Between 1957 and 1981, 6398 patients were registered with oesophageal tumours of all histological types, excluding only three primary lymphomas of the oesophagus which are considered separately in Chapter 7; this is to conform to the ICD definition of rubric 150.

This chapter presents the demographic aspects of the disease, by relating the cases to the populations from which they arose (see Chapter 1). Both numbers and rates are given, and for the examination of trends the overall period of 25 years has been subdivided into five groups of five consecutive years (quinquennia).

To allow for the changes by age in the structure of the population of the region over the quarter century, and also to render the results comparable with those from other centres, several of the rates have been presented in age-standardised (or age-adjusted) form. The methods used are given in Appendix 2.

All incidence rates are calculated 'per 100 000' and refer to a base of 1 year; where they are calculated for a period of 5 years, for instance, the overall rate is divided by five, to yield an average annual rate. To save unnecessary complexity, the headings to tables quote 'incidence rates', but they are in fact average annual rates, whatever the period of time that may be used in the table. In the figures all the incidence rates have been set against a logarithmic vertical scale, for the reasons given in Chapter 1.

2.1 SUMMARY OF FINDINGS

For the whole period, the crude rate was 5.01 tumours per 100 000 population and the age-standardised rate was 3.31.

The rising number of patients of both sexes over the quarter century, seen best in Figure 2.1, is the result of at least three influences - firstly, for the initial 3 years, a steady improvement in
the registration efficiency, which attained about 95% by 1960; secondly, the effect of ageing of the population (i.e. the increasing numbers in the older age groups, where the incidence of the disease increases rapidly); and thirdly, an increase in the incidence of the disease itself (see also Chapter 3).

It is the middle and lower thirds, in both sexes, which have shown a steady increase during the whole period (Figure 2.4). This increase is analysed further with respect to histological cell type in Chapter 3. The upper third has remained nearly stable in males and has shown a slight decrease in females.

Dividing both population and cases into groups (cohorts) according to their birth-years (Figure 2.13) shows a tendency in both sexes for the more recently born to have higher incidence rates. This implies that the risk in younger people is greater at each age than it was for their elders when they were at the same age.

The trend in the number of cases (Table 2.1), in conjunction with the fact that two thirds are over the age of 65 (Table 2.7), stresses the increasing clinical workload they represent, as well as their needs for general social and health care.