

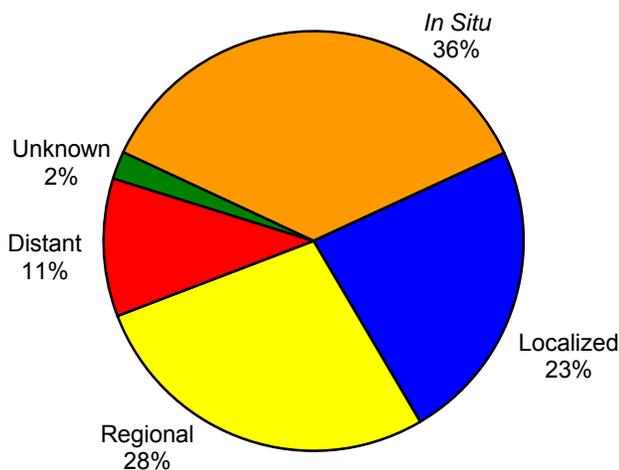
CERVIX UTERI

Table 14: Cervix Uteri Incidence and Mortality Summary, 2013

Cervix Uteri Cancer			Incidence	Mortality
South Dakota	Total	# Cases / Deaths	30	8
		Age Adjusted Rate	7.3	1.6
	White	# Cases / Deaths	26	4
		Age Adjusted Rate	7.0	0.9
	American Indian	# Cases / Deaths	3	2
		Age Adjusted Rate	11.8	6.0
United States	Total	Age Adjusted Rate	7.0	2.3
	White	Age Adjusted Rate	6.9	2.2
	American Indian	Age Adjusted Rate	8.0	2.7

Rates per 100,000 age-adjusted to 2000 US standard population and 2013 SD estimated population. US rates www.seer.cancer.gov Source: South Dakota Department of Health

Figure 23: Cervix Uteri Cancer Stage at Diagnosis, South Dakota, 2013



Source: South Dakota Department of Health

Descriptive Epidemiology

Stage at Diagnosis: Early stage of diagnosis clearly provides the best opportunity for cure. In South Dakota, 23% of the cases reported were diagnosed at localized stage. SEER reports that 46% of the cases diagnosed nationally were at the localized stage.

Incidence: The incidence rate in South Dakota was 7.3 and in the United States it was 7.0. Both nationally and in South Dakota cervical cancer was the third most common female genital tract malignancy. Invasive cervical cancer accounted for 0.7% of all cases reported and 1.3% of all females diagnosed with cancer in South Dakota in 2013. SEER incidence reports that 0.2% of cases were younger than 20 years of age.

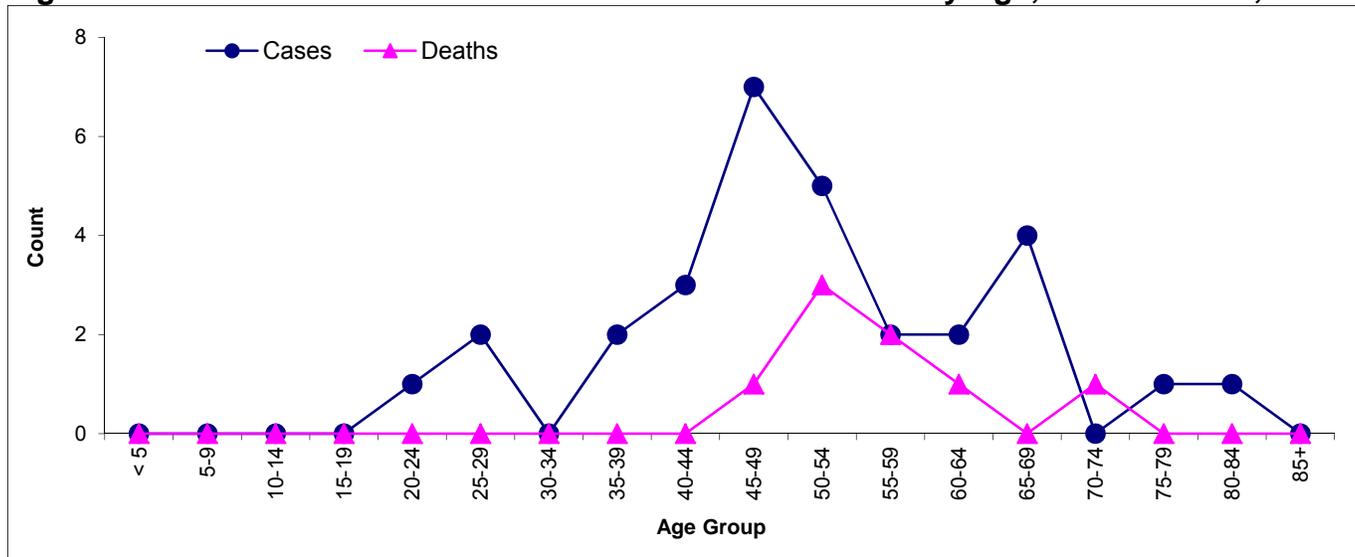
Mortality: The death rate in South Dakota was 1.6 for cancer of the cervix uteri. In the United States, the rate was 2.3. The stage of disease at diagnosis affects the mortality rate. Cases diagnosed at a localized stage have a 92% survival rate according to the American Cancer Society. Nationally, when diagnosed at distant stage, the percentage of survival drops to 15% at five years. In South Dakota, there were five cases in 2013 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. In the last decade the Human Papilloma virus (HPV) has been identified as the most likely cause. Among the other risk factors are nutritional deficiencies (Vitamin C and Vitamin B), low socioeconomic status, being sexual active at a young age, high-risk male partner, tobacco use as well as the use of oral contraceptives.

Prevention and Early Detection: The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.

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, 2013



Source: South Dakota Department of Health

More than half of the incidence of cervical cancer occurred in women under the age of 50 .

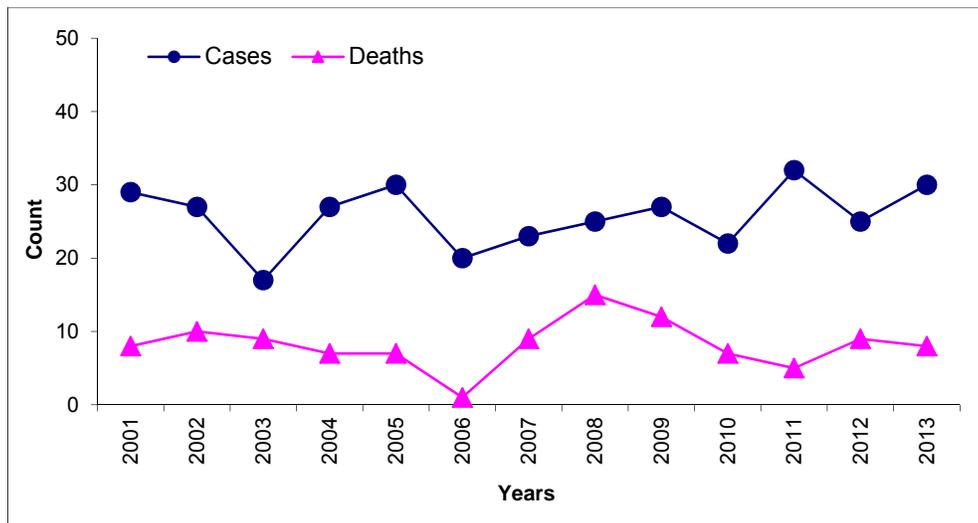


Figure 25: Cervix Uteri Cancer Cases and Deaths by Year, South Dakota, 2001 - 2013

The incidence peak for female cervix uteri cancer was in 2011.

Source: South Dakota Department of Health

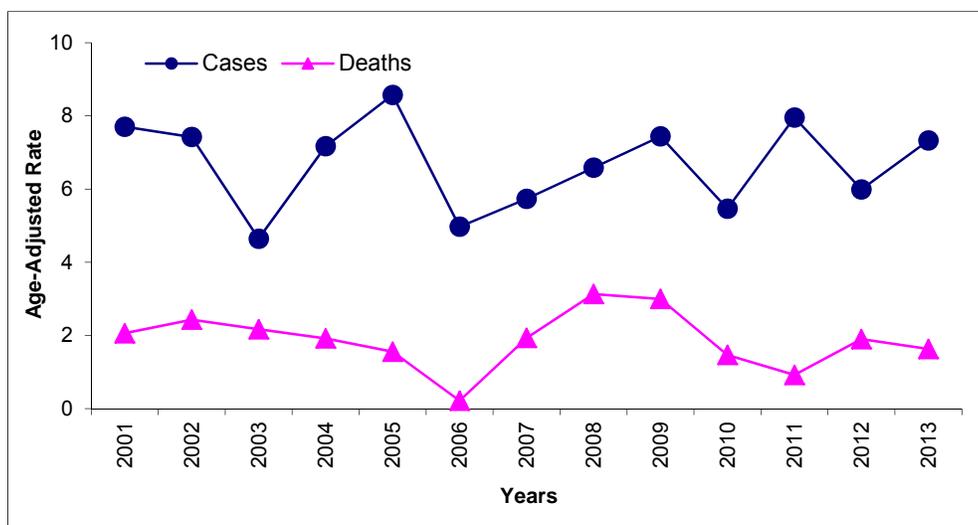


Figure 26: Cervix Uteri Cancer Age-Adjusted Rates, Cases, and Deaths by Year, South Dakota, 2001 - 2013

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