The burden of gastric cancer – clinician perspective

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Aiming to improve digestive health

Uniting 50,000 specialists from every field in digestive health
United for digestive health

17 Specialist Societies and 49 National Gastroenterology Societies
The burden of digestive cancers

Digestive cancers include oesophageal, stomach, colorectal, liver, gallbladder and biliary tract, and pancreatic cancers.

Digestive cancers exert a substantial burden across UEG member countries, and together are responsible for over a third of the total number of cancer related deaths.

The burden of digestive cancers

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon and rectum cancer</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Gallbladder and biliary tract cancer</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Liver cancer</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>6%</td>
<td>7%</td>
</tr>
</tbody>
</table>
The burden of digestive cancers

For the UEG member countries combined, digestive cancers are responsible for approximately 32% and 20% of all years of life lost and years lived with disability due to cancers in 2019.
Gastric cancer
Gastric cancer: the facts

Gastric (stomach) cancer is strongly linked to infection with the bacteria *Helicobacter pylori* (H. pylori) – a common infection affecting around 50% of the global population.

In Europe, rates of the disease are highest in Eastern Europe (Baltic and the neighbouring States), Slovenia and Portugal.

Around 136,000 Europeans are diagnosed with gastric cancer and 97,000 die from this cancer every year.

What to treat?

Helicobacter pylori gastritis should be defined as an infectious disease even when patients have no symptoms and irrespective of complications such as peptic ulcers and gastric cancer.

The burden of gastric cancer according to age & sex

For the member countries combined, incidence rates increase steadily with age, peaking at ages 85+ years for women and men.

For both sexes combined, age-specific incidence rates have decreased from 2000-2019 for all age groups.

Estimated numbers of deaths from cancer in EU-27 for 2020 (both sexes)²
Position Paper: Digestive Cancer Screening Across Europe

Digestive Cancers Across Europe: The Facts

Europe accounts for a quarter of all cancer cases worldwide, with rates set to increase by more than 24% by 2035. Digestive cancers are the leading cause of cancer-related mortality in Europe, with over 350,000 deaths each year from gastric, colorectal, liver and pancreatic cancer.

This position paper presents the available evidence and main issues that need to be addressed to ensure the successful implementation of screening for these four types of cancer. It aims to provide recommendations to aid informed decision-making on reducing the burden of digestive cancers across Europe.

The number of deaths due to **gastric cancer** is expected to rise over the next 20 years, but estimates suggest up to 40% of these deaths are preventable.

In Europe, **colorectal cancer** is the second most common type of cancer in women and the third most common type in men, with more than 150,000 deaths every year.

**Liver cancer** is the third most frequent cause of cancer-related mortality globally, with 78,000 deaths per year in Europe.

The 5-year overall survival rate for **pancreatic cancer** is below 10% and, at the time of diagnosis, tumours are incurable in more than 80% of patients.
UEG Recommendations and Calls to Policymakers

Gastric cancer

- Population-based screening for *H. pylori* in countries with a high incidence of gastric cancer (Eastern European countries, Portugal, Slovenia) and in individuals in all other countries who are considered at a high risk for gastric cancer
- A well-designed *H. pylori* screening and treatment implementation strategy on a regional and/or national basis, with thorough monitoring and outcome data collection
- Research into non-invasive markers to help identify individuals at increased risk and who may benefit from systematic screening
- The possibility and modalities of gastric cancer screening combined with CRC screening should be considered
EU Cancer Screening Recommendations

**UEG’s Recommendations**

**Gastric cancer**

- Population-based screening for *H. pylori* in countries with a high incidence of gastric cancer (Eastern European countries, Portugal, Slovenia) and in individuals in all other countries who are considered at a high risk for gastric cancer.

**European Commission’s proposal**

- In places with high GASTRIC CANCER incidence and death rates, screening for Helicobacter pylori and surveillance of precancerous stomach lesions.
Contributing Member Societies

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