

OESOPHAGEAL CANCER



NUMBER OF CASES PER YEAR (2011-2015)			NUMBER OF DEATHS PER YEAR (2011-2015)		
Male	Female	Both sexes	Male	Female	Both sexes
137	69	204	115	55	171
FIVE-YEAR SURVIVAL (2005-2009)			23-YEAR PREVALENCE (2015)		
Male	Female	Both sexes	Male	Female	Both sexes
17.8%	16.5%	17.2%	369	190	559

INCIDENCE

Between 2011 and 2015 there were an average of 137 males and 69 females diagnosed with cancer of the oesophagus (gullet) each year in Northern Ireland. The probability that a male will develop oesophageal cancer before the age of 75 is approximately 1 in 92 whilst the probability that a female will develop oesophageal cancer before the age of 75 is 1 in 245.

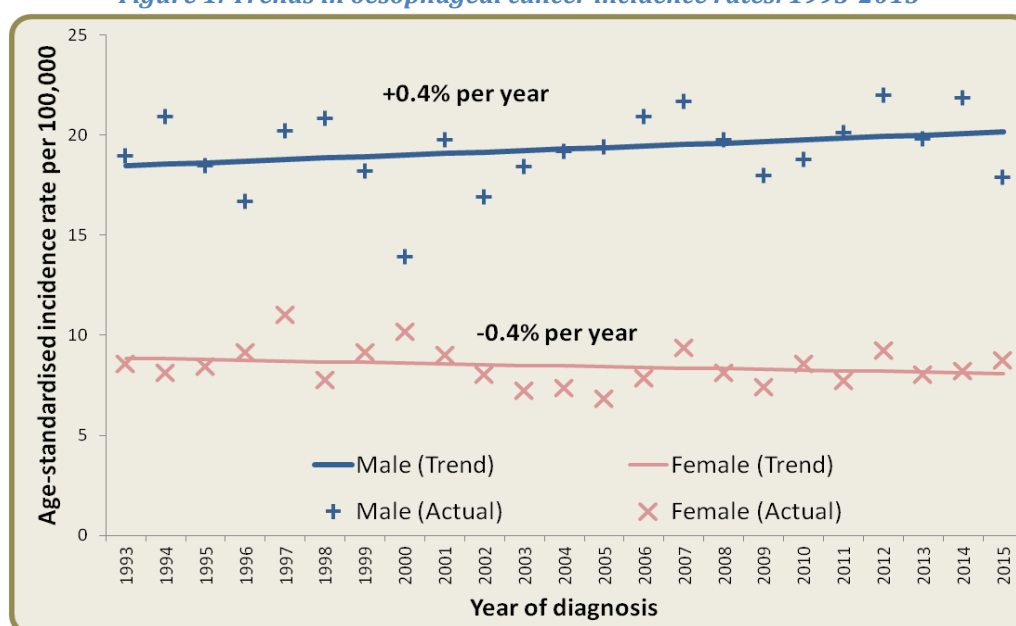
Incidence trends

Table 1: Incidence of oesophageal cancer by gender and year of diagnosis: 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Males	121	126	125	114	118	125	139	138	155	129
Females	58	71	62	58	66	61	74	66	68	75
Both	179	197	187	172	184	186	213	204	223	204

Over a ten-year period the number of oesophageal cancer cases has increased in males and females from 179 in 2006 to 204 in 2015. After accounting for population changes, the incidence of oesophageal cancer in males and females has remained stable.

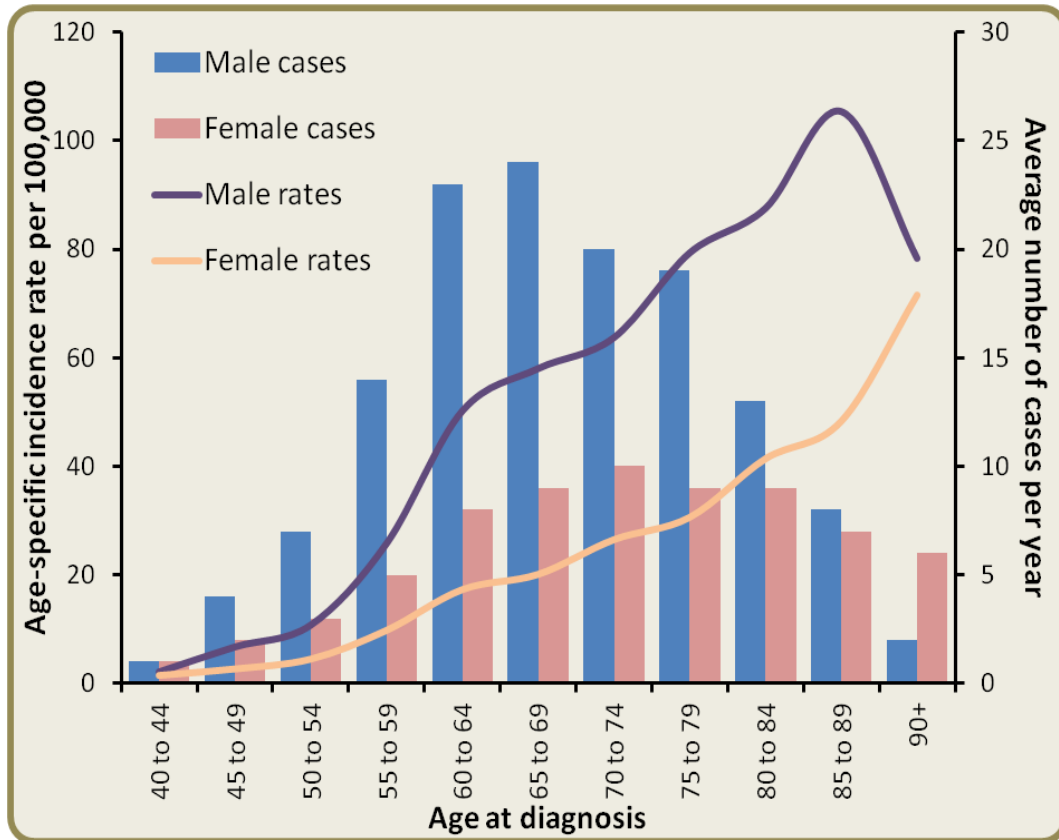
Figure 1: Trends in oesophageal cancer incidence rates: 1993-2015



Incidence and age

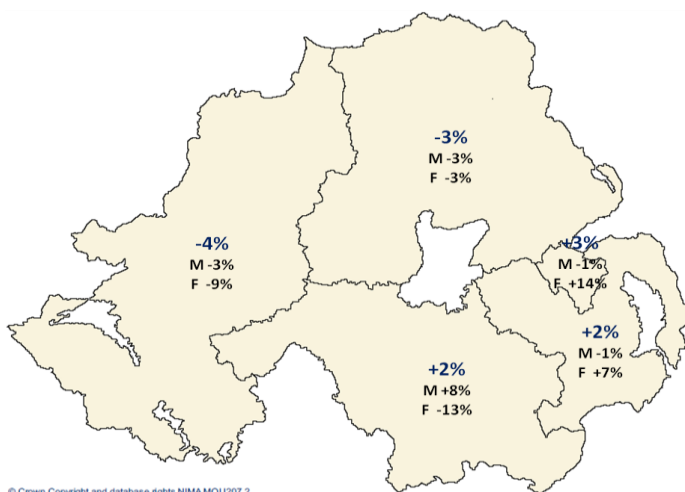
Oesophageal cancer incidence is associated with increasing age. Over 80% of patients diagnosed were over the age of 60. Incidence rates are highest among men and women aged 85 and over. There is an increase in the incidence of oesophageal cancer in men after the age of 50 whereas women experience a steady increase in incidence of oesophageal cancer, as they grow older.

Figure 2: Incidence of oesophageal cancer by age and gender: 2011-2015



Incidence by Trust area

Figure 3: Oesophageal cancer incidence rates compared to the NI average by HSC Trust of residence: 2011-2015 comparison



There were no statistically significant differences in incidence of oesophageal cancer between health and social care trusts in 2011-2015.

No statistically significant difference in incidence of oesophageal cancer was observed in males or females in any of the five Health and Social Care Trusts in NI.

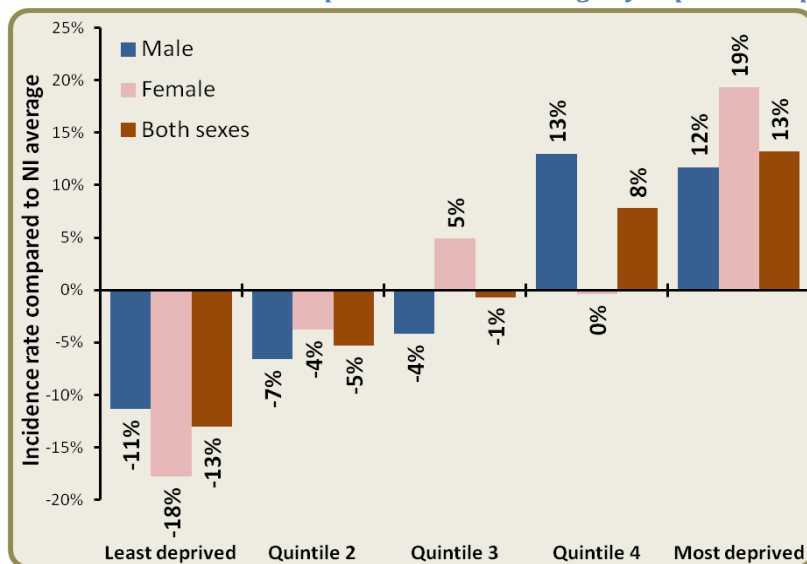
Significantly higher than average

Significantly lower than average

Incidence by deprivation

Cancer incidence rates are consistently lower than NI average among males and females within the least deprived communities (13% lower). This is likely due to reduced incidence of cigarette smoking and obesity within the least deprived communities (both identified as risk factors for oesophageal cancer).

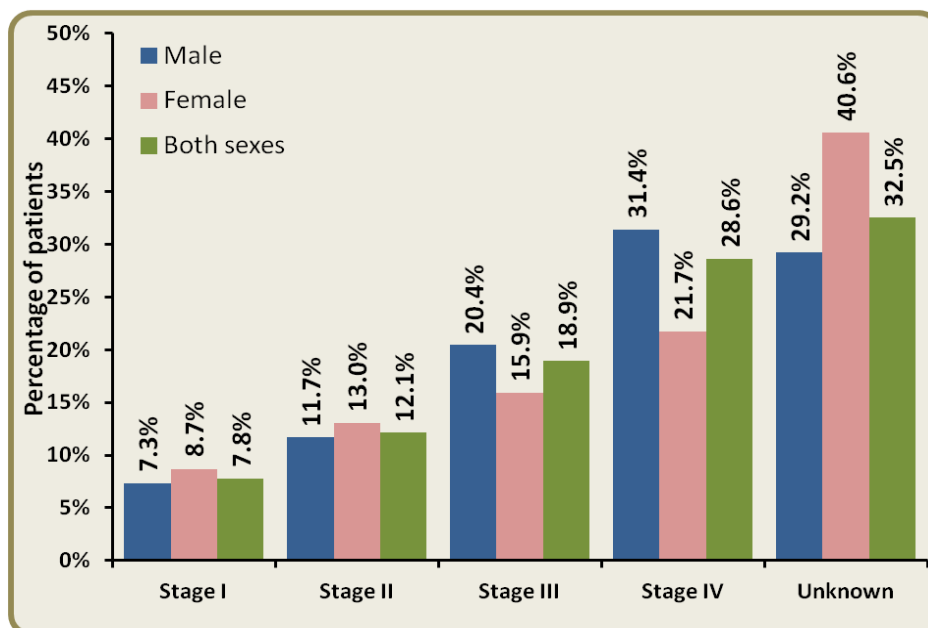
Figure 4: Oesophageal cancer incidence rates compared to the NI average by deprivation quintile: 2011-2015



Incidence by stage

Approximately 67% of patients in Northern Ireland were assigned a stage at diagnosis. The majority of patients (33%) were diagnosed with a cancer that could not be staged. The next most common stage to receive a diagnosis of oesophageal cancer at was stage IV, which confers a poor prognosis. Only 7.8% of all oesophageal cancer patients were diagnosed at stage I disease.

Figure 5: Oesophageal cancer stage distribution: 2011-2015



SURVIVAL

The age-standardised survival for men diagnosed with oesophageal cancer between 2005-2009 was 17.8% at five years. The age-standardised 5-year survival for women during the same time period was 16.5%. Cancer of the oesophagus is amongst the least survivable cancers in Northern Ireland.

Table 2: Five-year oesophageal cancer survival by survival time and gender

Time since diagnosis	Diagnosed 2005-2009		
	Male	Female	Both sexes
6 months	62.0%	67.0%	63.2%
1 year	42.1%	42.1%	42.1%
5 years	17.8%	16.5%	17.2%

Survival Trends

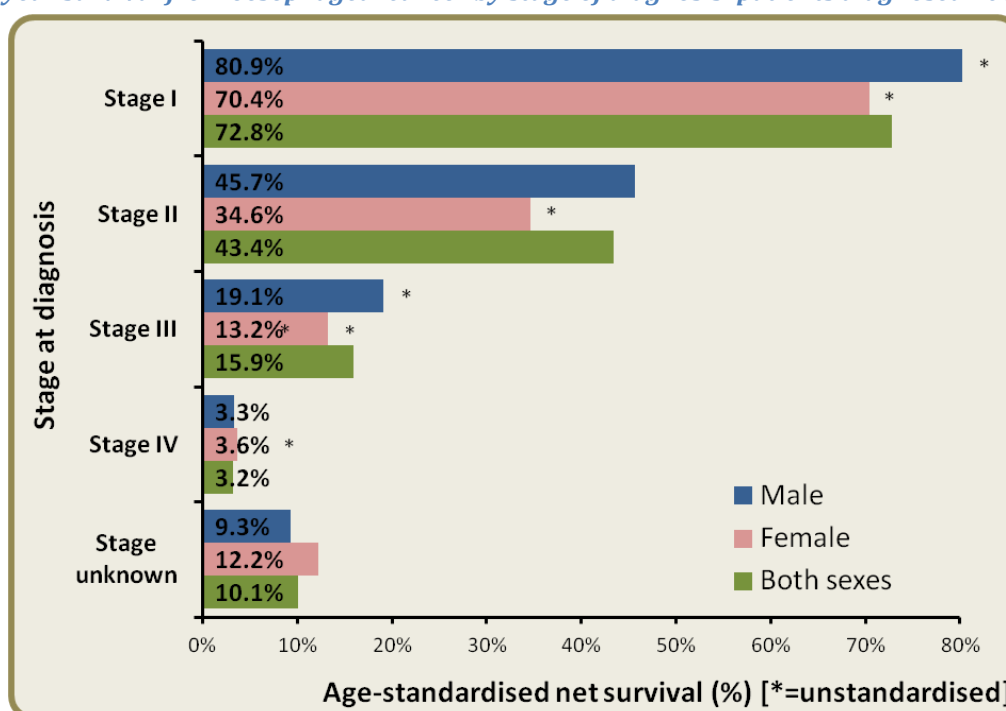
Five-year survival for oesophageal cancer in Northern Ireland has increased from the 1993-1999 diagnosis period to the 2005-2009 diagnosis period in males but has remained steady in females. Five-year survival in men between 1993-1999 was 7.3% and 17.8% between 2005-2009. Five-year survival in women between 1993-1999 was 15.6% which then improved slightly to 16.5% between 2005-2009.

Table 3: Five-year oesophageal cancer survival by period of diagnosis and gender

Period of diagnosis	Male	Female	Both sexes
1993-1999	7.3%	15.6%	9.4%
2000-2004	10.1%	13.5%	11.5%
2005-2009	17.8%	16.5%	17.2%

Survival and stage

Figure 6: Five-year survival from oesophageal cancer by stage of diagnosis: patients diagnosed 2003-2010



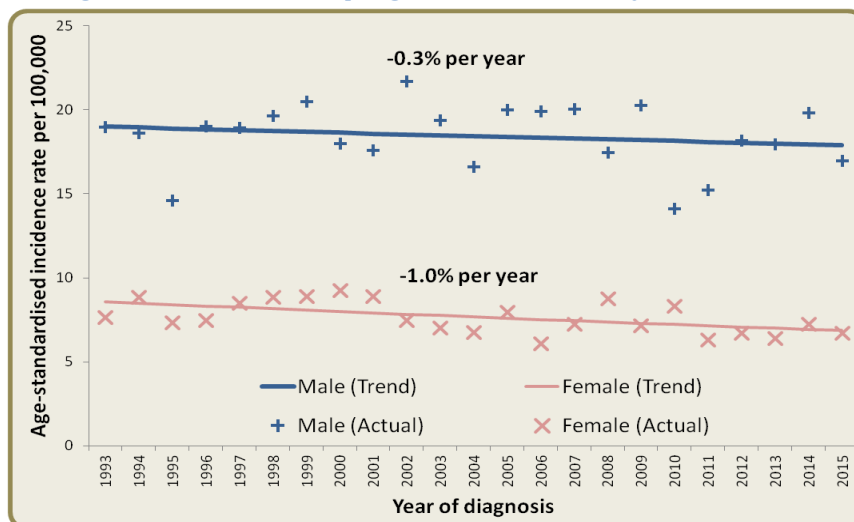
Stage at diagnosis is one of the most important factors in oesophageal cancer survival with five-year survival decreasing as stage at diagnosis increases (72.8% for stage I compared to 3.2% for stage IV).

MORTALITY

Mortality trends

In 2010-2015 there were an average of 171 deaths from oesophagus cancer each year. When adjusted for age and population change, the male cancer mortality rate has remained stable whilst female mortality rates have significantly decreased by approximately 1.0% during the previous twenty three-year period.

Figure 7: Trends in oesophageal cancer mortality rates: 1993-2015



PREVALENCE

At the end of 2015 there were a total of 559 people living with a diagnosis of oesophageal cancer of which 66% were male, 24% had been diagnosed in the previous year, and 84% were over 60. The largest group of people living with cancer of the oesophagus are males over the age of 60.

Sex	Age	23-year Prevalence
Male	0-59	66
	60+	303
	All ages	369
Female	0-59	26
	60+	164
	All ages	190
Both	0-59	92
	60+	467
	All ages	559

FURTHER INFORMATION

Further data is available from the Northern Ireland Cancer Registry web site: www.qub.ac.uk/nicr

NI Cancer Registry
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