

Cancer in Utah

Ovary

<i>Summary</i>	Utah 1996-2000	US 1996-99
Average annual age-adjusted incidence rates*	16.6	17.0
Rank among cancer incidence rates	6	5
Average annual number of new cases	139	24,490
Percent of all new cancer cases	4.8 %	3.9 %
Lifetime risk of this cancer (00-79 years)	1 in 61	1 in 59
Average annual age-adjusted mortality rates*	8.9	8.9
Rank among cancer mortality rates	4	5
Average annual number of deaths	72	13,421
Percent of all cancer deaths	6.7 %	5.2 %
* Rates per 100,000 and standardized to the 2000 U.S. population		

While ovarian tumors are not the most common of the gynecologic cancers (cervical, endometrial, fallopian, GTD, ovarian, uterine, vaginal, vulvar), in the United States they are responsible for the most deaths among this group of neoplasms.

As in the rest of the country, average annual age-adjusted incidence rates for cancer of the ovary remained relatively constant from 1981 to 2000 in Utah. Age-specific rates begin to increase among young women and reach their peak between the ages of 65-80 years.

Ovarian tumors often spread throughout the abdomen before they are detected. As a result, over sixty percent of ovarian tumors are diagnosed at regional and distant stages of disease. Over one-half of ovarian cancer patients die within the first five years following diagnosis.

Hormonal factors seem to play an important role in the development of ovarian tumors. Women who have had children are at lower risk than nulliparous women, and the risk of ovarian cancer further decreases as the number of prior pregnancies increases. Use of combined oral contraceptives has been shown to protect against ovarian cancer.

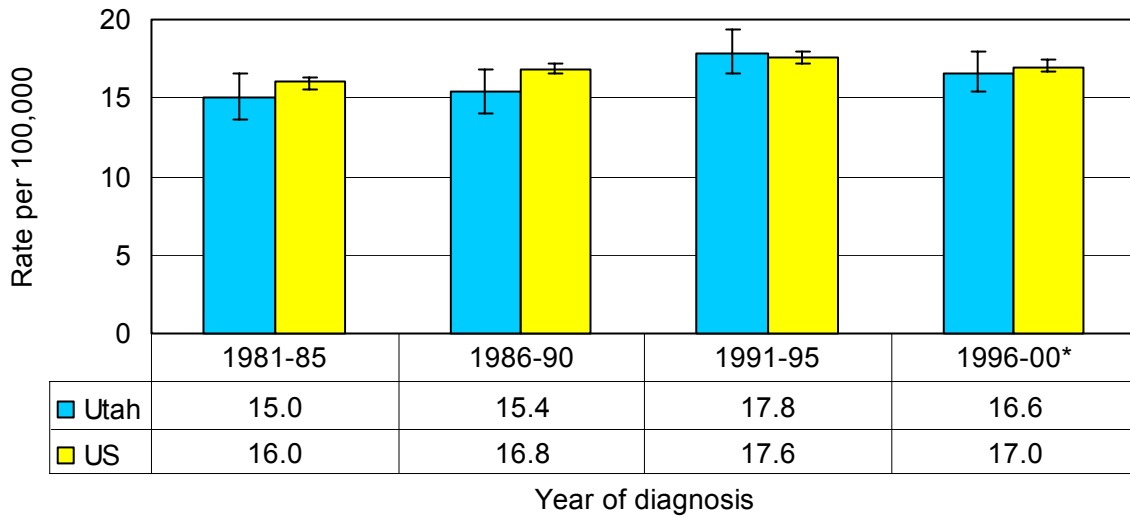
Radiation has been associated with a slight increase in risk for the disease. Women exposed to the atomic bomb at Hiroshima and women who were treated with radiation for pelvic disease were found to have slightly increased risks of ovarian cancer. Talc and asbestos have been associated with an increased risk, though these associations may not be casual.

Risk can be reduced by use of oral contraceptives. Screening for early disease in the general population has not yet been proven beneficial.

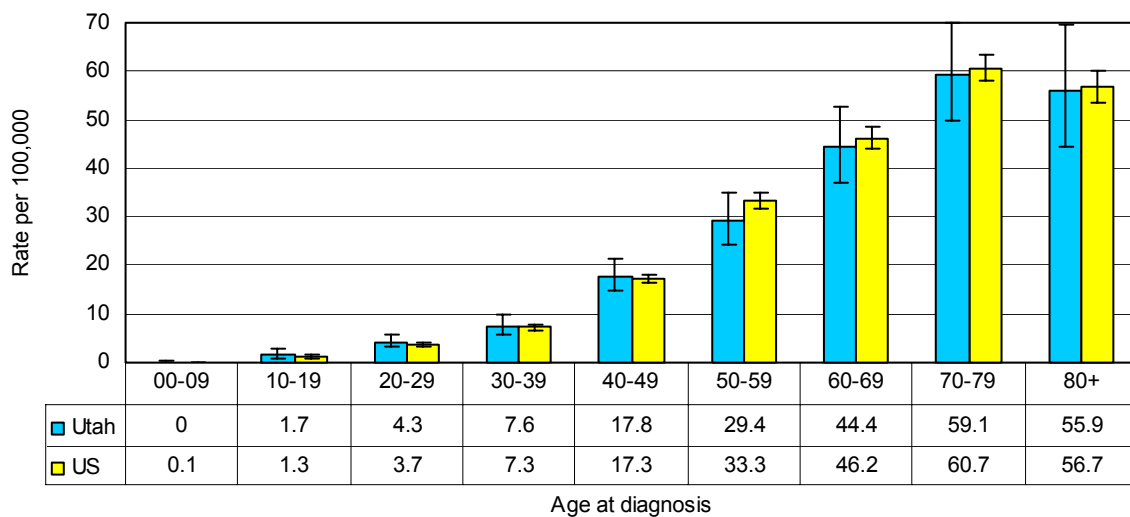
Cancer in Utah

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



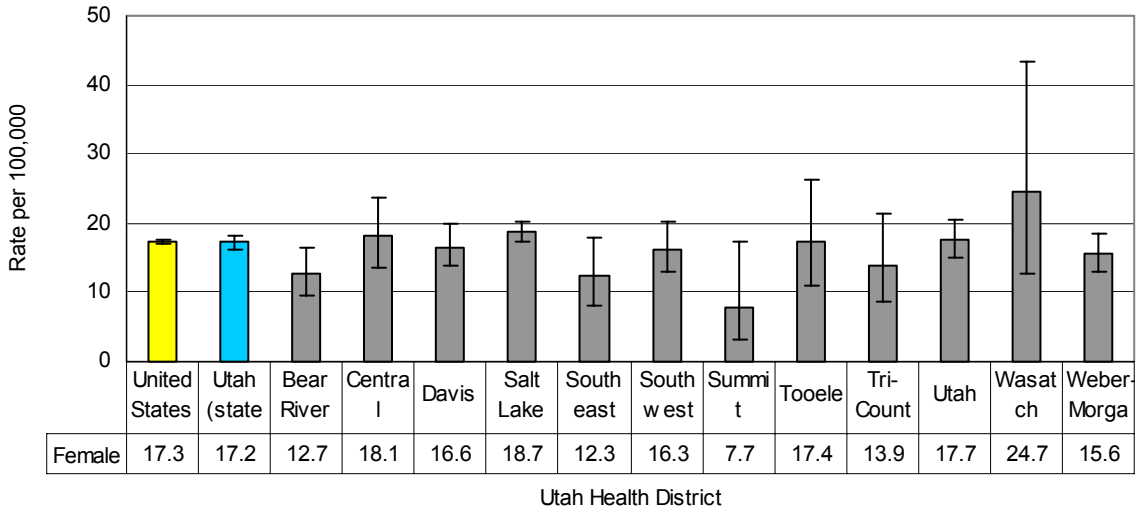
Average annual age-specific incidence rates per 100,000, 1996-2000



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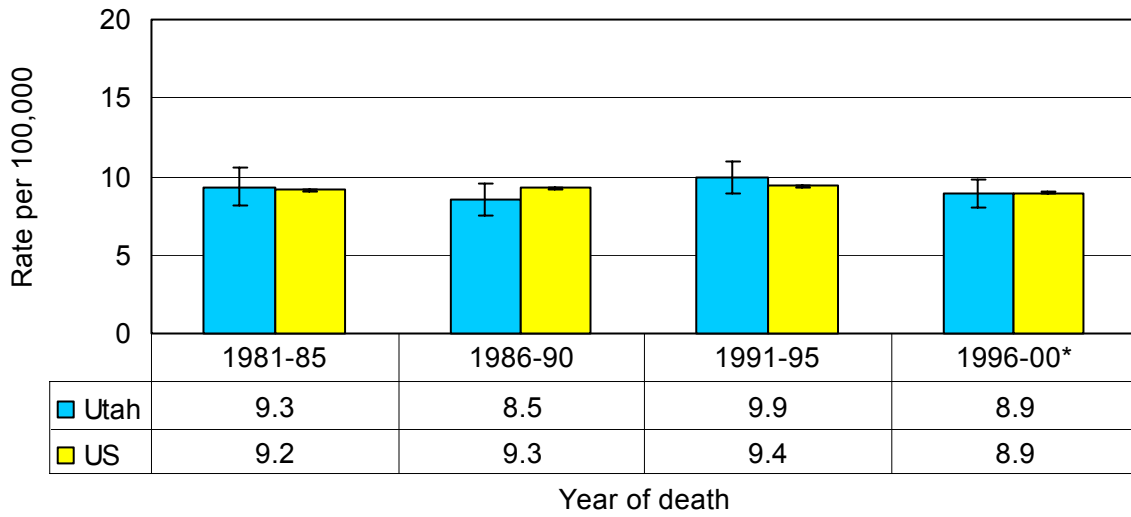
Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



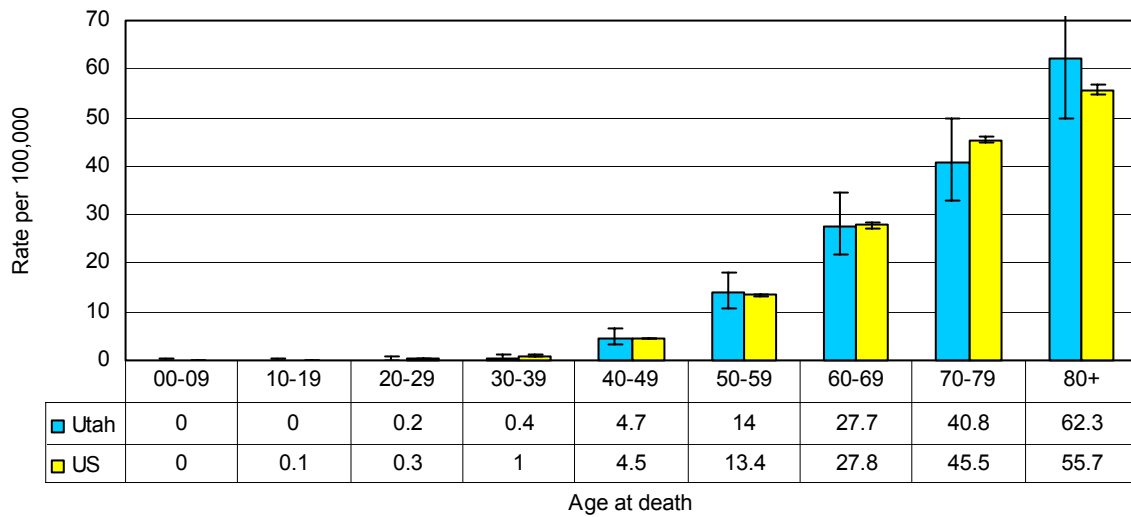
Cancer in Utah

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



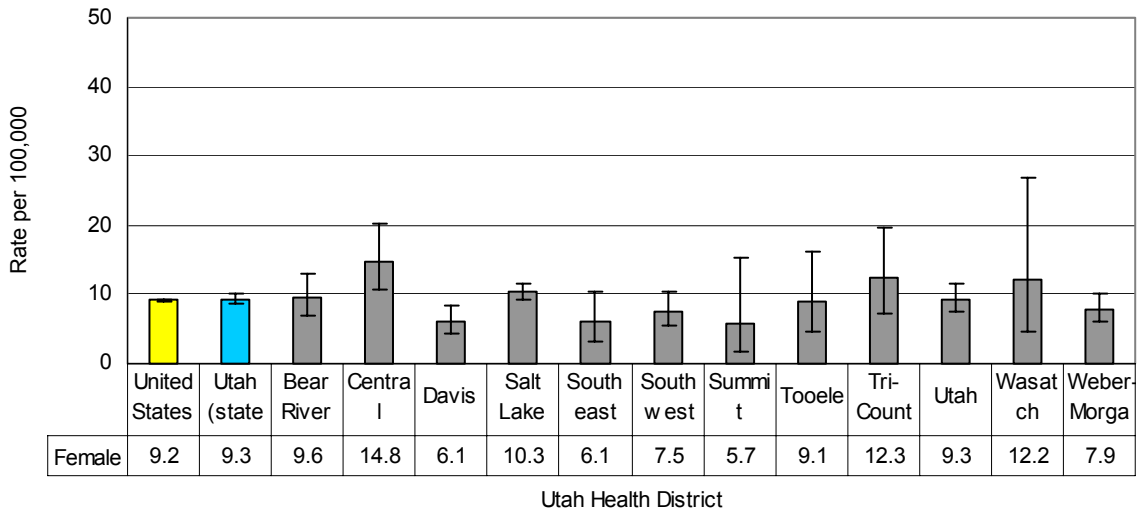
Average annual age-specific mortality rates per 100,000, 1996-2000



Cancer in Utah

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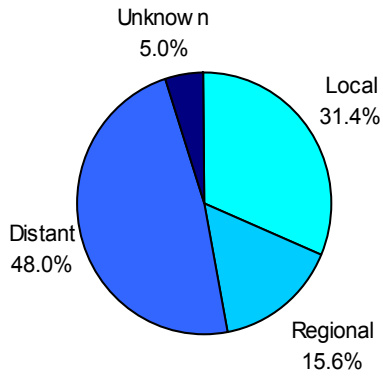
Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



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Ovary *Stage and Survival*

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



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

