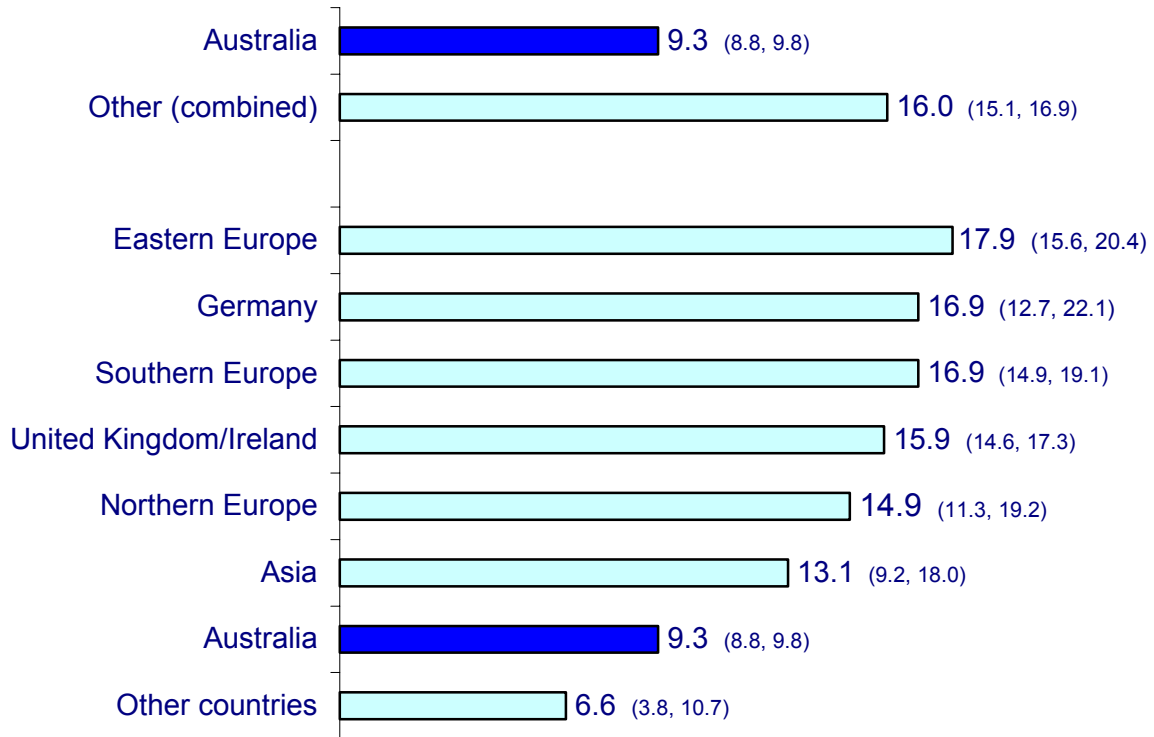


Annual incidence of cancer in South Australia in 1977-2000 by country of birth per 100,000 (age-standardized to World Population)

Cancer site: **Stomach**

Males

Incidence (95% confidence limits)

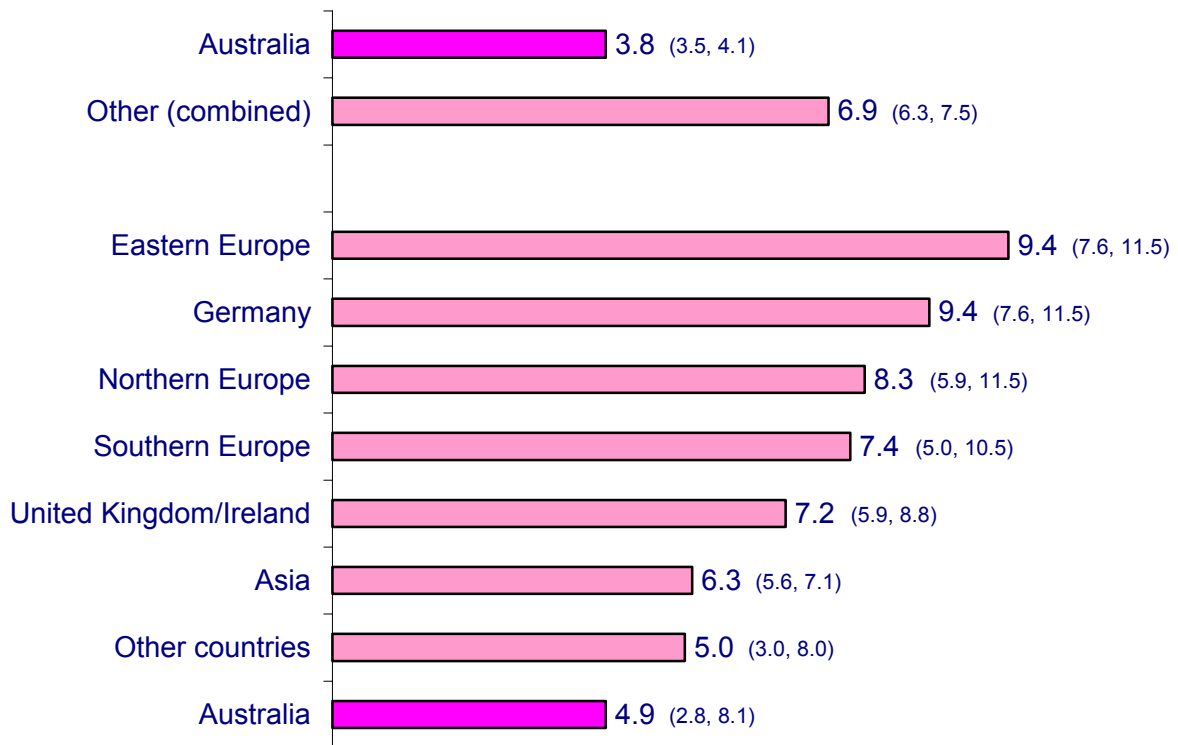


Annual incidence of cancer in South Australia in 1977-2000 by country of birth per 100,000 (age-standardized to World Population)

Cancer site: **Stomach**

Females

Incidence (95% confidence limits)

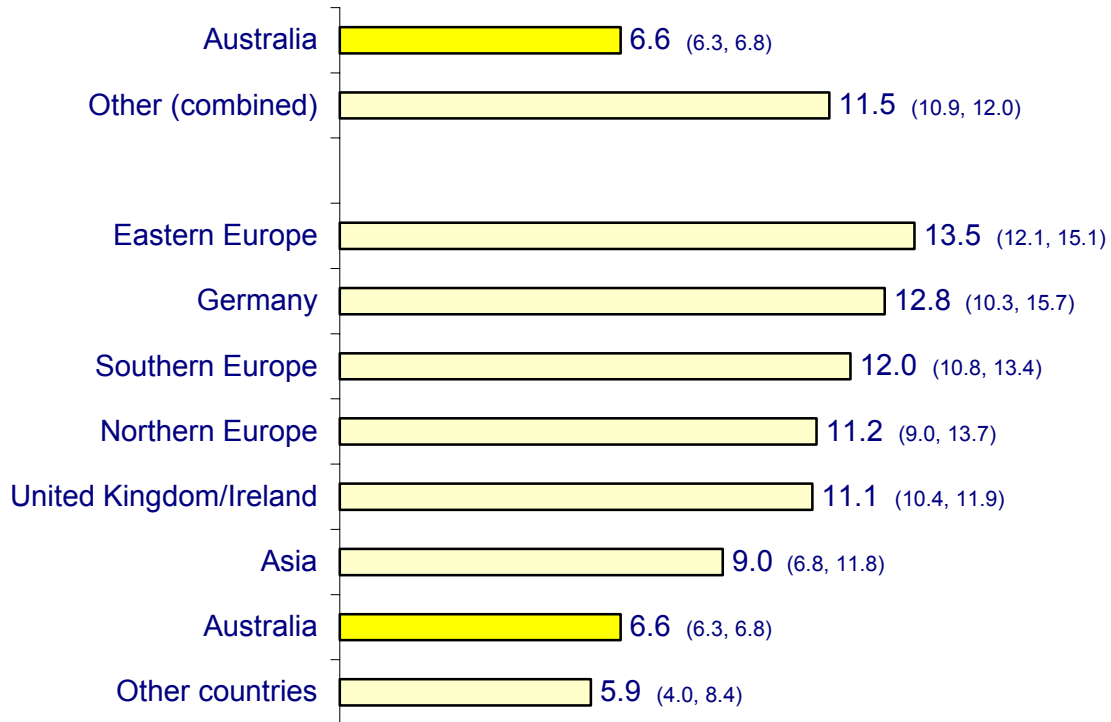


Annual incidence of cancer in South Australia in 1977-2000 by country of birth per 100,000 (age-standardized to World Population)

Cancer site: **Stomach**

Both

Incidence (95% confidence limits)



**Numbers of cancer diagnosed in South Australians with a recorded country of birth;
1977-2000**

Cancer site: **Stomach**

	MALE	FEMALE	BOTH
Australia	1357	824	2181
United Kingdom/Ireland	567	281	848
Southern Europe	254	101	355
Eastern Europe	222	96	318
Germany	54	37	91
Northern Europe	59	31	90
Asia	37	18	55
Other countries	16	15	31

STOMACH

- South Australia has a low incidence of stomach cancer by international standards, with only North America recording a lower rate in 1993-97. A greater than three fold variation in incidence was evident around the world during that period.
- **Within South Australia in 1977-2000, residents born overseas had an incidence almost 75% higher than the Australian born. Irrespective of whether they were born in Asia, the United Kingdom/Ireland, Germany or other Northern European countries, Southern Europe or Eastern Europe, the overseas born had higher incidence rates.**
- South Australian males from lower socio-economic areas had a higher incidence of stomach cancer than other male residents during 1977-2001. Females from low socio-economic areas also tended to have a higher incidence, although the gradient was less pronounced. International data consistently show a low socio-economic gradient for this cancer.
- The incidence was about 22% higher in Adelaide than the country in 1977-2001, both in males and females. The Western region had a high incidence, reflecting the distribution of many overseas-born residents and the relatively low socio-economic status of some suburbs. Although elevated incidence rates also were suggested for Kangaroo Island and Whyalla, they were in the range attributable to chance.
- Incidence and mortality rates reduced by a third or more between 1977-81 and 1997-2001. These trends followed an earlier decrease in mortality of about 45% between 1953-55 and 1975-77.
- Risk factors include:
 - Diets deficient in fruit and vegetables.
 - A high intake of salted and (possibly) smoked, cured and/or pickled foods, and heavily grilled or barbecued meat and fish.
 - Poor access to refrigeration.
 - *Helicobacter pylori* infection.