Department of Health

Stomach Cancer in Ohio

August 2024

Stomach cancer, also called gastric cancer, occurs when cancer cells form in the lining of the stomach.

Key Findings

- An average of 856 new cases of stomach cancer were diagnosed and an average of 348 deaths from stomach cancer occurred each year in Ohio during 2017-2021.
- The stomach cancer incidence (new case) rate in Ohio was 5.7 per 100,000 population, compared with the national rate of 6.3 per 100,000 during 2017-2021.
- Stomach cancer occurs about twice as often in males than in females.
- Black Ohioans have higher incidence and mortality rates of stomach cancer than White Ohioans.
- Stomach cancer was most frequently diagnosed among Ohio men and women 65 to 74 years old.
- Stomach cancer incidence rates decreased among Ohio males but was relatively stable among Ohio females.
- Stomach cancer mortality rates decreased by more than half among both Ohio men and women from 1996 to 2021.
- In Ohio, there was no clear geographic pattern of stomach cancer incidence by county in 2017-2021.
- Overall, 37% of Ohioans diagnosed with stomach cancer survive five years after diagnosis.
- Approximately 29% of stomach cancers in Ohio were diagnosed at a distant stage (the latest stage) during 2017-2021, when five-year survival is the lowest (8%).
- Chronic infection of the mucosal layer of the stomach with *Helicobacter pylori* (*H. pylori*) is a major risk factor for stomach cancer.

New Cases

Stomach cancer made up 1.2% of incident cancer cases in Ohio reported to the Ohio Cancer Incidence Surveillance System (OCISS), Ohio's central cancer registry, from 2017 through 2021.[1] An average of **856 cases** of stomach cancer were diagnosed annually in Ohio during this period (Table 1). The average annual age-adjusted incidence rate for stomach cancer in Ohio was 5.7 per 100,000 population, compared with the U.S. incidence rate of 6.3 per 100,000. The incidence rate among males diagnosed with stomach cancer (7.9 per 100,000) was almost two times higher than the rate among females (4.0 per 100,000) in Ohio. Black Ohioans showed higher rates of stomach cancer (9.4 per 100,000) than White Ohioans (5.2 per 100,000) and Asians/Pacific Islanders (6.8 per 100,000) in Ohio during 2017-2021.

Deaths

An average of **348 deaths** from stomach cancer occurred each year in Ohio in 2017-2021 (Table 1). The average annual age-adjusted mortality rate for stomach cancer in Ohio was 2.3 per 100,000, compared with the U.S. mortality rate of 2.8 per 100,000. The mortality rate was nearly two times higher for males (3.2 per 100,000) than females (1.7 per 100,000) in Ohio during this time period. As shown in Table 1, in both Ohio and the United States, stomach cancer mortality rates were greater for males and Black and Asian/Pacific Islander people.

[1] Due to the complexity of the cancer data collection and quality control process, there is typically a 24-month delay between the time a new cancer is diagnosed and the time the data is ready for analysis. Therefore, the most recent incidence data presented in this report is for cancer cases diagnosed through Dec. 31, 2021.

Table 1. Average Annual Number and Age-adjusted Rates of Stomach Cancer Cases and Deaths per 100,000 Population by Sex and Race, Ohio and the United States, 2017-2021

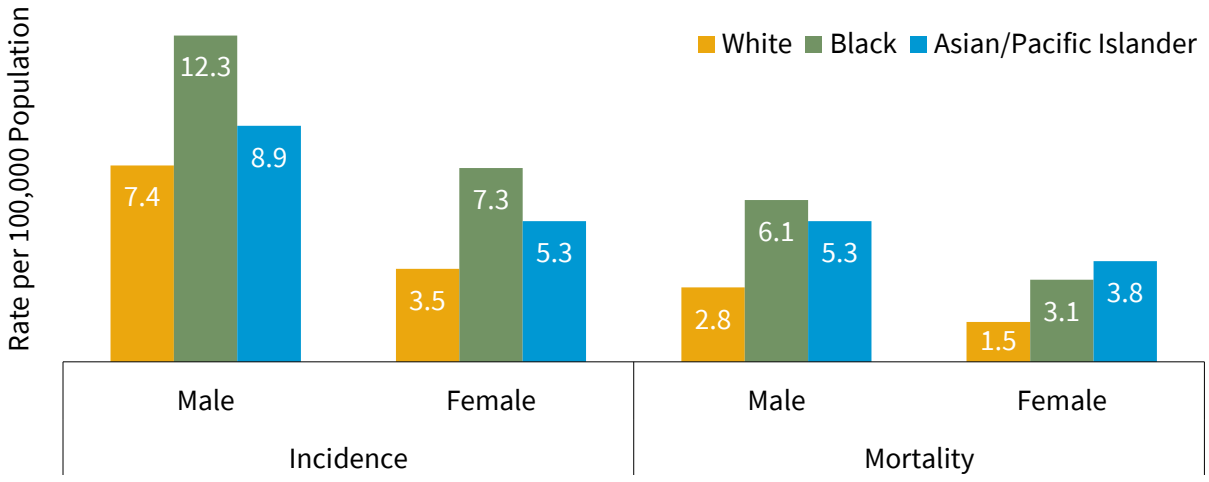
		Incidence			Mortality		
		Ohio		U.S.	Ohio		U.S.
		Cases	Rate	Rate	Deaths	Rate	Rate
Total		856	5.7	6.3	348	2.3	2.8
Sex	Male	537	7.9	8.3	209	3.2	3.7
	Female	319	4.0	4.7	138	1.7	2.1
Race	White	685	5.2	5.7	273	2.1	2.5
	Black	142	9.4	9.5	64	4.3	4.7
	A/PI	17	6.8	8.7	10	4.4	4.4

Sources: Incidence - Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024; U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024. Mortality - SEER*Stat Database: Mortality - All Cause of Death (COD), Aggregated With State, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.

Incidence and Mortality by Race and Sex

Black men had the highest stomach cancer incidence rates in Ohio among each sex/race group, based on data from 2017 to 2021. Black men were also more than twice as likely as White men to die from stomach cancer. In Ohio, White women had the lowest incidence and mortality rates for stomach cancer of each sex/race group (Figure 1).

Figure 1. Average Annual Age-Adjusted Incidence and Mortality Rates of Stomach Cancer per 100,000 Population by Sex and Race, Ohio, 2017-2021

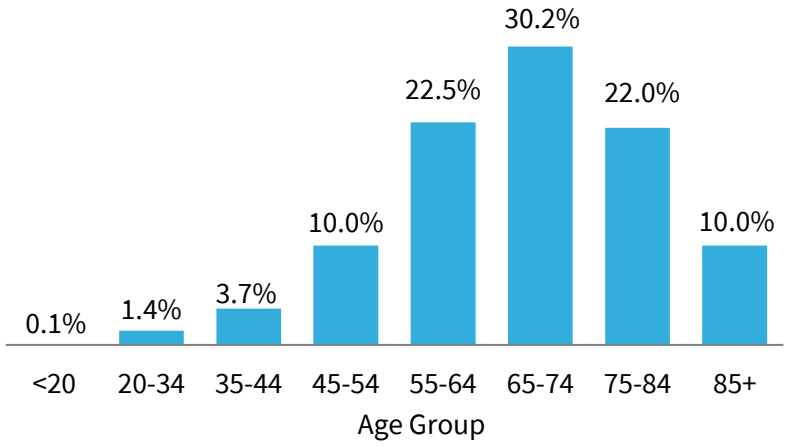


Sources: Incidence - Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024; U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024; SEER*Stat Database: Mortality - All Cause of Death (COD), Aggregated With State, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.

Incidence by Age Group and Sex

In Ohio, stomach cancer was most frequently diagnosed among people 65 to 74 years old (Figure 2). There were very few cases of stomach cancer among people younger than 35 years old in Ohio in 2017-2021.

Figure 2. Percent of New Cases of Stomach Cancer by Age Group, Ohio, 2017-2021

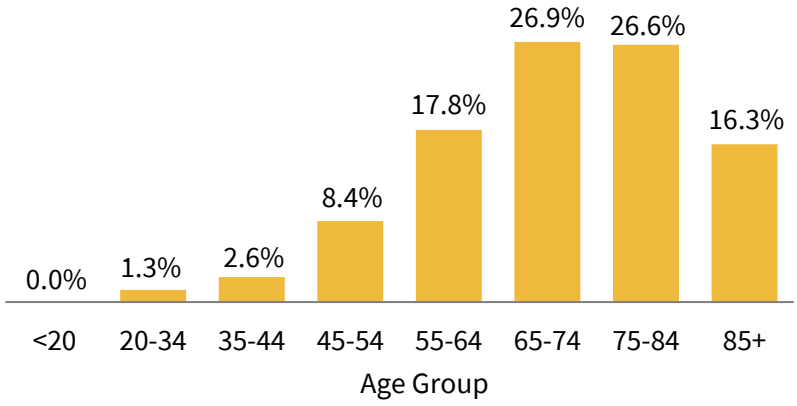


Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024.

Mortality by Age Group

In Ohio, stomach cancer deaths occurred most frequently among people 65 to 74 years old (Figure 3). There were no deaths due to stomach cancer among people less than 20 years old in Ohio in 2017-2021.

Figure 3. Percent of Stomach Cancer Deaths by Age Group, Ohio, 2017-2021

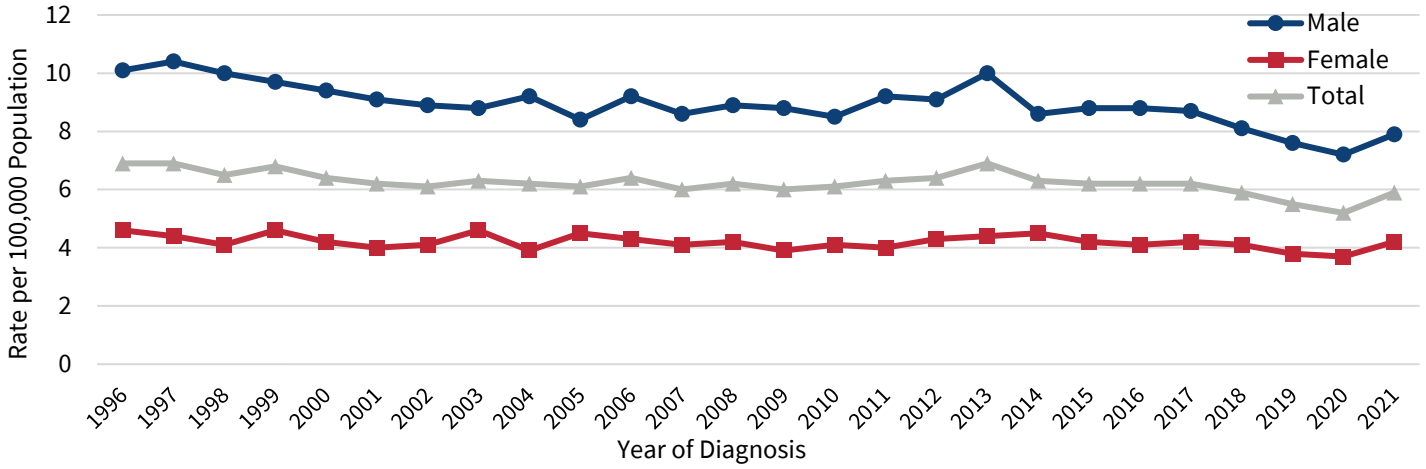


Source: Bureau of Vital Statistics, Ohio Department of Health, 2024; SEER*Stat Database: Mortality - All Cause of Death (COD), Aggregated With State, Total U.S. (1990-2022) National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.

Trends in Incidence

From 1996 to 2021, stomach cancer incidence rates decreased among Ohio males but was relatively stable among Ohio females. For each year, the incidence rate was higher among Ohio males, compared with females. (Figure 4).

Figure 4. Trends in Age-adjusted Incidence Rates of Stomach Cancer per 100,000 Population by Sex, Ohio, 1996-2021

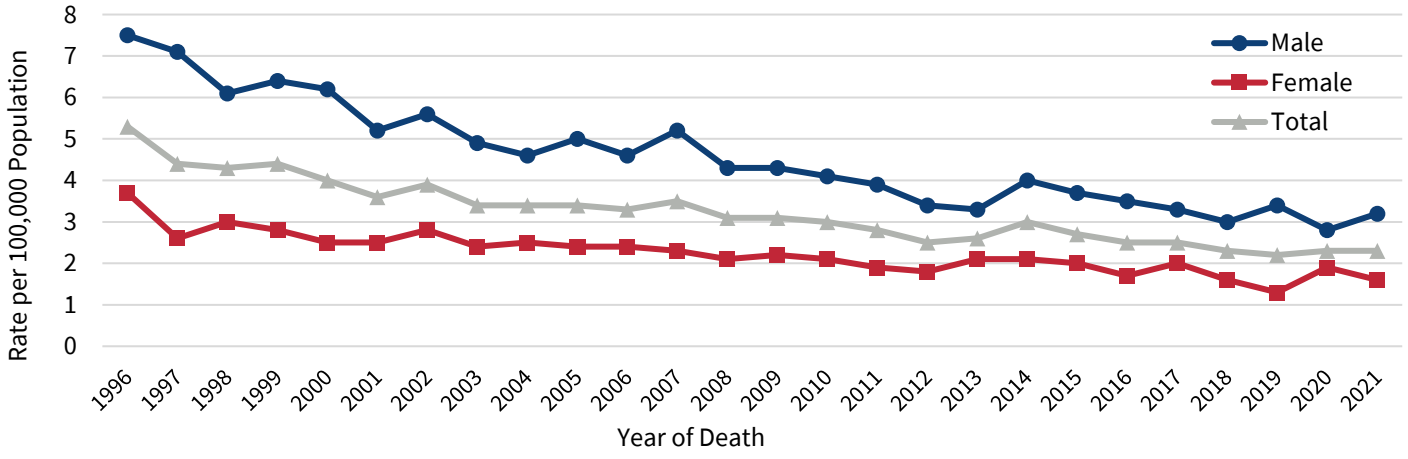


Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024.

Trends in Mortality

From 1996 to 2021, stomach cancer mortality rates decreased by more than half among both men and women. For each year, stomach cancer mortality rates were higher among males, compared with females in Ohio (Figure 5). According to the American Cancer Society, the reasons for the decline in stomach cancer mortality rates are not completely clear but may be linked to the increased use of refrigeration for food storage, which has led to people eating fewer salted and smoked foods and the decline in the number of people infected with the *Helicobacter pylori (H pylori)* bacteria, which is thought to be a major cause of stomach cancer.

Figure 5. Trends in Age-adjusted Mortality Rates of Stomach Cancer per 100,000 Population by Sex, Ohio, 1996-2021

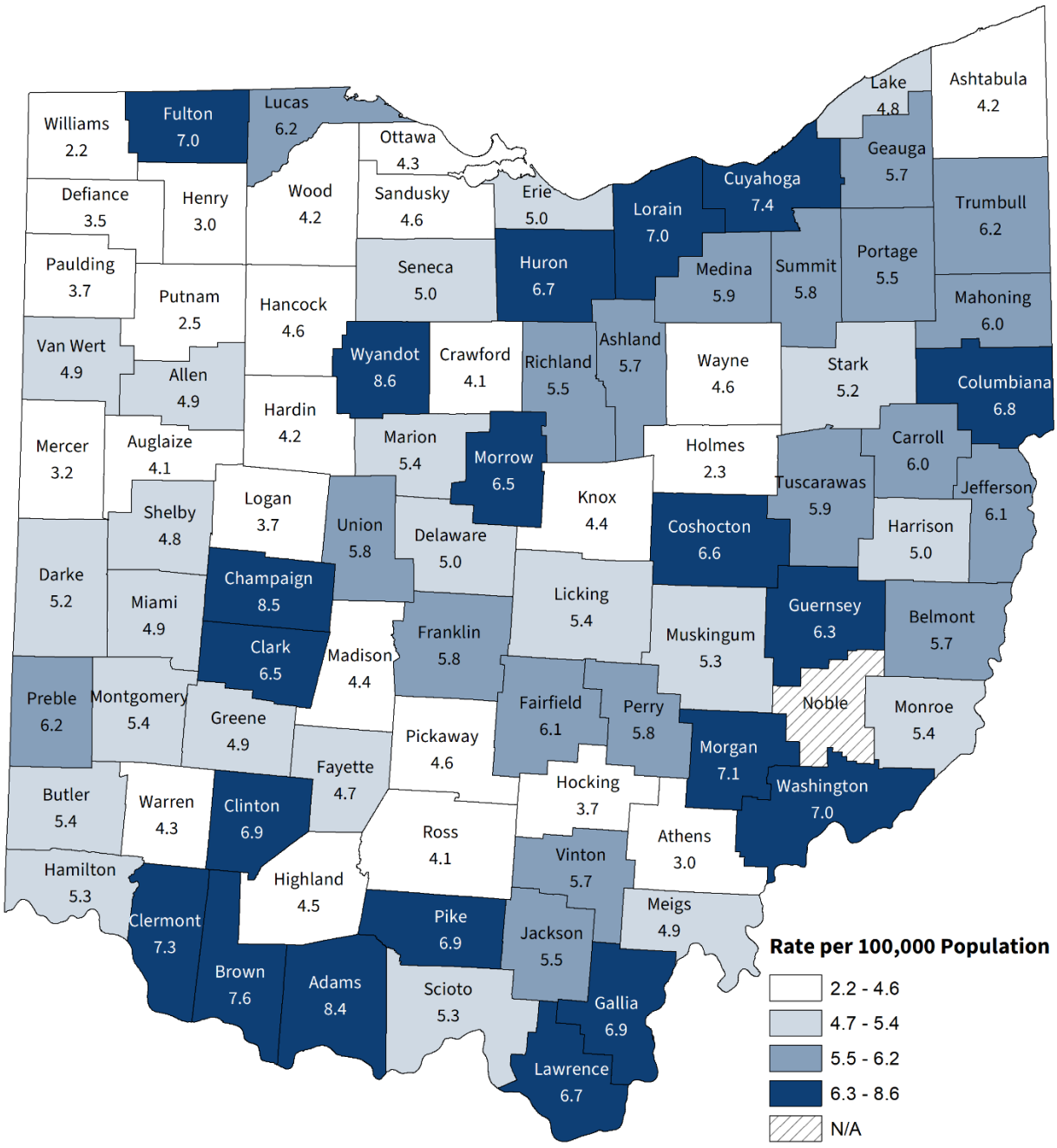


Source: SEER*Stat Database: Mortality - All Cause of Death (COD), Aggregated With State, Total U.S. (1990-2022), National Cancer Institute, April 2024. Underlying mortality data provided by the National Center for Health Statistics.

Incidence by County

County-specific stomach cancer incidence rates in Ohio ranged from 2.2 to 8.6 per 100,000 population, compared with Ohio's rate of 5.7 per 100,000. There was no clear geographic pattern of incidence rates by county. The following counties had the highest incidence rates, in decreasing order, for this time period: Wyandot, Champaign, Adams, Brown, and Cuyahoga (Figure 6).

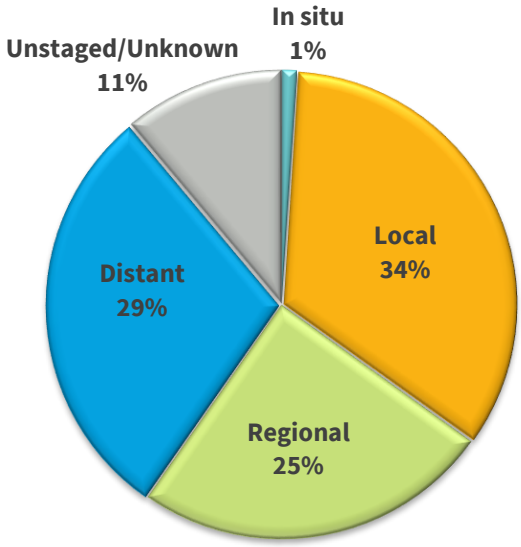
Figure 6. Average Annual Age-adjusted Incidence Rates of Stomach Cancer per 100,000 Population by County of Residence, Ohio, 2017-2021



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024.
Each category represents approximately 25% of the 88 Ohio counties.
N/A: Rate not calculated when the case count for 2017-2021 is less than five.

Stage at Diagnosis

Figure 7. Proportion of Stomach Cancer Cases (%) by Stage at Diagnosis, Ohio, 2017-2021



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024.

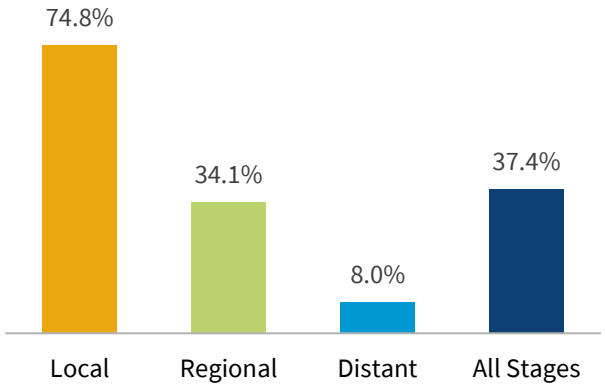
Cancer stage at diagnosis, which refers to the extent or spread of a cancer in the body, is used to select appropriate treatment and is an important determinant of survival. If cancer cells are present only in the layer of cells (tissue) where they developed and have not spread, the stage is *in situ*. If cancer cells have penetrated beyond the original layer of tissue, the cancer has become invasive and is categorized as local, regional, or distant based on the extent of spread.

In Ohio, 1% of stomach cancer cases were diagnosed *in situ*, 34% were local stage, 25% were regional stage, 29% were distant stage, and 11% were unstaged or of unknown stage during 2017-2021 (Figure 7).

Survival

Relative survival is the percentage of people who are alive at a designated time period (usually five years) after a diagnosis divided by the percentage expected to be alive in the absence of a diagnosis based on normal life expectancy.

Figure 8: Five-Year Relative Survival (%) for Stomach Cancer by Stage at Diagnosis, Ohio



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024.
Based on Ohio cases diagnosed during 2014-2020 with follow-up through 2021.

For all stages combined, the five-year relative survival for stomach cancer in Ohio was 37.4%.

Five-year relative survival was 74.8% when stomach cancer was diagnosed at the local stage, 34.1% when diagnosed at the regional stage, and only 8.0% for tumors diagnosed at the distant stage (Figure 8).

Stomach Cancer by Location

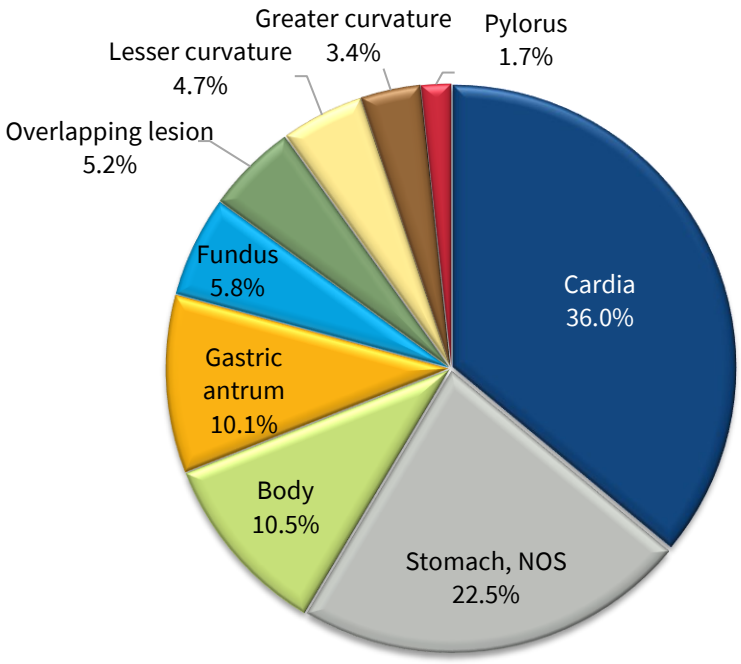
The stomach can be divided into five main parts, as listed below:

1. **Cardia**: The part of the stomach that is closest to the esophagus. Food and liquids pass through the cardia to enter the stomach from the esophagus.
2. **Fundus**: The upper part of the stomach.
3. **Body (Corpus)**: The main part of the stomach.
4. **Antrum**: The lower portion of the stomach.
5. **Pylorus**: The part of the stomach that connects to the duodenum (first part of the small intestine). The pylorus is a valve that opens and closes during digestion and allows stomach contents to pass from the stomach to the small intestine.

Other parts of the stomach include the lessor curvature of the stomach, greater curvature of the stomach, overlapping lesion of the stomach, and stomach, NOS (not otherwise specified).

In Ohio during 2017-2021, the highest percentage of stomach cancers (36.0%) were found in the cardia. Other areas of the stomach where stomach cancer was found, in decreasing order, included: stomach, NOS (22.5%), body (10.5%), antrum (10.1%), fundus (5.8%), overlapping lesion of the stomach (5.2%), lessor curvature of the stomach (4.7%), greater curvature of the stomach (3.4%), and the pylorus (1.7%) (Figure 9).

Figure 9: Proportion of Stomach Cancer Cases (%) by Location, Ohio, 2017-2021



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024.
NOS = Not Otherwise Specified.

Types of Stomach Cancer

As shown in Table 2, the types of cancer that can originate in the stomach include:

Adenocarcinoma

Most cancers of the stomach are adenocarcinomas. These cancers develop from the cells that form the innermost lining of the stomach (the mucosa). In Ohio in 2017-2021, 69.0% of stomach cancers were adenocarcinomas.

Gastrointestinal stromal tumor (GIST)

A type of tumor that usually begins in cells in the wall of the gastrointestinal tract. Gastrointestinal stromal tumors, also called GISTs, can be benign or malignant. Although GISTs can be found anywhere in the digestive tract, most are found in the stomach. In Ohio, 15.2% of stomach tumors were of this type in 2017-2021.

Carcinoid tumor

A slow-growing type of tumor usually found in the gastrointestinal system. Carcinoid tumors may secrete substances such as serotonin or prostaglandins, causing carcinoid syndrome, a combination of symptoms that may include flushing of the face, flat angiomas (small collections of dilated blood vessels) of the skin, diarrhea, bronchial spasms, rapid pulse, and sudden drops in blood pressure. Carcinoid tumors in Ohio made up 8.8% of stomach cancer cases in 2017-2021.

Other cancers

Other types of cancer, such as squamous cell carcinoma, small cell carcinoma, and leiomyosarcoma can also originate in the stomach, but these cancers are very rare. Other specified types of stomach cancer made up about 4.4% of cases in Ohio, while unspecified types made up 2.7% in 2017-2021.

Table 2. Average Annual Number and Percent Distribution of Stomach Cancer Cases by Histology, Ohio, 2017-2021

Type of Stomach Cancer (Histology)	Cases	Percent
Adenocarcinoma	590	69.0%
Gastrointestinal stromal tumor	130	15.2%
Carcinoid tumor	75	8.8%
Other specified types	37	4.4%
Unspecified types	23	2.7%

Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024.

Did You Know?

Infection with *Helicobacter pylori* (*H. pylori*) is the primary identified cause of stomach (gastric) cancer. Studies in China in areas with high rates of stomach cancer found that short-term treatment with antibiotics to eradicate *H. pylori* reduced the incidence of gastric cancer. During the 15-year period after treatment, gastric cancer incidence was reduced by almost 40%.

Risk Factors and Populations at High Risk

Anything that increases the chance of getting a disease is called a risk factor. Having a risk factor does not mean that you will get cancer; not having risk factors doesn't mean that you will not get cancer. The following is a list of risk factors for stomach cancer:

***Helicobacter pylori* (*H. pylori*) Infection:** Chronic infection of the mucosal layer of the stomach with *H. pylori* is a major risk factor for stomach cancer. This bacterium spreads from person to person through direct contact with saliva, vomit, or stool. Although many people with chronic *H. pylori* infections do not have symptoms, some develop stomach ulcers, or an inflammation of the stomach called atrophic gastritis. In some people, atrophic gastritis leads to increasingly severe changes in the stomach lining and eventually to stomach cancer.

Long-term Inflammation of the Stomach: People who have conditions associated with long-term stomach inflammation (such as the blood disease pernicious anemia) are at increased risk of stomach cancer. Also, people who have had part of their stomach removed may have long-term stomach inflammation and increased risk of stomach cancer many years after their surgery.

Diet: Studies suggest that people who eat a diet high in foods that are smoked, salted, or pickled or one that is low in fruits and vegetables have an increased risk for stomach cancer.

Other Medical Conditions: Obesity and gastroesophageal reflux disease (GERD) increase the risk of cancer in the upper stomach.

Tobacco Smoking: Smokers are more likely than nonsmokers to develop stomach cancer. Heavy smokers are most at risk.

Age: Risk increases with age, with most cases occurring after age 60.

Sex: Males are about twice as likely to develop stomach cancer than females.

Race and Ethnicity: In the United States, the disease occurs more often among Black, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native individuals than among White individuals.

Family History: Population who have close relatives (parents, brothers, sisters, or children) with a history of stomach cancer are somewhat more likely to develop the disease themselves. If many close relatives have a history of stomach cancer, the risk is even greater.

Stomach Cancer Signs and Symptoms

Early stomach cancer often does not cause symptoms. As the cancer grows, the most common symptoms are:

- Discomfort or pain in the stomach area.
- Difficulty swallowing.
- Nausea and vomiting.
- Weight loss for no known reason.
- Feeling full or bloated after a small meal.
- Vomiting blood or having blood in the stool.

It is possible that one or more of these signs and symptoms may be the result of other health problems. If you have any of these symptoms, you should consult with your healthcare provider.

Technical Notes

Age-Adjusted Rate: A summary rate that is a weighted average of age-specific rates, where the weights represent the age distribution of a standard population (direct adjustment). The incidence and mortality rates presented in this report were standardized to the age distribution of the 2000 U.S. Standard Population. Under the direct method, the population was first divided into 19 age groups, i.e., <1, 1-4, 5-9, 10-14, 15-19...85+, and the age-specific rate was calculated for each age group. Each age-specific rate was then multiplied by the standard population proportion for the respective age group.

Average Annual Number: The number of cases or deaths per year, on average, for the time period of interest (e.g., 2017-2021). Average annual numbers are calculated by summing the number of cases or deaths for a given time period, dividing by the number of years that comprise the time period, and rounding to the nearest whole number.

Incidence: The number of cases diagnosed during a specified time period (e.g., 2017-2021). Stomach cancer cases were defined by the International Classification of Diseases for Oncology, Third Edition (ICD-O-3), and categorized by site codes C160-C169, excluding types 9050-9055, 9140, and 9590-9992.

Invasive Cancer: A malignant tumor that has infiltrated the organ in which the tumor originated. Invasive cancers consist of those diagnosed at the local, regional, distant, and unstaged/unknown stages. Only invasive cancers were included in the calculation of incidence rates in this document.

Mortality: The number of deaths during a specified time period (e.g., 2017-2021). Stomach cancer deaths were defined as follows: International Statistical Classification of Diseases and Related Health Problems, Ninth Edition (ICD-9), code 151 for 1996-1998 and International Statistical Classification of Diseases and Related Health Problems, Tenth Edition (ICD-10), codes C160-C169 for 1999-2021.

Population for Calculating Rates: Age-adjusted rates were calculated using populations estimates produced by Woods & Poole Economics, Inc. (W&P) with support from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, https://seer.cancer.gov/popdata/download.html. Rates were calculated using SEER*Stat software version 8.4.3.

Rate: The number of cases or deaths per unit of population (e.g., per 100,000 population) during a specified time period (e.g., 2017-2021). Rates may be unstable and are not presented when the case count is less than five.

Relative Survival: The percentage of people who are alive at a designated time period (usually five years) after a cancer diagnosis divided by the percentage expected to be alive in the absence of cancer based on normal life expectancy. It does not distinguish between patients who have no evidence of cancer and those who have relapsed or are still in treatment.

Stage at Diagnosis: The degree to which a tumor has spread from its site of origin at the time of diagnosis. A system of summary staging is often used to group cases into the following stages:

> ***in situ*** – Noninvasive cancer that has not penetrated surrounding tissue.
>
> **Local** – A malignant tumor confined entirely to the organ of origin.
>
> **Regional** – A malignant tumor that has extended beyond the organ of origin directly into surrounding organs or tissues or into regional lymph nodes.
>
> **Distant** – A malignant tumor that has spread to parts of the body (distant organs, tissues, and/or lymph nodes) remote from the primary tumor.
>
> **Unstaged/Unknown** – Insufficient information is available to determine the stage or extent of the disease at diagnosis.

Table 3. Average Annual Number of Invasive Stomach Cancer Cases and Age-adjusted Incidence Rates per 100,000 Population by County of Residence and Sex, Ohio and the United States, 2017-2021

	Male		Female		Total	
	Cases	Rate	Cases	Rate	Cases	Rate
Ohio	**537**	**7.9**	**319**	**4.0**	**856**	**5.7**
U.S.		**8.3**		**4.7**		**6.3**
Adams	1	6.5	2	10.5	3	8.4
Allen	4	6.4	3	3.6	6	4.9
Ashland	3	9.4	<1	*	4	5.7
Ashtabula	4	6.5	1	2.0	6	4.2
Athens	<1	*	1	4.1	2	3.0
Auglaize	1	5.0	1	4.3	3	4.1
Belmont	4	8.4	2	3.3	6	5.7
Brown	3	10.0	1	5.3	4	7.6
Butler	15	7.3	9	3.9	25	5.4
Carroll	2	7.0	1	5.0	3	6.0
Champaign	4	16.5	<1	*	4	8.5
Clark	6	7.7	5	5.4	12	6.5
Clermont	13	10.4	7	4.7	20	7.3
Clinton	2	8.1	2	6.1	4	6.9
Columbiana	5	8.0	4	6.0	9	6.8
Coshocton	2	8.3	1	5.6	3	6.6
Crawford	1	5.0	1	3.2	3	4.1
Cuyahoga	75	10.0	52	5.5	127	7.4
Darke	2	6.9	1	3.8	4	5.2
Defiance	1	5.5	<1	*	2	3.5
Delaware	6	5.6	5	4.5	11	5.0
Erie	4	6.7	3	3.5	7	5.0
Fairfield	8	8.8	4	3.7	12	6.1
Fayette	<1	*	1	4.1	2	4.7
Franklin	41	7.3	33	4.7	74	5.8
Fulton	3	11.3	<1	*	3	7.0
Gallia	2	9.3	1	5.2	3	6.9
Geauga	6	8.7	2	3.0	8	5.7
Greene	7	7.0	3	3.1	10	4.9
Guernsey	2	6.3	1	6.2	3	6.3
Hamilton	34	7.9	18	3.2	52	5.3
Hancock	3	6.4	2	2.7	4	4.6
Hardin	1	6.5	<1	*	1	4.2
Harrison	1	10.2	<1	*	1	5.0
Henry	<1	*	<1	*	1	3.0
Highland	2	6.3	<1	*	2	4.5
Hocking	1	5.8	<1	*	2	3.7
Holmes	<1	*	<1	*	1	2.3
Huron	3	8.4	2	5.4	6	6.7
Jackson	1	5.6	1	5.4	3	5.5
Jefferson	4	9.3	2	3.5	6	6.1
Knox	2	6.1	1	2.9	4	4.4
Lake	13	8.0	5	2.3	18	4.8
Lawrence	4	10.4	2	3.5	5	6.7
Licking	8	6.8	5	4.1	12	5.4
Logan	2	6.3	<1	*	2	3.7
Lorain	18	9.5	11	5.0	29	7.0
Lucas	20	9.0	12	4.1	32	6.2
Madison	2	6.5	<1	*	2	4.4
Mahoning	15	9.5	6	3.3	21	6.0
Marion	4	8.8	1	2.8	5	5.4
Medina	8	7.0	6	4.9	14	5.9
Meigs	<1	*	1	5.4	2	4.9
Mercer	1	5.2	<1	*	1	3.2
Miami	4	6.8	3	3.4	7	4.9
Monroe	1	10.7	<1	*	1	5.4
Montgomery	23	7.4	16	4.0	38	5.4
Morgan	<1	*	<1	*	1	7.1
Morrow	2	9.6	<1	*	3	6.5
Muskingum	4	6.5	2	4.1	6	5.3
Noble	<1	*	<1	*	<1	*
Ottawa	2	5.4	1	3.2	3	4.3
Paulding	<1	*	<1	*	1	3.7
Perry	2	8.0	1	3.9	3	5.8
Pickaway	3	6.8	1	2.4	4	4.6
Pike	2	9.9	<1	*	2	6.9
Portage	7	6.5	5	4.5	11	5.5
Preble	3	11.6	<1	*	4	6.2
Putnam	1	3.1	<1	*	1	2.5
Richland	5	6.8	4	4.5	9	5.5
Ross	4	7.5	<1	*	4	4.1
Sandusky	2	5.2	1	3.8	3	4.6
Scioto	3	6.8	2	4.1	5	5.3
Seneca	3	7.5	1	2.3	4	5.0
Shelby	2	6.9	1	2.8	3	4.8
Stark	18	7.2	10	3.5	28	5.2
Summit	27	8.4	14	3.7	40	5.8
Trumbull	13	9.2	5	3.7	18	6.2
Tuscarawas	4	7.3	3	4.6	8	5.9
Union	3	9.2	1	3.0	4	5.8
Van Wert	1	8.1	<1	*	2	4.9
Vinton	<1	*	<1	*	1	5.7
Warren	8	6.6	3	2.4	12	4.3
Washington	4	10.4	2	3.9	6	7.0
Wayne	5	6.6	3	3.0	8	4.6
Williams	<1	*	1	3.1	1	2.2
Wood	4	6.3	2	2.7	6	4.2
Wyandot	1	10.4	1	6.6	2	8.6

Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2024; U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024.

* Rate not calculated when the case count for 2017-2021 is less than five.

Sources of Data and Additional Information

Ohio Cancer Incidence Surveillance System:
https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/welcome-to

National Cancer Institute:
https://www.cancer.gov/types/stomach

American Cancer Society:
https://www.cancer.org/cancer/stomach-cancer.html

To address comments and information requests:

Ohio Cancer Incidence Surveillance System (OCISS)
Ohio Department of Health
246 North High Street
Columbus, OH 43215
Phone: (614) 752-2689
E-mail: ociss@odh.ohio.gov

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John Kollman, M.S.; Holly L. Sobotka, M.S.
Ohio Department of Health

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