



EDITORIAL

Gastric cancer in Mexico: Improvement, but still a long way to go^{☆☆}



El cáncer gástrico en México: mejoría, pero aún con mucho por hacerse

Gastric cancer (GC) is the second cause of cancer-related mortality worldwide¹ and is also responsible for one of the highest cancer burdens, as measured by disability-adjusted life years lost.² Approximately 65% of GC patients present with locally advanced or metastatic disease, and the majority will have systemic disease at some time during the course of their illness.³

In this issue of the *Revista Mexicana de Gastroenterología*, Sánchez-Barriga⁴ reported that between 2002–2012, 69,107 patients in Mexico died from GC. In the year 2000, there were 5,003 deaths from GC and in 2012, 5,459 individuals died from this malignancy. The mortality rate adjusted for age for GC was 5.6 per 100,000 inhabitants in 2012, and this study showed that the mortality rate from GC in Mexico decreased from 7.5 per 100,000 inhabitants in 2000.⁴ Some notes of caution are in order. Mortality rates may be modified over time, due to improved diagnosis, better medical care, increase in identification of cases, and better records, as well as changes in the prevalence of risk factors. The study by Sánchez-Barriga emphasizes the association between poverty and GC. The state of Chiapas had the highest poverty rate in Mexico in 2012,⁵ with 74.7% of the population living in extreme poverty.⁴ This state also had the highest death rate from GC in 2000 (9.2; 95% CI: 8.2–10.3) and in 2012 (8.2; 95% CI: 7.3–9). Furthermore, Chiapas had the highest rate of years of potential life lost rate during the study period (97.4 in 2000 and 79.6 in 2012). This association could be explained by the higher prevalence of *H. pylori* infection in rural areas, where potable water is limited and poor sanitary conditions are frequent. *H. pylori* infection is estimated to account for more than

60% of GC,⁶ and more than 5% of all cancer worldwide.⁷ Moreover, treatments to eradicate *H. pylori* infection in asymptomatic subjects have been shown to decrease the frequency of both precancerous gastric lesions and GC in Asian countries.⁸

This study also highlights the fact that GC is an aggressive disease with a high mortality rate, and that the majority of GC patients in clinical practice have advanced disease at diagnosis. Despite the progress made in diagnosis, surgical techniques, chemotherapy, and radiotherapy, prognosis for GC remains poor.

Currently, in rural areas in North America with an increased incidence of *H. pylori* infection and GC,⁹ there are working groups whose goal is to identify effective treatment strategies and develop recommendations for health policy aimed at management of *H. pylori* infection and reduction of GC. In addition, screening for GC could be useful in detecting asymptomatic patients with early GC in high-prevalence areas,¹⁰ which, in turn, would increase the number of treatable cancers and improve overall survival. Therefore, the adoption of such strategies should be considered for areas in Mexico with a high prevalence of GC.

In conclusion, despite the reduction in the incidence of GC in Mexico comparable to the decrease in incidence worldwide,⁷ this disease continues to be a major health problem in Mexico, with a significantly negative social impact from the premature deaths caused by GC. Three major potential areas for development should be recognized: 1) Improved sanitation and access to potable water could result in a further reduction of prevalence of *H. pylori* infection and GC; 2) GC screening for early recognition of high-risk patients for GC,¹¹ such as those with atrophic gastritis, intestinal metaplasia, gastric ulcer, or dysplasia, especially in areas with the least favorable education, occupation, health, housing, and employment conditions; and 3) Improvements in GC therapy, which are expected as our understanding of GC biology and signaling pathways improves. The integration of targeted therapies is already possible and early results are promising. Better

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therapy selection for individual patients may also significantly improve treatment and patient survival.

Conflict of interest

The authors declare that there is no conflict of interest.

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