## 3.5 Small intestine

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

| Incidence | | 2019 | | 2020 | | |
|---|---|---|---|---|---|---|
| | Women | Men | Women | Men | | |
| Incident cases | 1,300 | 1,570 | 1,210 | 1,540 | | |
| Crude incidence rate [1] | 3.1 | 3.8 | 2.9 | 3.8 | | |
| Age-standardised incidence rate [1, 2] | 1.9 | 2.5 | 1.7 | 2.4 | | |
| Median age at diagnosis | 69 | 68 | 70 | 70 | | |
| **Mortality** | | **2019** | | **2020** | | **2021** |
| | Women | Men | Women | Men | Women | Men |
| Deaths | 314 | 377 | 330 | 417 | 347 | 384 |
| Crude mortality rate [1] | 0.7 | 0.9 | 0.8 | 1.0 | 0.8 | 0.9 |
| Age-standardised mortality rate [1, 2] | 0.4 | 0.6 | 0.4 | 0.6 | 0.4 | 0.5 |
| Median age at death | 77 | 74 | 77 | 76 | 76 | 74 |
| **Prevalence and survival rates** | | **5 years** | | **10 years** | | **25 years** |
| | Women | Men | Women | Men | Women | Men |
| Prevalence | 4,100 | 5,100 | 6,900 | 8,000 | 9,600 | 10,900 |
| Absolute survival rate (2019 – 2020) [3] | 57 (44 – 69) | 50 (39 – 58) | 47 | 37 (30 – 42) | | |
| Relative survival rate (2019 – 2020) [3] | 64 (49 – 76) | 59 (47 – 69) | 61 | 53 (43 – 56) | | |

[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 and risk factors

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

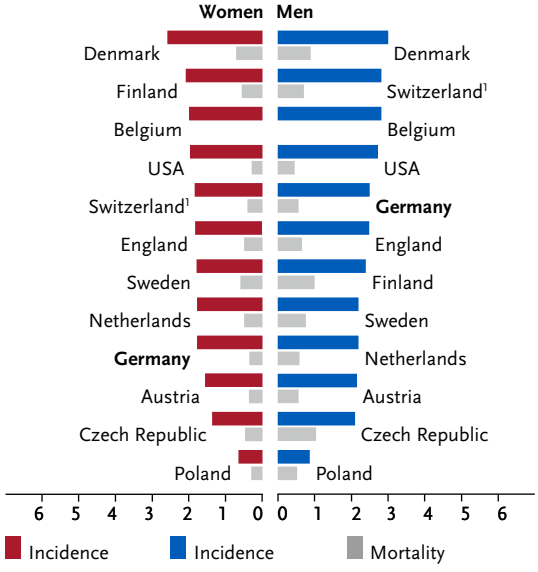
Gastrointestinal stromal tumours (GIST) account for a good 10 % of cases. In total, about 2,750 people in Germany were diagnosed with cancer of the small intestine in 2020, 1,210 of whom were women. Incidence and mortality rates have recently stabilised after a significant increase until around 2015. The 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 neuroendocrine tumours NET of the small intestine. The most relevant risk factor is generally a family history of cancer, followed by obesity and diabetes.

Hereditary diseases such as Lynch syndrome, Peutz-Jeghers syndrome, familial juvenile polyposis and cystic fibrosis as well as chronic inflammatory bowel disease (Crohn's disease) increase the risk of adenocarcinomas in 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).

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

**Figure 3.5.1**
**International comparison of age-standardised incidence and mortality rates by sex, ICD-10 C17, 2019 – 2020 or latest available year (details and sources, see appendix)**
*per 100,000 (old European Standard)*




[1] Switzerland: incidence data for 2015 – 2019

**Figure 3.5.2**
**Age-standardised incidence and mortality rates by sex, ICD-10 C17, Germany 1999 – 2020/2021**
*per 100,000 (old European Standard)*

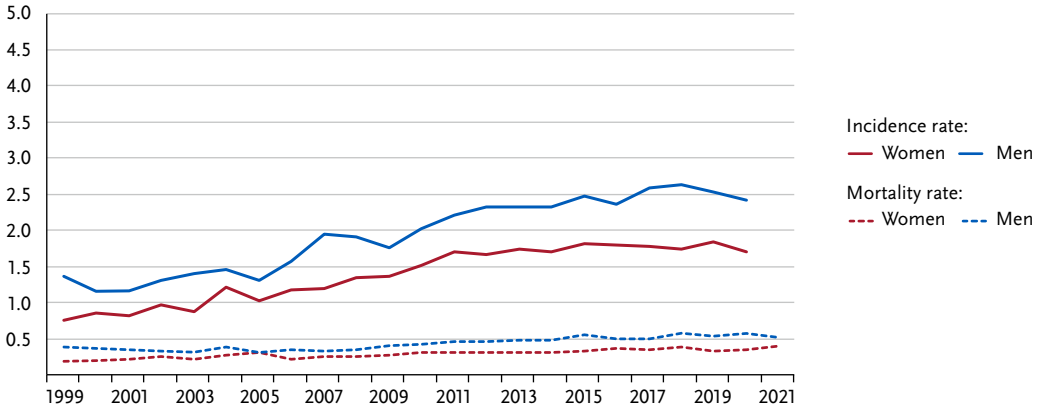



**Figure 3.5.3**
**Absolute and relative survival rates up to 10 years after diagnosis, by sex, ICD-10 C17, Germany 2019 – 2020**

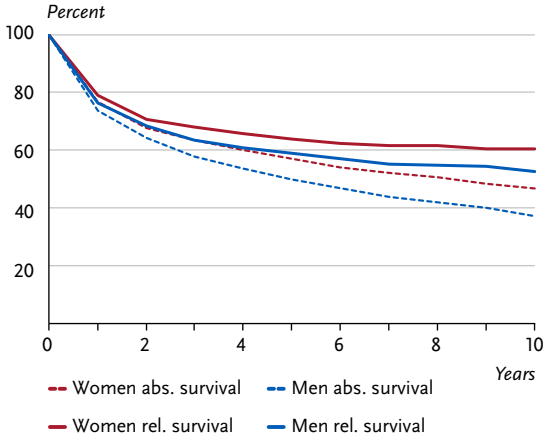



**Figure 3.5.4**
**Relative 5-year survival by histology and sex, ICD-10 C17, Germany 2019 – 2020**

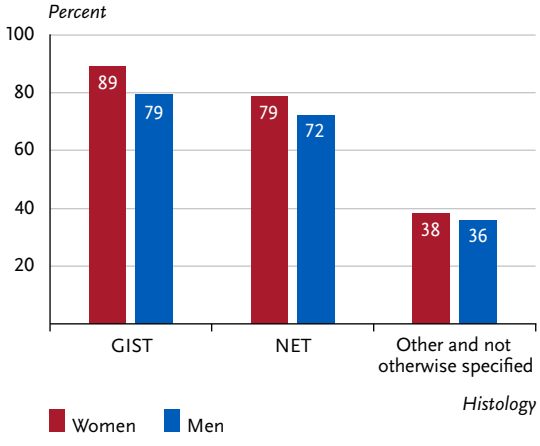



**Figure 3.5.5**
**Age-specific incidence rates by sex, ICD-10 C17, Germany 2019 – 2020**
*per 100,000*