

3.6 Colon and rectum

Table 3.6.1
Overview of key epidemiological parameters for Germany, ICD-10 C18–C20

Incidence	2017		2018		Prediction for 2022	
	Women	Men	Women	Men	Women	Men
Incident cases	27,100	33,150	26,710	33,920	25,000	33,100
Crude incidence rate ¹	64.7	81.3	63.6	82.9	59.1	80.2
Age-standardised incidence rate ^{1, 2}	33.6	51.5	32.7	52.1	30.3	48.6
Median age at diagnosis	75	72	75	72		
Mortality	2017		2018		2019	
	Women	Men	Women	Men	Women	Men
Deaths	10,879	12,873	11,008	13,240	11,016	13,032
Crude mortality rate ¹	26.0	31.6	26.2	32.4	26.2	31.8
Age-standardised mortality rate ^{1, 2}	11.3	18.8	11.3	18.9	11.2	18.3
Median age at death	80	76	80	76	80	76
Prevalence and survival rates	5 years		10 years		25 years	
	Women	Men	Women	Men	Women	Men
Prevalence	89,700	109,800	150,400	183,300	256,300	295,000
Absolute survival rate (2017–2018) ³	54 (53–58)	52 (49–52)	40 (39–44)	36 (34–37)		
Relative survival rate (2017–2018) ³	65 (64–70)	63 (60–65)	62 (61–69)	57 (54–58)		

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

About one in eight cancers in Germany affects the colon or rectum. In 2018, about 33,920 men and 26,710 women were diagnosed with colorectal cancer. Thus, one in 15 men and one in 19 women will develop this cancer during their lifetime. About two-thirds of cases are detected in the colon. The risk of developing colorectal cancer increases with age. More than half of the patients are diagnosed after the age of 70, only about 10% of the cancers occur before the age of 55. This corresponds to a comparatively high median age at diagnosis of 75 (women) and 72 (men). After a short-term increase, a decline in age-standardised incidence rates has been observed since about 2003. Except for the ascending colon, the rate of new cases is decreasing in all bowel segments. The annual decline in age-standardised mortality rates over the last 10 years is even more pronounced in both sexes, averaging 2.5% to 3%. The relative 5-year survival rates with colorectal cancer are around 65% and 63% for women and men, respectively.

Risk factors and early detection

The most important risk factors for colorectal cancer are tobacco use and obesity. They are followed by lack of exercise and a low-fibre diet. People who drink alcohol regularly or eat a lot of red or processed meat are also more likely to develop colorectal cancer. First-degree relatives of patients with colorectal cancer are themselves affected more often than average. For some rare hereditary diseases, there is a very high risk of developing the disease even at a younger age. Chronic inflammatory bowel diseases also increase the risk of developing the cancer of the large intestine. For the early detection of colorectal cancer, an immunological test for hidden blood in the stool can be carried out annually between the ages of 50 and 54, and every two years from the age of 55. From the age of 50 (men) and 55 (women), the statutory cancer screening programme provides for a colonoscopy. If necessary, intestinal polyps that could develop into cancer can be removed. If the findings are normal, an additional colonoscopy can be conducted years later. A stool test can be taken as an alternative to colonoscopy. If the test is abnormal, a colonoscopy is usually recommended. Special recommendations apply to people with an increased risk of disease.

Figure 3.6.1a
 Age-standardised incidence and mortality rates by sex, ICD-10 C18–C20, Germany 1999–2018/2019, projection (incidence) through 2022
 per 100,000 (old European Standard)

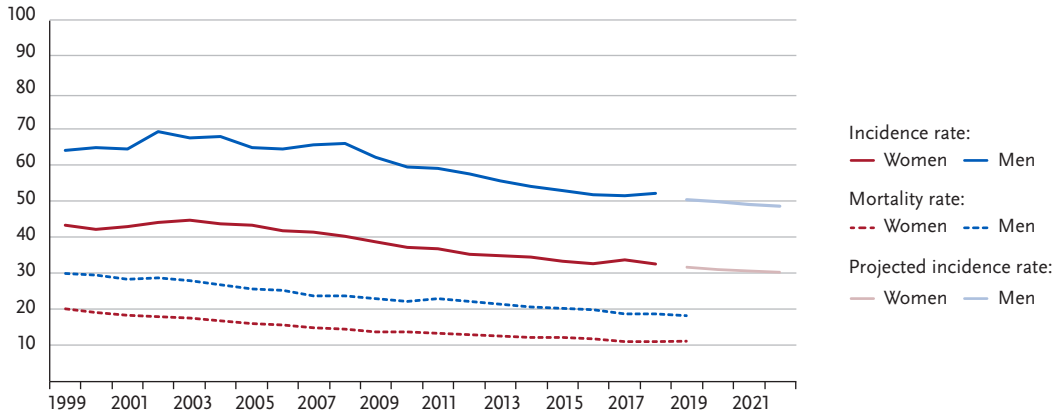


Figure 3.6.1b
 Absolute numbers of incident cases and deaths by sex, ICD-10 C18–C20, Germany 1999–2018/2019, projection (incidence) through 2022

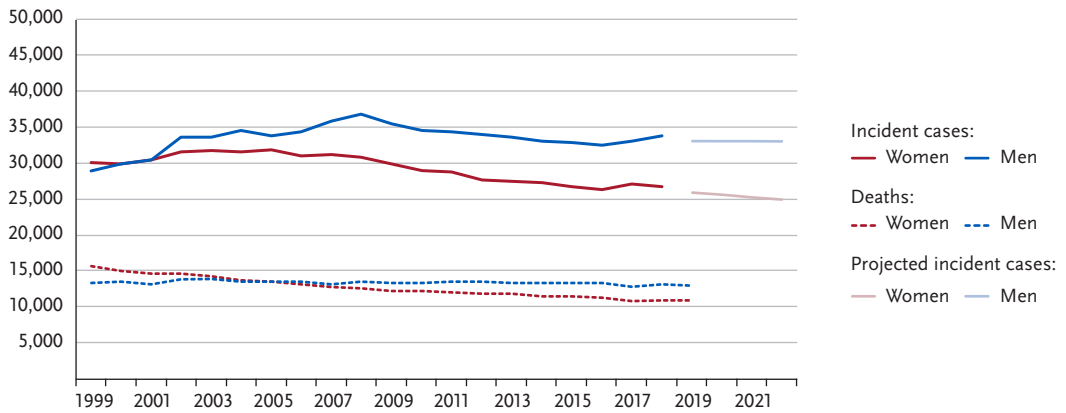


Figure 3.6.2
 Age-specific incidence rates by sex, ICD-10 C18–C20, Germany 2017–2018
 per 100,000

