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State of the Russian Oncology Service: malignant neoplasms of the tongue C01, 02 (age-specific incidence rate, localization and histological structure) Part 1

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Malignant tongue neoplasms (C01, 02) belong to the group of rare visual tumor localizations. Government statistics provides an opportunity to refer only to primary accounting data. Information on mortality is summarized in 14 ICD-10 (S00-14) headings – malignant neoplasm of the lip, oral cavity and pharynx. It is impossible to obtain any analytical characteristics (the distribution of patients by stages of the disease, mortality of patients in the first year of observation, accumulated patient population, etc.) at the all-Russian or regional level. This information can only be obtained from the databases created by the Population-based Cancer Registries (PCR).

The goal of the research is to study the prevalence of malignant neoplasms of the tongue, the detailed structure of the incidence, and to calculate a number of analytical indicators characterizing this disease at the population level of the Federal District, for the first time in Russia.

Based on the materials of the International Agency for Research on Cancer (IARC), statistical reference books of the P. Hertsen Moscow Oncological Research Institute, our own extensive materials and the newly created PCR database at the level of the Northwestern Federal District of Russia, the study of all possible aspects was carried out within the framework of the set goal of the research, with a set of methodological techniques recommended by the International Association of Cancer Registries (of which we are a member at number 221) being used.

The study has shown that tongue cancer morbidity rate of the population (standardized indicator – the world standard) in the various countries from 1970 to 2010 has slightly increased or maintained its level. In Russia, such an assessment can only be carried out from 1989 to 2018. During this period, the incidence of tongue cancer among males increased from 2.2 to 2.43 0/0000, among females from 0.4 to 0.71 0/0000. In the Northwestern Federal District of the Russian Federation, the incidence of males reached 2.69, females – 0.82 0/0000. The mortality rate of patients in the first year of observation (PCR database) decreased from m 59.5 (the year of 2000) to 43.1% (2018), but remains significantly above the EU average.

KEYWORDS: malignant neoplasms; incidence rate; tongue; age-specific features; localization and histological structure

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ABBREVIATIONS:

PCR – Population-based Cancer Registry;

IARC – International Agency for Research on Cancer;

WHO – World Health Organization;

NWFD RF – Northwestern Federal District of the Russian Federation.

INTRODUCTION

Malignant tumors of the oral cavity and pharynx are rare tumor localizations that predominantly affect men. Population-based studies are extremely rare. Two articles on the subject based on the information given in the Saint Petersburg Population-based Cancer Registry have already been published [1, 2].

More than 3000 primary cases of cancer of the tongue (3416 cases in 2018) are registered in Russia annually, 70% of which are in the male population. [3].

Professor A.I. Paches (one of the pioneers of the research in this field) [4, 5] and Professor R.I. Wagner [6] made a great contribution to the study of the tumors of head and neck. The regional features of the oral cavity cancer were established by A.V. Chaklin, a researcher of the N.N. Petrov National Medical Research Center of Oncology in the 1960s [7]. S.N. Nugmanov conducted research in Kazakhstan [8]. A.V. Chaklin associated the increased lip and tongue cancer incidence rate in Kazakhstan and a number of regions of Uzbekistan with the bad habit of placing smokeless tobacco (Naswar) between the lower lip and the gum. Naswar is a mixture of tobacco, ash, lime and chicken droppings and other substances [7]. It is also commonly used in India [9, 10].

Population-based Cancer Registries covering Federal Districts provide a more realistic picture of rare cancers incidence rate. The Northwestern Federal District of the Russian Federation has a population of 14 million people (13, 972, 061 in 2019). More than 300 (374 in 2018) primary cases of tongue cancer are

registered every year [3]. The studies were mostly based on clinical research materials from the Research Institute of Oncology and Oncology Centers [4, 5].

Every year, more than 350 (374 in 2018) new cancer cases (68.5% occur in males) are detected in the Northwestern Federal District of the Russian Federation (NWFD RF). State reports provide information only on the absolute number of primary recorded tongue cancer cases [11, 12]. All other parameters can be calculated only on the basis of PCR database [3, 11, 13].

Malignant neoplasms of the tongue across the globe

The International Agency for Research on Cancer (IARC) published 11 Monographs that characterize cancer incidence on the basis of the PCRs created in different countries [9, 10]. For thirty years only the PCR of Saint Petersburg was presented in the IARC monographs “Cancer Incidence in Five Continents” (Volumes VI–X). Specialized courses for oncologists on mastering the methodology of the International Association of Cancer Registries were organized by the WHO, IARC and N.N. Petrov Research Institute of Oncology in September 2015. By the IARC C15-XI, with the help of our colleagues from territorial cancer registries, the materials covering eight administrative areas of Russia were prepared, four of which were included in the Monograph (Arkhangelsk, Samara, Chelyabinsk regions and the Republic of Karelia) [14].

The other four were not accepted as there was non-compliance with the requirements of the state of the database and inability to pay the registration fee (150 euros). The latter indicates that for the territorial PCRs

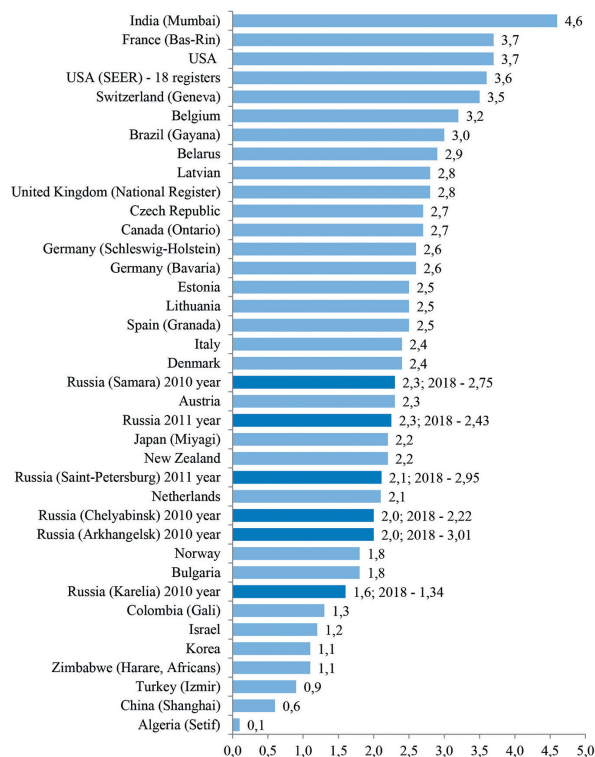


Fig. 1. Cancer incidence in Five Continents. Tongue (C01, 02). Males. 2008–2012 [3, 14, 15]

Рис. 1. Злокачественные новообразования в некоторых странах мира. Язык (C01, 02). Мужчины. 2008–2012 [3, 14, 15]

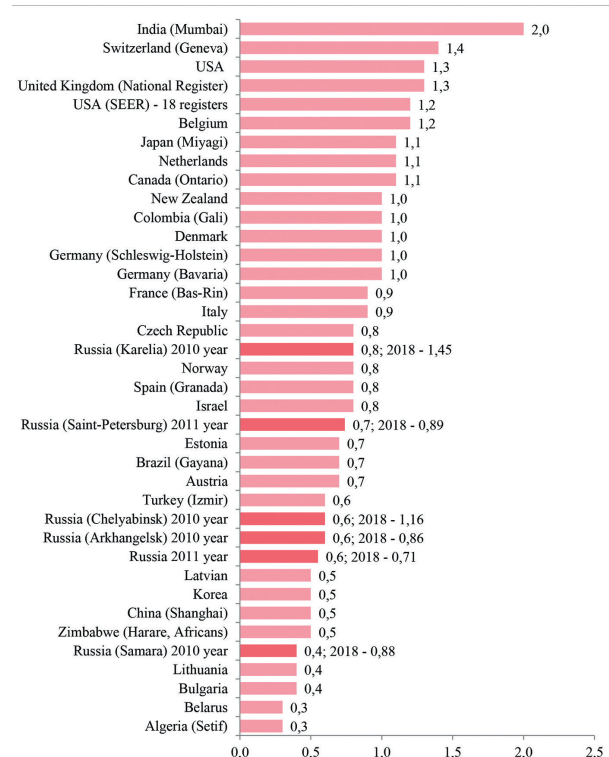


Fig. 2. Cancer incidence in Five Continents. Females. Tongue (C01, 02). Females. 2008–2012 [3, 14, 15]

Рис. 2. Злокачественные новообразования в некоторых странах мира. Язык (C01, 02). Женщины. 2008–2012 [3, 14, 15]

of Russia it is necessary to determine certain conditions for the possibility of financing work in the international projects and ensuring (according to the regulations in the orders of the Ministry of Health of Russia) a full-fledged staff of the PCRs, and also to carry out periodic analytical processing of the accumulated data. We hope that by the XII volume of IARC, the number of PRRs from Russia will increase. For example, all the administrative territories of the USA and the PCRs are represented in the CI5-X [10].

Figures 1 and 2 show the data from the PCRs across the world, including four areas of the Russian Federation. The data covering Saint Petersburg and Russia was taken from the reference book of the P. Hertsen Moscow Oncology Research Institute for the same period [3]. The highest level of standardized rate of tongue cancer was recorded in India: 4.6 ‰ – males and 2.0 ‰ – females. The minimum levels were registered in Algeria, China, Turkey and Belarus. The data for Saint Petersburg and Russia was taken from the reference book for the period of the developing CI5 Volume X. For the Russian territories, the incidence rates for 2018 were presented [3, 14, 15].

In the CI5 Vol. XI it was possible to consider age-specific incidence rate pattern. Figure 3 shows the comparative analysis of age-specific tongue cancer incidence rates in the United States and Russia. The observation period was averaged over five years (2008-2012) by 2010 for the US; the period of 2010 was considered for Russia [3, 14].

The first cases of tongue cancer are recorded in men and women at the age of 20 in both countries.

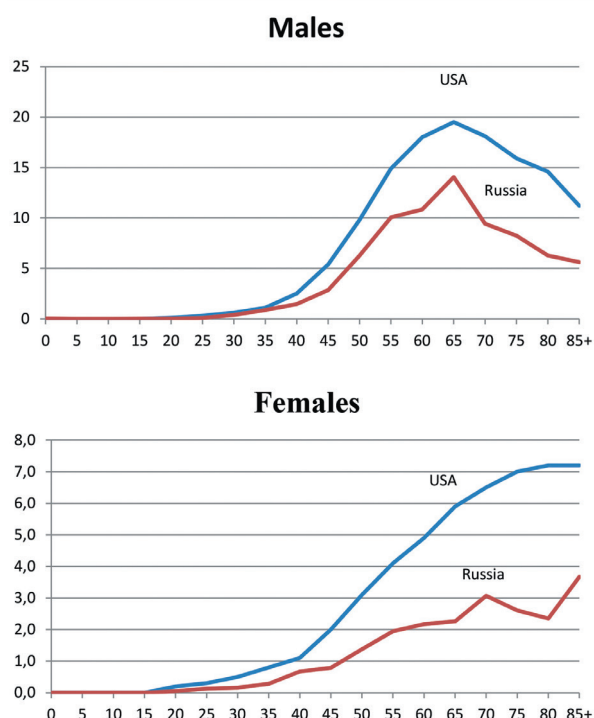


Fig. 3. Comparison of age-specific tongue cancer incidence rates in the USA and Russia (2010) [3, 14]

Рис. 3. Сравнительные данные по возрастным показателям заболеваемости ЗНО языка в США и России (2010) [3, 14]

Hereafter, age-specific tongue cancer incidence rates in the United States are distinctly higher than in Russia.

Malignant neoplasms of the tongue in Russia

Over the past 25 years, P. Hertsen Moscow Oncology Research Institute has annually published two handbooks of statistics which provide data on the state of cancer care for the population of the Russian Federation and its constituent entities based on the state reporting forms (Form No. 7). With regard to malignant neoplasms of the tongue, the data for Russia and administrative territories was summarized, including age-specific rates and separate population values for males and females. There is no data on deaths from this disease.

Let us first consider rank distribution of the standardized indicators of tongue malignant neoplasms (both sexes, males, females) in the administrative territories of Russia.

In males, the highest rates (>5,0 ‰) were recorded in the Kaluga, Bryansk and Smolensk Regions. More than 4,0 ‰ – in the Oryol, Kursk and Ivanovo Regions, the Republic of Mari El and the Republic of Mordovia. NWFD RF maintains average rates. The minimum indicators were registered in the Astrakhan Region (>0,53 ‰) and the North Caucasus Republics. In 2018, no tongue cancer cases were recorded in three territories (Table 1) [3].

In females, the rates are noticeably lower. The leader is the Nenets Autonomous District with the indicator of 3,65 ‰. As the population is extremely small, one registered case provides an extremely high rate. The incidence rate in the Northwestern Federal District is 0,8 ‰, the average rate in Russia is 0,71 ‰. Five territories reported no cases of tongue cancer, requiring analytical research in the Federal Districts with the use of PCR database. This opportunity is available only in the Northwestern Federal District of the Russian Federation [15, 16].

Table 2 shows the time series analysis on tongue cancer incidence in all administrative territories of the Northwestern Federal District.

The average tongue cancer incidence in Russia has increased in men and women from 2000 to 2018. The indicator has slightly increased in the Northwestern Federal District of the Russian Federation since 2010. In some areas of the District, strong influence of the chance factor has been observed, being the instability in the system.

Localization structure of tongue cancer

Tongue cancer is represented by the following 3-character ICD-10 headings: C01 and C02. C01 indicates 'Malignant neoplasm of base of tongue'. C02 indicates 'Malignant neoplasm of other and unspecified parts of tongue'. To study the dynamics of tongue cancer structure, 5188 patients were selected for four observation periods, grouped into five years (total: from 1999 to 2018).

C02.9 "Malignant neoplasm of tongue, unspecified" subheading has undergone major changes. Its share has declined by half, from 35.8 to 19.0%, demonstrating a significant improvement in coding.

In the general structure, 25.5% accounted for malignant neoplasms of the base of tongue by the last

Malignant neoplasms of the tongue in the administrative territories of Russia in the Northwestern Federal District of the Russian Federation (NWFD RF) (standardized rates) 2018 [3]

Table 1.

Злокачественные новообразования языка по административным территориям России и в СЗФО РФ (стандартизованные показатели) 2018 [3]

Табл. 1.

Males			
Kaluga Region	5,44	Kaliningrad region	2,51
Bryansk region	5,41	Belgorod region	2,49
Smolensk region	5,41	Pskov region	2,48
Orel region	4,97	****	
Ivanovo region	4,91	Russia	2,43
Republic of Mari El	4,51	****	
Kursk region	4,23	Leningrad Region	2,29
Republic of Mordovia	4,16	****	
Lipetsk region	3,92	Vologda region	2,07
Murmansk region	3,89	****	
****		Moscow	1,52
Novgorod region	3,59	****	
****		Republic of Karelia	1,34
Arkhangelsk Region (without NAO)	3,01	****	
Saint Petersburg	2,95	Republic of Chechnya	0,84
****		The city of Sevastopol	0,83
Moscow oblast	2,86	Republic of Ingushetia	0,80
****		Republic of Dagestan	0,78
Samara region	2,75	Rep. Karachay-Cherkessia	0,62
North-Western Federal District	2,69	Republic of Sakha (Yakutia)	0,54
Perm Region	2,68	Astrakhan region	0,53
Komi Republic	2,66	Yamalo-Nenets Autonomous District	0,35
Females			
Nenets Autonomous District	3,65	Volgograd region	0,78
Republic of Karelia	1,45	****	
Republic of Sakha (Yakutia)	1,42	Russia	0,71
Pskov region	1,35	****	
****		Republic of Crimea	0,69
Chelyabinsk region	1,16	****	
Republic of Ingushetia	1,12	Moscow	0,67
Magadan region	1,09	****	
****		Rostov region	0,63
Murmansk region	1,03	****	
Altai Territory	1,02	Leningrad Region	0,57
****		Komi Republic	0,56
Saint Petersburg	0,89	****	
Kaliningrad region	0,89	Krasnodar Region	0,52
Samara region	0,88	The Republic of Udmurtia	0,50
Saratov region	0,88	****	
Yaroslavl region	0,87	Vologda region	0,43
Arkhangelsk Region (without NAO)	0,86	Bryansk region	0,40
****		Belgorod region	0,38
North-Western Federal District	0,82	****	
****		Novgorod region	0,34
Moscow oblast	0,81	****	
****		Republic of Kalmykia	0,17
Khabarovsk Territory	0,80	Republic of Khakassia	0,16

Trends in tongue cancer incidence rates in the NWFDRF (standardized indicators) [1–3, 11, 13, 15–17]
Динамика заболеваемости ЗНО языка в СЗФО РФ (стандартизованные показатели) [1–3, 11, 13, 15–17]

Table 2.
Табл. 2.

Males					
Territory	2000	2005	2010	2015	2018
Russia	2,22	1,92	2,11	2,39	2,43
Arkhangelsk region	2,18	2,10	0,97	1,47	0,64
Vologda region	1,65	1,51	2,12	2,23	0,54
Kaliningrad region	4,34	2,43	2,32	2,27	0,59
Saint Petersburg	3,58	2,69	2,67	3,52	0,29
Leningrad region	2,69	1,64	2,37	1,84	0,42
Murmansk region	2,62	1,44	1,38	2,89	0,98
Novgorod region	2,51	2,77	3,49	4,65	0,98
Pskov region	4,19	1,53	2,89	2,16	0,73
Republic of Karelia	1,58	2,86	1,36	3,94	0,61
Komi Republic	2,47	1,79	2,46	2,32	0,73
North-Western Federal District	-	-	2,30	2,82	2,69
Females					
Territory	2000	2005	2010	2015	2018
Russia	0,35	0,37	0,53	0,64	0,71
Arkhangelsk region	0,50	0,62	0,60	1,43	0,86
Vologda region	0,32	0,28	0,12	0,44	0,43
Kaliningrad region	0,65	0,29	0,33	1,27	0,89
Saint Petersburg	0,56	0,59	0,63	1,08	0,89
Leningrad region	0,34	0,18	0,71	0,82	0,57
Murmansk region	0,00	0,10	1,06	0,90	1,03
Novgorod region	0,18	0,05	0,50	0,79	0,34
Pskov region	0,99	0,18	0,77	0,47	1,35
Republic of Karelia	0,25	0,68	0,70	1,38	1,45
Komi Republic	0,13	0,14	0,93	0,81	0,56
North-Western Federal District	-	-	0,62	0,98	0,82

observation period (2014–2018). The main localization was on border of tongue (C02.1) – 42.7%. Overlapping lesion of tongue (C02.8), accounted for 7.1%. The lingual tonsil accounted for six cases in five years (0.4%) with a 100% one-year survival rate.

Histological structure of malignant neoplasms of the tongue

5188 observations were selected for the period from 1999 to 2018 to study the trends in the structure and, subsequently, the survival rate of patients by histological types of tongue cancer. Most of the histologic types were squamous cell carcinomas: M-8070/3, M-8071/3 and M-8072/3, which accounted for 78.5% of all histological findings. Adenocarcinoma NOS (M-8140/3) accounted for 1.3%. M-8000/3 (malignant neoplasm without histological confirmation) accounted for 1.5%.

The main histological structure of tongue cancer remained stable over the period.

SUMMARY

The study has shown a slight increase or stability in the global incidence of tongue cancer. The age-specific incidence tongue cancer rates in the United States are distinctly higher than in Russia. In Russia and other countries, the incidence of tongue cancer is significantly lower in females. Taking into account the fact that this localization belongs to the group of rare cancers (some territories have reported no cases during the year), the development of data should be carried out at the federal district level according to the cancer registry database. The sustainability of neoplasms has been proved by localization and histological structure analysis.

In the next article, the time series of one-year and annual mortality rates, median survival and survival of patients with tongue cancer, taking into account the stage of the disease will be presented.

REFERENCES

1. Мерабишвили, В.М. Динамика заболеваемости больных злокачественными новообразованиями языка с учетом стадии заболевания и гистологической структуры опухолей (популяционное исследование) / В.М. Мерабишвили, А.Б. Васильев, Э.Н. Мерабишвили // Вопросы онкологии. – 2016. – Т. 62. – № 4. – С. 416–424.
2. Мерабишвили, В.М. Выживаемость больных злокачественными новообразованиями языка с учетом стадии заболевания и гистологической структуры опухоли / В.М. Мерабишвили, А.Б. Васильев, Э.Н. Мерабишвили // Российская оториноларингология. – 2016. – Т. 81. – № 2. – С. 65–72.
3. Злокачественные новообразования в России в 2018 году (заболеваемость и смертность) / под редакцией А.Д. Каприна, В.В. Старинского, Г.В. Петровой. – Москва: МНИОИ им. П.А. Герцена – филиал ФГБУ «НМИЦ радиологии» Минздрава России, 2019. – 250 с.
4. Пачес, А.И. Опухоли головы и шеи / А.И. Пачес. – Москва: Медицина, 1971. – 388 с.
5. Пачес, А.И. Опухоли головы и шеи. Клиническое руководство / А.И. Пачес. – Москва: Медицина, 1971. – 478 с.
6. Вагнер, Р.И. Опухоли губы и полости рта / Р.И. Вагнер. – Санкт-Петербург, 2003. – 23 с.
7. Чаклин, А.В. Краевые особенности распространения злокачественных опухолей: диссертация на соискание ученой степени доктора медицинских наук / Александр Васильевич Чаклин; Институт экспериментальной и клинической онкологии АМН СССР. – Ленинград, 1963. – 184 с.
8. Нугманов, С.М. Эпидемиология злокачественных опухолей в Казахстане: диссертация на соискание ученой степени доктора медицинских наук / Сакен Нугманович Нугманов; Институт экспериментальной и клинической онкологии АМН СССР. – Алма-Ата, 1967. – 279 с.
9. Cancer Incidence in Five Continents. Vol. I-XI. C15 I-XI [Internet]. Available from: <https://ci5.iarc.fr/Default.aspx>.
10. Forman D, Bray F, Brewster DH, et al. Cancer Incidence in Five Continents, Vol. X. IARC. Scientific Publication No. 164. Lyon: IARC; 2014.
11. Злокачественные новообразования в России в 2015 году (заболеваемость и смертность) / под редакцией А.Д. Каприна, В.В. Старинского, Г.В. Петровой. – Москва: МНИОИ им. П.А. Герцена – филиал ФГБУ «НМИЦ радиологии» Минздрава России, 2017. – 250 с.
12. Состояние онкологической помощи населению России в 2019 году / под редакцией А.Д. Каприна, В.В. Старинского, А.О. Шахзадовой. – Москва: МНИОИ им. П.А. Герцена – филиал ФГБУ «НМИЦ радиологии» Минздрава России, 2020. – 239 с.
13. Злокачественные новообразования в России в 2010 году (заболеваемость и смертность) / под редакцией В.И. Чиссова, В.В. Старинского, Г.В. Петровой. – Москва: МНИОИ им. П.А. Герцена, 2012. – 260 с.
14. Cancer Incidence in Five Continents. Vol. X. Available from: <https://ci5.iarc.fr/C15I-X/Default.aspx>.
15. Мерабишвили, В.М. Злокачественные новообразования в Северо-Западном федеральном округе России (заболеваемость, смертность, достоверность учета, выживаемость больных). Экспресс-информация. Выпуск пятый / В.М. Мерабишвили; под редакцией профессора А.М. Беляева, профессора А.М. Щербакова. – Санкт-Петербург: Т8 Издательские технологии, 2020. – 236 с.
16. Мерабишвили, В.М. Злокачественные новообразования в Северо-Западном федеральном округе России (заболеваемость, смертность, контингенты, выживаемость больных). Экспресс-информация. Выпуск четвертый. Пособие для врачей / В.М. Мерабишвили; под редакцией профессора А.М. Беляева. – Санкт-Петербург: Т8 Издательские технологии, 2018. – 444 с.
17. Злокачественные новообразования в России в 2000 году (заболеваемость и смертность) / под редакцией В.И. Чиссова, В.В. Старинского. – Москва: МНИОИ им. П.А. Герцена, 2002. – 264 с.

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Состояние онкологической службы России: злокачественные новообразования языка C01 и C02 (возрастные особенности распространенности, локализационная и гистологическая структура). Часть 1

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Злокачественные новообразования языка (C01, 02) относятся к группе редких визуальных локализаций опухолей. Государственная статистика представляет возможность обратиться только к данным первичного учета. Сведения о смертности обобщаются по 14 рубрикам МКБ-10 (C00-14) – ЗНО губы, полости рта и глотки. Никакие аналитические характеристики (распределение больных по стадиям заболевания, летальность больных на первом году наблюдения, накопленные контингенты больных и др.) на всероссийском или областном уровне получить невозможно. Это можно сделать только на основе баз данных популяционных раковых регистров.

Целью исследования является изучение (впервые в России) на популяционном уровне федерального округа распространенность ЗНО языка, детальной структуры заболеваемости, исчисление ряда аналитических показателей, характеризующих данную болезнь.

На основе материалов Международного агентства по исследованию рака, статистических справочников МНИОИ им. П.А. Герцена, собственных обширных материалов и вновь созданной БД ПРР на уровне Северо-Западного федерального округа проведено изучение всех возможных аспектов в рамках поставленной цели исследования. При этом использован комплекс методических приемов, рекомендуемых Международной ассоциацией раковых регистров, членом которой мы являемся под номером 221.

Проведенное исследование показало, что в различных странах мира с 1970 по 2010 гг. заболеваемость населения (стандартизованный показатель – мировой стандарт) ЗНО языка несколько увеличилось или сохранило свой уровень.

В России провести такую оценку можно только с 1989 по 2018 годы. За этот период заболеваемость ЗНО языка возросла среди мужчин с 2,2 до 2,43 0/0000, среди женщин – с 0,4 до 0,71 0/0000. В СЗФО РФ заболеваемость мужчин достигла величины 2,69 0/0000, женщин – 0,82 0/0000. Летальность больных на первом году наблюдения (по БД ПРР) снизилась с 59,5% (2000 г.) до 43,1% (2018 г.), но остается существенно выше среднеевропейских показателей.

КЛЮЧЕВЫЕ СЛОВА: ЗНО; заболеваемость; язык; Россия; СЗФО РФ; БД ПРР; МАИР; возрастные особенности; локализационная и гистологическая структура