

Gastro-oesophageal junction cancers (ICD10 C15.2, C15.5, C16.0)¹

In England cancers of the gastro-oesophageal junction account for 40% of all cancers arising in the upper gastro-intestinal tract and are almost three times more common in men than in women (M to F ratio = 2.8:1). They occur in the lower third of the oesophagus and the cardia and the predominant morphology is adenocarcinoma. The risk factors for these cancers are not well understood but Barrett's oesophagus is a known risk factor and obesity and lack of fruit and vegetables in the diet are also thought to be risk factors.

During the period 1998 to 2003 a total of 32,741 people (24,147 men and 8,594 women) were diagnosed with a gastro-oesophageal junction cancer in England. This gives age-standardised incidence rates per 100,000 European standard population (ASR(E)) of 14.5 in men and 3.6 in women. The ASR(E) varies across the 28 cancer networks between 9.6 to 17.4 in men and 2.4 to 4.3 in women (Table 1; Figure 1). The cancer networks with a significantly lower incidence compared to the English average in both men and women are West London and North East London. The cancer network with a higher incidence for both men and women is Peninsula (Figure 2).

Table 1: Age-standardised incidence rates per 100,000 European population by cancer network.

Cancer network of residence	Males		Females	
	Number	ASR(E)	Number	ASR(E)
3 Counties	493	12.8	150	2.6
Anglia	1,402	14.8	513	4.0
Arden	454	13.6	146	3.1
Avon, Somerset & Wilts	994	15.2	375	4.1
Central South Coast	1,119	16.2	313	3.3
Derby/Burton	405	17.4	102	3.1
Dorset	429	14.1	178	4.2
Essex	637	13.4	221	3.3
Greater Midlands	1,021	15.6	345	3.8
Gtr Manchester & Cheshire	1,637	17.0	527	3.8
Humber & Yorks Coast	605	16.0	209	3.9
Kent & Medway	763	14.0	275	3.6
Lancs & S Cumbria	854	16.2	314	4.1
Leics, Northants & Rutland	733	14.2	223	3.2
Merseyside & Cheshire	1,081	15.9	413	4.3
Mid Trent	905	16.1	323	4.0
Mount Vernon	484	12.2	156	2.9
NE London	477	12.1	168	2.8
North London	497	12.1	206	3.3
North of England	1,547	14.9	638	4.2
North Trent	937	15.2	335	3.9
Pan Birmingham	856	14.6	300	3.8
Peninsula	1,088	16.6	410	4.3
SE London	507	12.6	186	3.3
Sussex	593	12.9	238	3.2
SW London	551	12.6	213	3.2
SWSH	520	13.3	177	3.3
Thames Valley	856	12.5	299	3.2
West London	461	9.6	153	2.4
Yorkshire CN	1,241	15.2	488	4.1
England	24,147	14.5	8,594	3.6

¹ Please note the registry site is taken as the gold standard for site. However where this is C15.8 or C15.9 (overlapping sites or site unspecified) the morphology is used to subdivide into more specific sites. M805 to M808 = squamous cell carcinomas – reassigned to C15.3 (Upper oesophagus). M814 to M838 and M844 to M849 = adenocarcinomas – reassigned to C15.5 (Gastro-oesophageal junction). The residual C15.8 and C15.9 are then examined against their HES counterparts. Where the HES data has a more specific site this is used otherwise they are left as C15.8 and C15.9.

Figure 1: Age-standardised incidence rates per 100,000 European population by cancer network.

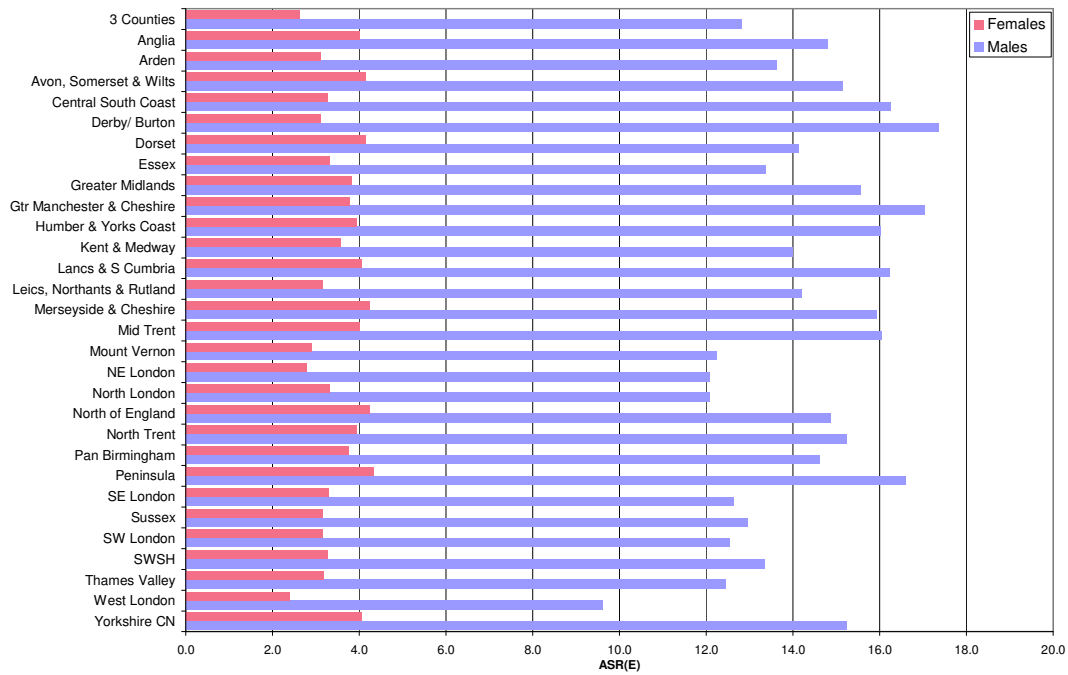
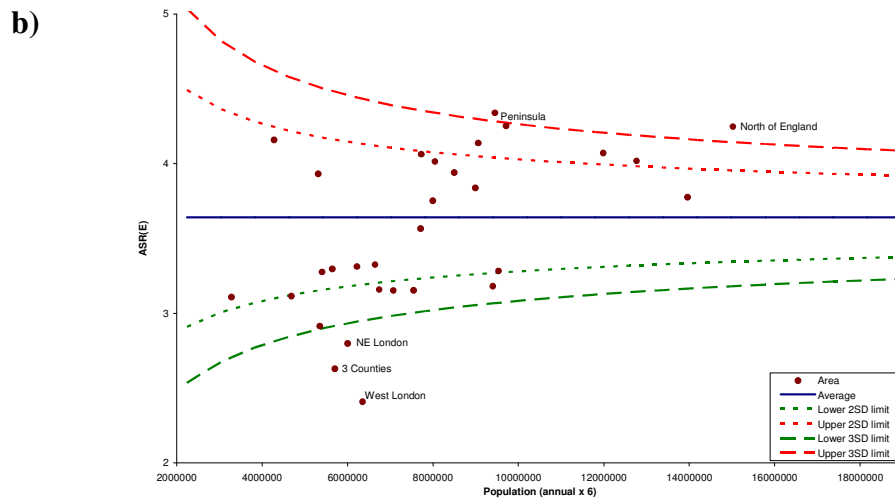
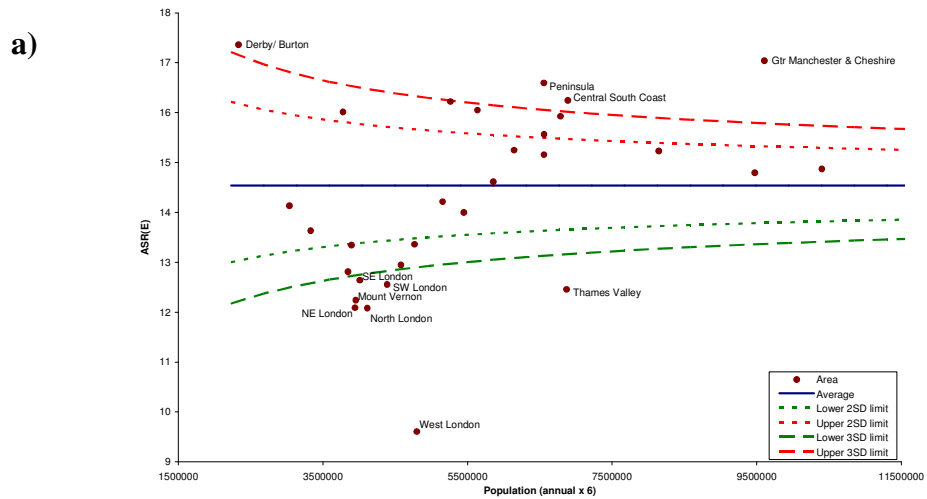


Figure 2: Funnel plot of age-standardised incidence rates for a) males and b) females by cancer network of residence, England, 1998-2003.



Upper oesophagus cancers (ICD10 C15.0, C15.1, C15.3, C15.4)²

In England cancers of the upper oesophagus account for approximately 13% of all cancers arising in the upper gastro-intestinal tract and are more common in women than in men (M to F ratio = 0.8:1). They occur in the upper two thirds of the oesophagus and the predominant morphology is squamous cell carcinoma. The risk factors for these cancers are known to be smoking and alcohol consumption which also have a synergistic effect. Poor diet is also a risk factor. These cancers are more common in people living in deprived areas.

During the period 1998 to 2003 a total of 11,030 people (4,931 men and 6,099 women) were diagnosed with an upper oesophagus cancer in England. This gives age-standardised incidence rates per 100,000 European standard population (ASR(E)) of 3.0 in men and 2.6 in women. The ASR(E) varies across the 28 cancer networks between 1.6 to 4.1 in men and 2.0 to 3.7 in women (Table 1; Figure 1). The cancer networks with a lower incidence compared to the English average are in the more affluent areas such as Essex, Anglia and Surrey, West Sussex & Hampshire. Those with a higher incidence is seen in the less affluent areas such as Merseyside & Cheshire, Greater Midlands and Pan Birmingham (Figure 2).

Table 1: Age-standardised incidence rates per 100,000 European population by cancer network.

Cancer network of residence	Males		Females	
	Number	ASR(E)	Number	ASR(E)
3 Counties	85	2.1	117	2.1
Anglia	213	2.2	272	2.0
Arden	83	2.4	149	3.4
Avon, Somerset & Wilts	167	2.6	223	2.4
Central South Coast	181	2.6	225	2.3
Derby/Burton	85	3.7	89	2.9
Dorset	60	2.0	112	2.1
Essex	79	1.6	143	2.1
Greater Midlands	254	3.8	323	3.6
Gtr Manchester & Cheshire	367	3.9	402	3.0
Humber & Yorks Coast	114	3.1	127	2.5
Kent & Medway	130	2.3	188	2.4
Lancs & S Cumbria	184	3.6	208	2.7
Leics, Northants & Rutland	141	2.8	208	3.2
Merseyside & Cheshire	277	4.1	325	3.4
Mid Trent	159	2.8	223	3.1
Mount Vernon	88	2.3	106	2.0
NE London	110	2.9	128	2.3
North London	120	3.1	122	2.1
North of England	382	3.7	432	3.0
North Trent	194	3.2	231	2.5
Pan Birmingham	219	3.8	301	3.7
Peninsula	179	2.7	254	2.5
SE London	137	3.5	128	2.3
Sussex	113	2.6	155	2.0
SW London	148	3.4	169	2.5
SWSH	64	1.7	110	2.0
Thames Valley	190	2.8	234	2.6
West London	171	3.7	139	2.3
Yorkshire CN	237	2.9	256	2.1
England	4,931	3.0	6,099	2.6

² Please note the registry site is taken as the gold standard for site. However where this is C15.8 or C15.9 (overlapping sites or site unspecified) the morphology is used to subdivide into more specific sites. M805 to M808 = squamous cell carcinomas – reassigned to C15.3 (Upper oesophagus). M814 to M838 and M844 to M849 = adenocarcinomas – reassigned to C15.5 (Gastro-oesophageal junction). The residual C15.8 and C15.9 are then examined against their HES counterparts. Where the HES data has a more specific site this is used otherwise they are left as C15.8 and C15.9.

Figure 1: Age-standardised incidence rates per 100,000 European population by cancer network.

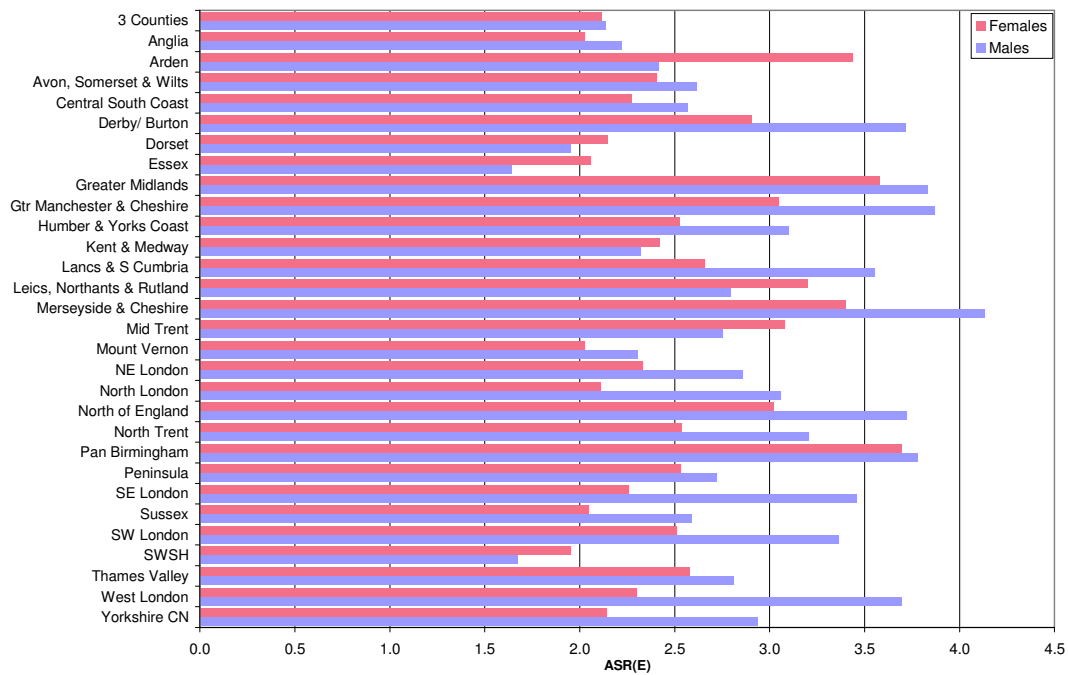
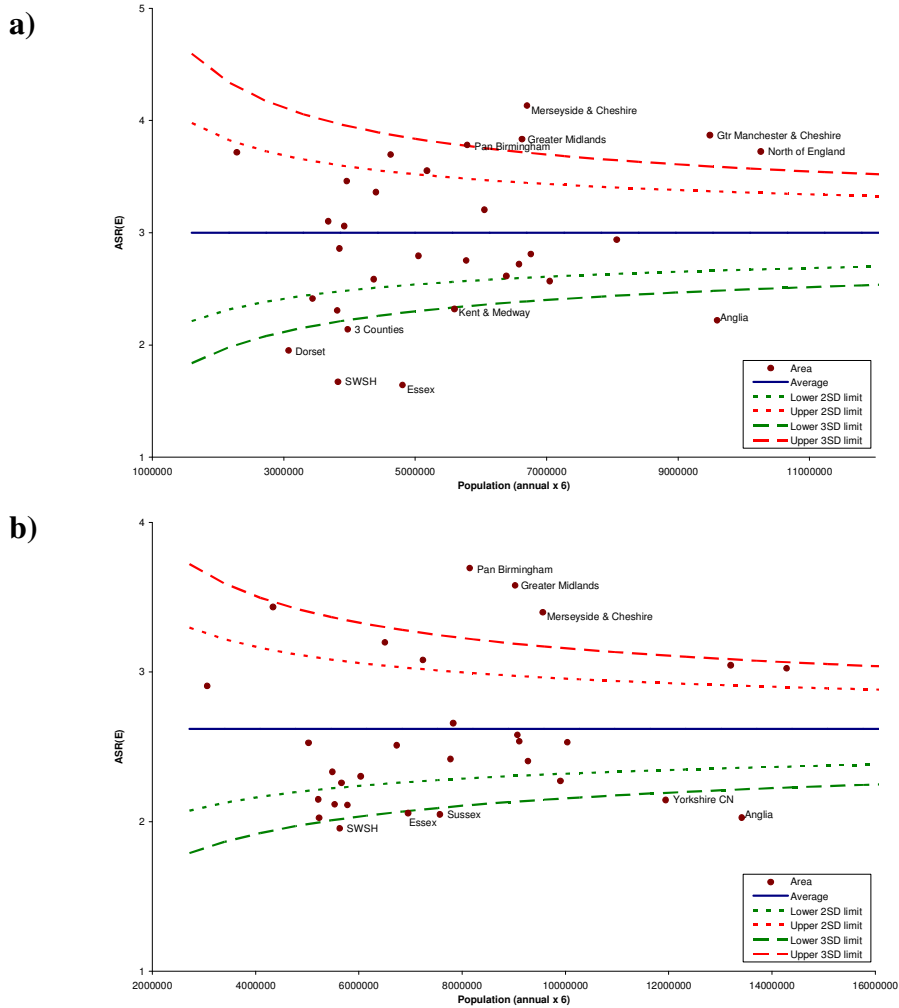


Figure 2: Funnel plot of age-standardised incidence rates for a) males and b) females by cancer network of residence, England, 1998-2003.



Stomach (excl. cardia) cancers (ICD10 C16.1-C16.9)³

In England cancers of the stomach account for approximately 42% of all cancers arising in the upper gastro-intestinal tract and are more common in men than in women (M to F ratio = 1.5:1). They occur in any part of the stomach excluding the cardia and the predominant morphology is adenocarcinoma. The risk factors for these cancers are known to be *Helicobacter pylori* infection, smoking, poor diet, and excessive salt consumption. These cancers are more common in people living in deprived areas.

During the period 1998 to 2003 a total of 34,370 people (20,733 men and 13,637 women) were diagnosed with a stomach cancer in England. This gives age-standardised incidence rates per 100,000 European standard population (ASR(E)) of 11.9 in men and 5.4 in women. The ASR(E) varies across the 28 cancer networks between 7.8 to 16.5 in men and 3.6 to 7.5 in women (Table 1; Figure 1). The cancer networks with a lower incidence compared to the English average are in the more affluent areas such as Sussex, Dorset, Kent & Medway and Thames Valley. The cancer networks with higher incidence than the English average are North Trent, Yorkshire, Merseyside & Cheshire. Interestingly, North East London, which is very deprived, has a similar high incidence to parts of Northern England (Figure 2).

Table 1: Age-standardised incidence rates per 100,000 European population by cancer network.

Cancer network of residence	Males		Females	
	Number	ASR(E)	Number	ASR(E)
3 Counties	333	8.3	230	3.9
Anglia	960	9.5	579	4.2
Arden	413	11.9	231	4.7
Avon, Somerset & Wilts	655	9.4	430	4.2
Central South Coast	750	10.0	466	4.5
Derby/Burton	261	10.6	177	5.0
Dorset	282	8.2	219	4.4
Essex	542	10.7	310	4.5
Greater Midlands	979	14.5	639	6.5
Gtr Manchester & Cheshire	1,399	14.2	993	6.7
Humber & Yorks Coast	488	12.4	320	5.8
Kent & Medway	554	9.6	346	3.8
Lancs & S Cumbria	676	12.4	497	6.2
Leics, Northants & Rutland	655	12.5	348	4.7
Merseyside & Cheshire	1,028	14.7	723	6.8
Mid Trent	741	12.4	467	5.8
Mount Vernon	396	9.7	249	4.1
NE London	655	15.8	395	6.9
North London	463	11.0	315	5.3
North of England	1,648	15.3	1,156	7.5
North Trent	1,049	16.4	689	7.5
Pan Birmingham	1,014	16.4	572	6.3
Peninsula	697	9.9	422	4.1
SE London	557	13.3	391	6.0
Sussex	414	7.8	307	3.6
SW London	452	9.9	302	4.2
SWSH	347	8.7	213	3.6
Thames Valley	629	8.9	439	4.4
West London	498	10.1	352	5.2
Yorkshire CN	1,198	14.0	860	6.9
England	20,733	11.9	13,637	5.4

³ Please note the registry site is taken as the gold standard for site. However where this is C15.8 or C15.9 (overlapping sites or site unspecified) the morphology is used to subdivide into more specific sites. M805 to M808 = squamous cell carcinomas – reassigned to C15.3 (Upper oesophagus). M814 to M838 and M844 to M849 = adenocarcinomas – reassigned to C15.5 (Gastro-oesophageal junction). The residual C15.8 and C15.9 are then examined against their HES counterparts. Where the HES data has a more specific site this is used otherwise they are left as C15.8 and C15.9.

Figure 1: Age-standardised incidence rates per 100,000 European population by cancer network.

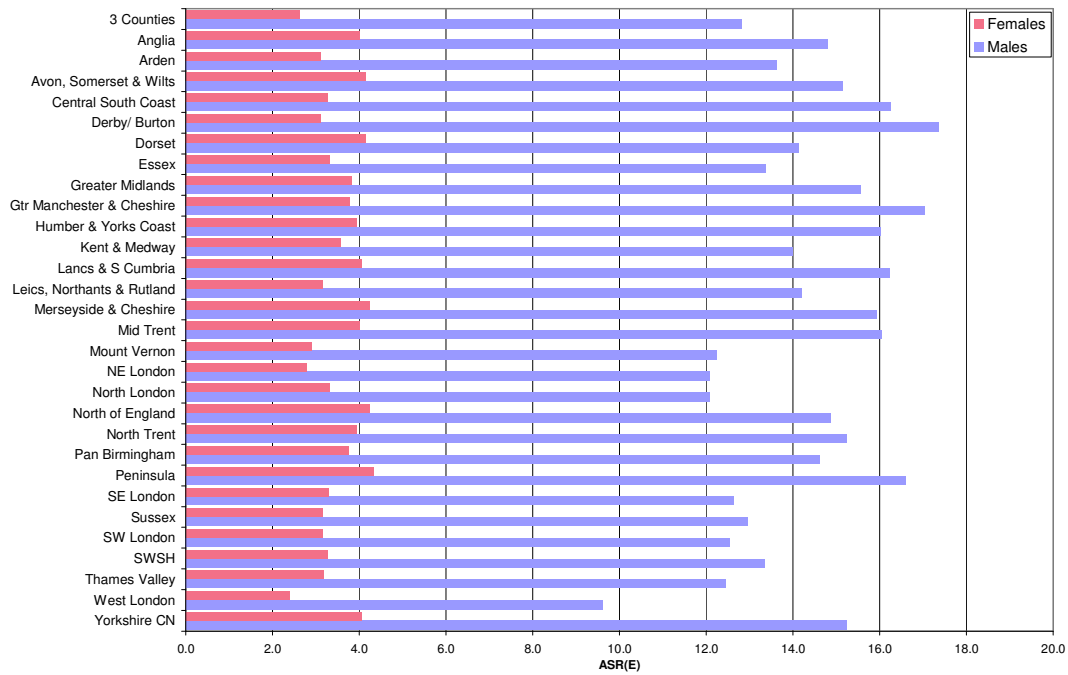
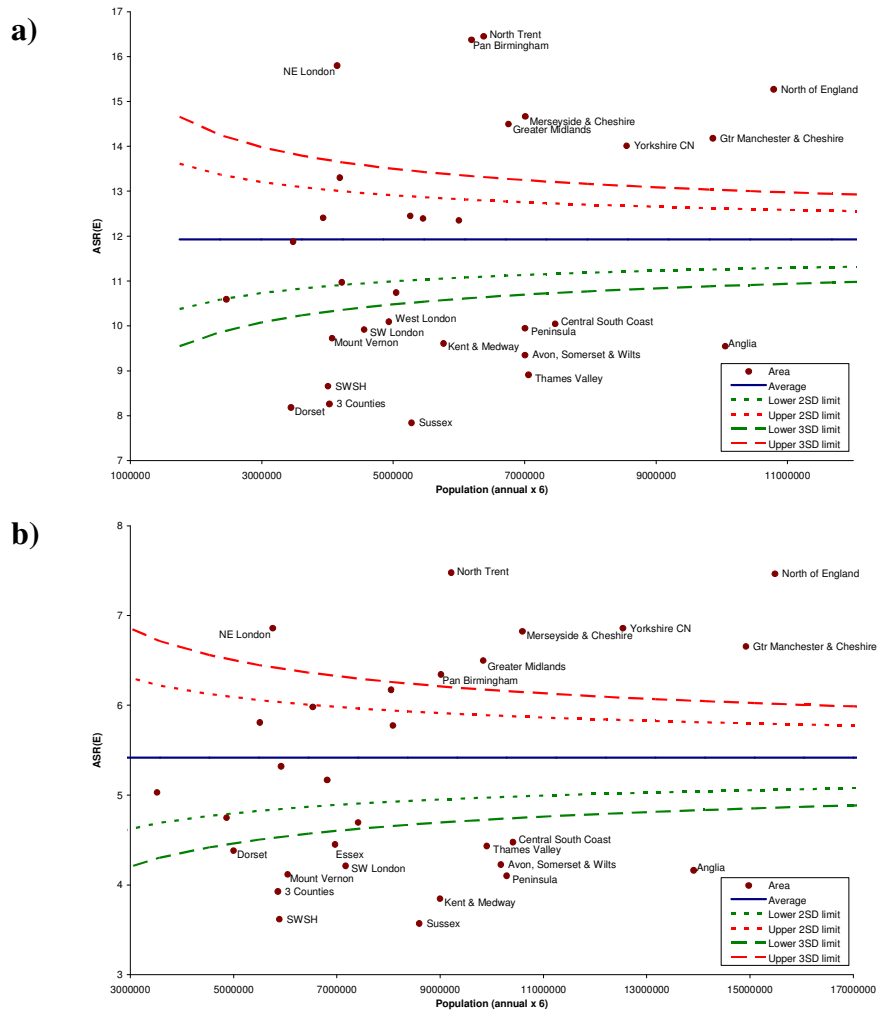


Figure 2: Funnel plot of age-standardised incidence rates for a) males and b) females by cancer network of residence, England, 1998-2003.



Oesophagus not known cancers (ICD10 C15.8, C15.9)⁴

In England cancers of an unspecified site within the oesophagus account for approximately 5% of all cancers arising in the upper gastro-intestinal tract and are marginally more common in men than in women (M to F ratio = 1.1:1). These cancers have not been assigned to a specific area of the oesophagus and usually have an unspecified morphology. The risk factors for these cancers are most likely to be smoking, alcohol consumption, and poor diet.

During the period 1998 to 2003 a total of 4,136 people (2,143 men and 1,993 women) were diagnosed with an oesophagus not known cancer in England. This gives age-standardised incidence rates per 100,000 European standard population (ASR(E)) of 1.2 in men and 0.7 in women. The ASR(E) varies across the 28 cancer networks between 0.4 to 2.3 in men and 0.2 to 1.2 in women (Table 1; Figure 1). Cancer networks with a significantly higher incidence than the English average are West London, Central South Coast, Kent & Medway and Merseyside & Cheshire in men, and South East London and Central South Coast in women. The cancer network with a significantly lower incidence than the English average in both men and women is Anglia.

Table 1: Age-standardised incidence rates per 100,000 European population by cancer network.

Cancer network of residence	Males		Females	
	Number	ASR(E)	Number	ASR(E)
3 Counties	36	0.9	48	0.8
Anglia	37	0.4	38	0.2
Arden	25	0.8	37	0.7
Avon, Somerset & Wilts	82	1.2	66	0.5
Central South Coast	163	2.3	136	1.2
Derby/Burton	34	1.4	33	1.0
Dorset	30	0.9	44	0.6
Essex	66	1.3	57	0.7
Greater Midlands	59	0.9	68	0.6
Gtr Manchester & Cheshire	136	1.4	134	0.8
Humber & Yorks Coast	31	0.8	34	0.6
Kent & Medway	120	2.1	83	0.9
Lancs & S Cumbria	70	1.2	62	0.7
Leics, Northants & Rutland	55	1.1	46	0.6
Merseyside & Cheshire	124	1.8	91	0.8
Mid Trent	97	1.7	70	0.8
Mount Vernon	35	0.9	30	0.4
NE London	61	1.5	51	0.7
North London	62	1.4	44	0.5
North of England	99	0.9	103	0.6
North Trent	86	1.4	63	0.6
Pan Birmingham	54	0.8	66	0.6
Peninsula	79	1.1	103	0.9
SE London	78	1.9	84	1.1
Sussex	74	1.4	77	0.7
SW London	52	1.1	69	0.9
SWSH	46	1.1	45	0.6
Thames Valley	73	1.1	69	0.6
West London	100	2.1	72	0.9
Yorkshire CN	79	0.9	70	0.5
England	2,143	1.2	1,993	0.7

⁴ Please note the registry site is taken as the gold standard for site. However where this is C15.8 or C15.9 (overlapping sites or site unspecified) the morphology is used to subdivide into more specific sites. M805 to M808 = squamous cell carcinomas – reassigned to C15.3 (Upper oesophagus). M814 to M838 and M844 to M849 = adenocarcinomas – reassigned to C15.5 (Gastro-oesophageal junction). The residual C15.8 and C15.9 are then examined against their HES counterparts. Where the HES data has a more specific site this is used otherwise they are left as C15.8 and C15.9.

Figure 1: Age-standardised incidence rates per 100,000 European population by cancer network.

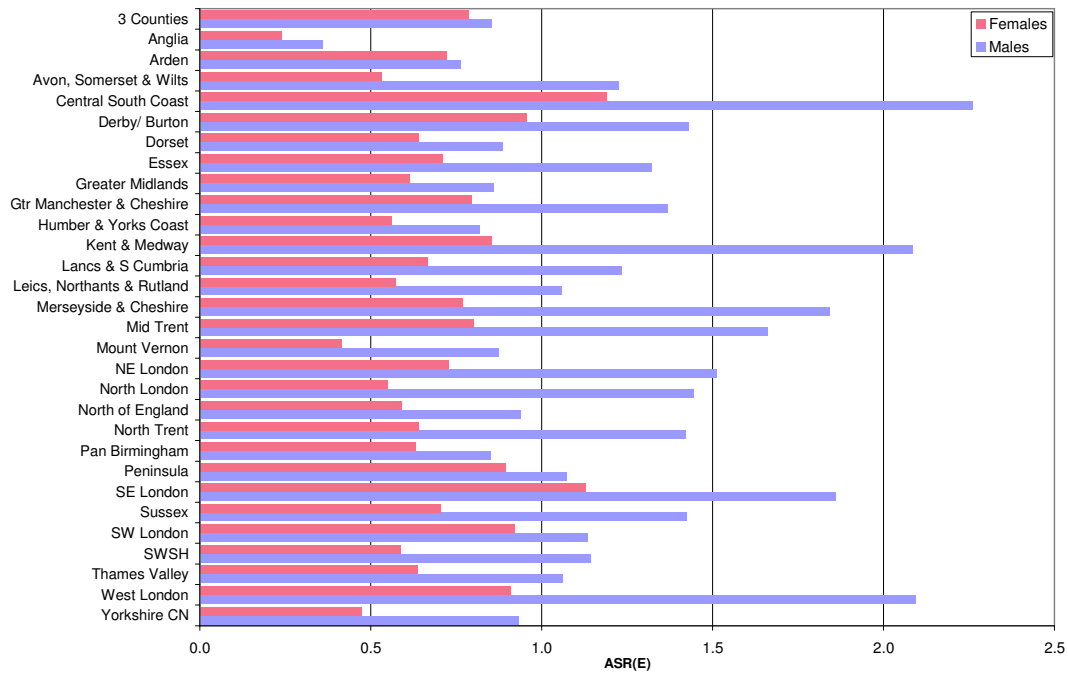


Figure 2: Funnel plot of age-standardised incidence rates for a) males and b) females by cancer network of residence, England, 1998-2003.

