

# OESOPHAGEAL CANCER



NUMBER OF CASES PER YEAR (2009-2013)			NUMBER OF DEATHS PER YEAR (2009-2013)		
Male	Female	Both sexes	Male	Female	Both sexes
127	65	192	108	56	164
FIVE-YEAR SURVIVAL (2004-2008)			21-YEAR PREVALENCE (2013)		
Male	Female	Both sexes	Male	Female	Both sexes
17.4%	15.9%	16.7%	360	176	536

## INCIDENCE

Between 2009 and 2013 there were an average of 127 males and 65 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 96 whilst the probability that a female will develop oesophageal cancer before the age of 75 is 1 in 262.

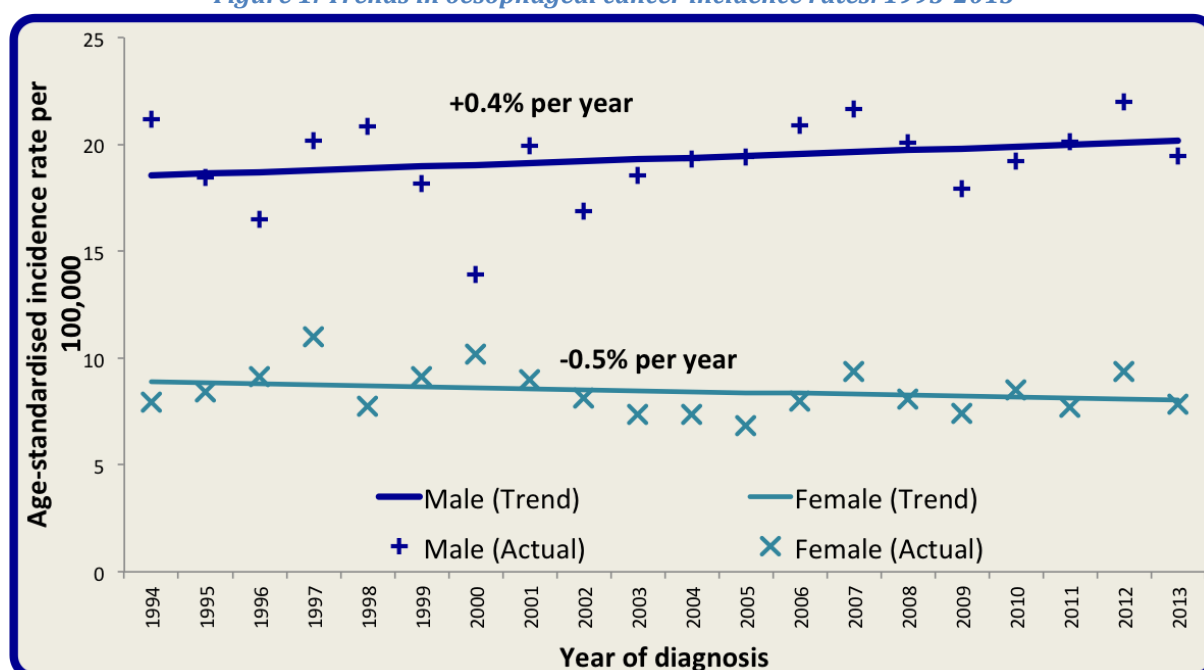
### Incidence trends

Table 1: Incidence of oesophageal cancer by gender and year of diagnosis: 2004-2013

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Males	107	112	121	126	127	114	121	125	139	136
Females	53	49	59	71	62	58	66	61	75	65
Both	160	161	180	197	189	172	187	186	214	201

Over a ten-year period the number of oesophageal cancer cases has increased in males and females from 160 in 2004 to 201 in 2013. After accounting for population changes, the incidence of oesophageal cancer in males and females has remained stable.

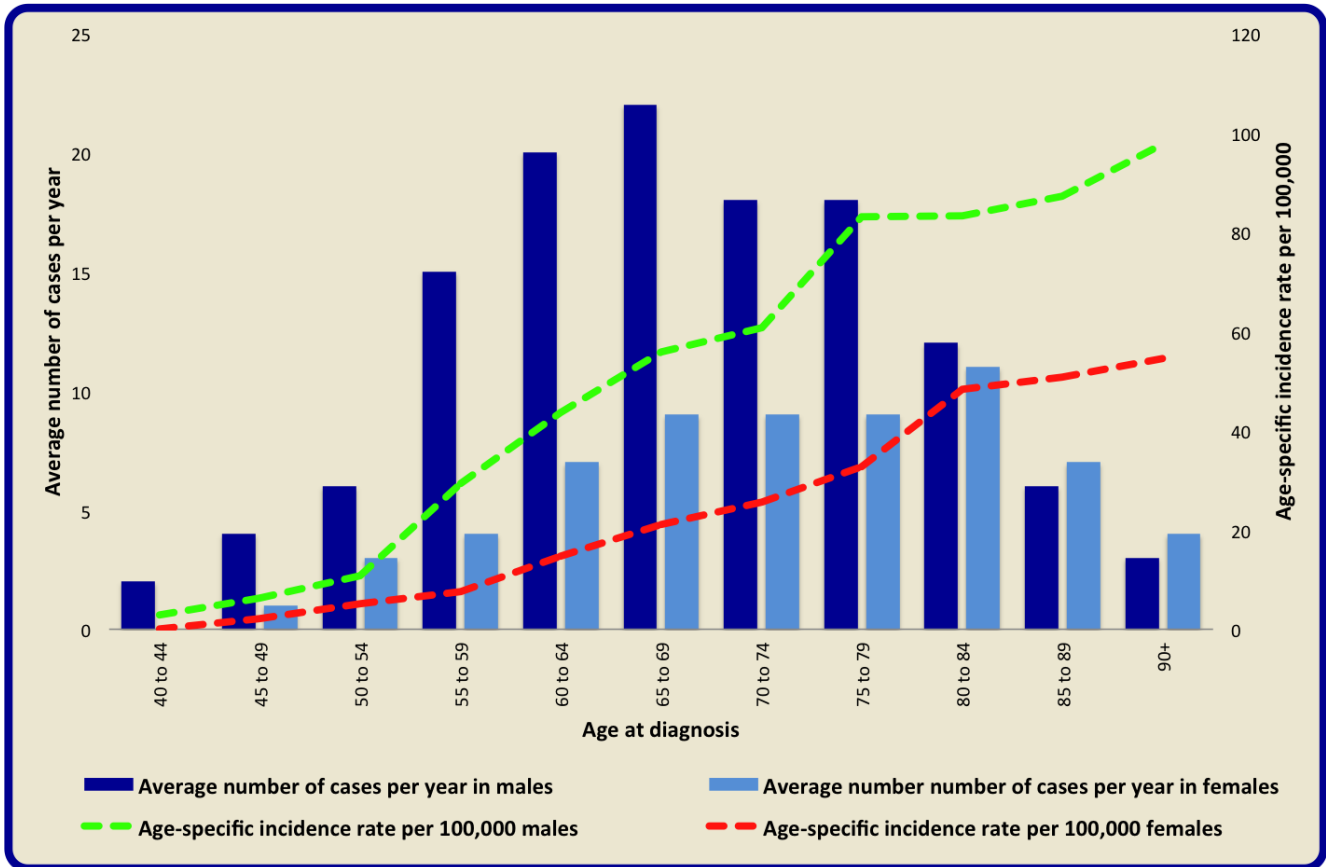
Figure 1: Trends in oesophageal cancer incidence rates: 1993-2013



### Incidence and age

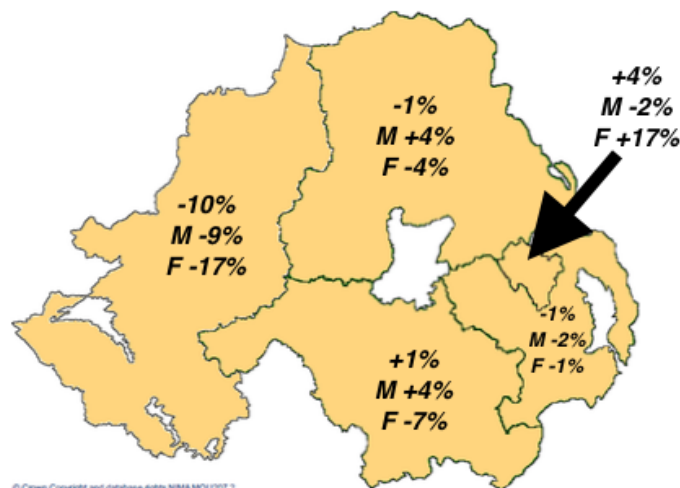
Oesophageal cancer incidence is associated with increasing age. Over 80% of patients diagnosed were over the age of 60. Incidence rates are highest among men and women aged 90 and over. There is an increase in the incidence of oesophageal cancer in men after the age of 50 whereas women experience a steady increase in incidence of oesophageal cancer, as they grow older.

Figure 2: Incidence of oesophageal cancer by age and gender: 2009-2013



### Incidence by Trust area

Figure 3: Oesophageal cancer incidence rates compared to the NI average by HSC Trust of residence: 2009-2013 comparison



There were no statistically significant differences in incidence of oesophageal cancer between health and social care trusts in 2009-2013.

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.

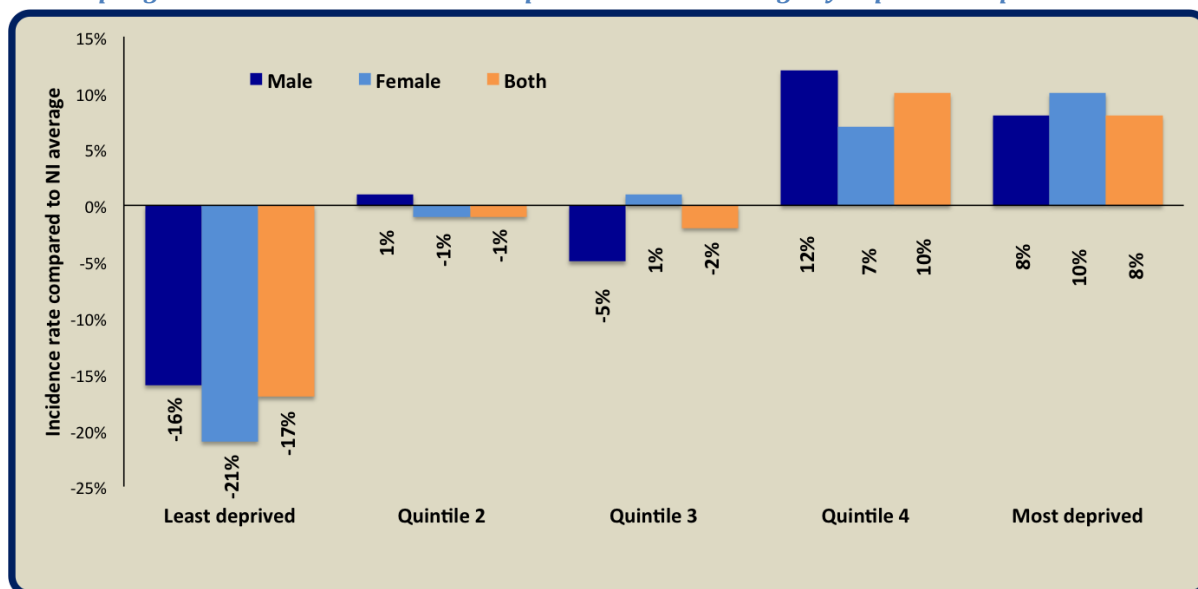
Significantly higher than average

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 (17% 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).

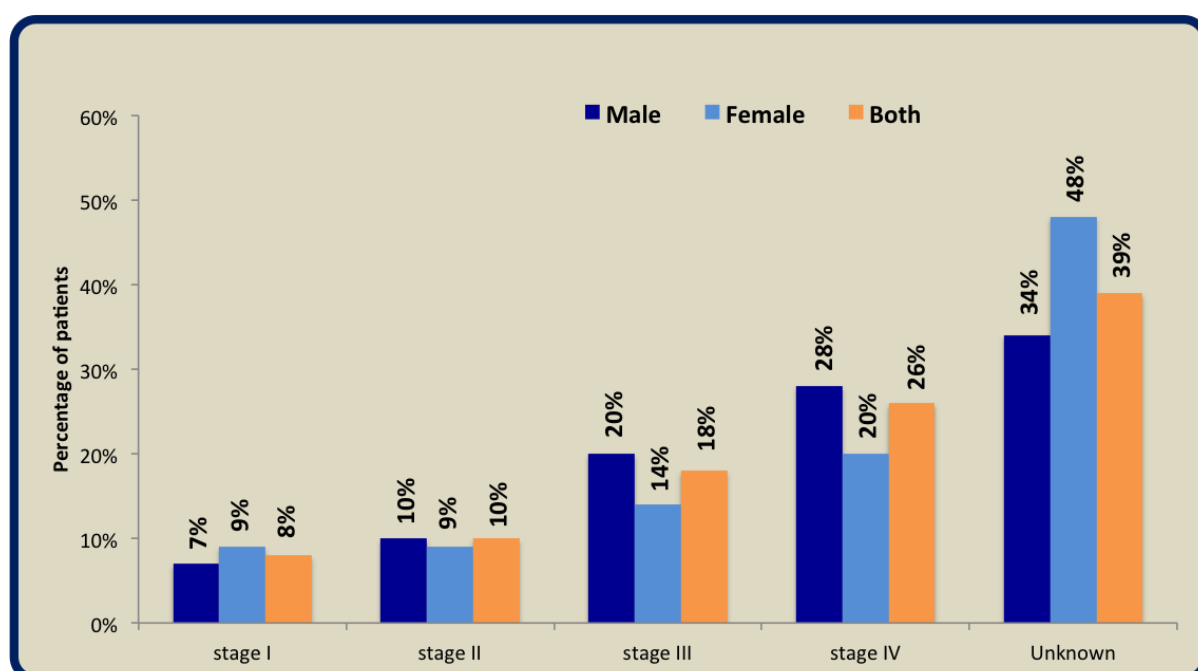
Figure 4: Oesophageal cancer incidence rates compared to the NI average by deprivation quintile: 2009-2013



### Incidence by stage

Approximately 60% of patients in Northern Ireland were assigned a stage at diagnosis. The majority of patients (39%) 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 8% of all oesophageal cancer patients were diagnosed at stage I disease.

Figure 5: Oesophageal cancer stage distribution: 2009-2013



## SURVIVAL

The age-standardised survival for men diagnosed with oesophageal cancer between 2004-2008 was 17.4% at five years. The age-standardised 5-year survival for women during the same time period was 15.9%. 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 2004-2008		
	Male	Female	Both sexes
6 months	60.9%	65.7%	62.0%
1 year	40.6%	42.6%	41.1%
5 years	17.4%	15.9%	16.7%

## Survival Trends

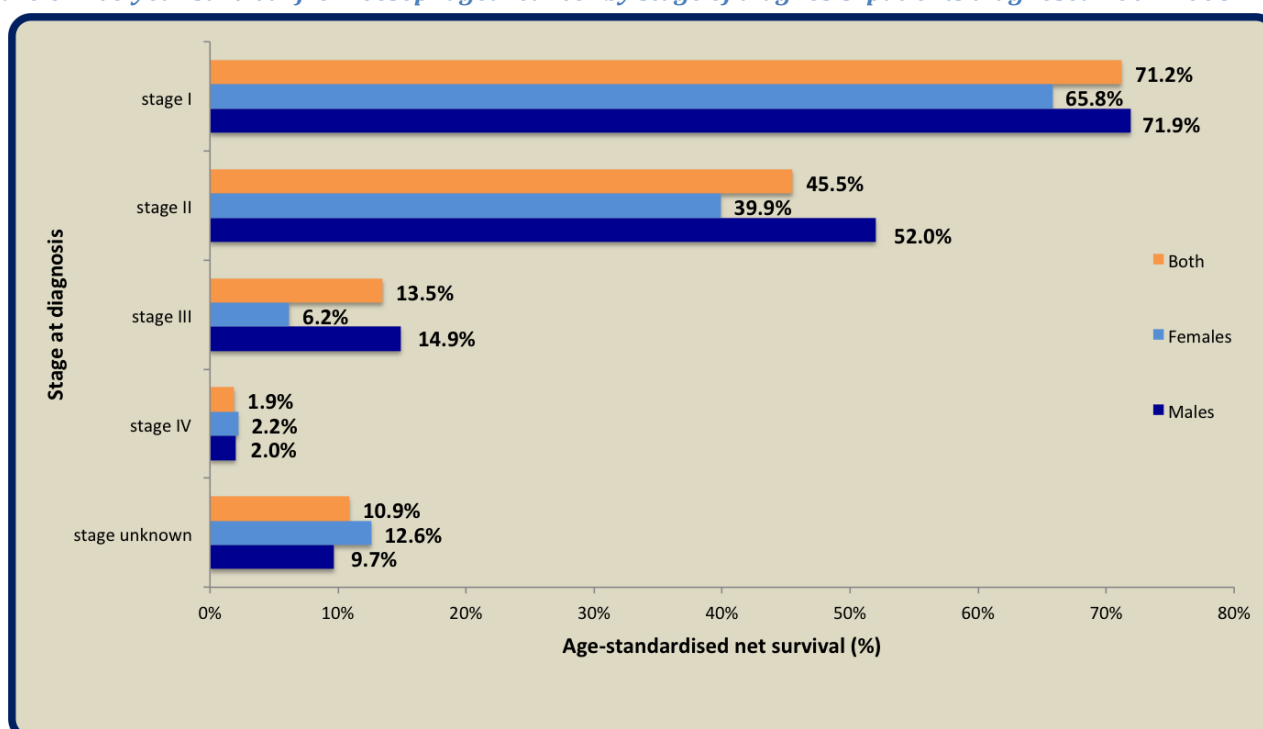
Five-year survival for oesophageal cancer in Northern Ireland has increased from the 1993-1998-diagnosis period to the 2004-2008-diagnosis period in males but decreased in females. Five-year survival in men between 1993-1998 was 7.9% and 17.4% between 2004-2008. Five-year survival in women between 1993-1998 was 17.2% and 15.9% between 2004-2008.

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

Period of diagnosis	Male	Female	Both sexes
1993-1998	7.9%	17.2%	9.9%
1999-2003	10.4%	14.5%	12.6%
2004-2008	17.4%	15.9%	16.7%

## Survival and stage

*Figure 6: Five-year survival from oesophageal cancer by stage of diagnosis: patients diagnosed 2001-2008*



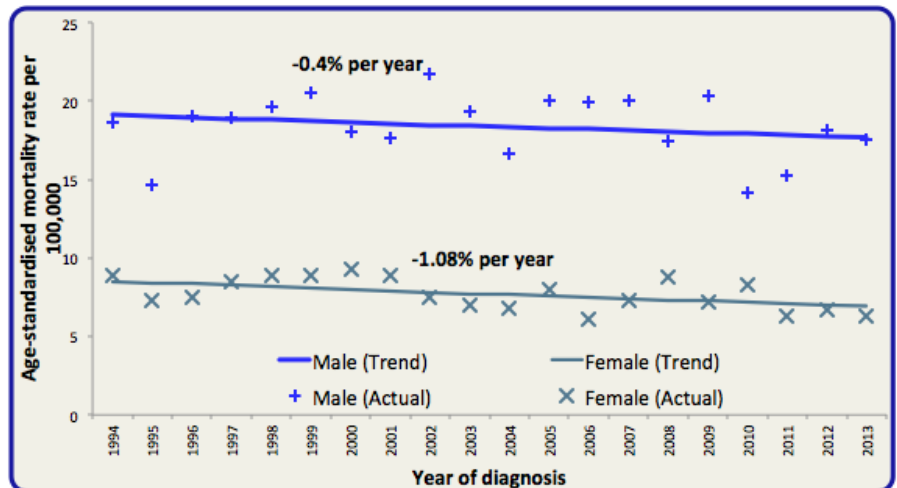
Stage at diagnosis is one of the most important factors in oesophageal cancer survival with five-year survival decreasing as stage at diagnosis increases (71.2% for stage I compared to 1.9% for stage IV). Five-year survival for females is significantly higher at all stages at diagnosis when compared to males.

## MORTALITY

### Mortality trends

In 2009-2013 there were an average of 164 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 decreased by approximately 1.1% during the previous twenty-year period.

Figure 7: Trends in oesophageal cancer mortality rates: 1993-2013



## PREVALENCE

At the end of 2013 there were a total of 536 people living with a diagnosis of oesophageal cancer of which 67% were male, 27% 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.

Table 4: Number of people living with oesophageal cancer at the end of 2013 who were diagnosed from 1993-2013 by time since diagnosis and gender

Sex	Age	Time since diagnosis				21-year Prevalence
		0-1 year	1-5 years	5-10 years	10-21 years	
Male	0-59	28	21	11	2	62
	60+	73	110	71	44	298
	All ages	101	131	82	46	360
Female	0-59	6	13	4	2	25
	60+	38	51	24	38	151
	All ages	44	64	28	40	176
Both	0-59	34	34	15	4	87
	60+	111	161	95	82	449
	All ages	145	195	110	86	536

## FURTHER INFORMATION

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

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## ACKNOWLEDGEMENTS

NICR is funded by the Public Health Agency and is hosted by Queen's University, Belfast.

