Cancer Statistics Digest

Subsite distribution of stomach cancer from Cancer Incidence in Five Continents Vol. X

In order to compare the subsite distribution of cancers occurring worldwide, we abstracted the incidence in 2003–2007 from Cancer Incidence in Five Continents Vol. X (CI5-X). The International Agency for Research on Cancer (IARC) provides the CI5 detailed databases on the incidence of cancer recorded by cancer registries (regional and national) worldwide. We used the number of incidences in Japan, the Republic of Korea, the USA, Brazil, the UK, Italy and Australia from the CI5 database which contains the incidence for selected cancer registries published in CI5-X for 2003–2007. The Republic of Korea and the USA (NPCR: National Program of Cancer Registries) reported the cancer incidence covered by all the country; however, the remaining countries reported the cancer incidence by registry. We aggregated eight registries in Japan, two registries in Brazil, four registries in the UK, 21 registries in Italy, and five registries in Australia. We compared the subsite distribution between countries for stomach cancer coded as C16 (ICD10).

Figure 1 shows the subsite distribution for stomach cancer for males; Fig. 2 shows these data for females. These data were calculated excluding the cases classified as ‘other and unspecified carcinoma’. Briefly, the proportion of ‘other and unspecified carcinoma’ was 40–50% in Japan, the Republic of Korea and the USA, and 50–60% in the UK, Italy and Australia; however, it was extremely high in Brazil (approximately 90%).

In Japan and the Republic of Korea, the subsite distributions were similar for both sexes; body and pylorus and antrum made up about 90% of all stomach cancer in these countries. However, the proportion of each subsite was different between these countries; pylorus and antrum was the most predominant subsite in the Republic of Korea (54–56%), whereas body was the most predominant in Japan (47–49%). The proportions of cardia and fundus in Japan were higher than those in the Republic of Korea.

In Brazil and Italy, for both sexes, the proportion of body was relatively high (approximately 25%), following Japan and the Republic of Korea (40–50%). However, as described above, the proportion of ‘other and unspecified carcinoma’ was extremely high in Brazil (approximately 90%), and the data should be interpreted carefully. In Italy, fundus was comparatively high, and pylorus and antrum was the leading subsite.

In the USA and Australia, the differences in the distribution pattern between males and females were similar. Thus, in both countries for males, the leading subsite was cardia (58–60%), followed by pylorus and antrum (25%). For females, the proportion of pylorus and antrum (40%) was slightly higher than that of cardia (31–40%).

In the UK, the proportion of cardia was very much higher than that of other countries for both sexes.

Overall, the proportion of cardia was relatively high for males; the proportions of cardia and pylorus and antrum were relatively high for females.

![Figure 1. Distribution of subsites for stomach cancer (males).](image1)

![Figure 2. Distribution of subsites for stomach cancer (females).](image2)

Note: Data were downloaded from IARC CANCER Mondial Statistical Information System (http://www-dep.iarc.fr/). Responsibility for this presentation and interpretation lies with the authors of this article.

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