

CERVIX UTERI

Table 14: Cervix Uteri Incidence and Mortality Summary, 2010

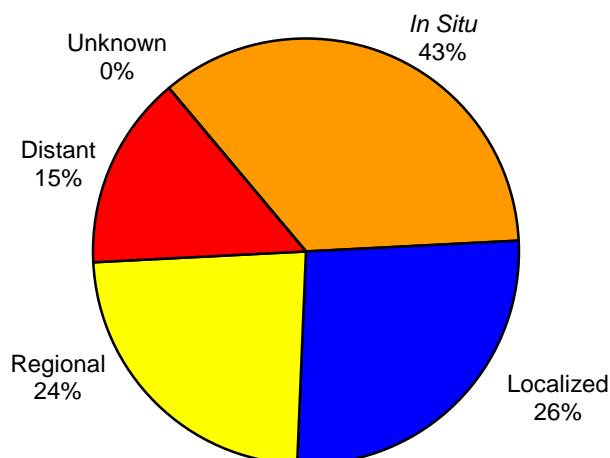
Cervix Uteri Cancer			Incidence	Mortality
South Dakota	Total	# Cases / Deaths	22	7
		Age Adjusted Rate	5.5	1.5
	White	# Cases / Deaths	18	6
		Age Adjusted Rate	4.9	1.4
American Indian	# Cases / Deaths	4	1	
	Age Adjusted Rate	13.7	3.2	
United States	Total	Age Adjusted Rate	* 8.0	* 2.3
	White	Age Adjusted Rate	* 7.9	* 2.1
	American Indian	Age Adjusted Rate	* 7.6	* 4.2

Rates per 100,000 age-adjusted to 2000 US standard population and 2010 SD census population.

* US Incidence and Mortality rates are from 2009, the 2010 rate is not available at this time.

US rates www.seer.cancer.gov Source: South Dakota Department of Health

Figure 23: Cervix Uteri Cancer Stage at Diagnosis, South Dakota, 2010



Source: South Dakota Health Department

Descriptive Epidemiology

Stage at Diagnosis: Early stage of diagnosis clearly provides the best opportunity for cure. In South Dakota, 26% of the cases reported were diagnosed at localized stage. SEER reports that 47% of the cases diagnosed nationally were at the localized stage.

Incidence: The incidence rate in South Dakota is 5.5 and in the United States it is 8.0. Both nationally and in South Dakota cervical cancer is the third most common female genital tract malignancy. Invasive cervical cancer accounted for .6% of all cases reported and 1.1% of all females diagnosed with cancer in South Dakota in 2010. SEER incidence reports that .2% of cases are younger than 20 years of age.

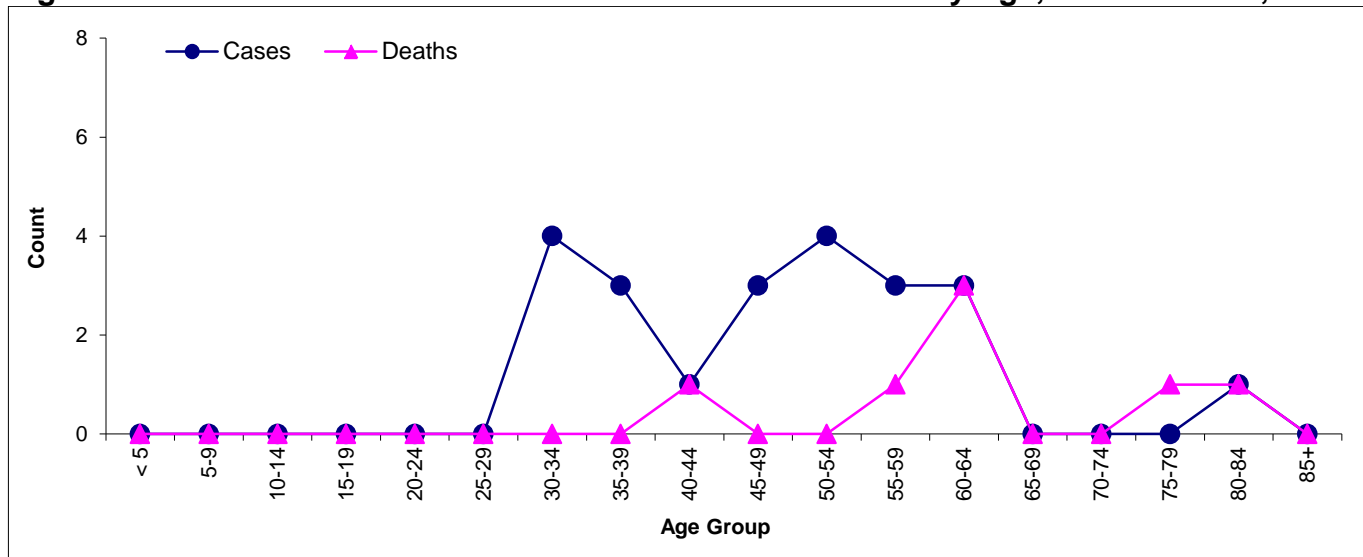
Mortality: The death rate in South Dakota is 1.5 for cancer of the cervix uteri. In the United States, the rate is 2.3 in 2009. The stage of disease at diagnosis affects the mortality rate. Cases diagnosed at a localized stage have a 92% survival rate according to the American Cancer Society. Nationally, when diagnosed at distant stage, the percentage of survival drops to 15% at five years. In South Dakota, there were five cases in 2010 diagnosed at distant stage.

Risk and Associated Factors: Risk factors associated with cervical cancer suggest that a sexually transmitted agent is involved in the pathogenesis of the disease. Although Herpes Simplex Virus appeared to be a likely candidate in early studies, during the last decade the Human Papilloma virus (HPV) has been identified as the most likely. Other risk factors are nutritional deficiencies (Vitamin C and Vitamin B), low socioeconomic status, beginning sexual activity at a young age, high-risk male partner, tobacco use as well as the use of oral contraceptives.

Prevention and Early Detection: Cervical cancer represents the final step in a continuum that begins with cervical intraepithelial neoplasia (CIN). This is a preinvasive process, detectable by cervical cytological screening (Pap smear). The American Cancer Society recommends that all women at the age of 18 or earlier, if sexually active, should have annual Pap smears. Invasive cervical malignancies could be eradicated almost completely with regular screening programs available to all.

For more information on cervical cancer visit <http://www.cancer.gov/cancertopics/types/cervical/>

Figure 24: Cervix Uteri Cancer Number of Cases and Deaths by Age, South Dakota, 2010



Source: South Dakota Department of Health

The incidence of cervical cancer was the same in the 30-34 and 50-54 age groups in 2010.

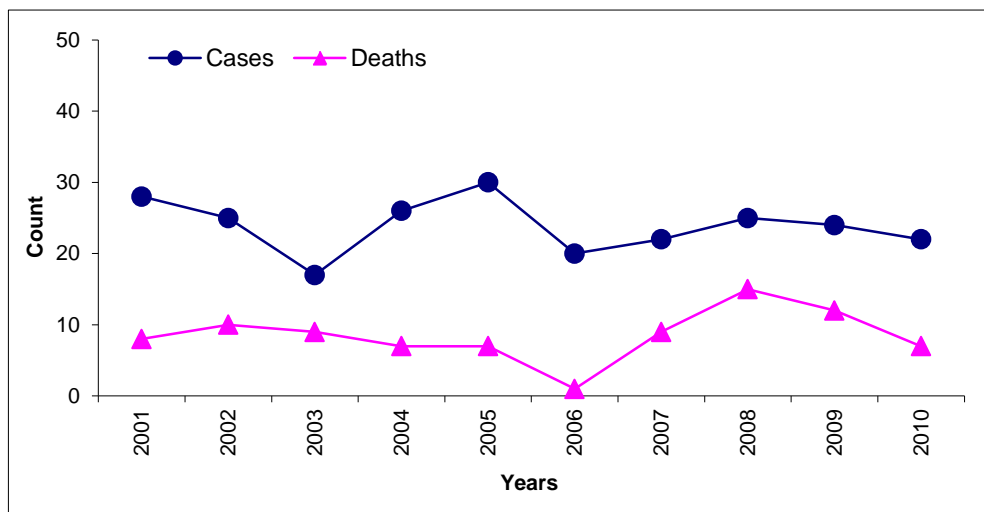


Figure 25: Cervix Uteri Cancer Cases and Deaths by Year, South Dakota, 2001 - 2010

The incidence peak for female cervix uteri cancer was in 2005.

Source: South Dakota Department of Health

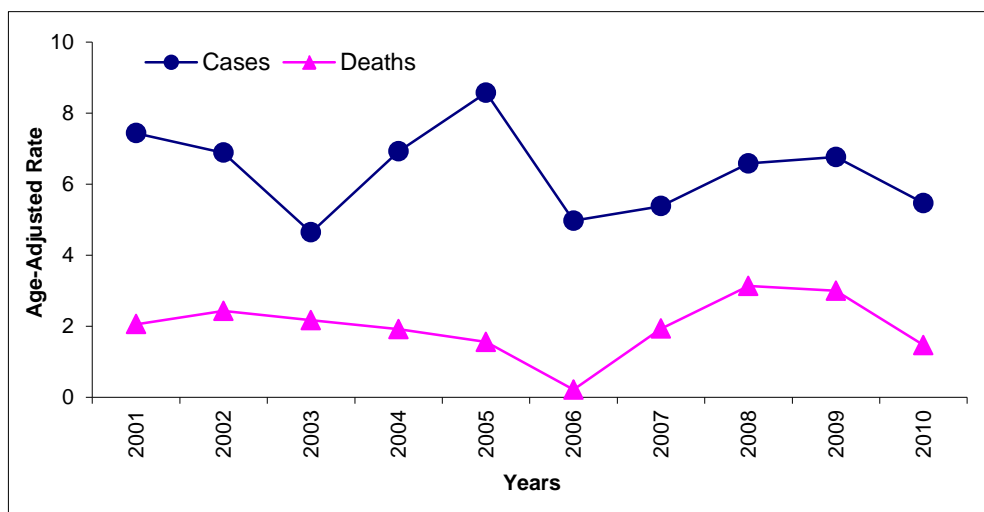


Figure 26: Cervix Uteri Cancer Age-Adjusted Rates, Cases, and Deaths by Year, South Dakota, 2001 - 2010

Rates per 100,000 age-adjusted to 2000 US standard population and SD estimated populations.
Source: South Dakota Department of Health