

STOMACH

Table 26: Stomach Incidence and Mortality Summary, 2011

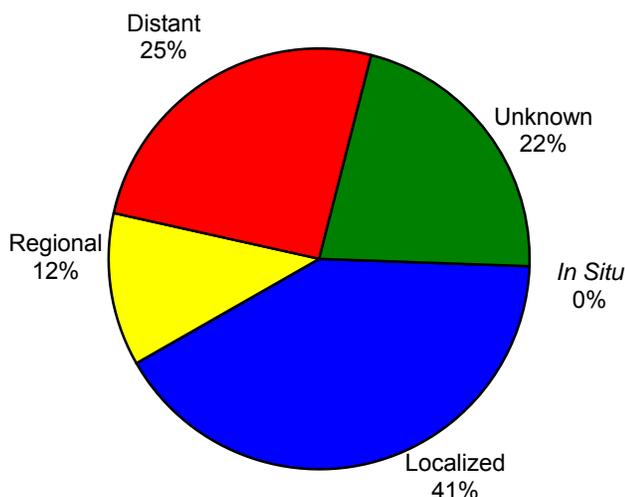
Stomach Cancer			Incidence			Mortality		
			Total	Male	Female	Total	Male	Female
South Dakota	Total	# Cases / Deaths	51	34	17	27	17	10
		Age Adjusted Rate	5.4	8.1	3.3	2.7	3.9	1.9
	White	# Cases / Deaths	45	32	13	26	16	10
		Age Adjusted Rate	5.1	8.1	2.6	2.7	3.9	2.0
	American Indian	# Cases / Deaths	3	1	2	0	0	0
		Age Adjusted Rate	9.5	9.6	9.8	0.0	0.0	0.0
United States	Total	Age Adjusted Rate	7.2	9.8	5.1	* 3.4	* 4.6	* 2.5
		White	Age Adjusted Rate	6.5	9.0	4.4	* 3.0	* 4.0
	American Indian	Age Adjusted Rate	8.7	13.7	5.2	* 5.2	* 7.1	* 3.7

Rates per 100,000 age-adjusted to 2000 US standard population and 2011 SD estimated population.

* US Mortality rates are from 2010, the 2011 rate is not available at this time. US rates www.seer.cancer.gov

Source: South Dakota Department of Health

Figure 69: Stomach Cancer Stage of Diagnosis, South Dakota, 2011



Source: South Dakota Department of Health

Descriptive Epidemiology

Stage at Diagnosis: In 2011 data demonstrates that 21 (41%) cases were diagnosed at localized stage. When a patient is diagnosed at an early stage prognosis is much better. Six cases (12%) were diagnosed at regional stage. There were 13 (25%) of the cases in South Dakota diagnosed at distant stage. Prognosis for distant stage is very poor. The stage is based on whether the tumor has invaded nearby tissues, where the cancer has spread, and if so, to what extent.

Incidence: Stomach cancer continues to account for approximately 1.2% of all cancers in South Dakota. Of the 51 cases diagnosed in 2011, 34 were male and 17 were female. It is

predominately a disease of men. Gastric (stomach) cancer is found more commonly in people between the ages of 50 and 70 years of age. The median age at diagnosis was 69 in the United States and 72 in South Dakota.

Mortality: Stomach cancer accounted for 1.6% of cancer deaths in South Dakota in 2011. The median age at death was 75 in South Dakota and 72 in the United States. The age-adjusted death rate was 3.3 for men and 1.9 in women in South Dakota. These rates are based on patients who died in 2011 in South Dakota. There were no American Indian stomach cancer deaths.

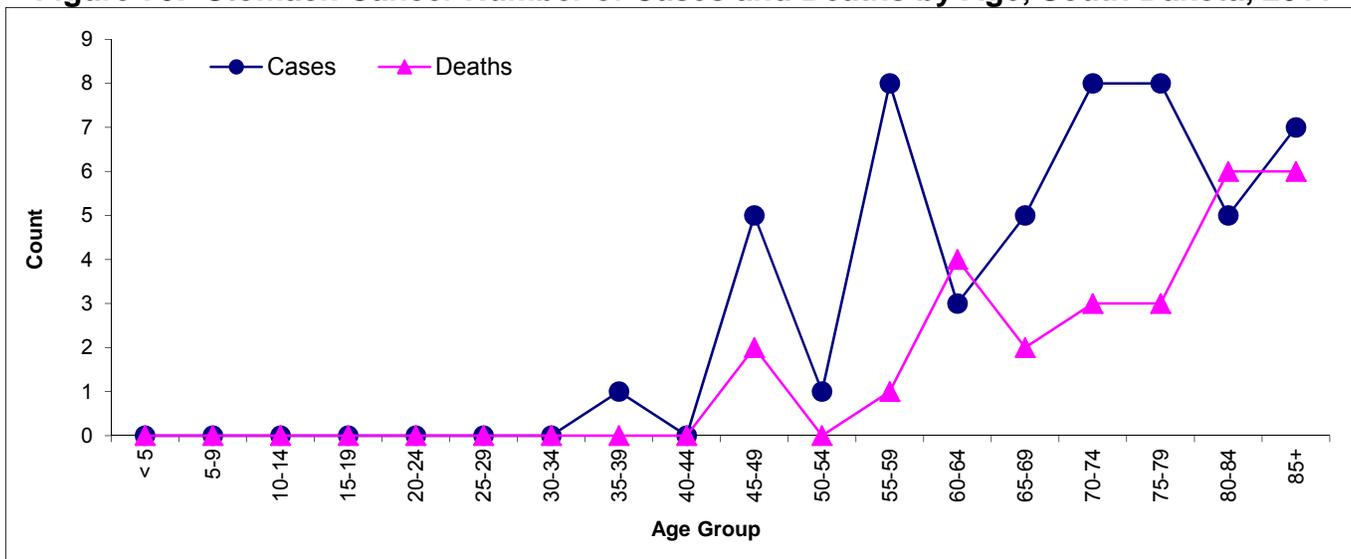
Risk and Associated Factors: Men have twice the risk of women for developing stomach cancer. In recent years, *Helicobacter pylori* bacteria have received considerable attention as a potential factor. Some researchers suspect this bacterium, which causes stomach inflammation and ulcers, may be an important stomach cancer risk factor. Individuals with pernicious anemia (a vitamin B-12-related disorder) and achlorhydria or gastric atrophy, both of which result in lower than normal amounts of gastric juices, may be at higher risk.

Prevention and Early Detection: Excessive salt intake has been identified as a possible risk factor for stomach cancer. Having a high intake of fresh fruits and vegetables may be associated with a decreased risk of stomach cancer. Studies have suggested that eating foods that contain beta-carotene¹ and vitamin C² may decrease the risk of stomach cancer.

¹<http://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=45328&version=Patient&language=English>

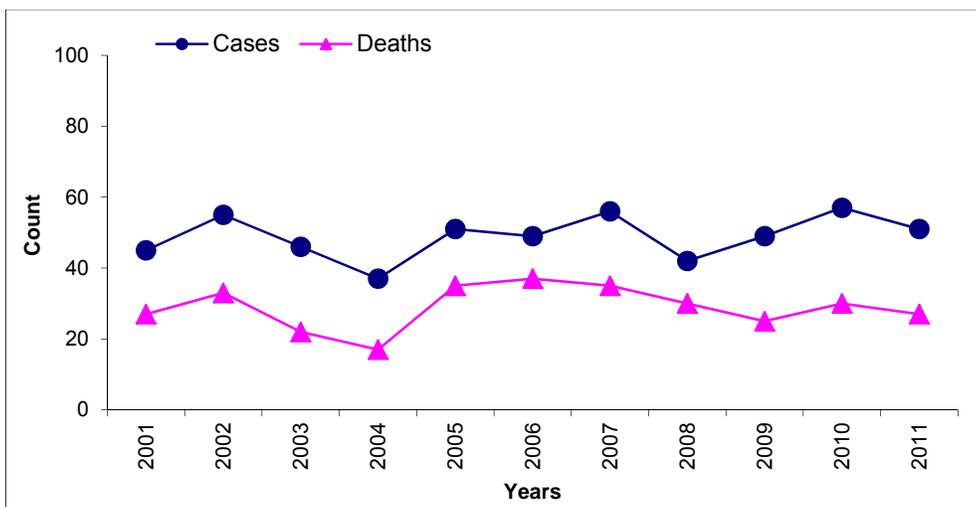
²<http://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=439435&version=Patient&language=English>

Figure 70: Stomach Cancer Number of Cases and Deaths by Age, South Dakota, 2011



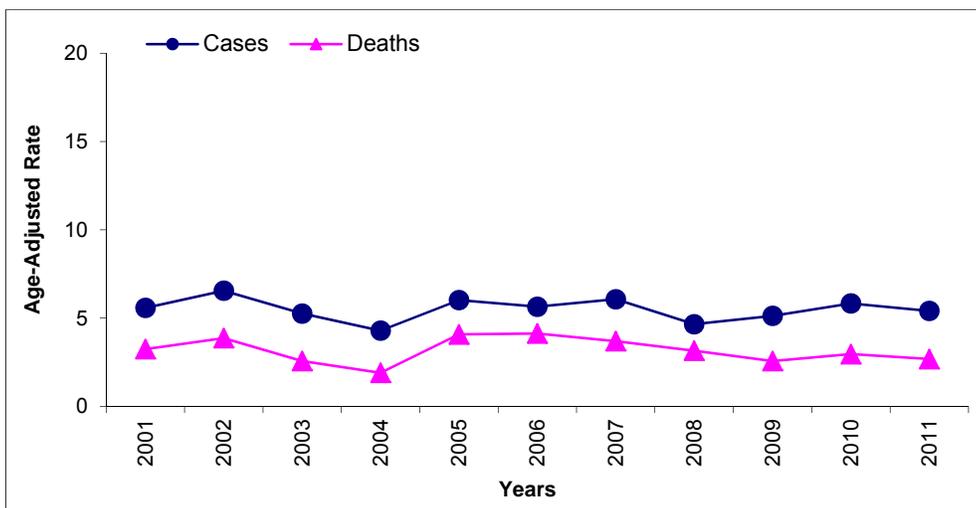
Source: South Dakota Department of Health

Figure 71: Stomach Cancer Cases and Deaths by Year, South Dakota, 2001 - 2011



Source: South Dakota Department of Health

Figure 72: Stomach Cancer Age-Adjusted Rates, Cases, and Deaths by Year, South Dakota, 2001 - 2011



Rates per 100,000 age-adjusted to 2000 US standard population and SD estimated populations.
Source: South Dakota Department of Health