

### 3.7 Anus

Table 3.7.1  
Overview of key epidemiological parameters for Germany, ICD-10 C21

Incidence	2017		2018		Prediction for 2022	
	Women	Men	Women	Men	Women	Men
Incident cases	1,430	770	1,530	800	1,700	900
Crude incidence rate <sup>1</sup>	3.4	1.9	3.6	1.9	4.0	2.2
Age-standardised incidence rate <sup>1, 2</sup>	2.2	1.3	2.4	1.4	2.7	1.5
Median age at diagnosis	65	64	65	64		
Mortality	2017		2018		2019	
	Women	Men	Women	Men	Women	Men
Deaths	336	229	336	221	340	208
Crude mortality rate <sup>1</sup>	0.8	0.6	0.8	0.5	0.8	0.5
Age-standardised mortality rate <sup>1, 2</sup>	0.4	0.4	0.4	0.4	0.4	0.3
Median age at death	76	70	74	69	75	70
Prevalence and survival rates	5 years		10 years		25 years	
	Women	Men	Women	Men	Women	Men
Prevalence	5,500	2,800	8,600	4,500	12,400	6,400
Absolute survival rate (2017–2018) <sup>3</sup>	68 (66–72)	60	57	45		
Relative survival rate (2017–2018) <sup>3</sup>	75 (73–77)	68	71	60		

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

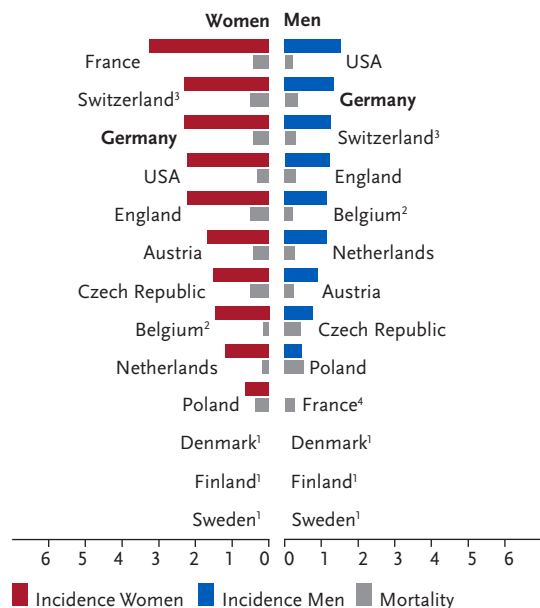
#### Epidemiology and risk factors

Cancers of the anus are predominantly squamous cell carcinomas. In 2018, around 2,330 people were diagnosed with anal cancer, 1,530 of them were women. Contrary to the trend of declining incidence rates of colorectal cancer incidence and mortality rates of anal cancer have increased substantially over the last 15 years. An increase in incidence is also described internationally. The relative 5-year survival rates of patients with the disease are around 75% for women and 68% for men.

In Germany, about 90% of anal carcinomas can be traced back to a persistent infection with human papillomaviruses (HPV). Related risk factors are certain sexual practices (frequently changing sexual partners, passive anal intercourse) and chronic immunosuppression (especially due to HIV infection or organ transplantation). HIV-positive men with same-sex partners have the highest risk of anal cancer.

The Standing Commission on Vaccination (STIKO) recommends vaccinating girls and boys against HPV, primarily between the ages of 9 and 14.

Figure 3.7.1  
International comparison of age-standardised incidence and mortality rates by sex, ICD-10 C21, 2017–2018 or latest available year (details and sources, see appendix)  
per 100,000 (old European Standard)



<sup>1</sup> No comparable data available

<sup>2</sup> Mortality for 2016

<sup>3</sup> Mortality for 2013 to 2017

<sup>4</sup> No incidence data available for men

Figure 3.7.2

Age-standardised incidence and mortality rates by sex, ICD-10 C21, Germany 1999–2018/2019, projection (incidence) through 2022  
per 100,000 (old European Standard)

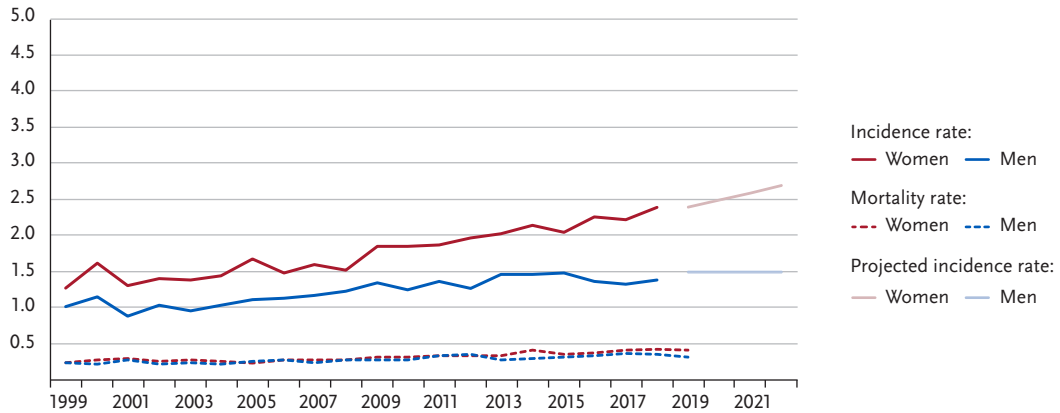


Figure 3.7.3

Absolute and relative survival rates up to 10 years after diagnosis by sex, ICD-10 C21, Germany 2017–2018

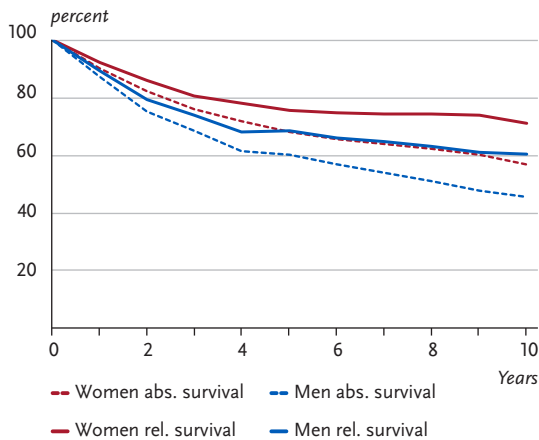


Figure 3.7.4

Relative 5-year survival by UICC stage (7<sup>th</sup> edition TNM) and sex, ICD-10 C21, Germany 2016–2018

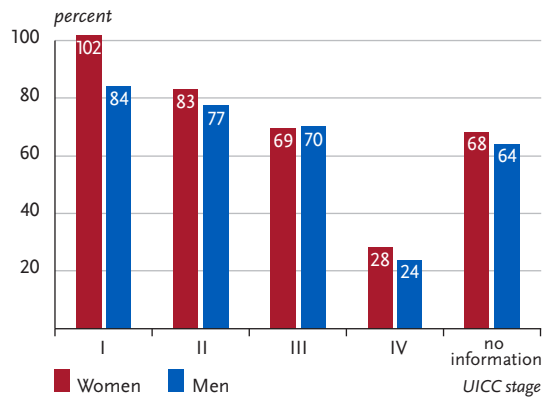


Figure 3.7.5

Age-specific incidence rates by sex, ICD-10 C21, Germany 2017–2018  
per 100,000

