Helicobacter pylori are the most common suspects in gastric carcinogenesis. Asakaet al.\textsuperscript{19} has been shown a clear association between gastric adenocarcinoma and Helicobacter Pylori. The prevalence of infection with the bacteria in dyspeptic patients in Yemen appears high\textsuperscript{20}. Therefore, it is suggested that infection by this bacteria may play a role in the development of gastric carcinoma in our patients. Fresh vegetables and fruits, starch natural unprocessed wheat products are the major constituents of traditional Yemeni food. However, during the last decades Yemen, like other Arabian countries, has experienced a rapid change in the diet habit with dominant of animal proteins, canned food, hot spices and fermented food. These types of food have been implicated as risk factors for GC in many studies. Another risk factor is the organophosphorous compounds which used in agriculture especially Qat (Catha Edulis) as fertilizer, pesticides and insecticides and may have increased the magnitude of cancer. Improvements in diet habits and storage, public health education, reducing tobacco and Khat usage and control of H pylori infection are likely to offer great potential for the prevention of GC in this area. In Western countries NHL represented only 2% to 5% of GC\textsuperscript{21} while it represented 7.4% of our series, which was similar to the 8% figure from Jordan, but different from the 14% and 22% figures reported from neighboring Saudi Arabia\textsuperscript{8,22}. During the past three decades the site of primary gastric lymphomas in the Middle East has changed. Small intestinal involvement become less common and gastric involvement more frequent, this varying pattern seemed to be environmental in origin\textsuperscript{23}. There was a slight male predominance in all types of gastric malignancies (Table 1) and comprising 334 (65%) with (p value=0.12). However, the male preponderance seen in our result is consistent with the fact that gastric cancer is more common in males as reported repeatedly in the literatures\textsuperscript{15,24,25}. In the neighboring gulf countries, the incidence of stomach cancer in males was approximately twice that of females; a similar two-fold difference in risk has been documented in many other countries\textsuperscript{10}. Also we found that the male to female ratio was 1.8:1 which is very much comparable to the finding of many literatures\textsuperscript{8,9,15}. The peak frequency of gastric carcinoma was at the age group of 51-70 years (56%) with median age of 65 years for males and 60 years for females. It appears to occur a decade earlier than in developed countries. A similar to this finding was documented in some Middle Eastern countries\textsuperscript{9,15,25}. Forty eight (11.2%) patients were under the age of 41 years and this is lower than the 18.2% reported by Al-Radi AO et al\textsuperscript{25} from Saudi Arabia and 20.9% by AlSir K et al\textsuperscript{15} from Sudan and fairly comparable with that reported from Jordan\textsuperscript{9} and Iran\textsuperscript{24}. In developed countries lower than this percentage (3.7%) was reported by Su-Shun LO et al\textsuperscript{27}. So, our finding reveals mild inconsistency with those countries having similar anthropologic and demographic profiles. The causes for this variation are not understood and the late diagnoses of disease can explain part of the reasons. In general GC occurring below 45 years of age is called early onset gastric cancer. It has a higher genetic component than GC occurring in the 45 and above group, which is initiated more by the environmental risk factors\textsuperscript{28}. Gastric cancer has also been classified according to the degree of differentiation exhibited by the tumor. For many years there was a wide-spread belief among clinicians and pathologists that histological grading of GC adds nothing further to the assessment of prognosis over and above what may be derived from the TNM stage of the tumor\textsuperscript{29}. Martin and his colleagues\textsuperscript{30} reported that the histological grading system shows substantial and statistically significant differences in survival among patients with GC, after tumor stage has been taken into account. Our study shows the degree of differentiation of adenocarcinoma as demonstrated in table 3 with prominence of well-differentiated grade 45.7% in both sexes followed by moderately differentiated 22.1% and poorly-differentiated...
16.2%. Similar figures have been documented in Nigeria. Inconsistent figures were reported from Jordan which showed the reverse of our findings: 46.9% poorly differentiated, 24.1% moderately differentiated and 22.8% well-differentiated. Since cancer is primarily diagnosed by histopathologists, a consensus about diagnostic criteria is important when making inter-country comparisons. However, it appears that such consensus has been lacking in the diagnosis of stomach cancer and the agreement between any two pathologists on histological type ranged from 68-83%. So, misclassification is still present especially in our society. In addition, 417 cases in this study were endoscopic biopsies hence some cases pose a diagnostic difficulty for the degree of differentiation. Our study has some limitations such as lack of the information about the anatomical site (cardia, fundus and pyloric) and histological type according to Lauren's classification (diffuse and intestinal). Also, the data for this study have principally been obtained from private laboratories. Therefore, it is not possible to derive specific explanations for staging, treatment and follow up. In spite of these limitations, it has served as a baseline description of GC in the Republic of Yemen and reveals some striking information which indicates the need for establishing a national cancer registry in the Yemen.

Conclusion:
The frequency of GC in Yemen revealed similar features in age, sex, and histological type with that reported from high incidence areas. Adenocarcinoma accounts for the highest number of GC in 5th and 6th decades with male preponderance as well as high frequency of well-differentiated grade. This study is however, useful in highlighting the distribution of the histological types of GC in Yemen. The cause of the high incidence of gastric cancer in our country is unknown. We strongly feel that supported research is needed as well as further environmental and immunohistochemical studies to find out the influence of genetic predisposition and local risk factors especially insecticides used in Khat agriculture.

References
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