

CORPUS and UTERUS, NOS

Table 16: Corpus and Uterus, NOS Incidence and Mortality Summary, 2012

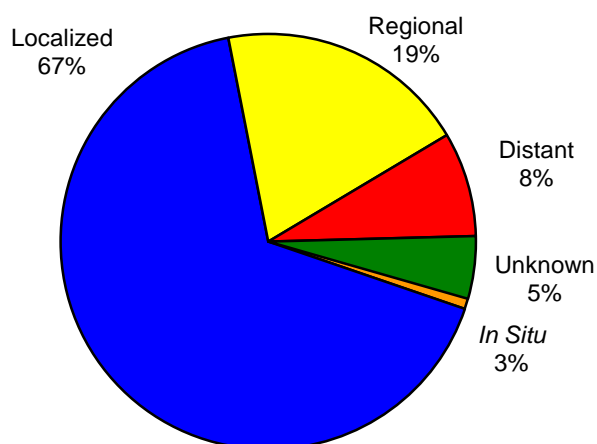
Corpus & Uterus, NOS Cancer			Incidence	Mortality
South Dakota	Total	# Cases / Deaths	122	25
		Age Adjusted Rate	23.7	4.9
	White	# Cases / Deaths	118	24
		Age Adjusted Rate	24.6	4.9
	American Indian	# Cases / Deaths	4	1
		Age Adjusted Rate	13.2	3.7
United States	Total	Age Adjusted Rate	* 24.9	* 4.5
	White	Age Adjusted Rate	* 25.5	* 4.1
	American Indian	Age Adjusted Rate	* 17.4	* 4.1

Rates per 100,000 age-adjusted to 2000 US standard population and 2012 SD estimated population.

* US Mortality rates are from 2011, the 2012 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, 2012



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 2012, 67% of corpus uteri cases were diagnosed at localized stage. Ten cases were diagnosed at distant stage, twice as many as in 2010.

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,

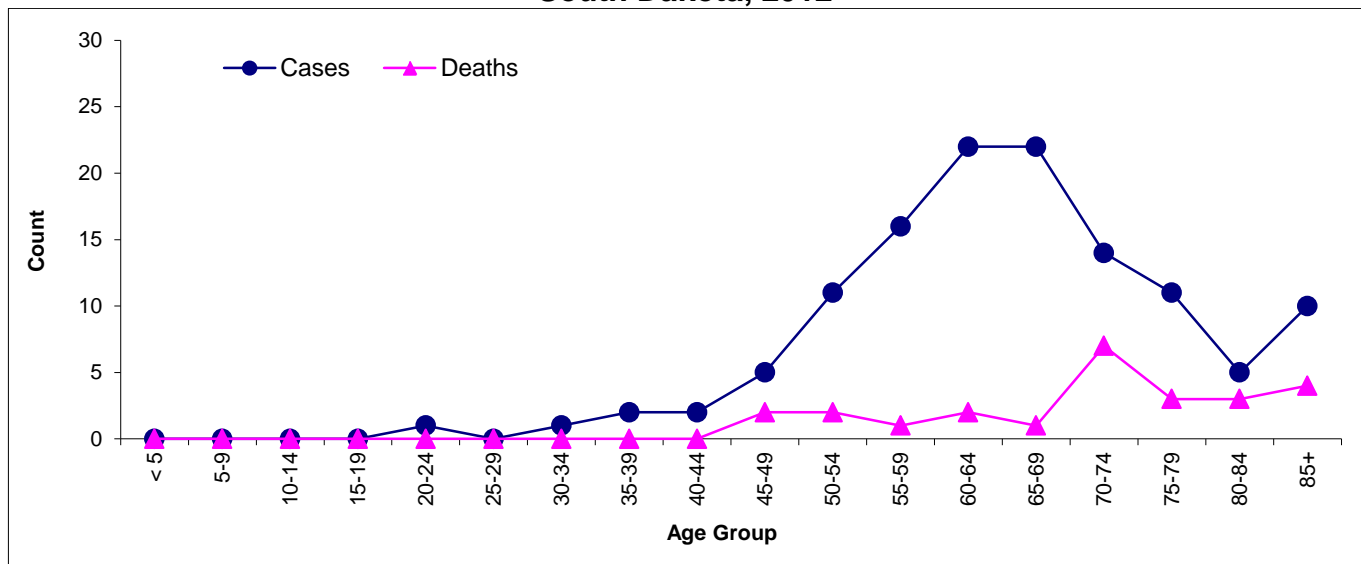
stromal and mixed cell malignancies. Endometrial carcinoma is one of the female genital cancers. It is ranked fourth among females reported with cancer in South Dakota in 2012. Cancer of the corpus uteri represents 5.9% of all of the cancers diagnosed in South Dakota females in 2012. Endometrial cancer affects primarily postmenopausal women. The median age at diagnosis in the United States is 65. In South Dakota, the median age is 63 years of age.

Mortality: The death rate in South Dakota for the reporting period was 4.9 for deaths attributed to uterine cancer. In the United States, the 2011 rate was 4.5. Only 25 South Dakota female deaths were attributed to cancer of the uterus in 2012. 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, 2012



Source: South Dakota Department of Health

In South Dakota, in 2012 the incidence peaked in the 60-64 age group.

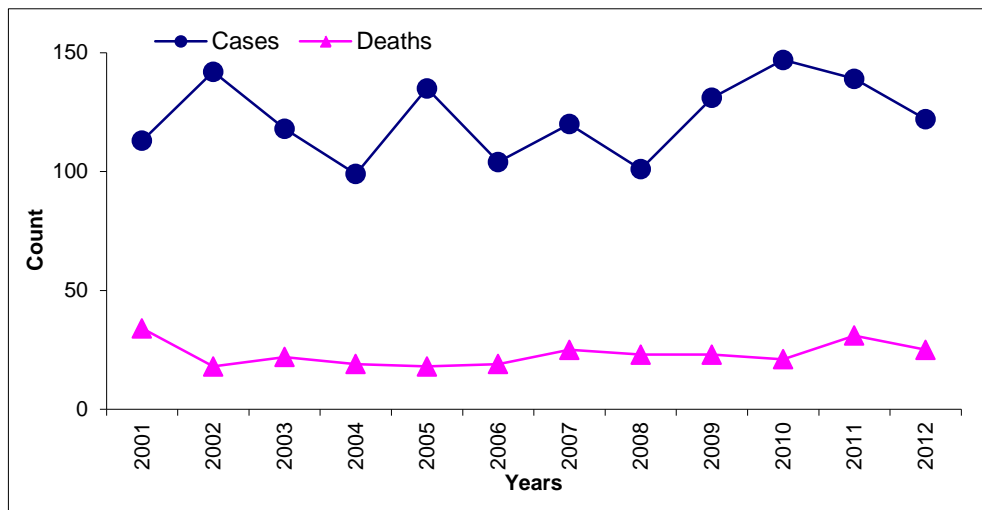


Figure 33: Corpus and Uterus, NOS Cancer Cases and Deaths by Year, South Dakota, 2001 - 2012

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

Source: South Dakota Department of Health

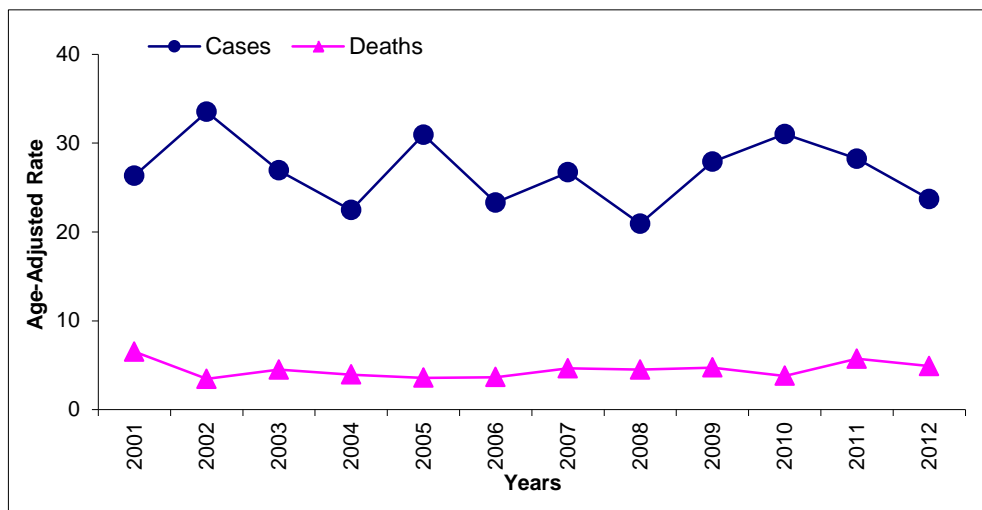


Figure 34: Corpus and Uterus, NOS Cancer Age-Adjusted Rates, Cases, and Deaths by Year, South Dakota, 2001 - 2012

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

Source: South Dakota Department of Health