Stomach

Summary	Male		Female	
	Utah 1996-2000	US 1996-98	Utah 1996-2000	US 1996-98
Average annual age-adjusted incidence rates*	7.7	12.2	4.3	5.7
Rank among cancer incidence rates	11	9	14	14
Average annual number of new cases	49	13,610	35	8,860
Percent of all new cancer cases	1.5 %	2.1 %	1.2 %	1.4 %
Lifetime risk of this cancer (00-79 years)	1 in 141	1 in 83	1 in 235	1 in 187
Average annual age-adjusted mortality rates*	5.0	7.0	3.1	3.4
Rank among cancer mortality rates	9	8	10	9
Average annual of deaths	30	7,662	25	5,354
Percent of all cancer deaths	2.5 %	2.7 %	2.4 %	2.1 %
* Rates per 100,000 and standardized to the 2000 U.S. population				

In the 1930's, stomach cancer was the leading cause of cancer death for males and the third leading cause for females in the United States. Since that time, the United States has experienced a dramatic decline in the occurrence of this disease. Stomach cancer incidence rates continued to decline in both Utah and the United States during the period 1981-2000.

The bacteria *helicobacter pylori* has emerged as an important etiologic agent for stomach cancer. Nonetheless, the series of events that leads to stomach cancer is still being researched and the precise cause of the decline in incidence and mortality rates in the last century is unknown. Much attention has focused on dietary factors, especially smoked and cured foods high in nitrates. In cooking and through the digestive process, nitrates are converted into a class of compounds called nitrosamines, which are potent carcinogens. A diet rich in fresh fruits and vegetables may reduce the risk of this disease. Smoking and alcohol enhance risk of gastritis, but have not conclusively been related to risk of stomach cancer.

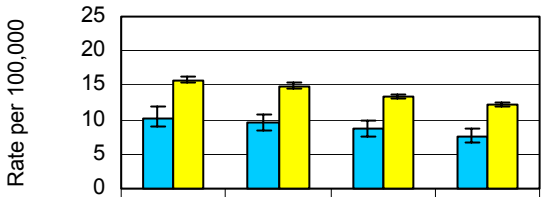
Symptoms of stomach cancer are not often manifest until the disease has spread to other parts of the body. Consequently, a majority of tumors have already reached the regional and distant stages at the time of diagnosis.

Although no specific means of primary prevention are available, it may be beneficial to limit consumption of smoked and cured foods, and to eat a diet rich in fresh fruits and vegetables. Limited evidence from Japan suggests that radiologic screening for stomach cancer may be efficacious, but widespread screening in the United States seems unwarranted due to the low frequency of the disease.

Stomach — *Incidence*

Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) by 5-year time period and sex, 1981-2000

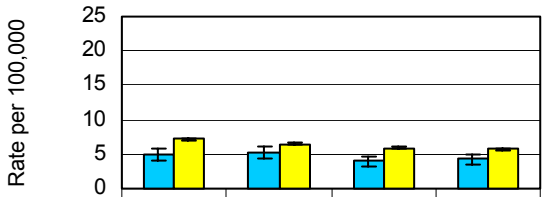
Male



	1981-85	1986-90	1991-95	1996-00*
Utah	10.3	9.5	8.7	7.7
US	15.8	14.9	13.5	12.2

Year of diagnosis

Female

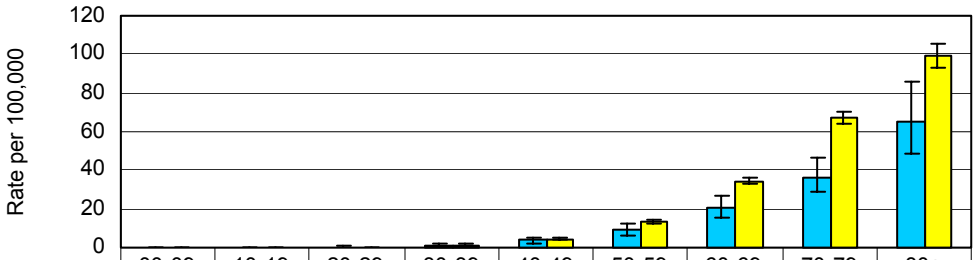


	1981-85	1986-90	1991-95	1996-00*
Utah	4.9	5.1	4.0	4.3
US	7.2	6.5	5.9	5.7

Year of diagnosis

Average annual age-specific incidence rates per 100,000 by sex, 1996-2000

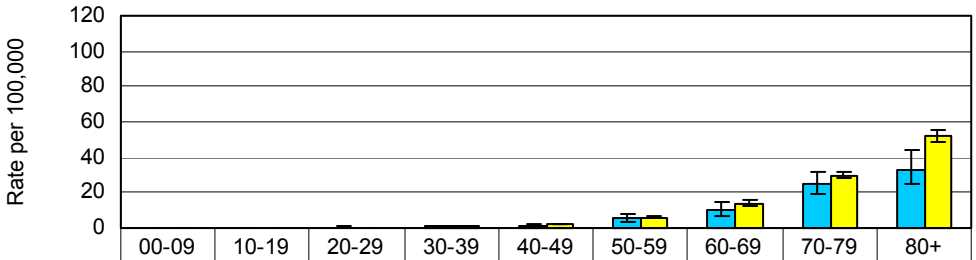
Male



	00-09	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Utah	0	0	0.4	0.7	3.8	9.2	20.3	36.6	65.6
US	0	0.1	0.3	1.3	4.3	13.4	34.6	67	99.1

Age at diagnosis

Female



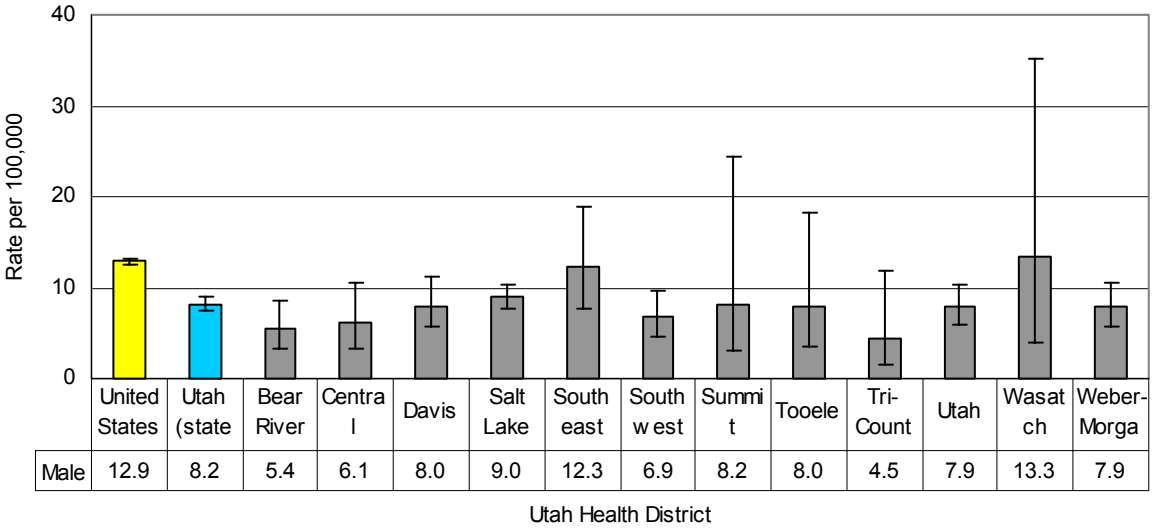
	00-09	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Utah	0	0	0.1	0.7	1.5	5.3	10.4	24.7	33.3
US	0	0	0.3	1.1	2.4	6	14.1	29.8	52.1

Age at diagnosis

Stomach — *Incidence*

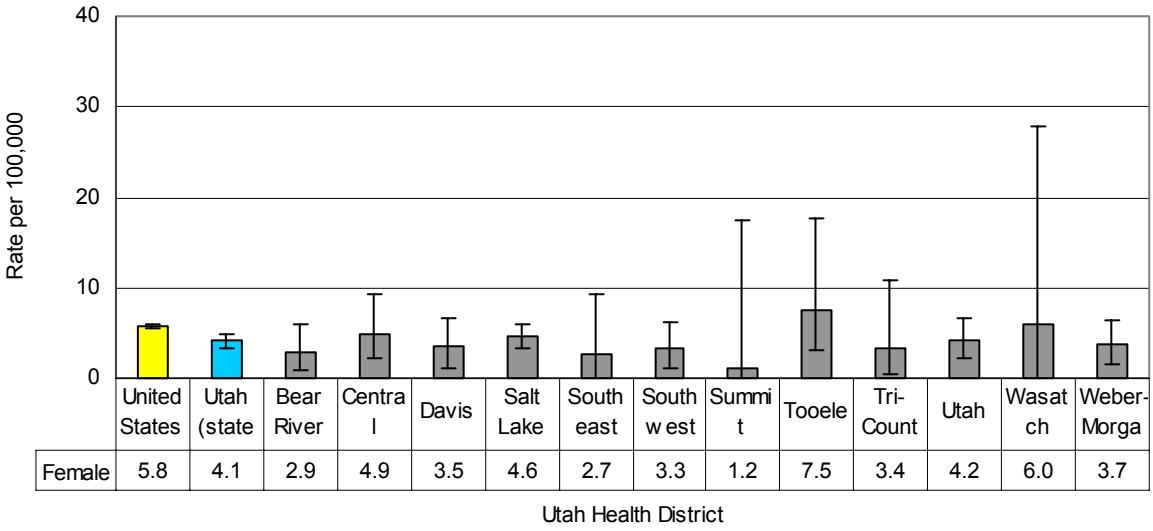
Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, by sex, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison

Male



	United States	Utah (state	Bear River	Central	Davis	Salt Lake	South east	South west	Summit	Tooele	Tri-County	Utah	Wasatch	Weber-Morga
Male	12.9	8.2	5.4	6.1	8.0	9.0	12.3	6.9	8.2	8.0	4.5	7.9	13.3	7.9

Female

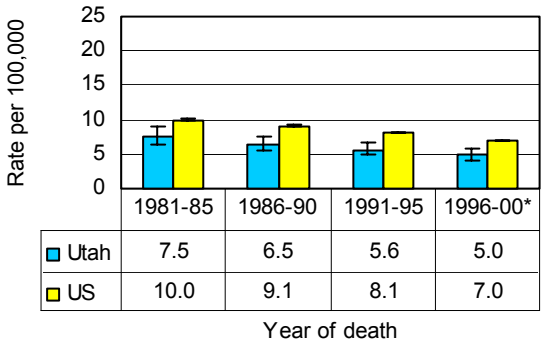


	United States	Utah (state	Bear River	Central	Davis	Salt Lake	South east	South west	Summit	Tooele	Tri-County	Utah	Wasatch	Weber-Morga
Female	5.8	4.1	2.9	4.9	3.5	4.6	2.7	3.3	1.2	7.5	3.4	4.2	6.0	3.7

Stomach — *Mortality*

Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) by 5-year time period and sex, 1981-2000

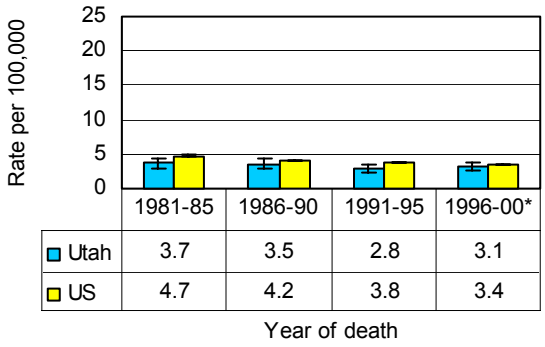
Male



	1981-85	1986-90	1991-95	1996-00*
Utah	7.5	6.5	5.6	5.0
US	10.0	9.1	8.1	7.0

Year of death

Female

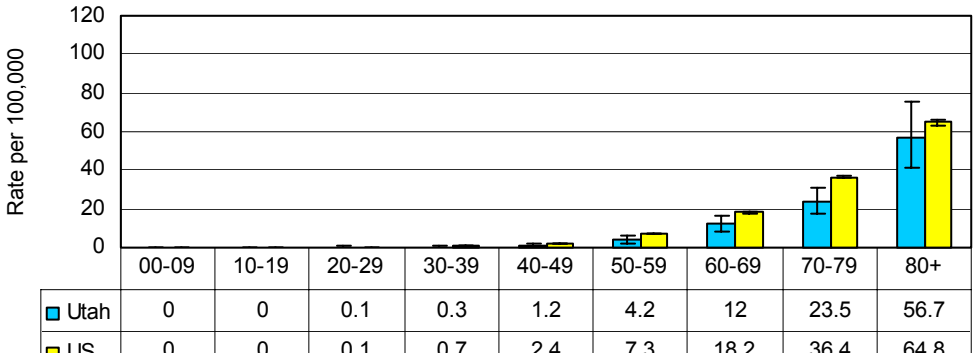


	1981-85	1986-90	1991-95	1996-00*
Utah	3.7	3.5	2.8	3.1
US	4.7	4.2	3.8	3.4

Year of death

Average annual age-specific mortality rates per 100,000 by sex, 1996-2000

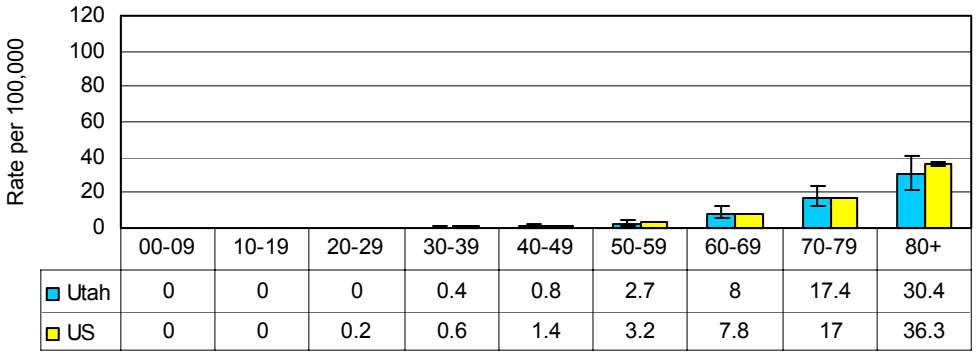
Male



	00-09	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Utah	0	0	0.1	0.3	1.2	4.2	12	23.5	56.7
US	0	0	0.1	0.7	2.4	7.3	18.2	36.4	64.8

Age at death

Female



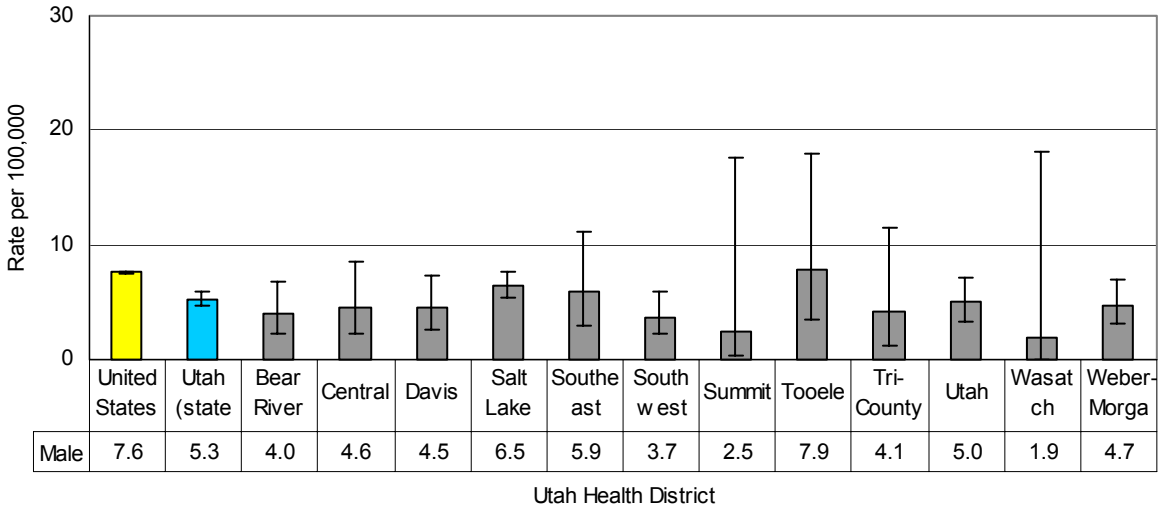
	00-09	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Utah	0	0	0	0.4	0.8	2.7	8	17.4	30.4
US	0	0	0.2	0.6	1.4	3.2	7.8	17	36.3

Age at death

Stomach | *Mortality*

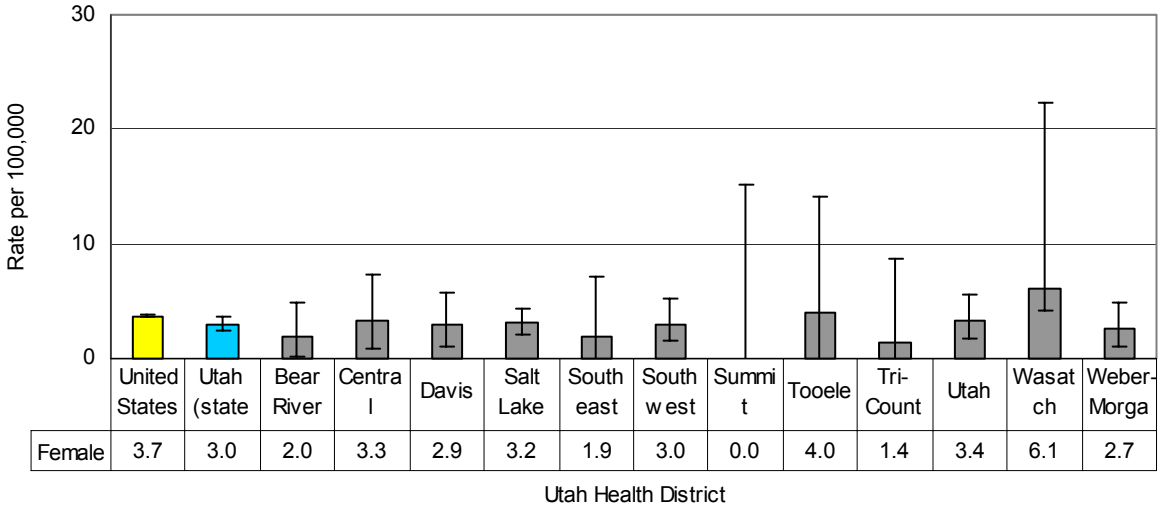
Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, by sex, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison

Male



	United States	Utah (state	Bear River	Central	Davis	Salt Lake	Southeast	South west	Summit	Tooele	Tri-County	Utah	Wasatch	Weber-Morga
Male	7.6	5.3	4.0	4.6	4.5	6.5	5.9	3.7	2.5	7.9	4.1	5.0	1.9	4.7

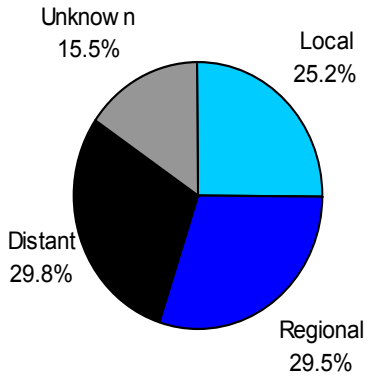
Female



	United States	Utah (state	Bear River	Central	Davis	Salt Lake	South east	South west	Summit	Tooele	Tri-Count	Utah	Wasatch	Weber-Morga
Female	3.7	3.0	2.0	3.3	2.9	3.2	1.9	3.0	0.0	4.0	1.4	3.4	6.1	2.7

Stomach — *Stage and Survival*

Stage of disease at diagnosis:
Utah residents diagnosed 1996-2000



5-year relative survival by stage:
Utah residents diagnosed 1991-95