

3.4 Stomach

Table 3-4.1
Overview of key epidemiological parameters for Germany, ICD-10 C16

Incidence	2017		2018		Prediction for 2022	
	Women	Men	Women	Men	Women	Men
Incident cases	6,190	9,490	5,560	9,200	5,300	8,800
Crude incidence rate ¹	14.8	23.3	13.2	22.5	12.4	21.2
Age-standardised incidence rate ^{1, 2}	7.8	14.9	6.8	14.3	6.4	12.9
Median age at diagnosis	75	71	76	71		
Mortality	2017		2018		2019	
	Women	Men	Women	Men	Women	Men
Deaths	3,700	5,266	3,674	5,187	3,428	5,099
Crude mortality rate ¹	8.8	12.9	8.7	12.7	8.1	12.4
Age-standardised mortality rate ^{1, 2}	4.1	7.9	4.1	7.7	3.8	7.4
Median age at death	78	75	78	74	79	75
Prevalence and survival rates	5 years		10 years		25 years	
	Women	Men	Women	Men	Women	Men
Prevalence	12,700	20,300	21,400	32,000	35,000	49,500
Absolute survival rate (2017–2018) ³	31 (29–35)	28 (25–31)	23 (20–27)	20 (19–23)		
Relative survival rate (2017–2018) ³	37 (34–42)	34 (31–37)	33 (30–38)	30 (28–36)		

¹ per 100,000 persons ² age-standardised (old European Standard) ³ in percent (lowest and highest value of the included German federal states)

Epidemiology

About 5,560 women and 9,200 men developed a malignant tumour of the stomach in 2018. Compared to women, the tumours in men occur about twice as often at the entrance to the stomach (cardia).

For decades, a steady decline in stomach cancer incidence and mortality rates has been observed in Germany – as in other industrialised nations. This trend continues in all age groups in both women and men. The tumours of the stomach outlet (antrum and pylorus) have declined the most.

The risk of developing the disease increases with age in both sexes. On average, men are diagnosed with stomach cancer at the age of 71, women at 76. Relative 5-year survival rates of 37% are currently calculated for women and 34% for men. This means that although the survival prospects have improved recently, they remain rather unfavourable compared to other cancers sites. In about 40% of cases, the disease is already metastasised at diagnosis (UICC IV).

Risk factors

The most important risk factor for stomach cancer is a bacterial infection of the stomach with *Helicobacter pylori*. About 5 to 10% of gastric cancers are attributed to infection with the Epstein-Barr virus. Smoking and alcohol consumption also increase the risk of cancer. Foods preserved by salting, high salt consumption and meat products are other risk factors. There is evidence that chronic heartburn or gastro-oesophageal reflux disease increases the risk of certain types of tumours in the transition from the stomach to the oesophagus. Furthermore, low socioeconomic status and previous stomach surgery are associated with an increased incidence of stomach cancer.

First-degree relatives of a person with the disease have a two to three times higher risk than the general population. If more than one first-degree relative has the disease, the risk is about 10-fold higher. It is unclear whether the familial risk is due to a common lifestyle, a common genetic predisposition or a combination of both factors. Some hereditary syndromes increase the risk of gastric cancer. Pernicious anaemia is a risk factor that affects only a few people.

Figure 3.4.1a
Age-standardised incidence and mortality rates by sex, ICD-10 C16, Germany 1999–2018/2019, projection (incidence) through 2022
per 100,000 (old European Standard)

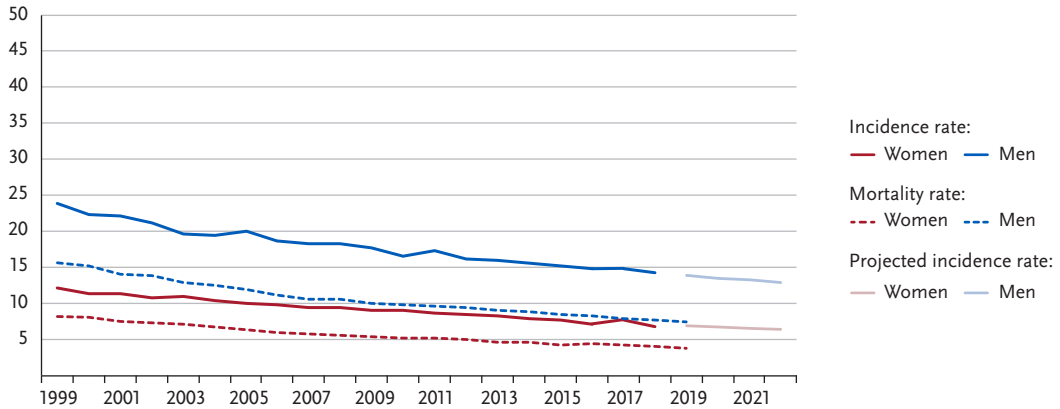


Figure 3.4.1b
Absolute numbers of incident cases and deaths by sex, ICD-10 C16, Germany 1999–2018/2019, projection (incidence) through 2022

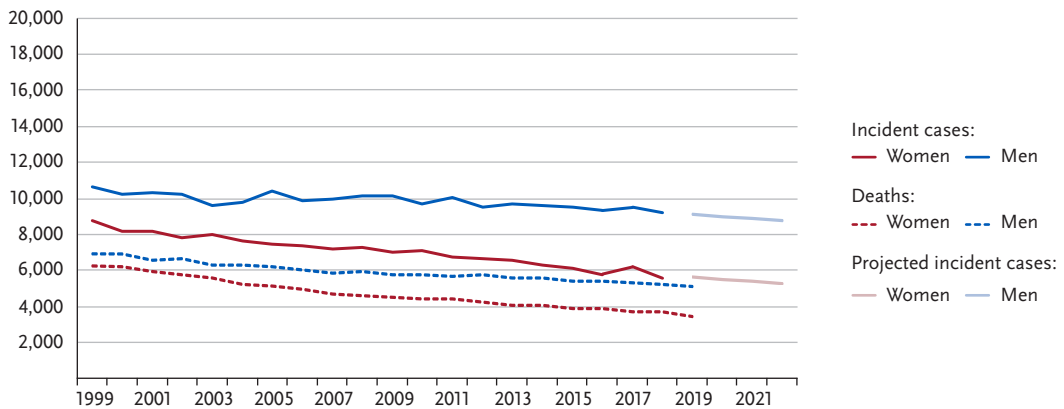


Figure 3.4.2
Age-specific incidence rates by sex, ICD-10 C16, Germany 2017–2018
per 100,000

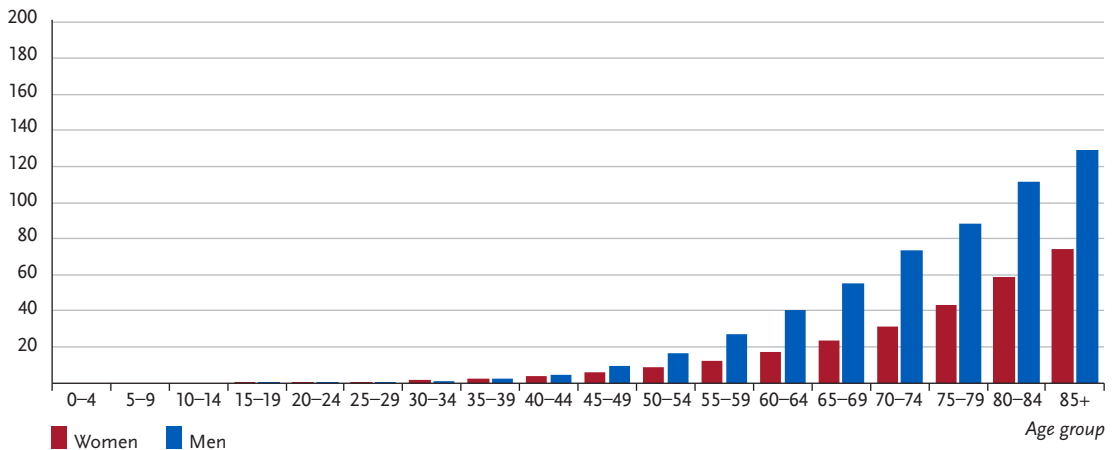


Table 3.4.2

Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C16, database 2018

Risk of developing cancer					Mortality risk			
Women aged	in the next 10 years		ever		in the next 10 years		ever	
35 years	< 0.1 %	(1 in 3,500)	1.0 %	(1 in 96)	< 0.1 %	(1 in 7,900)	0.7 %	(1 in 140)
45 years	0.1 %	(1 in 1,500)	1.0 %	(1 in 98)	< 0.1 %	(1 in 3,100)	0.7 %	(1 in 140)
55 years	0.1 %	(1 in 740)	1.0 %	(1 in 100)	0.1 %	(1 in 1,400)	0.7 %	(1 in 150)
65 years	0.2 %	(1 in 420)	0.9 %	(1 in 110)	0.1 %	(1 in 710)	0.6 %	(1 in 160)
75 years	0.4 %	(1 in 240)	0.7 %	(1 in 140)	0.3 %	(1 in 360)	0.6 %	(1 in 180)
Lifetime risk			1.0 %	(1 in 96)			0.7 %	(1 in 140)
Men aged	in the next 10 years		ever		in the next 10 years		ever	
35 years	< 0.1 %	(1 in 2,900)	1.7 %	(1 in 57)	< 0.1 %	(1 in 7,300)	1.0 %	(1 in 98)
45 years	0.1 %	(1 in 790)	1.7 %	(1 in 58)	0.1 %	(1 in 1,800)	1.0 %	(1 in 98)
55 years	0.3 %	(1 in 310)	1.7 %	(1 in 60)	0.1 %	(1 in 670)	1.0 %	(1 in 100)
65 years	0.6 %	(1 in 180)	1.5 %	(1 in 68)	0.3 %	(1 in 340)	0.9 %	(1 in 110)
75 years	0.7 %	(1 in 130)	1.2 %	(1 in 86)	0.5 %	(1 in 210)	0.8 %	(1 in 120)
Lifetime risk			1.7 %	(1 in 58)			1.0 %	(1 in 99)

Figure 3.4.3

Distribution of UICC stages at diagnosis by sex, ICD-10 C16, Germany 2017–2018

top: according to 7th edition TNM; bottom: according to 8th edition TNM.

The DCO proportion was 6%. For 49% of the remaining cases, no UICC stage could be assigned.

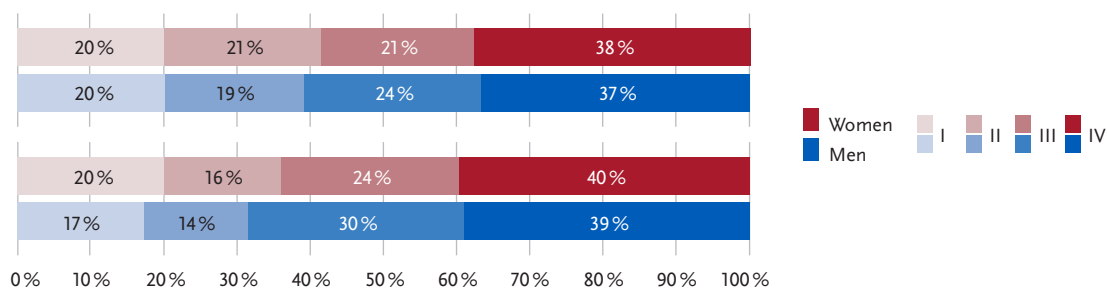


Figure 3.4.4

Absolute and relative survival rates up to 10 years after diagnosis by sex, ICD-10 C16, Germany 2017–2018

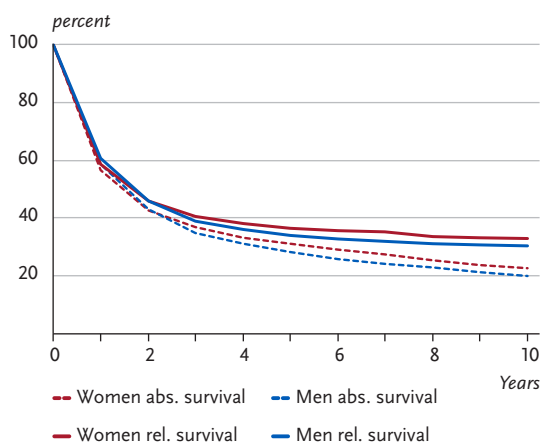


Figure 3.4.5

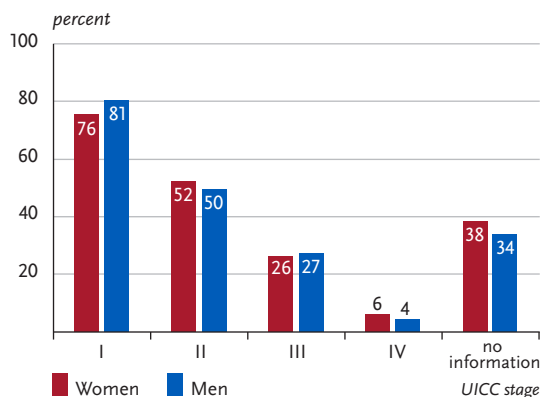
Relative 5-year survival by UICC stage (7th edition TNM) and sex, ICD-10 C16, Germany 2016–2018

Figure 3.4.6

Age-standardised incidence and mortality rates in German federal states by sex, ICD-10 C16, 2017–2018
per 100,000 (old European Standard)

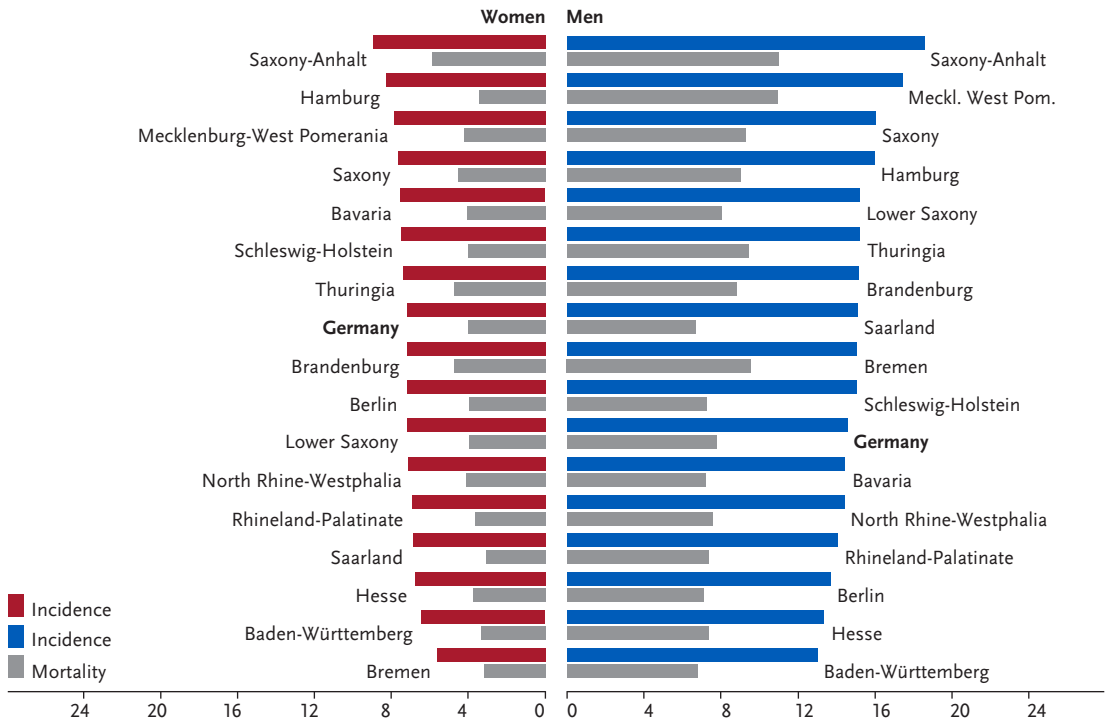


Figure 3.4.7

International comparison of age-standardised incidence and mortality rates by sex,
ICD-10 C16, 2017–2018 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)

