

Cancer in Utah

Cervix Uteri

<i>Summary</i>	Utah 1996-2000	US 1996-99
Average annual age-adjusted incidence rates*	7.1	9.0
Rank among cancer incidence rates	9	11
Average annual number of new cases	63	12,590
Percent of all new cancer cases	2.2 %	2.1 %
Lifetime risk of this cancer (00-79 years)	1 in 181	1 in 131
Average annual age-adjusted mortality rates*	2.0	3.1
Rank among cancer mortality rates	14	11
Average annual number of deaths	17	4,396
Percent of all cancer deaths	1.6 %	1.7 %
* Rates per 100,000 and standardized to the 2000 U.S. population		

Early in the twentieth century, invasive cervical cancer was more common than in situ disease in the United States. However, with the advent of widespread cytologic screening, the rates of invasive cervical cancer have dropped substantially over the past thirty years.

There is now strong evidence that selected types of Human Papilloma Virus (HPV) cause this disease. HPV is transmitted through sexual contact. Therefore, it is not surprising that many studies have found the risk of cervical cancer to be highest in women with multiple sexual partners, in women whose husbands have had multiple partners, and in women with a history of sexually transmitted diseases. Risk is reduced by use of barrier contraceptives. Women who had their first sexual relationship at an early age are also at increased risk. However, women who begin to have sex at an early age may be more likely to have a greater number of sexual partners, and it is not known whether early sexual exposure is an independent risk factor.

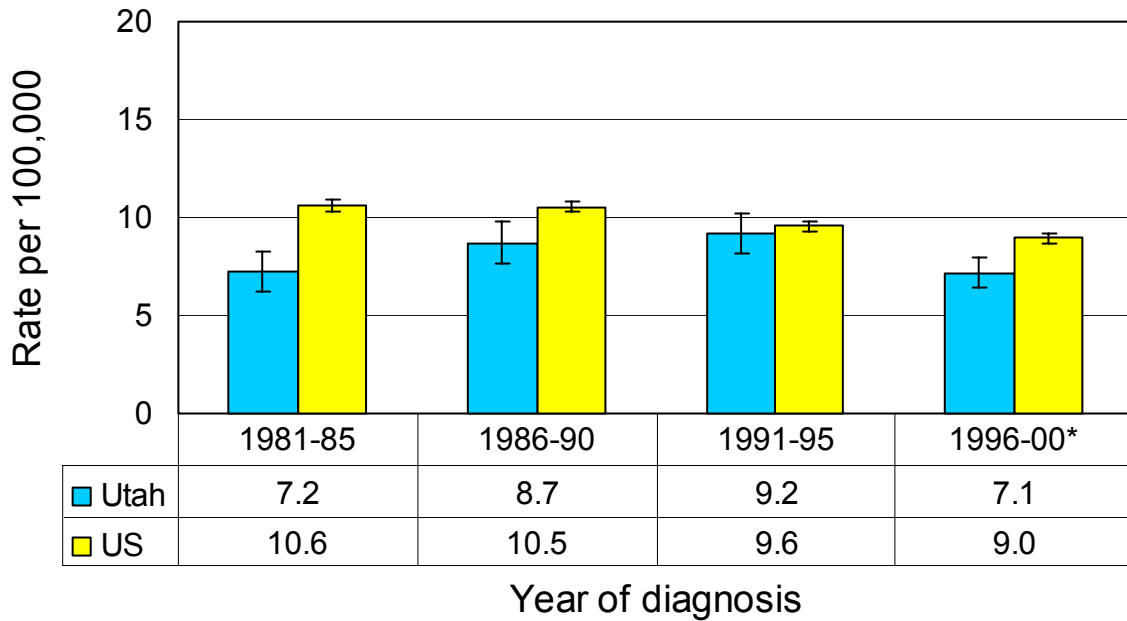
Cigarette smoking has been associated with an increase in the risk of cervical cancer in most studies. Conversely, some studies have suggested risk is lower for women who eat more foods rich in vitamins A, C, E, and folic acid, such as some fresh fruits and vegetables.

Cervical cancer is curable when diagnosed at an early stage. Presumably because of cytologic screening, the overwhelming majority of cervical cancer cases in Utah are diagnosed in situ; a majority of invasive cases of disease are diagnosed at localized stage. Routine cytologic screening will likely remain the most effective tool for reducing morbidity and mortality from this disease in the foreseeable future. However, limiting exposure to sexually transmitted diseases will reduce the risk of developing cervical cancer. Risk may also be diminished through consumption of fresh fruits and vegetables and avoidance of smoking.

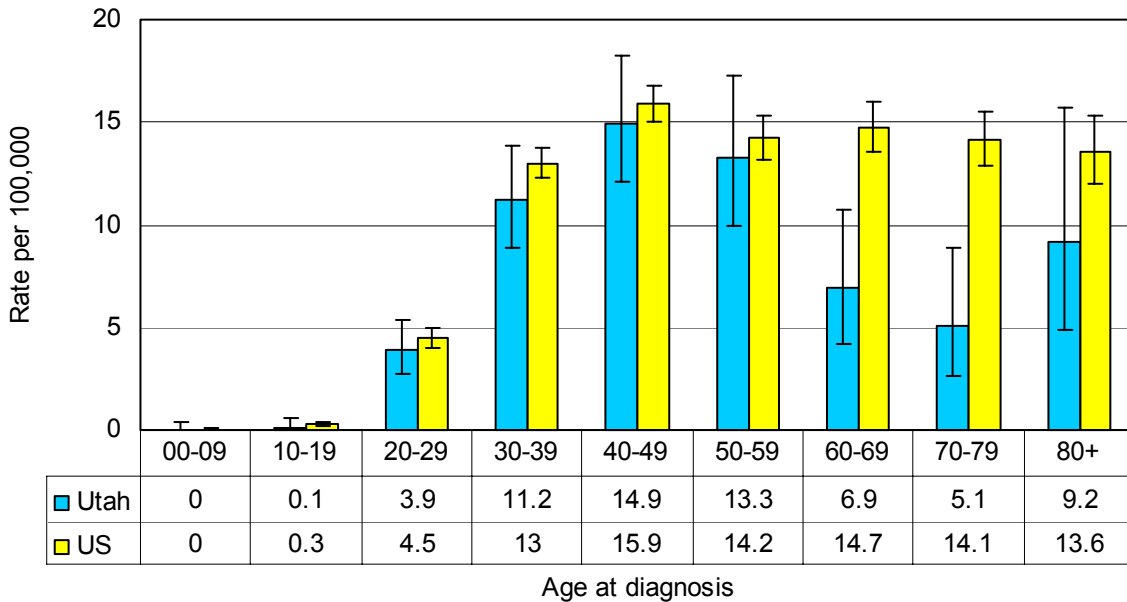
Cancer in Utah

Cervix Uteri	Incidence
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Average annual age-adjusted incidence rates per 100,000 (US 2000 standard)
by 5-year time period, 1981-2000



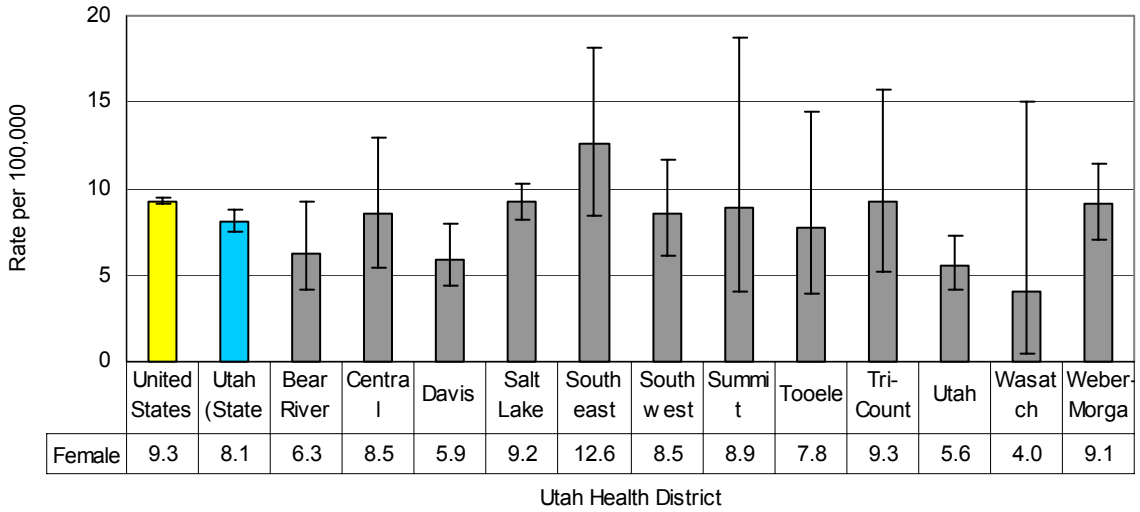
Average annual age-specific incidence rates per 100,000, 1996-2000



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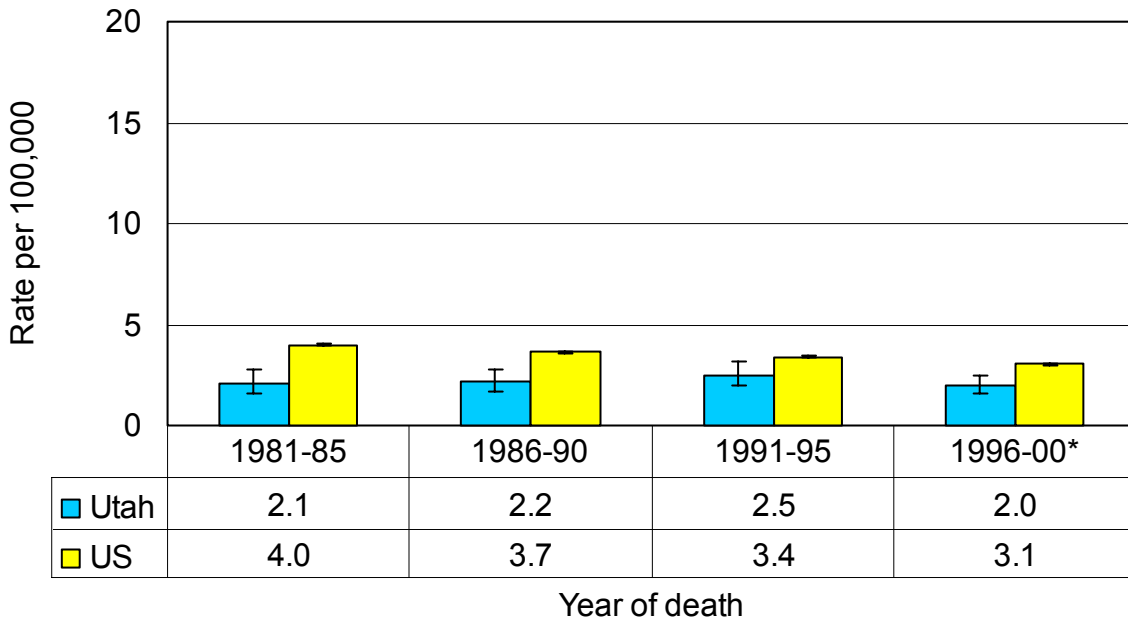
Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



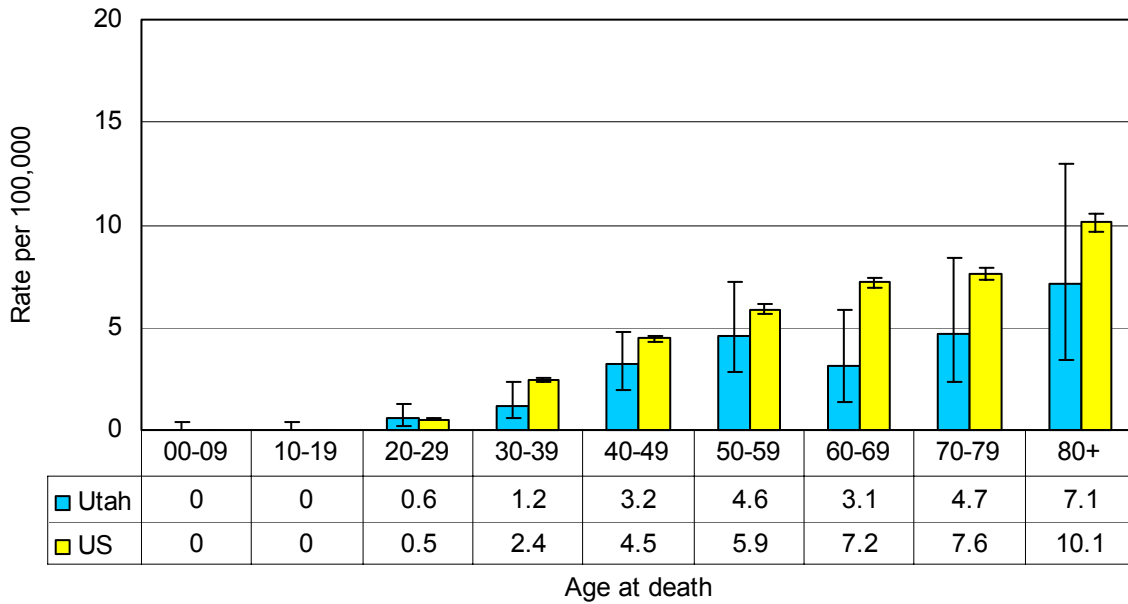
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Cervix Uteri	Mortality
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard)
by 5-year time period, 1981-2000



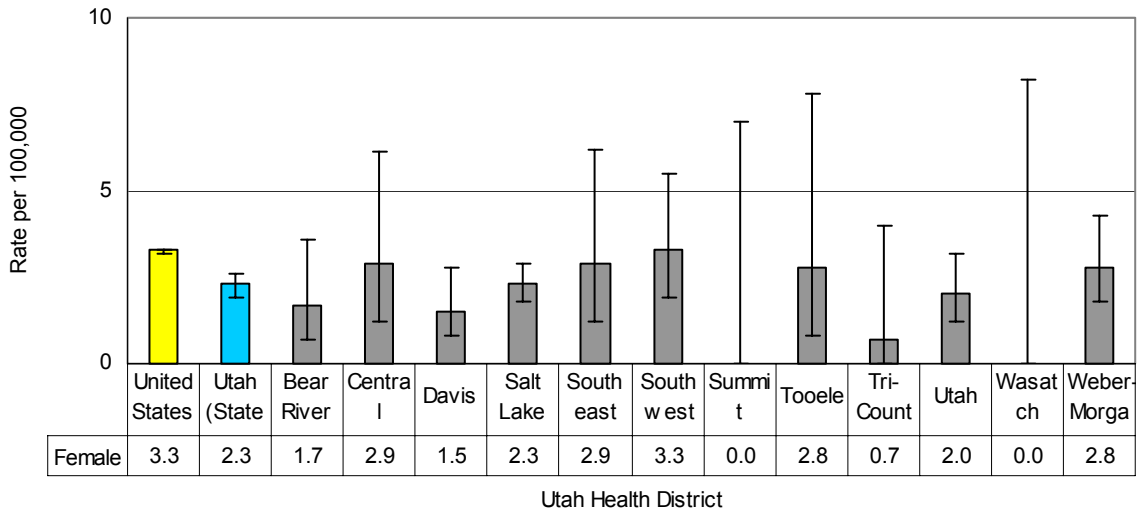
Average annual age-specific mortality rates per 100,000, 1996-2000



Cancer in Utah

Cervix Uteri	Mortality
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison

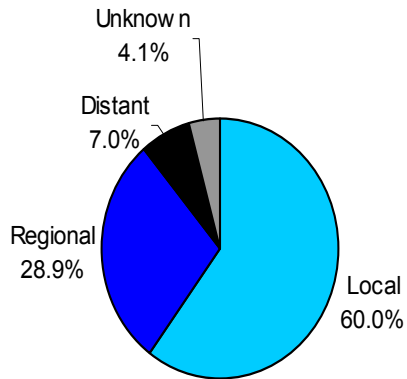


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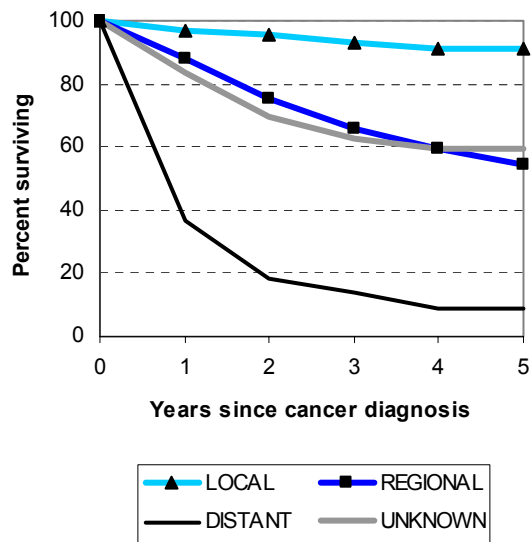
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Stage and Survival

Stage of disease at diagnosis:
Utah residents diagnosed 1996-2000



5-year relative survival by stage:
Utah residents diagnosed 1991-95

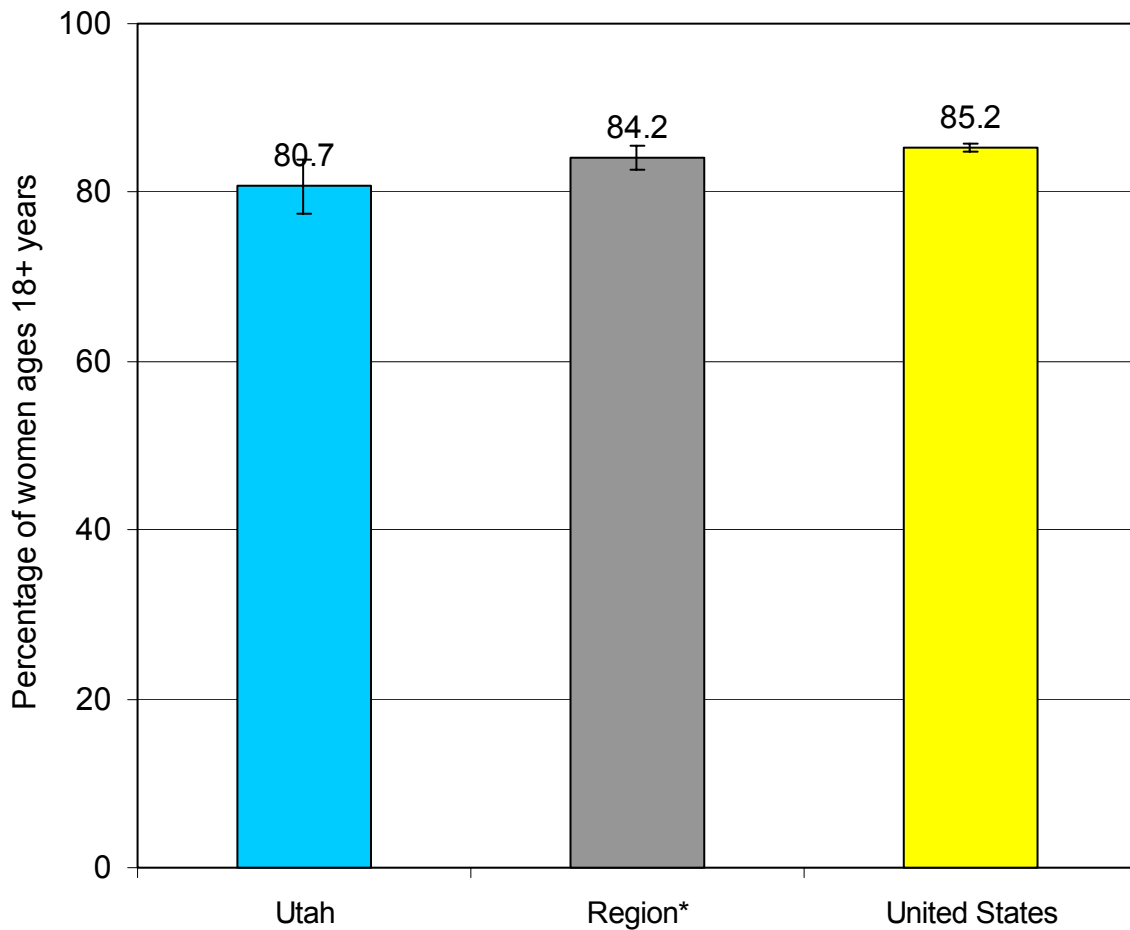


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Screening

Percentage of Utah women, 18 years of age and older, who reported having a Pap Smear within the past three years (Survey conducted in calendar year 1999)



* Seven Western States including Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming

Source: Behavioral Risk Factor Surveillance System

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