

8. Cancer of the Stomach

ICD-9 151

KEY FACTS

- On average 260 cases of cancer of the stomach were registered per year.
- More common in males than in females.
- No significant geographical variation.
- Half of cases were over 69 years in males, 75 years in females.
- 2.5 times higher risk for males than females.

On average, over the 1993-95 period, 260 cancers of the stomach were registered each year. Cancer of the stomach accounted for about 4% of all cancers in males, 2% in females with a sex ratio of 1.7:1 (a similar ratio to that for deaths). The number of cases and the age standardised rates fell in females but not in males. The Mortality:Incidence ratio was quite high, indicative of the relatively poor survival associated with this cancer which, in turn, is related to late diagnosis in most patients. It was the sixth most common cancer in males, eleventh in females.

Males had a 1 in 63 chance of developing stomach cancer before 75 years, for females the risk was lower at 1 in 161.

The incidence rates appear to have fallen slightly in females although subsequent years' data will be required to determine if this is a real trend.

Table 13 Summary Statistics

Year	MALES			FEMALES		
	1993	1994	1995	1993	1994	1995
INCIDENCE						
Incident Cases	157	183	154	108	96	81
Crude Rate (per 100,000)	19.33	22.82	19.50	12.93	11.43	9.60
Cumulative Risk (0-74) (%)	1.84	2.19	1.60	0.65	0.56	0.62
WASR (per 100,000)	14.79	16.89	14.47	6.37	5.77	5.51
EASR (per 100,000)	21.98	25.29	22.10	10.03	9.03	8.03
% of All Cancers	3.63	4.28	3.87	2.44	2.22	1.89
DATA QUALITY						
Mortality : Incidence Ratio	0.82	0.70	0.62	0.62	0.75	0.90
% Death Certificate Only	3.25	2.17	3.82	5.56	5.21	7.41
% Microscopically Verified	83.8	83.6	84.1	77.78	79.17	82.72
MORTALITY						
Number of Deaths	126	129	98	67	72	73
Crude Rate (per 100,000)	15.82	16.09	12.17	8.02	8.57	8.65
Cumulative Risk (0-74) (%)	1.42	1.35	1.03	0.37	0.40	0.41
WASR (per 100,000)	11.44	11.98	8.81	3.72	4.15	4.09
EASR (per 100,000)	17.62	18.58	13.71	6.03	6.61	6.56
% of All Cancer Deaths	6.68	6.94	5.31	3.84	4.10	4.42

WASR = Rates standardised for age to the World standard population
EASR = Rates standardised for age to the European standard population

Age Profile

The median age at diagnosis was younger in males (69 years) than females (75 years). Only one third (30%) of stomach cancers in males were diagnosed in elderly patients (over 75 years) while over half (51%) of females were diagnosed over the age of 75. Age specific rates were highest in the oldest age group for both sexes - see Figures 13 and 14.

Figure 13 Age Distribution of New Cases 1993-95, Cancer of the Stomach

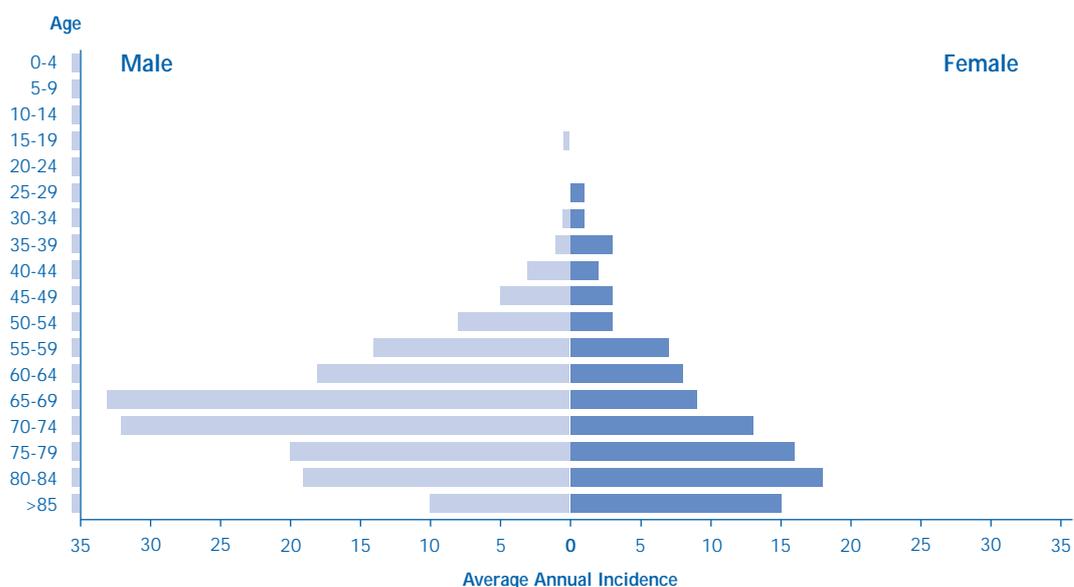
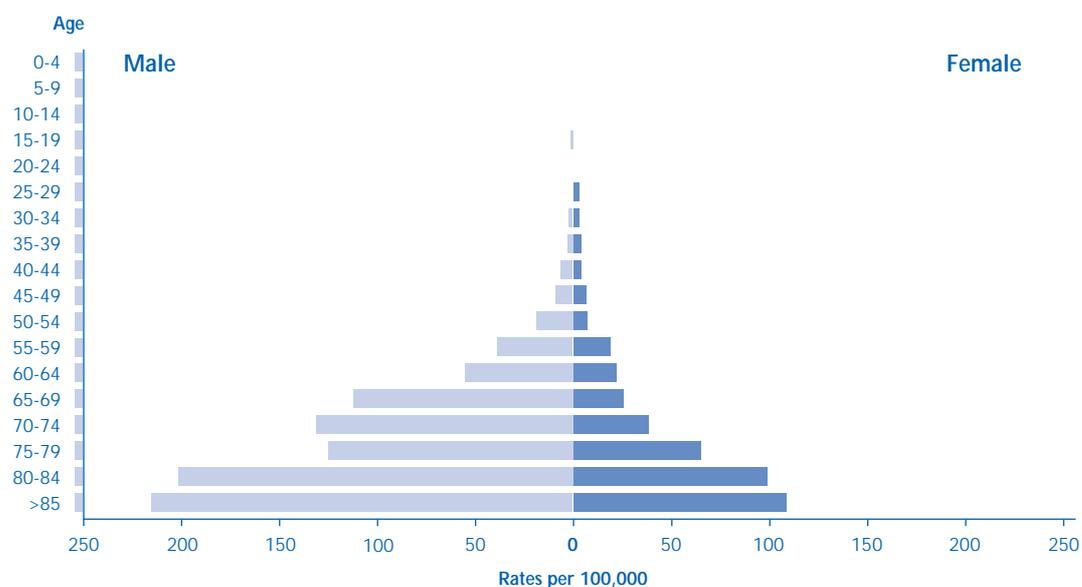


Figure 14 Average Annual Age Specific Rates (per 100,000) 1993-95, Cancer of the Stomach



Morphology

Fourteen percent of tumours diagnosed in males and 20% of tumours diagnosed in females did not have histological verification. Adenocarcinoma was the most commonly diagnosed tumour (66% of males and 59% of females). Only 1% were diagnosed as carcinoid.

Geographical Distribution of Disease

No significant variation at Health Board level was found for any age group of either sex.

District Council level analysis of deaths for the aggregated 1989-93 period did, however, reveal higher than expected numbers of male stomach cancer in Belfast and Newry & Mourne (ref: 1).

Data Quality

The percentage of cases registered as Death Certificate Only (DCO), while comparatively low, was higher in females than males and may partly reflect the older age at diagnosis in females. The level of Microscopic Verification of cases was also comparatively good at 80%.

Comparison with other Countries

Table 14 provides comparative figures for the number of cases and European Age Standardised Rates for the year 1995. The Northern Ireland rate for males was higher than for the Republic of Ireland and England & Wales but lower than for Scotland. In females the rate was lower than in Scotland and the Republic of Ireland, though higher than in England & Wales.

Table 14 Comparative Numbers and Rates for Britain and Ireland 1995, Cancer of the Stomach

Country	Males		Females	
	Cases	EASR (per 100,000)	Cases	EASR (per 100,000)
Scotland	595	22.70	417	10.30
England & Wales	5400	18.80	3350	7.70
Republic of Ireland	305	20.00	187	9.16
Northern Ireland	157	22.10	81	8.03

Comment

Higher incidence rates in males accords with the picture demonstrated by mortality data where twice as many males as females die from stomach cancer. The age pattern of the disease (more common in younger males and older females) is similar to that for the Republic of Ireland (ref: 8).

Significant falls in death rates were evident for both sexes (ref: 1), though this was more apparent in females than males. Levels of stomach cancer have been falling world-wide.

Stomach cancer rates vary with social class in that those in the lower social classes have a higher rate. Possible risk factors include infection by the bacterium *Helicobacter pylori* and low consumption of fresh fruit and vegetables, both of which are more likely in the manual classes. It is known that the prevalence rates of *Helicobacter pylori*, a bacteria found in the stomach, are particularly high in the Northern Ireland population (ref: 9). Factors which are thought to have contributed to the fall in deaths from stomach cancer include the greater availability of refrigeration which has reduced the need for salting and pickling to preserve food.

There is no population screening test available for early detection of this disease.

Ongoing research is investigating whether the control of *Helicobacter pylori* will prevent the disease.

Clinical trials continue to investigate whether treatment outcomes can be improved.

For Health Gain

- The population should be encouraged to eat a diet with a high content of fresh fruit and vegetables and seek an early diagnosis of symptoms.
- Further research into the pathogenesis and prevention of *Helicobacter pylori* infection should be encouraged.
- Participation in clinical trials, which can advise on the best outcomes, should be enhanced.
- The organisation of services should be such as to ensure that those with the disease have as good an outcome as possible.
- The full range of palliative care services should be available for those with established disease.