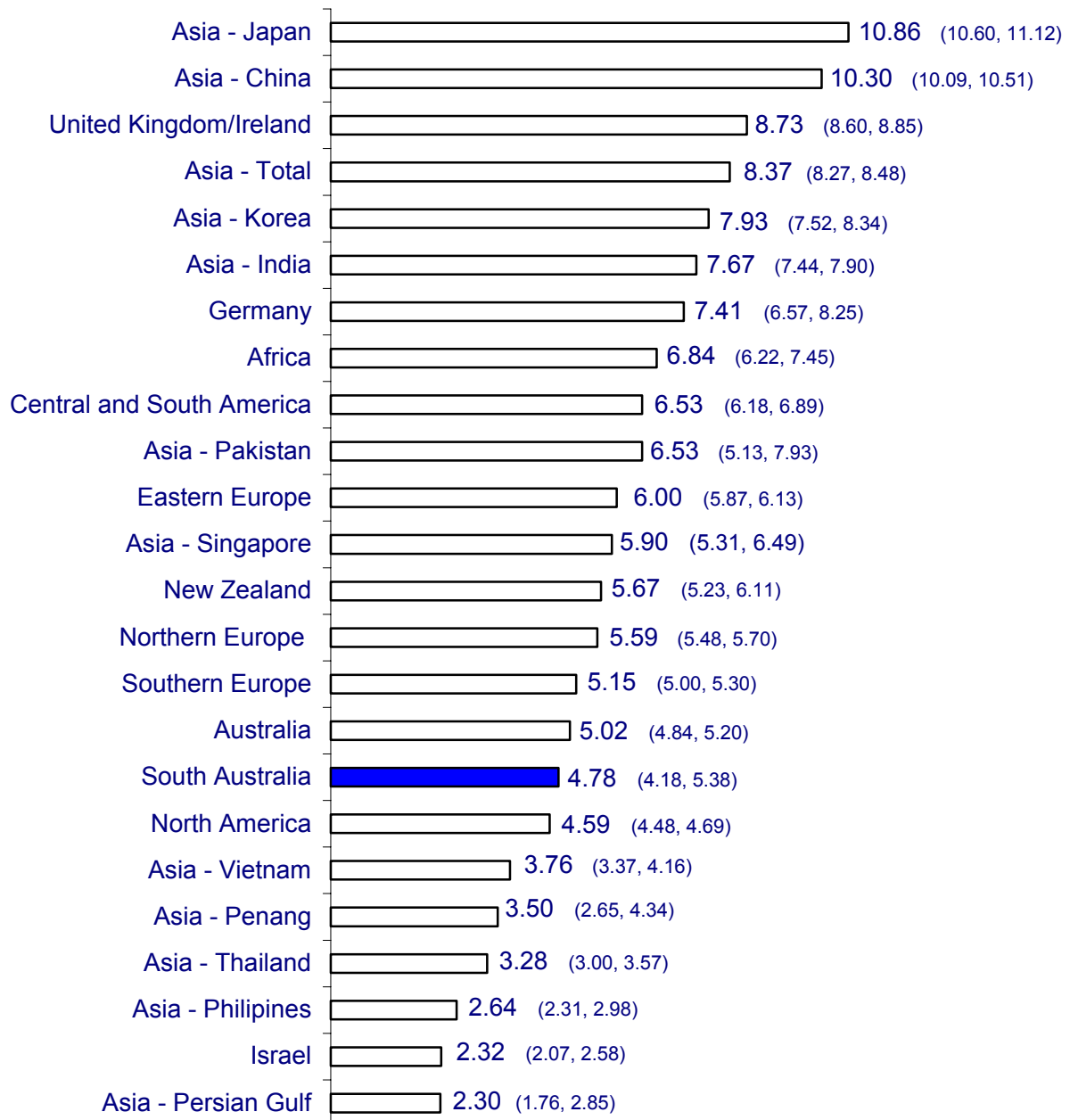


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer site: **Oesophagus**

Males

Incidence (95% confidence limits)

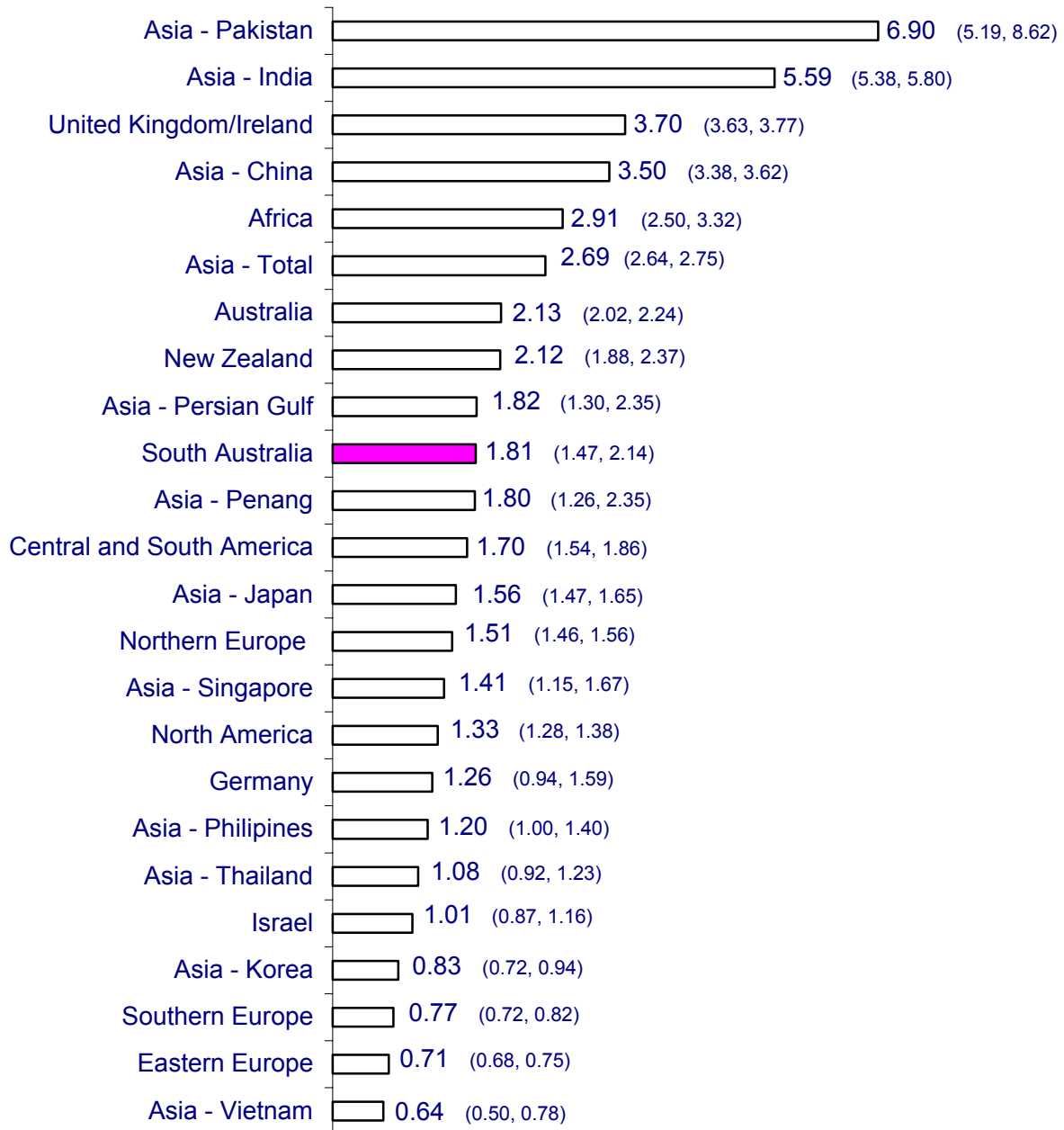


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer site: **Oesophagus**

Females

Incidence (95% confidence limits)

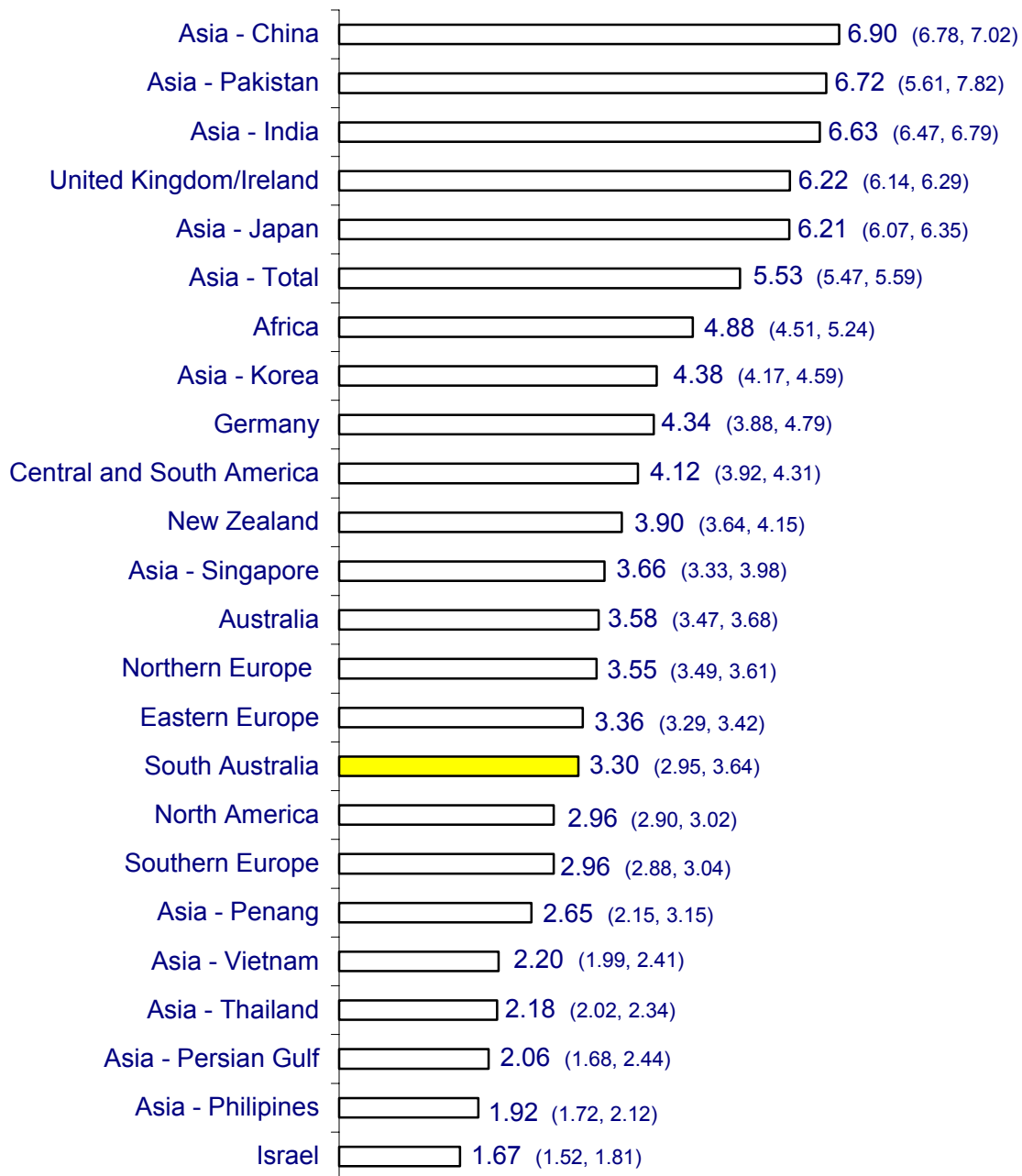


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer site: **Oesophagus**

Both

Incidence (95% confidence limits)



OESOPHAGUS

- **South Australia has a relatively low incidence of oesophageal cancer by world standards. There was a greater than two fold variation in incidence during 1993-97, with the highest rate applying to the United Kingdom/Ireland and the lowest to Southern Europe and North America.**
- Within South Australia in 1977-2000, males born overseas had an incidence 17% lower than Australian born males, partly due to low rates for those from Southern Europe and Asia. Females born in Asia, Eastern Europe and Southern Europe also had low rates, whereas those born in the United Kingdom/Ireland had an incidence 44% higher than for the Australian born.
- As reported in other populations predominantly of European extraction, South Australian data for 1977-2001 showed higher incidence rates in males from lower than upper socio-economic areas. Females did not show this pattern.
- Incidence rates varied only marginally between Adelaide and the country, although there was variation within Adelaide, with males from the Western region had a higher incidence than males from the Eastern or Southern regions. Among females, Whyalla appeared to have a relatively high incidence.
- Incidence rates increased by almost 40% between 1977-81 and 1997-2001, mostly due to increases in the age range of 70 years and over. Meanwhile, increases in mortality did not apply, despite the incidence increase, due largely to compensating effects of improved case survival.
- Behavioural risk factors include:
 - Tobacco smoking and excess alcohol consumption.
 - In some populations, poor diet characterised by a low intake of fruit and vegetables and a high consumption of pickled foods (particularly vegetables pickled according to Asian customs). Betel-nut juice, opium products, chewed tobacco, the chewing of other caustic substances, and possibly very hot foods and drinks may be additional risk factors in some countries.
- There has been a change in cell type of oesophageal cancer in South Australia. In males, the change has been from predominantly squamous cell carcinomas to adenocarcinomas, which have been linked to chronic reflux oesophagitis (a backup of gastric acids into the oesophagus that causes cellular change). Being overweight may be a risk factor for these adenocarcinomas.