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Key findings:

- *Oesophageal cancer ranks twelfth in new cases diagnosed and seventh in cancer-related deaths.*
- *Incidence and mortality rates for men are more than twice those for women.*
- *Oesophageal cancer ranks eighth in years of life lost. Half those diagnosed are aged 70 or younger.*
- *Incidence and mortality rates in Ireland are 1.2 to 3 times higher than in the EU and the US.*
- *Survival rates in Ireland, Europe and the US are low and essentially the same.*
- *Mortality rates for women are increasing in Northern Ireland and decreasing in the Republic of Ireland.*
- *Regions in the central and western seaboard have significantly fewer cases than expected.*
- *Regions on the eastern seaboard have significantly more deaths than expected.*
- *Differences in trends and geographic distributions point to a need for further study.*

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9. Oesophageal cancer

Risks and interventions

- Tobacco use combined with alcohol increases the risk for squamous carcinoma of the oesophagus
- Obesity is associated with an increased risk for adenocarcinoma of the oesophagus
- Early diagnosis and state-of-the-art treatments have not yet appreciably improved survival
- Prevention appears to be the most viable means for reducing deaths

Cancer of the oesophagus ranks twelfth among the major cancers in the number of new cases diagnosed, and seventh in the number of cancer deaths. Its high mortality rate makes it a major concern.

Each year nearly 450 people are diagnosed with oesophageal cancer. Each year approximately the same number die from it.

Variation by gender

Oesophageal cancer incidence and mortality rates for men are more than twice those for women.

For men it ranks tenth in incidence and fifth in mortality relative to the other major cancer sites. For women it ranks thirteenth in incidence and eighth in mortality.

International comparisons

Compared to the EU and the US, the incidence rate for men in Ireland is 1.2 to 1.5 times higher. For women, it is 2.5 to 3 times higher. Similarly, for mortality, the rate for men in Ireland is 1.4 to 1.8 times higher than in the EU or US, whilst the rate for women is 2.5 to 3 times higher than in the EU or US.

Oesophageal cancer is often fatal. Treatment is usually directed toward palliation rather than prolonging life. Female survival rates in Ireland are better than in Europe but male rates are essentially the same.

table 9.1

oesophageal cancer incidence and mortality

1998 - 2000 average annual incidence		
all-ireland	cases	age-adjusted rate per 100,000 with 95% ci
male	265	11.1
female	180	5.5
total	445	8.1
european union (1998 only)		
male	9.2	
female	2.2	
total	5.4	
united states (11 seer regions)		
male	7.1	
female	1.8	
total	4.2	
1998 - 2000 average annual mortality		
all-ireland	deaths	age-adjusted rate per 100,000 with 95% ci
male	288	11.9
female	172	5.0
total	460	8.2
european union (1998 only)		
male	8.4	
female	1.9	
total	4.9	
united states (11 seer regions)		
male	6.7	
female	1.6	
total	3.9	

table 9.2

oesophageal cancer 5-year relative survival (%)

	male		female	
	rate	95% ci	rate	95% ci
ireland	10.7	8.4, 13.0	17.6	14.5, 20.7
europe (eurocare)	8.5	7.5, 9.7	10.5	9.2, 11.9
united states (seer)	13.6	12.3, 14.9	13.3	11.1, 15.5

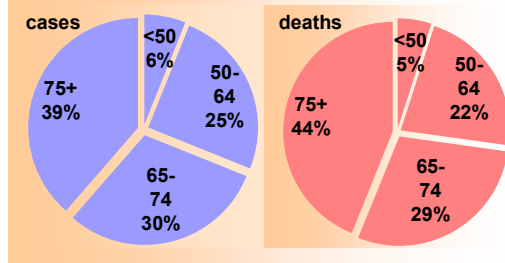
Age distribution

Roughly 30% of the people with oesophageal cancer are under age 65 when they are diagnosed. Half are under age 70.

Oesophageal cancer ranks eighth among the major cancers in terms of years of life lost, putting it ahead of prostate cancer and melanoma of the skin.

More than a quarter of the people who die from oesophageal cancer are under age 65.

figure 9.1
oesophageal cancer age at diagnosis and death 1998-2000



Time trends

There is no significant trend in either incidence or mortality rates between 1994 and 2000.

This is true for men and women separately and for both sexes combined

figure 9.2
oesophageal cancer incidence rates by sex and year (1994-2000)

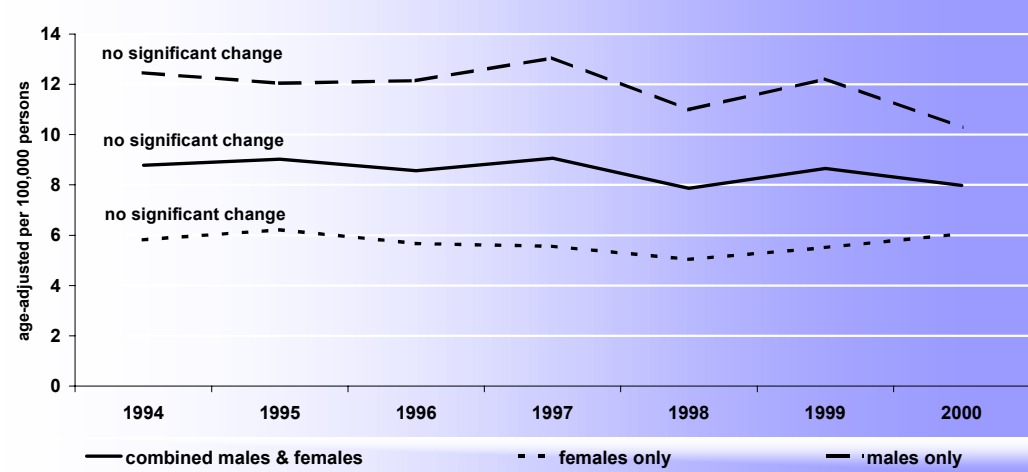
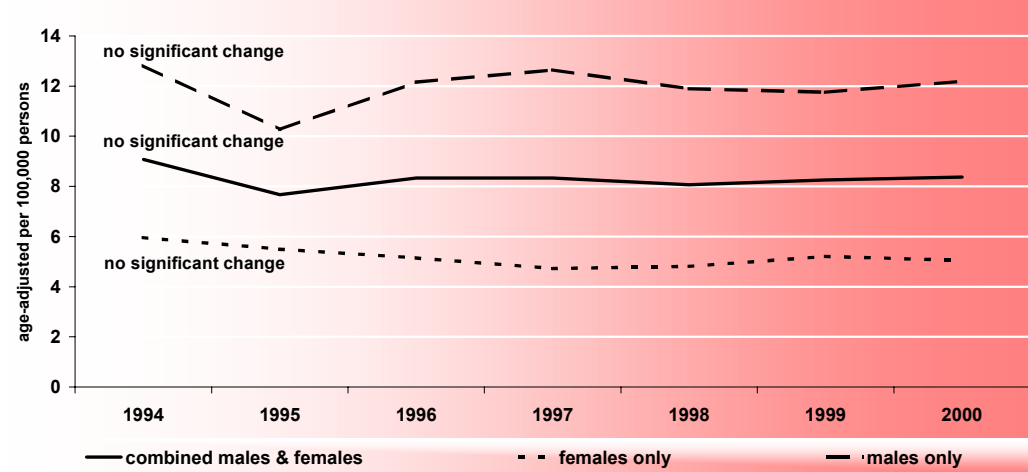
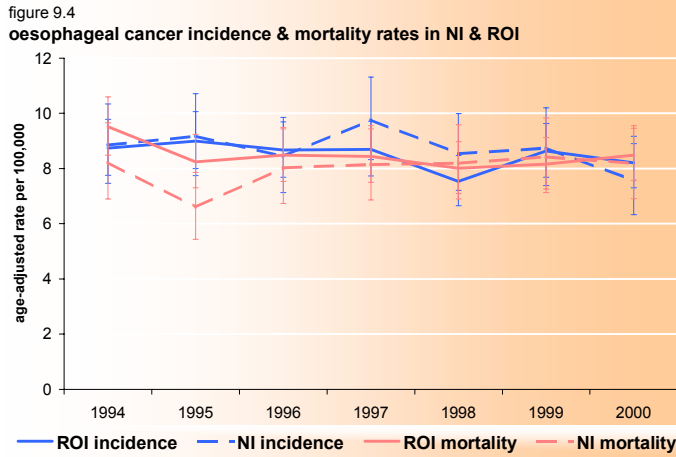


figure 9.3
oesophageal cancer mortality rates by sex and year (1994-2000)



Geographic variations

Year to year, the incidence rates in Northern Ireland (NI) and the Republic of Ireland (ROI) are essentially the same. So, too, are the mortality rates.



For both incidence and mortality rates in NI and ROI the overall trends are flat.

However, for women in ROI mortality rates are decreasing by 4.2% per year, whilst in NI they are increasing by 4.5% per year. The trends for women's incidence rates and for men's incidence and mortality rates are flat in both ROI and NI. (Note: sex-specific rates are not shown in figure 9.4)

Among the counties and district councils, Carrickfergus has a significantly high incidence rate, and Newry & Mourne has a significantly low incidence rate. For mortality, Craigavon and Wicklow are significantly high, while Sligo is significantly low. Rates are not computed for areas with fewer than 5 cases or deaths between 1998 and 2000. (See figures 9.7 and 9.8)

For both incidence and mortality rates, counties and district councils in the upper quintile are generally grouped in north eastern or south eastern Ireland. Counties and district councils with rates in the lower quintile are generally in western or central Ireland. (See figures 9.5 and 9.6)

Consistent with that pattern, the spatial scan statistic identifies the eastern region in figure 9.6 as having 15% more deaths than expected, while identifying the western region in figure 9.5 as having 18% fewer cases than expected.

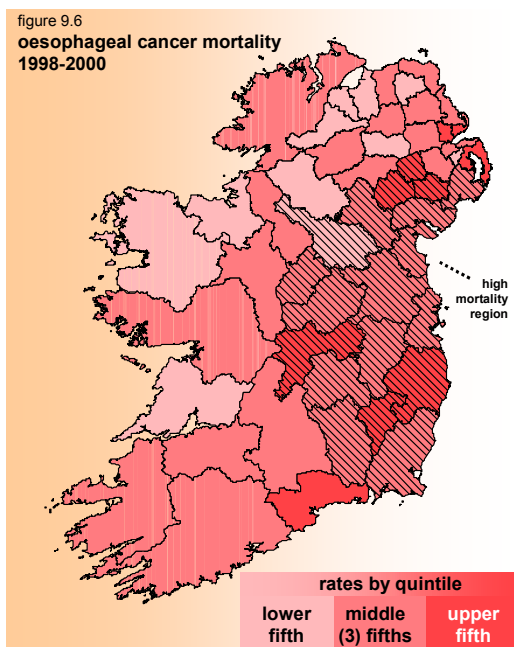
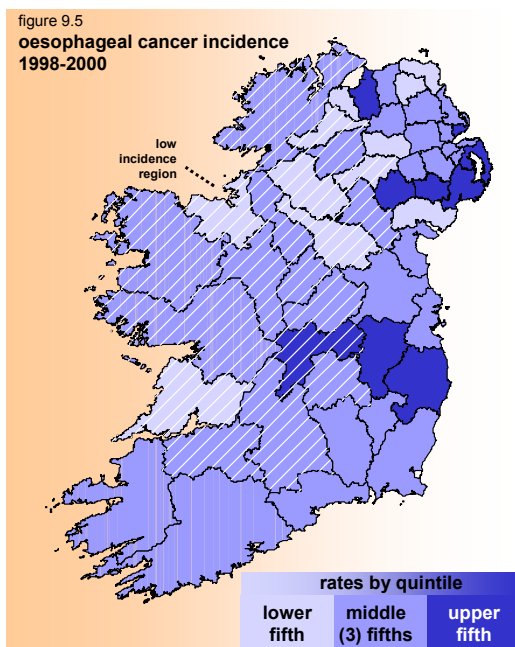


figure 9.7

**1998-2000 age-adjusted incidence rates
oesophageal cancer by county/district council**
with average annual incidence in ()'s and 95% confidence intervals shown by |—|

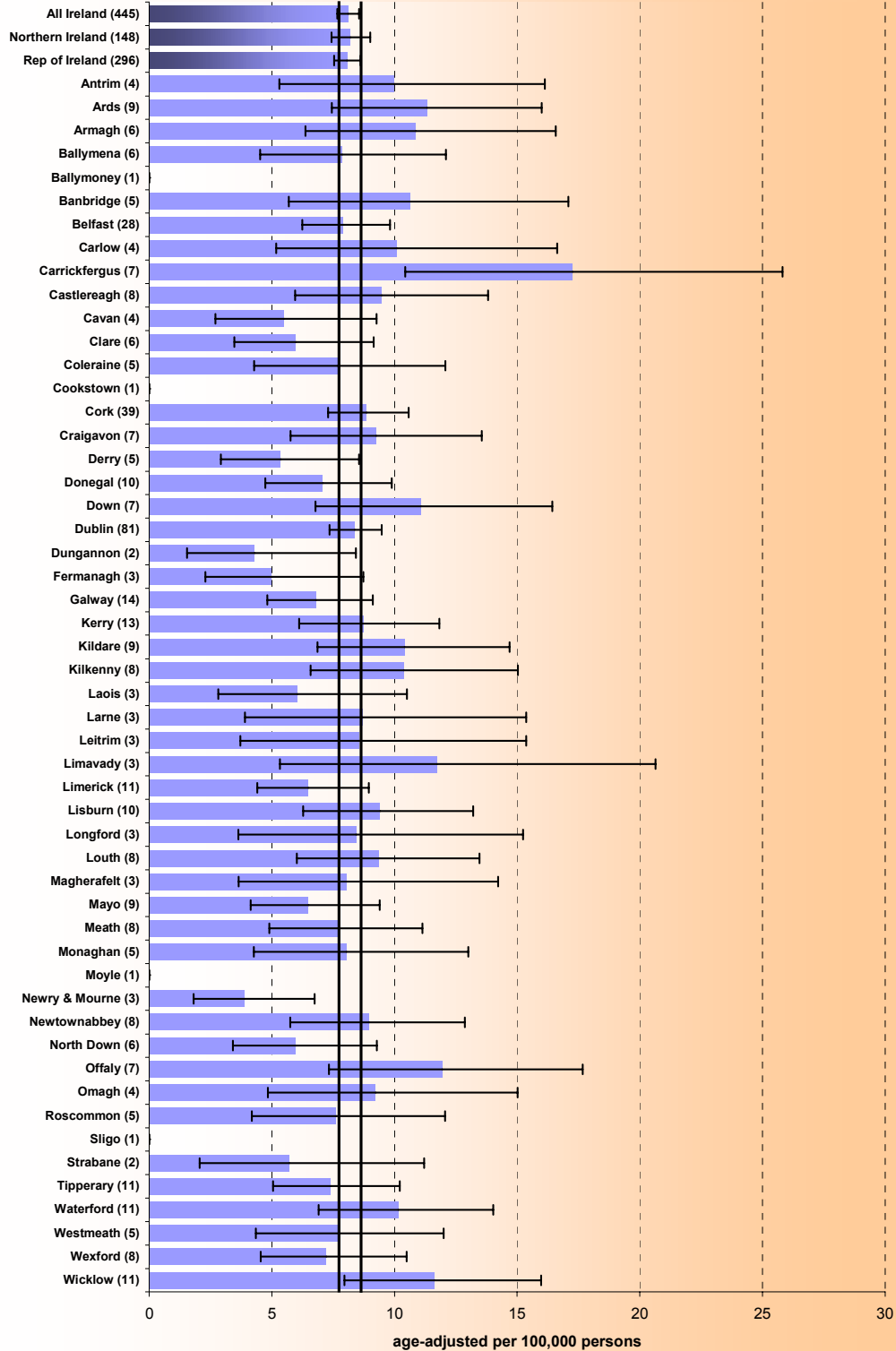


figure 9.8

**1998-2000 age-adjusted mortality rates
oesophageal cancer by county/district council**
with average annual deaths in ()'s and 95% confidence intervals shown by |—|

