] age-standardised (old European Standard) [3] in percent

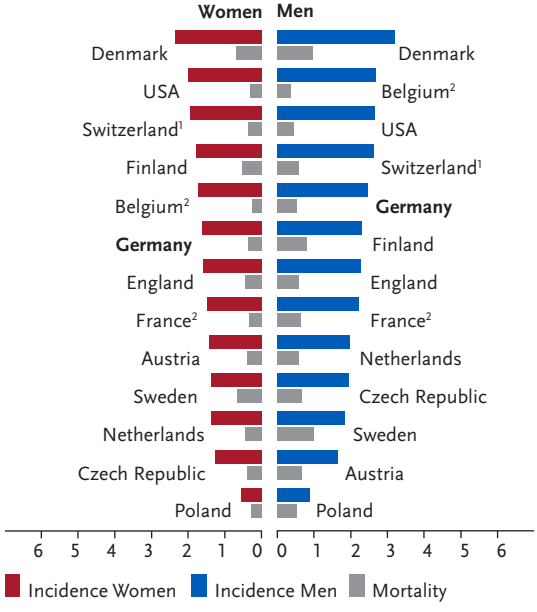
Epidemiology and risk factors

About half of the malignant tumours of the small intestine are neuroendocrine tumours (NET), which occur less frequently in other organs of the digestive tract, in the lungs or in the skin.

Gastrointestinal stromal tumours (GIST) account for a good 10 % of cases. In total, around 2,680 people, 1,160 of them women, were diagnosed with cancer of the small intestine in Germany in 2018. Incidence and mortality rates have increased significantly since 1999. Overall survival rates are slightly lower than for colon cancer, although 5-year survival rates for both GIST and NET are significantly higher than for other malignant small intestine tumours.

Little is known about risk factors for NET of the small intestine. Hereditary conditions such as Lynch syndrome, Peutz-Jeghers syndrome, familial juvenile polyposis and cystic fibrosis, as well as inflammatory bowel disease (Crohn's disease) increase the risk of adenocarcinoma of the small intestine. Patients with neurofibromatosis type 1 (Recklinghausen's disease) have an increased risk of gastrointestinal stromal tumours (GIST) of the small intestine. In addition, a small proportion of these tumours are due to a hereditary predisposition (familial GIST syndrome).

Figure 3.5.1
International comparison of age-standardised incidence and mortality rates by sex, ICD-10 C17, 2017–2018 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)



[1] Mortality for 2013 to 2017
[2] Mortality for 2016

▶ *Additional information: www.krebsdaten.de/small_intestine*

Figure 3.5.2
Age-standardised incidence and mortality rates by sex, ICD-10 C17, Germany 1999–2018/2019, projection (incidence) through 2022
per 100,000 (old European Standard)

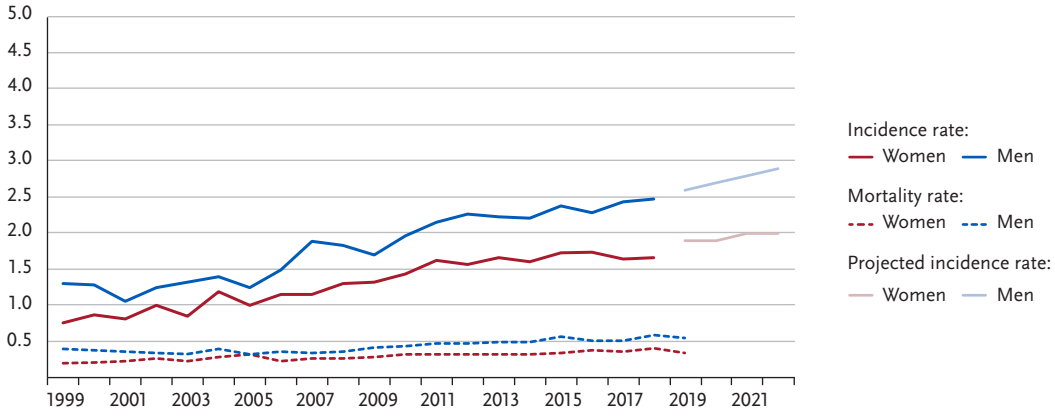


Figure 3.5.3
Absolute and relative survival rates up to 10 years after diagnosis, by sex, ICD-10 C17, Germany 2017–2018

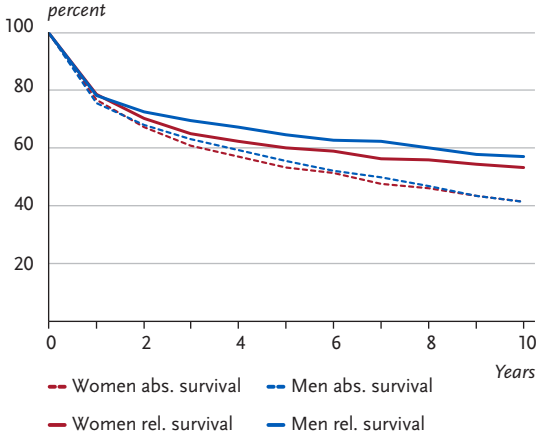


Figure 3.5.4
Relative 5-year survival by histology and sex, ICD-10 C17, Germany 2017–2018

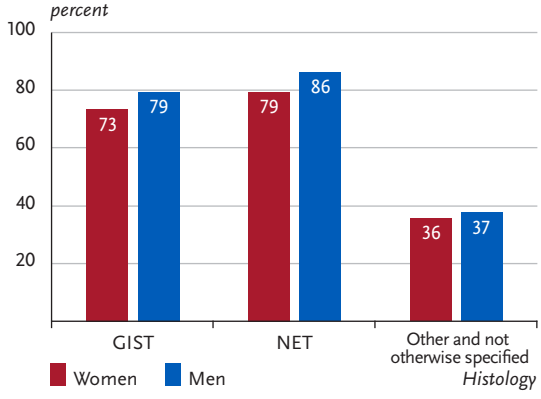


Figure 3.5.5
Age-specific incidence rates by sex, ICD-10 C17, Germany 2017–2018
per 100,000