



## Stomach Cancer in the Greater San Francisco Bay Area

1988-2000

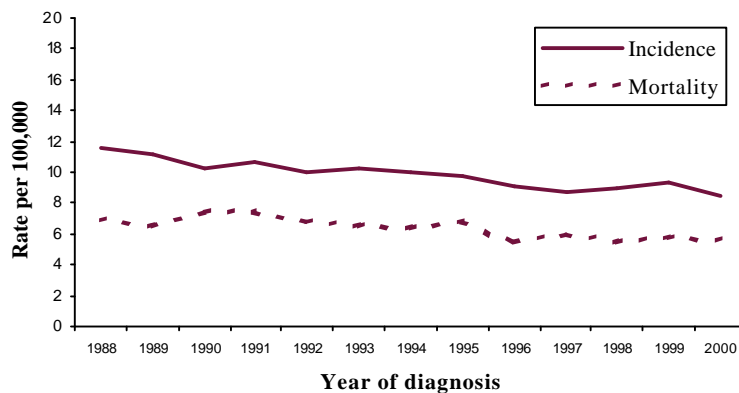
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Despite declining incidence and mortality rates in the last few decades, stomach cancer (also referred to as gastric cancer) is still a common cancer worldwide, second only to lung cancer. In the US, stomach cancer is more common among racial/ethnic minority groups; it is the fifth most common cancer in black, Hispanic, and Asian/Pacific Islander males.

### INCIDENCE AND MORTALITY TRENDS

The most recent statistics show that 528 people were diagnosed and 350 died from stomach cancer during 2000 in the Greater San Francisco Bay Area. Consistent with international trends, stomach cancer incidence and mortality rates in our region have declined during the period 1988 and 2000 (below, Figure 1).

**Figure 1. Age-adjusted incidence and mortality rates for stomach cancer by year of diagnosis, Greater San Francisco Bay Area, 1988-2000**



### RISK FACTORS

In addition to age, sex, and race/ethnicity, other factors associated with increased risk of stomach cancer include:

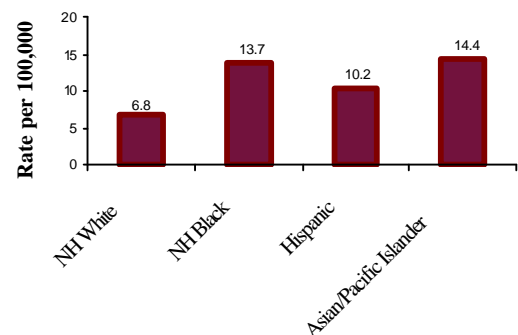
- diets high in salted, smoked, and pickled foods
- diets low in fiber and high in carbohydrates
- family history
- infection with *Helicobacter pylori*



### RACIAL/ETHNIC PATTERNS

Stomach cancer incidence varies substantially for racial/ethnic groups in the Greater Bay Area (right, Figure 2). The highest rate is seen in Asians/Pacific Islanders, followed closely by non-Hispanic Blacks and Hispanics. Non-Hispanic whites have the lowest incidence of stomach cancer.

**Figure 2. Age-adjusted stomach cancer incidence by race/ethnicity, Greater San Francisco Bay Area, 1988-2000**





## INCIDENCE BY AGE AND SEX

Incidence of stomach cancer increases substantially with age in both males and females (right, Figure 3). Stomach cancer rarely occurs in people under 40 with peak incidence at ages 85 and older. Incidence is about two-times greater in males than females.

Figure 3. Stomach cancer incidence by sex and age group at diagnosis, Greater San Francisco Bay Area, 1988-2000

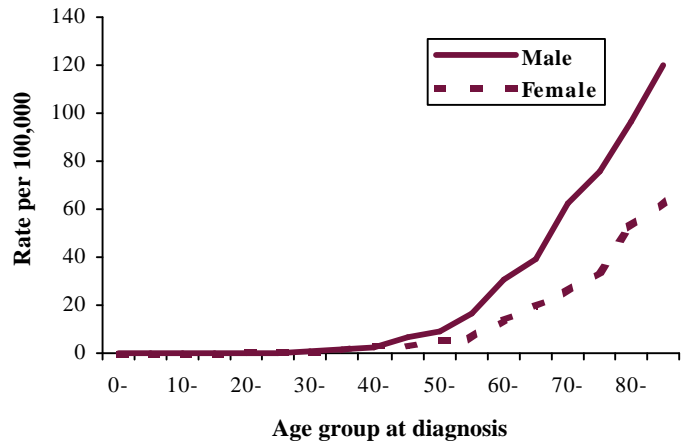
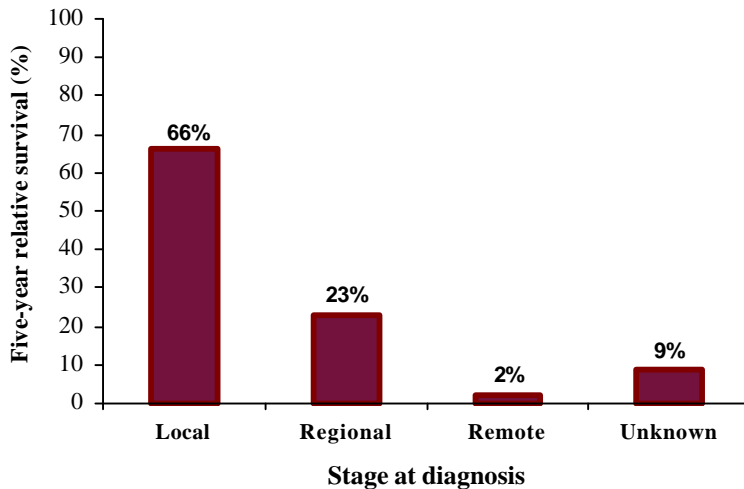


Figure 4. Five-year relative survival (%) from stomach cancer by stage at diagnosis, Greater San Francisco Bay Area, 1988-2000



## SURVIVAL

Survival from stomach cancer varies by stage at diagnosis. Patients diagnosed with cancer localized to the stomach generally have higher probability of five-year survival (approximately 66%) than patients diagnosed with late stage (approximately 2%) (left, Figure 4).

Technical Notes: Because age distributions vary by population, a standard statistical procedure called “age-adjustment” was used so that we can examine differences in cancer incidence and mortality rates due to factors other than age. Rates are age-adjusted (using the Year 2000 population standard) unless noted to be age-specific. Race/ethnicity was categorized as four mutually-exclusive racial/ethnic groups: non-Hispanic whites (whites), non-Hispanic blacks (blacks), Hispanics, and non-Hispanic Asians/Pacific Islanders (Asians/Pacific Islanders).

About the data: Cancer data have been collected in Alameda, Contra Costa, Marin, San Francisco, and San Mateo counties since 1973, and in Monterey, San Benito, Santa Clara, and Santa Cruz counties since 1988, forming two parts (Regions 1 and 8) of the California Cancer Registry. These counties, referred to as the Greater San Francisco Bay Area are also part of the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) registry program.

Founded in 1974, the mission of the Northern California Cancer Center is to reduce the burden of cancer through surveillance, epidemiology, prevention research and education. Essential to this mission is collaboration with partners in cancer research, education and the community.