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**Epidemiology of gastrointestinal cancers: a systematic analysis from the Global Burden of Disease Study 2021**

Danpanichkul P, Suparan K, Tothanarungroj P, *et al.* Epidemiology of gastrointestinal cancers: a systematic analysis from the Global Burden of Disease Study 2021. *Gut* 2025; 74: 26-34. doi: 10.1136/gutjnl-2024-333227.

Gastrointestinal (GI) cancers account for nearly one-third of global cancer mortality. This study, based on the Global Burden of Disease, provides a comprehensive assessment of global, regional, and national incidence and mortality trends of oesophageal, gastric, colorectal, liver, pancreatic, and biliary tract cancers.

Gastrointestinal cancers remain a leading cause of cancer-related mortality, with 5.26 million new cases and 3.70 million deaths recorded in 2021. Colorectal cancer (2.19 million cases) is the most common, followed by gastric, oesophageal, pancreatic, liver, and biliary tract cancers.

From 2000 to 2021, age-standardised incidence rates (ASIRs) increased for colorectal cancer (0.10% annually), pancreatic cancer (0.27%), and liver cancer due to metabolic-associated steatotic liver disease (0.62%) and alcohol-related liver disease (0.26%). ASIRs declined for oesophageal (-1.2%), gastric (-1.81%), biliary tract (-0.37%), and overall liver cancers (-0.48%). Mortality rates declined for most gastrointestinal cancers except for pancreatic cancer, which continues to rise (0.18% increase).

Geographical disparities were evident: colorectal and pancreatic cancers had the highest ASIRs in Europe, while liver, gastric, oesophageal, and biliary tract cancers were most prevalent in the Western Pacific. Higher Sociodemographic Index (SDI) countries had higher incidence rates but stable or declining mortality, likely due to improved screening and management.

The rising burden in low and middle SDI countries highlights disparities in cancer prevention, screening, and healthcare access. Lifestyle risk factors, including obesity, processed meat consumption, alcohol intake, and metabolic diseases, contribute to increasing incidence trends. Decreasing trends in some cancers may reflect improvements in H. pylori eradication, hepatitis B vaccination, and early detection.

The findings emphasise the need for targeted prevention, including metabolic syndrome control, alcohol reduction, hepatitis B vaccination, and early screening strategies, particularly in low and middle-income countries where incidence is rising.