

Pattern of oesophageal cancer changing

While Oesophageal cancer in Queensland is rare, representing only about 1% of all invasive cancers diagnosed in Queensland in 2011¹, it is a highly fatal cancer. In 2007 only about 2 out of 10 people diagnosed survived for at least 5 years, while for all cancers the rate was about 6 out of 10¹.

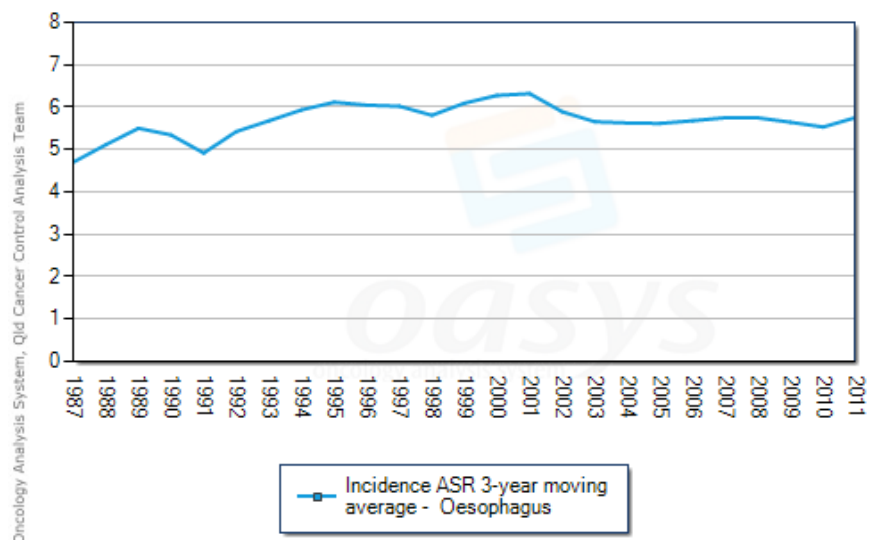
While the overall incidence of oesophageal cancer in Queensland has remained relatively steady over the 25 years from 1987 to 2011, there has been a marked difference in the pattern of incidence of the two main types of oesophageal cancer over that period.

The incidence of adenocarcinoma of the oesophagus has been on the rise, to the point where it is now the most common type of oesophageal cancer.

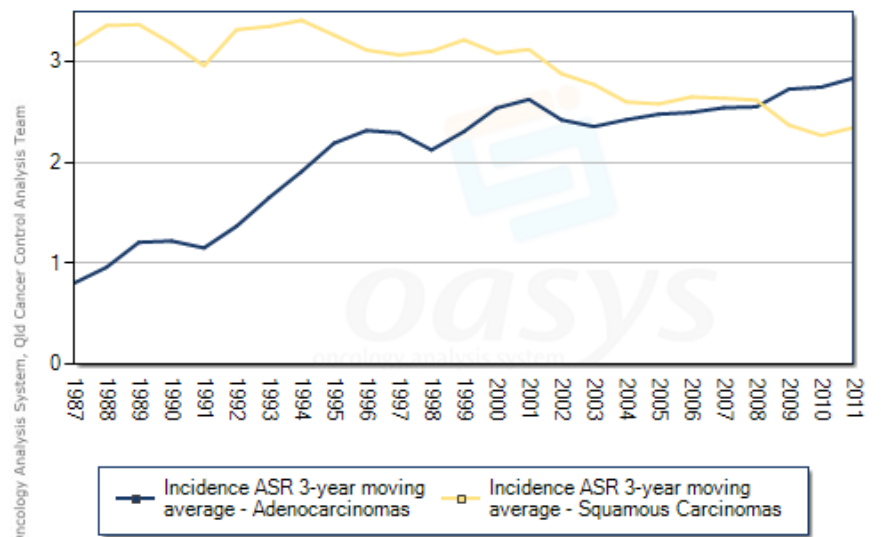
In contrast, after remaining relatively steady over the 15 years from 1987 to 2001, the incidence of squamous cell carcinoma of the oesophagus has been falling.

This trend of a rise in adenocarcinoma and a fall in squamous cell carcinoma has been reported in the United States, Canada, northern Europe, and New Zealand^{2,3}.

Queensland Invasive Cancer
Incidence ASR 3-year moving average
for Year by Cancer



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As with these other jurisdictions, this trend in Queensland may be due to changes in the differing risk factors for these two cancers.

For example, obesity and gastro-oesophageal reflux disease (GORD) are both risk factors for adenocarcinoma⁴, and there has been an increase in the percentage of the Queensland population who are obese and/or have GORD.

On the other hand, the major risk factors for squamous cell carcinoma are smoking tobacco and drinking alcohol⁴. A fall in the percentage of the Queensland population who smoke may explain, in part, the fall in the incidence of squamous cell carcinoma.

References (2, 3, and 4 as quoted in Cancer Care Ontario. Cancer Fact: Changing patterns of esophageal cancer: adenocarcinoma on the rise. Sept. 2013).

1. Metro South Hospital & Health Service. Oncology Analysis System (OASys). Queensland Cancer Control Analysis Team: Brisbane; 2012
2. Ferlay J, Shin HR, Bray F, et al. GLOBOCAN 2008 v1.2, Cancer Incidence and Mortality Worldwide: IARC CancerBase No.10 [Internet]. Lyon, France: International Agency for Research on Cancer.
3. Otterstatter MC, Brierley JD, De P, et al. Esophageal cancer in Canada: trends according to morphology and anatomical location. *Can J Gastroenterol* 2012;26(10):723–27.
4. Cancer Care Ontario. Cancer Risk factors in Ontario: evidence summary. Toronto, Canada, 2013. Available from www.cancercare.on.ca/riskfactor.

For more information on cancer in Queensland, go to:

Queensland Cancer Control Analysis Team (QCCAT) home page at <https://qccat.health.qld.gov.au>

Information on Oncology Analysis System (OASys) at <https://qccat.health.qld.gov.au/AboutOASys>

Other OASys Cancer Facts at <https://qccat.health.qld.gov.au/OtherStatistics>

For full terms and definitions refer to <https://qccat.health.qld.gov.au/OASys/PresentationLayer/PublicPages/Help/index.html?glossary.html>

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