

CORPUS and UTERUS, NOS

Table 16: Corpus and Uterus, NOS Incidence and Mortality Summary, 2011

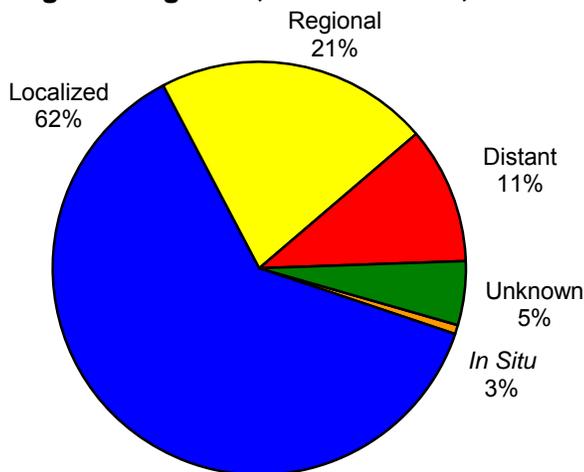
Corpus & Uterus, NOS Cancer			Incidence	Mortality
South Dakota	Total	# Cases / Deaths	139	31
		Age Adjusted Rate	28.2	5.7
	White	# Cases / Deaths	133	30
		Age Adjusted Rate	28.7	5.9
	American Indian	# Cases / Deaths	5	1
		Age Adjusted Rate	18.2	3.0
United States	Total	Age Adjusted Rate	24.9	* 4.5
	White	Age Adjusted Rate	25.5	* 4.2
	American Indian	Age Adjusted Rate	17.4	* 3.9

Rates per 100,000 age-adjusted to 2000 US standard population and 2011 SD estimated population.

* US Mortality rates are from 2010, the 2011 rate is not available at this time.

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

Figure 31: Corpus and Uterus, NOS Cancer Stage at Diagnosis, South Dakota, 2011



Source: South Dakota Health Department

Descriptive Epidemiology

Stage at Diagnosis: Cancer in the uterus is treated surgically. Staging for these diseases is done following surgery, unless it is obvious that the disease has progressed and advanced. Cases with obvious advanced disease do not benefit from surgical procedures and are staged by physical examination. These cases are treated without operative staging. In South Dakota, during 2011, 62% of corpus uteri cases were diagnosed at localized stage. Fifteen cases were diagnosed at distant stage, a large increase from 2010 with only five cases.

Incidence: The uterine cervix is the small cylindrical neck that leads from the uterus, or womb, into the vagina. A knob of the cervix protrudes into the vagina and can be visualized on physical examination. It is lined with epithelial and stromal cells creating a site for epithelial,

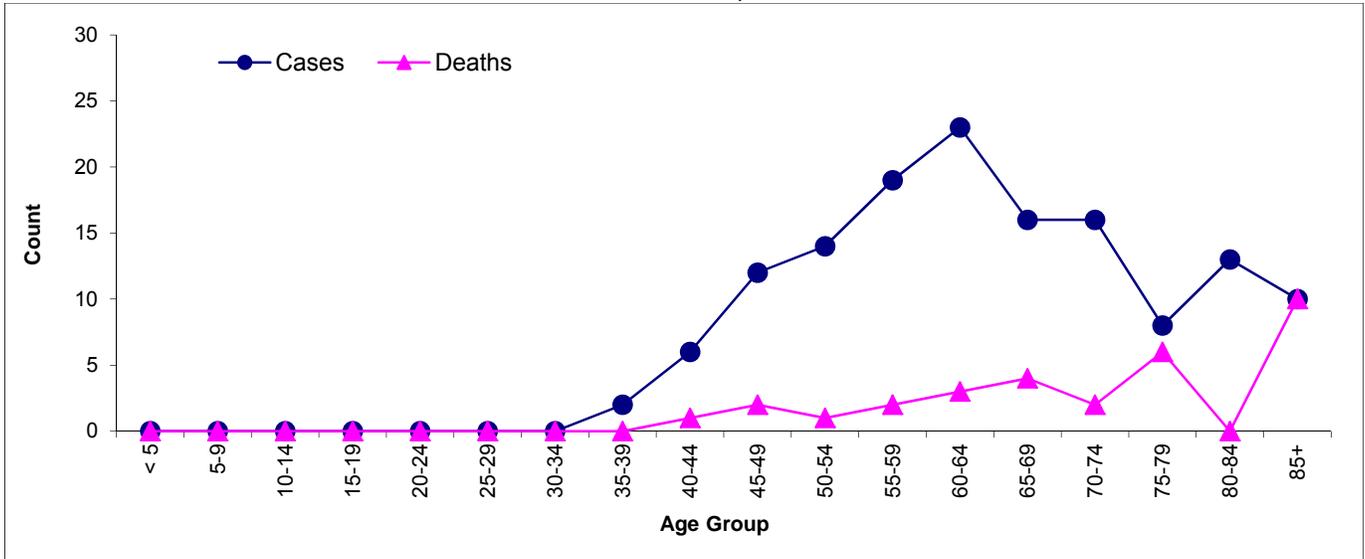
stromal and mixed cell malignancies. Endometrial carcinoma is one of the female genital cancers. It is ranked fourth among females reported with cancer in South Dakota in 2011. Cancer of the corpus uteri represents 6.5% of all of the cancers diagnosed in South Dakota females in 2011. Endometrial cancer affects primarily postmenopausal women. The median age at diagnosis in the United States is 60. In South Dakota, the median age is 63 years of age.

Mortality: The death rate in South Dakota for the reporting period was 5.7 for deaths attributed to uterine cancer. In the United States, the 2010 rate was 4.5. Only 31 South Dakota female deaths were attributed to cancer of the uterus in 2011. The stage of disease at diagnosis affects the mortality rate. Overall (all stages included), the five-year relative survival rate was 83.2% in the United States.

Risk and Associated Factors: Risk factors associated with corpus uteri cancer suggest that exposure to estrogen for long periods of time plays a critical role. The use of exogenous estrogen replacement therapy accounted for a dramatic rise in the incidence of endometrial cancer in the United States in the 1970s. The use of combination estrogen-progesterone oral contraceptive pills confers protection against endometrial hyperplasia and subsequent development of cancer.

Prevention and Early Detection: Other factors associated with an increased risk of developing uterine cancer include obesity, a high-fat diet and a prolonged exposure to the female hormone, estrogen. One pregnancy appears to lower the risk of uterine cancer by 50%.

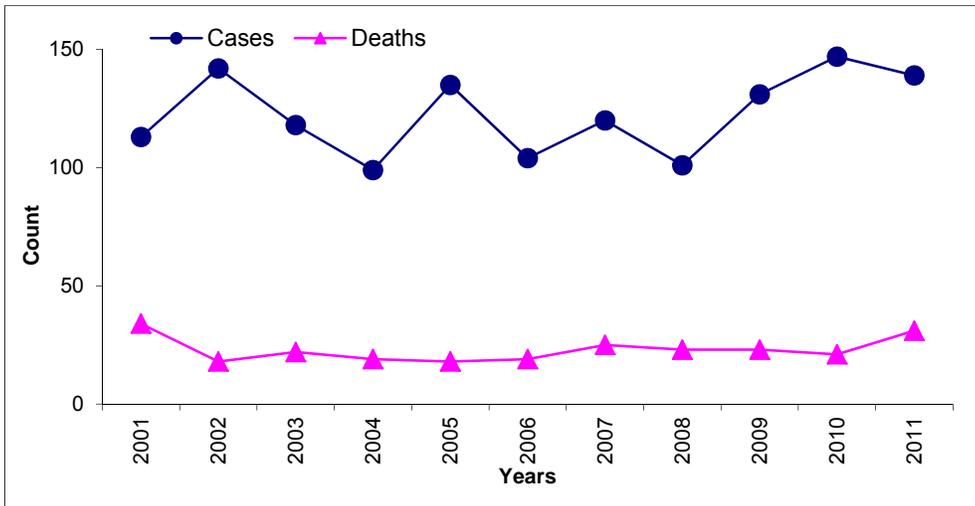
Figure 32: Corpus and Uterus, NOS Cancer Number of Cases and Deaths by Age, South Dakota, 2011



Source: South Dakota Department of Health

In South Dakota, in 2011 the incidence peaked in the 60-64 age group.

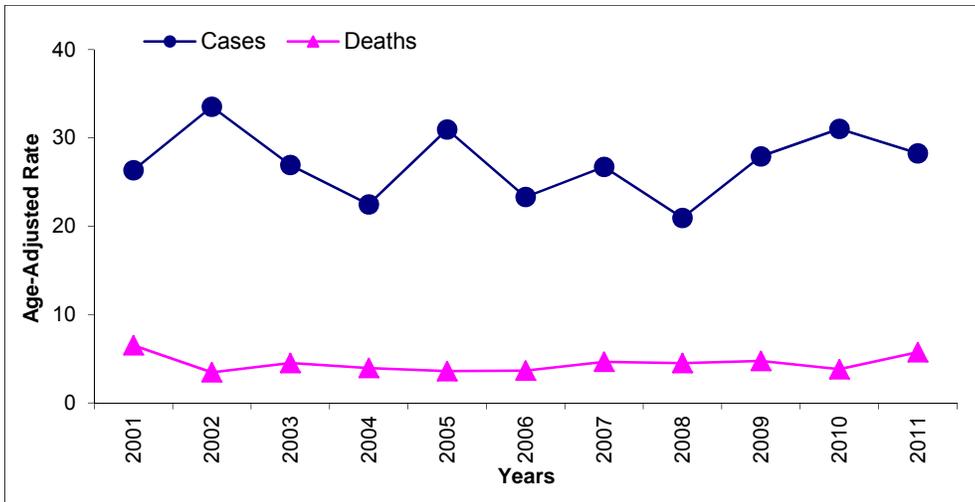
Figure 33: Corpus and Uterus, NOS Cancer Cases and Deaths by Year, South Dakota, 2001 - 2011



The incidence peak for female corpus and uterus, NOS cancer was in 2010.

Source: South Dakota Department of Health

Figure 34: Corpus and Uterus, NOS Cancer Age-Adjusted Rates, Cases, and Deaths by Year, South Dakota, 2001 - 2011



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