

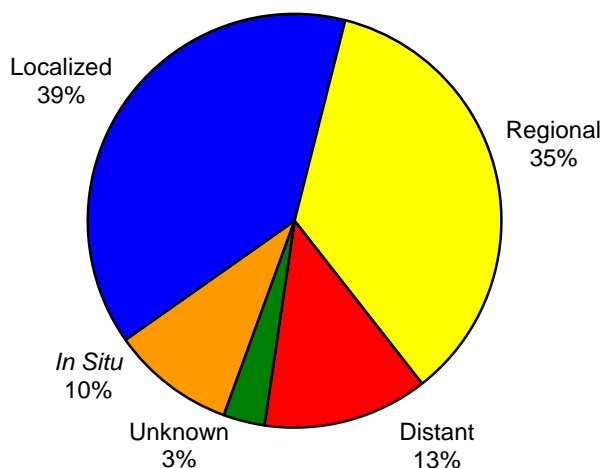
CERVIX UTERI

Table 14: Cervix Uteri Incidence and Mortality Summary, 2016

Cervix Uteri Cancer			Incidence	Mortality
South Dakota	Total	# Cases / Deaths	28	5
		Age-Adjusted Rate	6.7	0.8
	White	# Cases / Deaths	25	4
		Age-Adjusted Rate	7.1	0.7
	American Indian	# Cases / Deaths	3	1
		Age-Adjusted Rate	10.4	2.8
United States	Total	Age-Adjusted Rate	7.3	2.2
	White	Age-Adjusted Rate	7.3	2.2
	American Indian	Age-Adjusted Rate	6.0	2.8

Rates per 100,000 age-adjusted to 2000 US standard population and 2016 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, 2016



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, 39% of the cases reported were diagnosed at a localized stage. SEER reports that 46% of the cases diagnosed nationally were at a localized stage.

Incidence: In 2016, the incidence rate in South Dakota was 6.7 and the United States rate was 7.3. Both nationally and in South Dakota, cervical cancer was the third most common female genital tract malignancy. Invasive cervical cancer accounted for 0.6% of all cases reported and 1.3% of all females diagnosed with cancer in South Dakota in 2016. SEER incidence reports that 0.2% of cases were younger than 20 years of age.

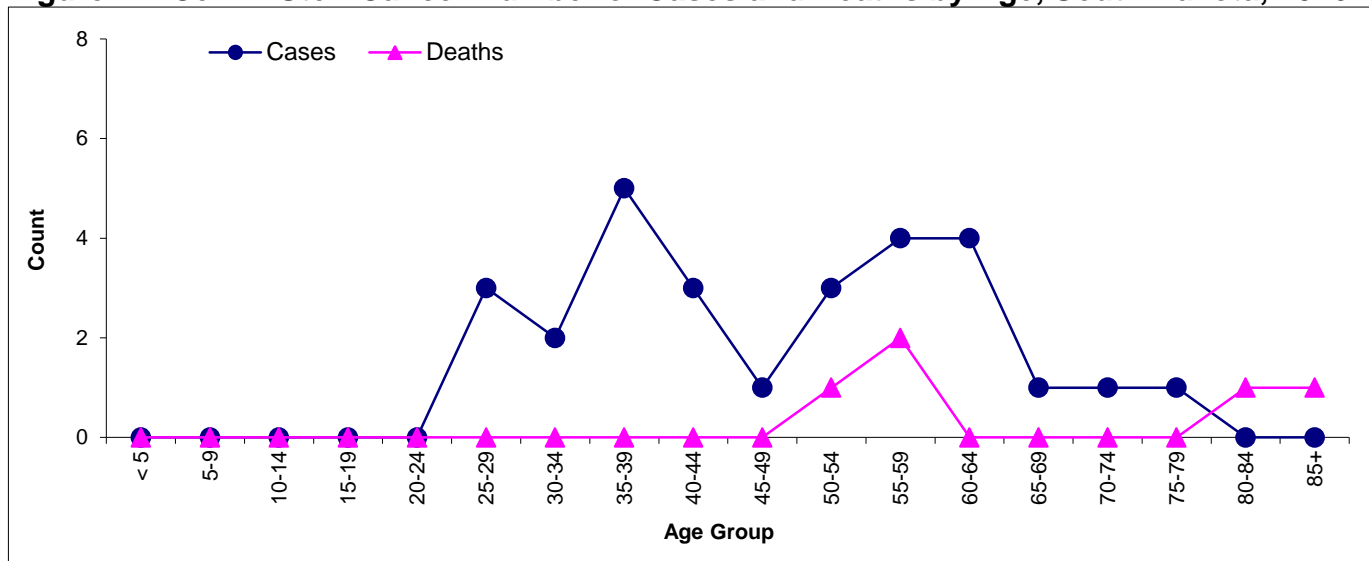
Mortality: In 2016, the mortality rate in South Dakota was 0.8 for cancer of the cervix uteri. The United States rate was 2.2. The stage of disease at diagnosis affects the mortality rate. Cases diagnosed at a localized stage have a 92% survival rate according to the American Cancer Society. Nationally, when diagnosed at a distant stage, the percentage of survival drops to 17% at five years. In South Dakota, there were four cases in 2016 diagnosed at a distant stage.

Risk and Associated Factors: Almost all cervical cancers are caused by human papillomavirus (HPV). HPV is so common that most people get it at some time in their lives.

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 test) every three 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 five years.

The HPV vaccine protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. Many of these cancers could be prevented with vaccination. Vaccination is recommended for boys and girls ages 11 to 12 years, but can be given at age 9 through 26.

Figure 24: Cervix Uteri Cancer Number of Cases and Deaths by Age, South Dakota, 2016



Source: South Dakota Department of Health

Half of the incidence of cervical cancer occurred in women under the age of 50 .

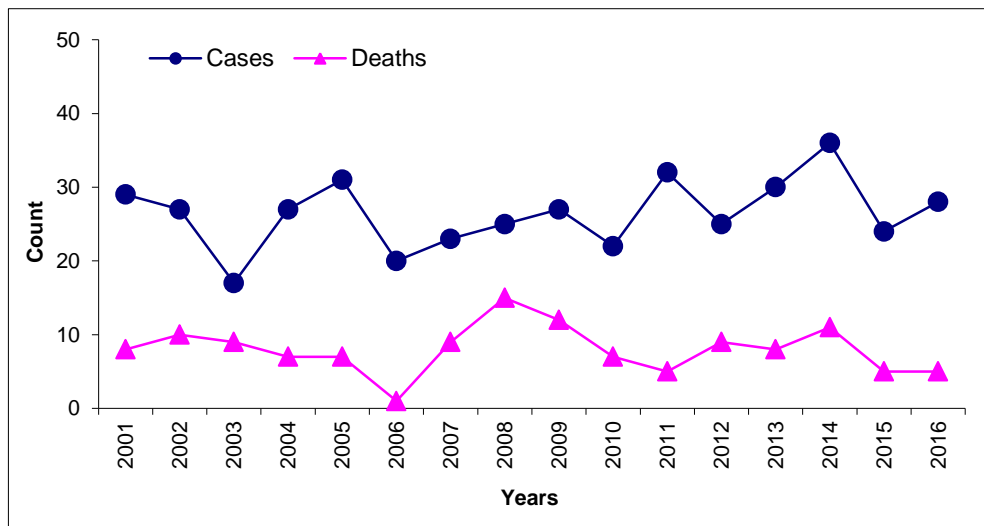


Figure 25: Cervix Uteri Cancer Cases and Deaths by Year, South Dakota, 2001 - 2016

The incidence peak for female cervix uteri cancer was in 2014.

Source: South Dakota Department of Health

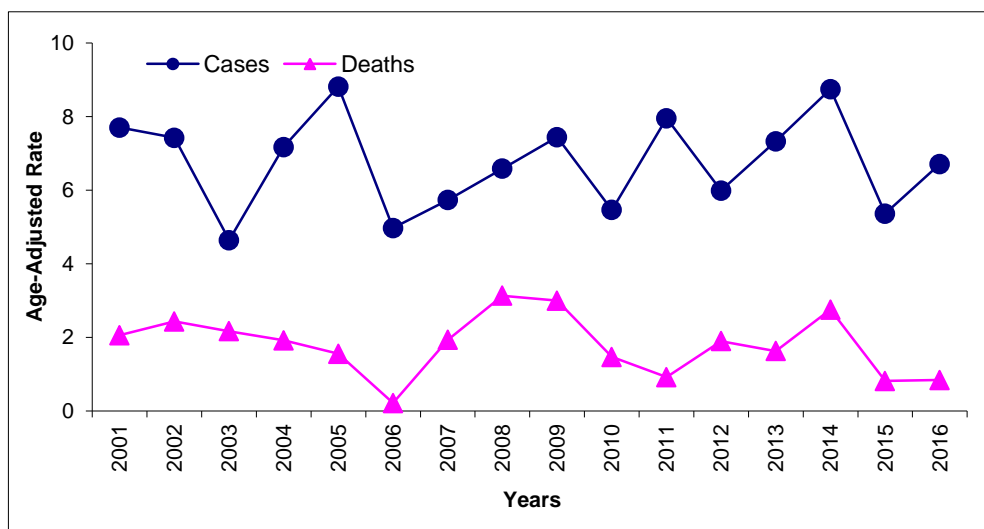


Figure 26: Cervix Uteri Cancer Age-Adjusted Rates, Cases, and Deaths by Year, South Dakota, 2001 - 2016

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