## Editorial Note on Epidemiology of Gastric Cancer

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## **Editorial**

Gastric cancer is a deadly illness that continues to wreak havoc on the world's health. Despite a reduction in overall incidence over the last several decades, gastric cancer is still the fourth most frequent disease and the second largest cause of cancer-related mortality globally. Despite the fact that the disease's incidence is decreasing due to increased nutrition, food preservation, better prevention, faster detection, and treatment, it still has a dismal prognosis. Gastric cancer is frequently discovered after it has progressed to an advanced stage. Surgical resection plus adjuvant chemotherapy or chemoradiation in suitable situations is the cornerstone of treatment. As a result of this strategy, more people have survived. Unfortunately, there has been no improvement in the treatment of advanced or metastatic gastric cancer, and the median overall survival (OS) in this group remains about one year. Gastric cancer is a complex illness that needs ongoing study and attention in the areas of prevention, early detection, and innovative therapy choices.

The global distribution of stomach cancer varies significantly between geographical areas, illustrating the wide range of variables that influence the disease's incidence, survival, and death. The bulk of instances occur in Asia, whereas Europe and the Americas together account for less than a quarter of the global illness burden. Even in the most severely impacted places, certain people are more frequently affected, notably the lowest socioeconomic levels and the African American community in the United States.

Lauren's classification of the disease's two primary histologic subtypes, intestinal and diffuse, identify two separate entities with differing epidemiology, aetiology, pathophysiology, and behaviour. Gastric cancer rates have been steadily declining in most demographics and subtypes during the last several decades. Improved food preservation with the advent of electric refrigeration, increased accessibility to fresh fruits and vegetables year-round, lower salt diets (less salt preservation), decreased tobacco use, and eradication of *Helicobacter pylori* infections in endemic areas may all play a role in the decline. However, while most stomach tumours are becoming less common, tumours of the gastric cardia and gastroesophageal junction are growing more common, and there is a tendency of increased noncardia gastric cancer incidence among American whites aged 25 to 39, as well as in other Western countries.

Environmental and dietary variables have been linked to the disease's progression. Salt, salt-preserved foods, nitrates, and smoked or pickled foods have all been linked to a higher risk of developing stomach cancer. However, much of the data regarding salt and food preservation is circumstantial and relies on temporal trend comparisons. While cardia and gastro esophageal junction tumours may be linked to gastroesophageal reflux, there is a strong link between non cardia gastric malignancies and persistent mucosal infection with *H. pylori*, a Class 1 human carcinogen. The goal of this review is to discuss the disease's global distribution and decreasing incidence trend, delineate the different pathologic subtypes and their immunohistochemical (IHC) staining patterns, molecular signatures, and mutations, investigate the role of the pathogen *H. pylori* in tumor genesis, and discuss the disease's increasing incidence in young, western populations.

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