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Modern review of trends in stomach cancer

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Abstract

The disproportionate difference between the grave prognosis of advancing stomach cancer, and its insidious onset pattern impels caregivers to awareness about trends and modern practice recommendations for therapeutic benefit. The average age at diagnosis is 69 years, and highest incidence by race and gender categorization being in the black male population, statistically 16 per 100, 000 men. Asians/Pacific Islanders, and Hispanics closely follow with incidence rates in 2006-2010 study period being 15.5 and 14.9 per 100, 000 males respectively. The lowest male incidence is observed in white males at 9.2 per 100,000 studied males. Female gender is comparatively less affected by stomach cancer development; rates being far lower than those of males - highest observed in Asian/Pacific Islander race with rates of 9.3 per 100,000 females and lowest observed in white females with incidence rates of 4.5 per 100, 000 females - about half the incidence observed in white males. There is a 5 year relative survival rate of 63.2 % (relative to survival of general population sample) if the cancer is diagnosed in a localized stage, with no distant or lymph node involvement. This localized stage represents only about one quarter of stomach cancer diagnoses however, and the largest percent distribution class at diagnosis falls into Distant Metastasis already existing at the time of diagnosis with a staggering 34% of cases detected in this stage. Diagnosis with distant metastasis offers 3.9% 5 year survival compared to general population. A special association exists between Helicobacter Pylori bacterial invasion of stomach lining and gastric and duodenal cancer development. A recent study demonstrated an odds ratio of 1.9% for developing gastric cancer, and odds ratio of 2.3 for developing intestinal type cancer of distal stomach in CagA Antibody patients with confidence 95% confidence interval.

A significant genetic tendency for cancer is also observed, with one study showing a Relative Risk of 2.6 for those with family history of gastric cancer, RR 2.4 for intestinal cancer family history, and 1.7 in the case of positive family rectal cancer history.

Recent study into carcinogenesis relationship between Melanoma Antigen Gene Family A MAGEA has demonstrated presence in 30% gastric malignant cell lines and can be used as a diagnostic prediction marker. A Taiwanese study demonstrated that Diabetes Mellitus is associated with 2.75 times risk of developing gastric malignancy compared to normal.

Biography

Dr. Achal Bhatt, from Windsor University School of Medicine is Interested in pursuing a clinical career in the United States of America. He is passionate about serving the underserved and is active in volunteer and charity organizations. He is interested in clinical research and teaching.