

CERVIX UTERI

Table 14: Cervix Uteri Incidence and Mortality Summary, 2011

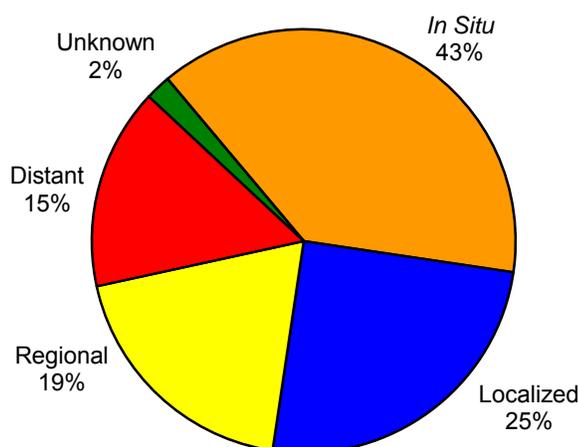
Cervix Uteri Cancer			Incidence	Mortality
South Dakota	Total	# Cases / Deaths	32	5
		Age Adjusted Rate	8.0	0.9
	White	# Cases / Deaths	24	3
		Age Adjusted Rate	7.0	0.6
United States	Total	# Cases / Deaths	8	2
		Age Adjusted Rate	26.8	7.1
	White	Age Adjusted Rate	7.4	* 2.3
	White	Age Adjusted Rate	7.5	* 2.1
	American Indian	Age Adjusted Rate	7.4	* 3.4

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 23: Cervix Uteri Cancer Stage at Diagnosis, South Dakota, 2011



Source: South Dakota Health Department

Descriptive Epidemiology

Stage at Diagnosis: Early stage of diagnosis clearly provides the best opportunity for cure. In South Dakota, 25% 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 8.0 and in the United States it was 7.4. Both nationally and in South Dakota cervical cancer was the third most common female genital tract malignancy. Invasive cervical cancer accounted for .7% of all cases reported and 1.5% of all females diagnosed with cancer in South Dakota in 2011. SEER incidence reports that .2% of cases were younger than 20 years of age.

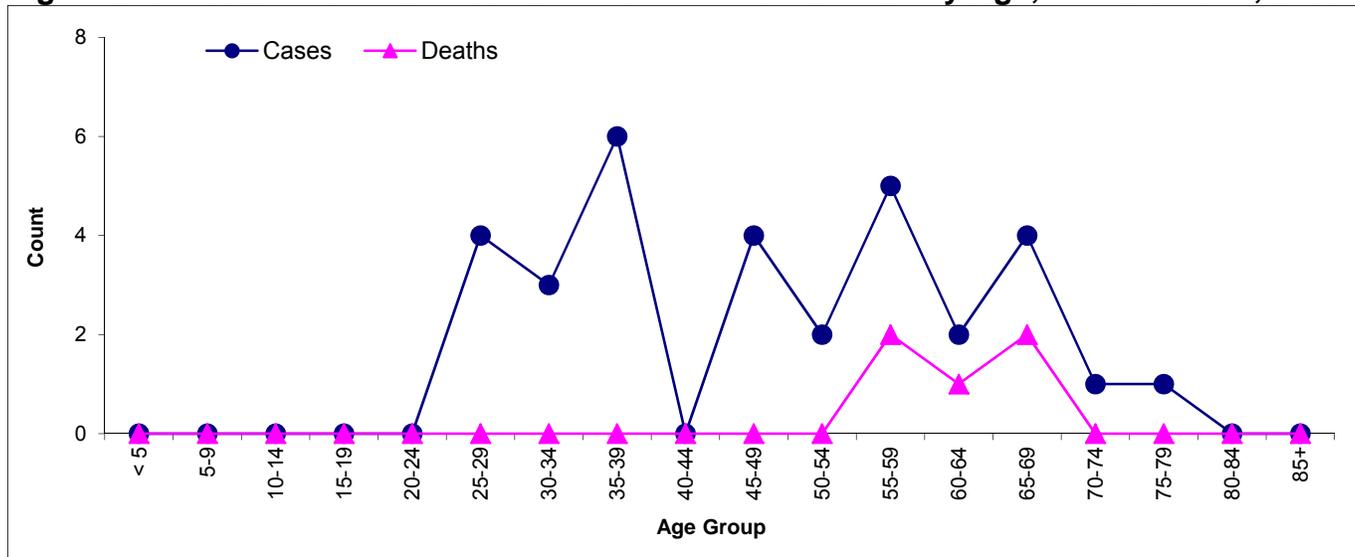
Mortality: The death rate in South Dakota was .9 for cancer of the cervix uteri. In the United States, the rate was 2.3 in 2010. The stage of disease at diagnosis affects the mortality rate. Cases diagnosed at a localized stage have a 92% survival rate according to the American Cancer Society. Nationally, when diagnosed at distant stage, the percentage of survival drops to 15% at five years. In South Dakota, there were eight cases in 2011 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, 2011



Source: South Dakota Department of Health

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

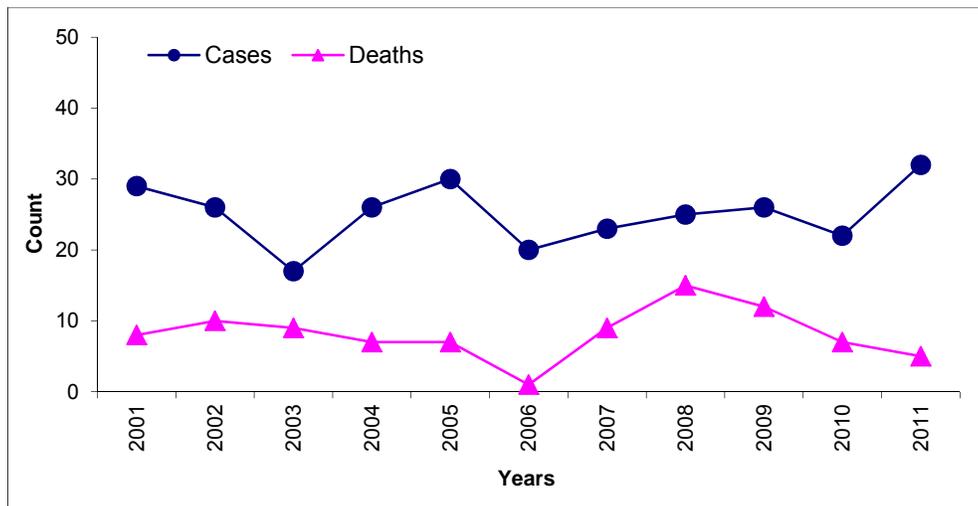


Figure 25: Cervix Uteri Cancer Cases and Deaths by Year, South Dakota, 2001 - 2011

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

Source: South Dakota Department of Health

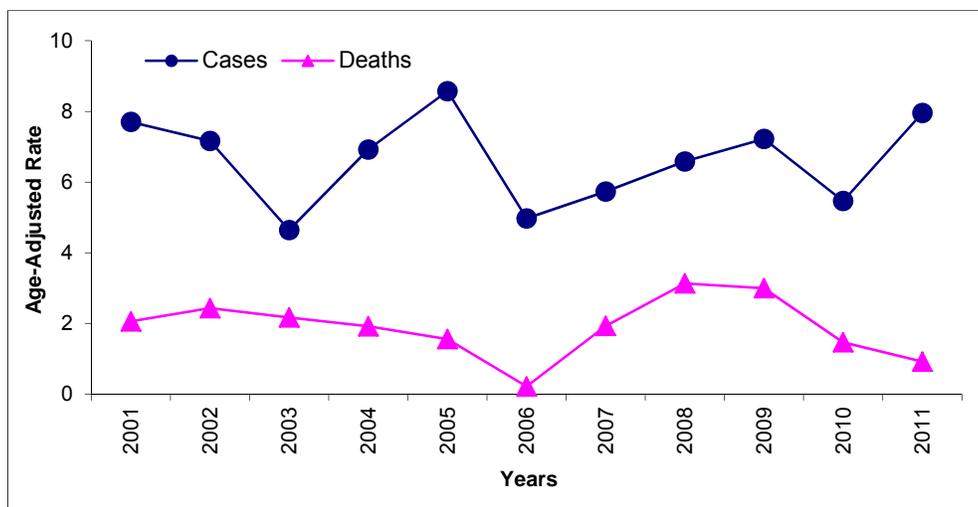


Figure 26: Cervix Uteri Cancer Age-Adjusted Rates, Cases, and Deaths by Year, South Dakota, 2001 - 2011

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