

Incidence and survival of ampulla of Vater and duodenal cancers

NCIN Data Briefing

Background

The ampulla of Vater and duodenum are both parts of the small intestine. In England, ampulla of Vater and duodenal cancers are rare. National data for these cancer types has not been recently investigated.

Results

Ampulla of Vater

There were 3,258 patients diagnosed in England between 1998 and 2007 with ampulla of Vater cancer. Age-standardised incidence rates (ASR(E)) were low and remained stable at 0.6 per 100,000 in men and 0.4 per 100,000 in women (Figure 1). A slightly higher incidence was found among patients living in more deprived areas (Figure 2). 53.6% of patients survived one year and 20.8% survived five years after diagnosis (Figure 3).

Duodenum

There were 2,684 patients diagnosed in England between 1998 and 2007 with duodenal cancer. The incidence slightly increased in both men, from 0.4 to 0.6 per 100,000, and women, from 0.3 to 0.5 per 100,000 (Figure 1). Incidence was marginally higher in patients living in more deprived areas (Figure 2). 35.9% of patients survived one year and 16.1% survived five years after diagnosis (Figure 3).

KEY MESSAGE:

Ampulla of Vater and duodenal cancers are rare in England.

Incidence remained stable between 1998 and 2007, but was slightly higher in more deprived areas.

Around one fifth of patients survived five years after diagnosis.

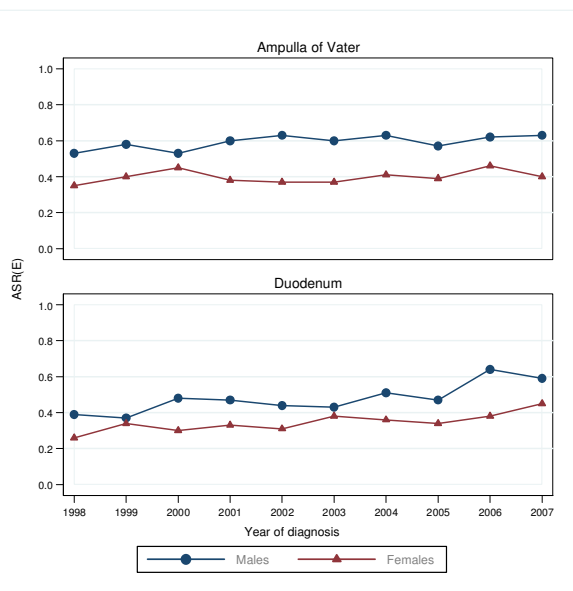


Figure 1: Age-standardised incidence rates of ampulla of Vater and duodenal cancers per 100,000 European standard population (ASR(E)) by sex and year of diagnosis

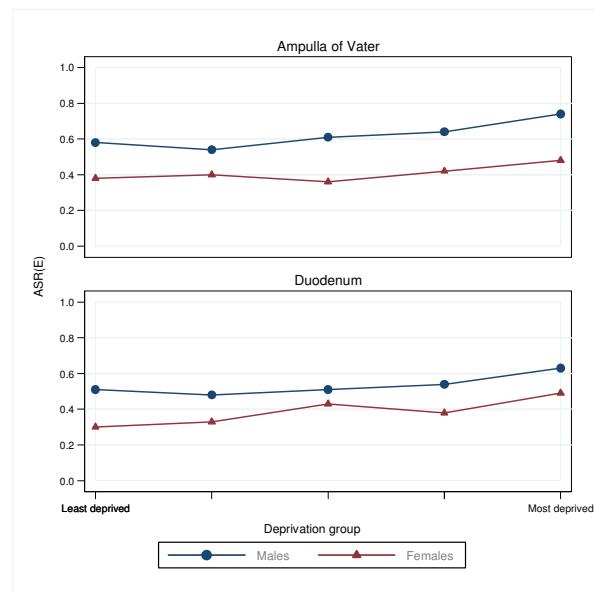


Figure 2: Age-standardised incidence rates of ampulla of Vater and duodenal cancers per 100,000 European standard population (ASR(E)) by sex and deprivation group

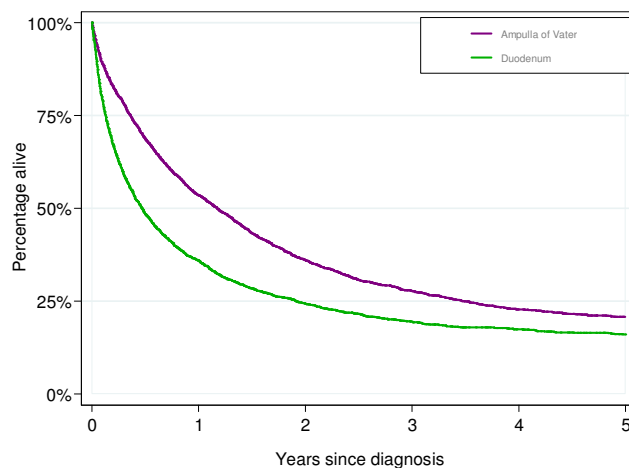


Figure 3: Patients alive (%) with ampulla of Vater and duodenal cancers diagnosed in England between 1998 and 2007

Methods

Data on 3,258 patients with ampulla of Vater cancer, defined as ICD-10 code C24.1, and 2,684 patients with duodenal cancer, ICD-10 code C17.0, diagnosed in England between 1998 and 2007 were extracted from the National Cancer Data Repository. Male and female age-standardised incidence rates per 100,000 European standard population (ASR(E)) were calculated for each year of diagnosis and deprivation group.

Survival was estimated using the Kaplan-Meier method based on patients diagnosed between 1998 and 2007 and followed up until the end of 2007. Death certificate only registrations were excluded. This left a total of 3,196 ampulla of Vater cancer and 2,597 duodenal cancer patients for survival analysis.

Final note

In England, cancers of the ampulla of Vater and the duodenum are rare with stable incidence rates between 1998 and 2007. National data for both cancers have not recently been investigated in England. Little is known about the aetiology of both but reports have identified some intestinal disorders such as Crohn's disease and coeliac disease as risk factors for duodenal cancer. Survival of ampulla of Vater and duodenal cancer is better than primary liver, biliary tract, gallbladder, and pancreatic cancer. More detail on the incidence and survival of these hepatic, pancreatic and biliary cancers can be found in the publication below.

Acknowledgements

This work is taken from the following publication: Coupland VH, Kocher HM, Berry DP, Allum W, Linklater KM, Konfortion J, Møller H, Davies EA (2012). Incidence and survival for hepatic, pancreatic and biliary cancers in England between 1998 and 2007. *Cancer Epidemiology*, 36(4): e207-e14.

FIND OUT MORE:

[Thames Cancer Registry](http://www.tcr.org.uk)

Thames Cancer Registry is the lead cancer registry for upper gastrointestinal cancers

<http://www.tcr.org.uk>

Other useful resources within the NCIN partnership:

Cancer Research UK CancerStats – Key facts and detailed statistics for health professionals

<http://info.cancerresearchuk.org/cancerstats/>

The National Cancer Intelligence Network is a UK-wide initiative, working to drive improvements in standards of cancer care and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research. Sitting within the National Cancer Research Institute (NCRI), the NCIN works closely with cancer services in England, Scotland, Wales and Northern Ireland. In England, the NCIN is part of the National Cancer Programme.