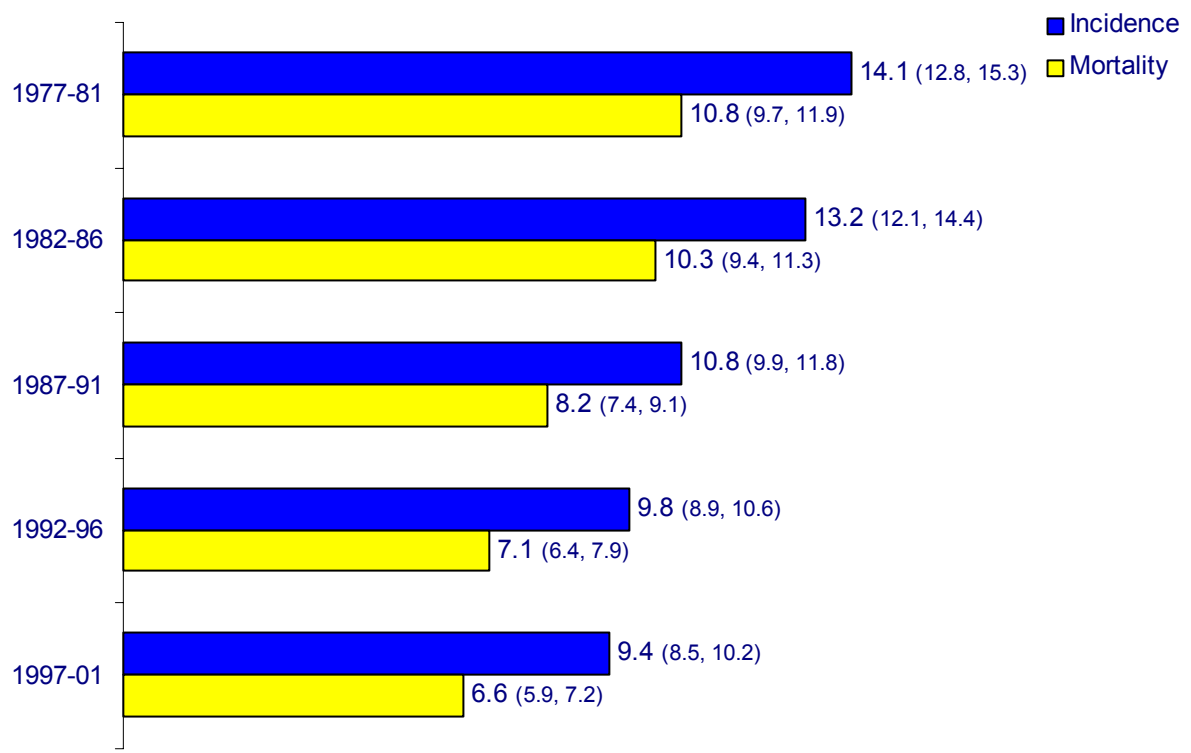


Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Stomach**

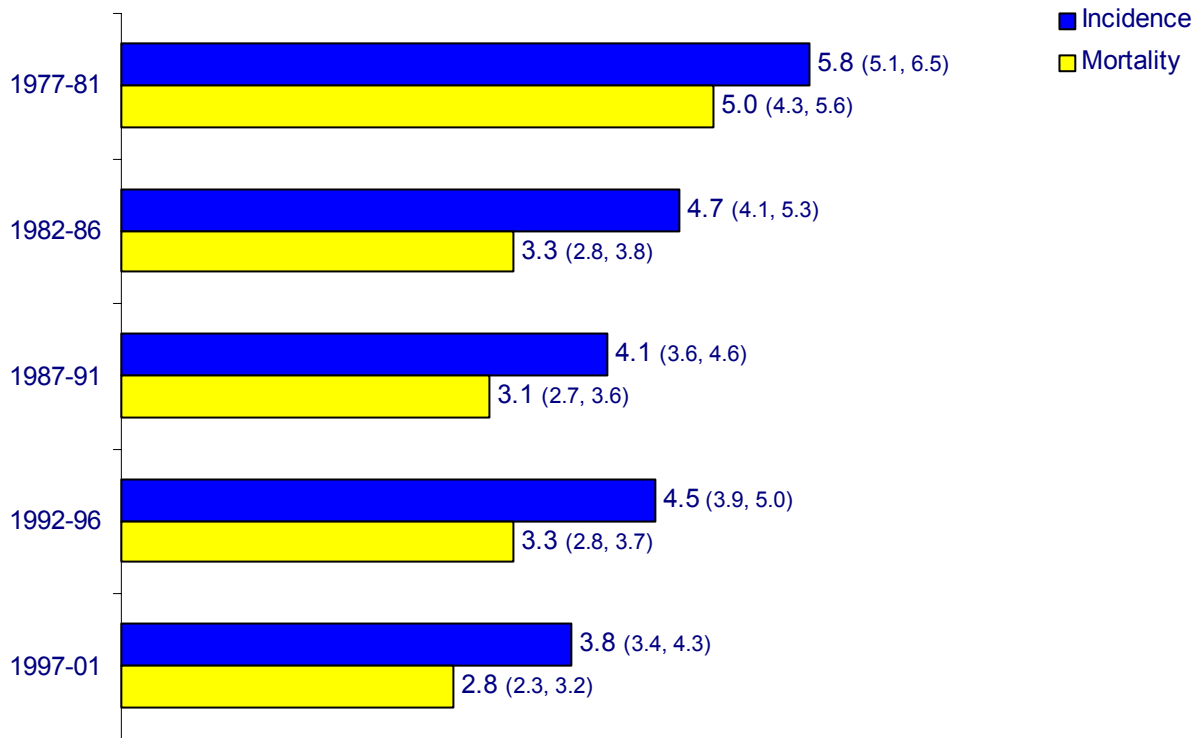
Males Incidence (95% confidence limits)



Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Stomach**

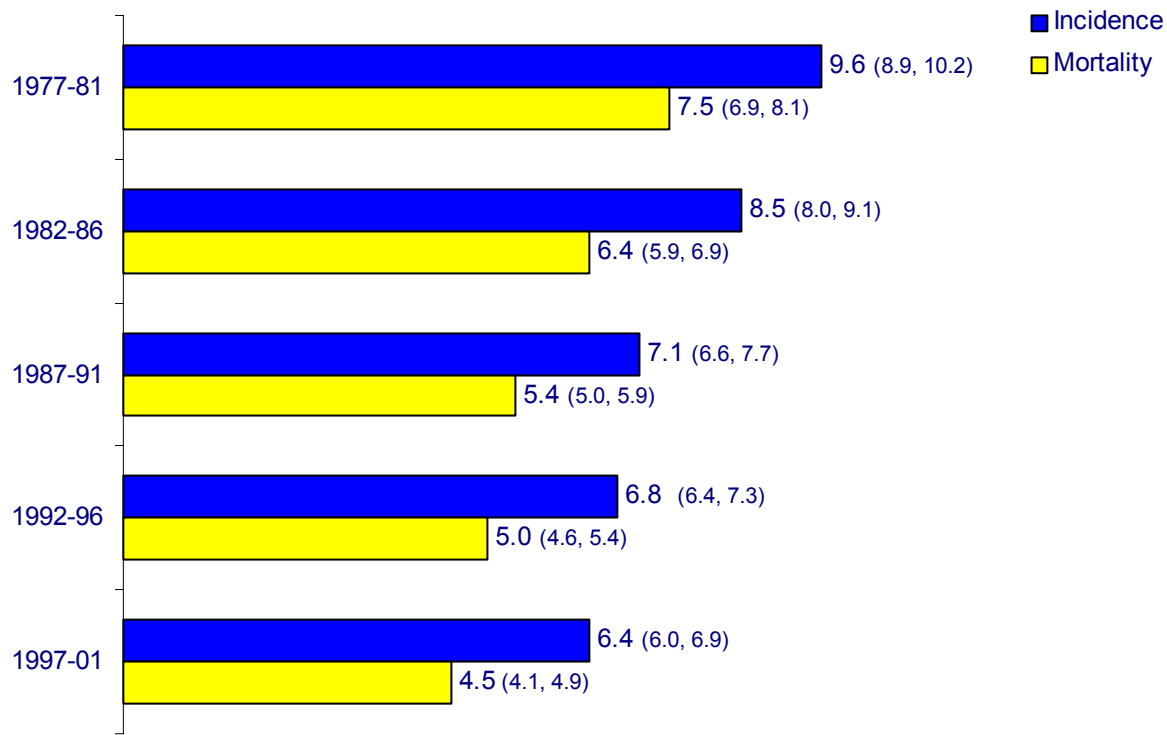
Females Incidence (95% confidence limits)



Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Stomach**

Both Incidence (95% confidence limits)



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.