

## Cancer in Utah

### Uterus

<i>Summary</i>	Utah 1996-2000	US 1996-99
Average annual age-adjusted incidence rates*	23.9	25.4
Rank among cancer incidence rates	3	4
Average annual number of new cases	193	36,750
Percent of all new cancer cases	6.6 %	5.9 %
Lifetime risk of this cancer (00-79 years)	1 in 40	1 in 37
Average annual age-adjusted mortality rates*	3.8	4.1
Rank among cancer mortality rates	7	7
Average annual number of deaths	31	6,347
Percent of all cancer deaths	2.9 %	2.4 %
* Rates per 100,000 and standardized to the 2000 U.S. population		

In the United States, incidence rates for endometrial cancer were stable from 1940 through 1970. However, from 1970 to 1975, the rates of this disease increased dramatically. After 1975, the rates gradually declined. The epidemic of endometrial cancer in the early 1970's has been shown to have resulted from use of estrogens for treatment of symptoms of menopause.

Factors associated with increased estrogen levels or decreased progesterone levels enhance risk of endometrial cancer. During the menstrual cycle, estrogen is responsible for proliferation of endometrial cells while progesterone slows growth and promotes cell differentiation. Nulliparity has been consistently linked with an increased risk of this disease, and risk is inversely related to the number of children borne. Women with diseases that result in increased endogenous estrogen levels, such as polycystic ovaries and estrogen-producing ovarian tumors, are at increased risk for endometrial cancer. Similarly, obesity has been shown to increase endogenous estrogen levels and studies have consistently found obese women to be at increased risk. Evidence from both case-control and cohort studies indicate that women who took exogenous estrogens were at increased risk for endometrial cancer. Risk increases rapidly with increasing duration of estrogen use.

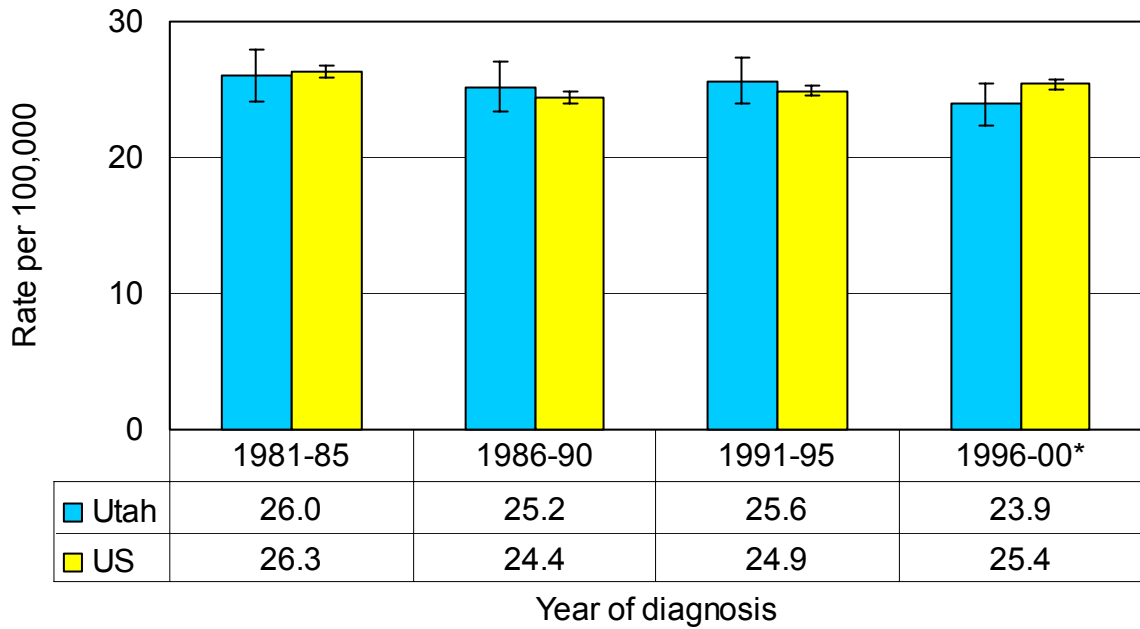
Considering progesterone's effect on growth and differentiation, it is not surprising that progestins with estrogen reduce the risk of endometrial cancer associated with estrogens. Reduction in risk of endometrial cancer has been associated with the use of oral contraceptives and the long-acting progestational contraceptive, depot medroxy progesterone acetate.

Most rate calculations, including those in this monograph, rely on population figures for the denominators. However, many women in Utah over the age of 50 years have had hysterectomies and, therefore, are not at risk of developing endometrial cancer. Thus, the true incidence rates of endometrial cancer in this area are probably higher than presented herein.

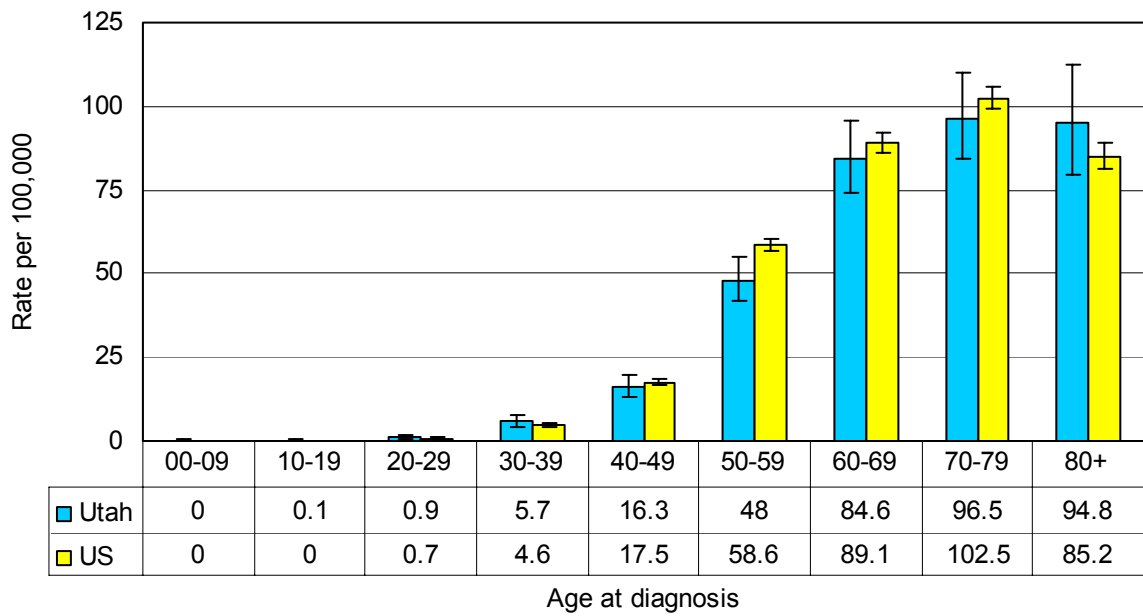
## Cancer in Utah

<b>Uterus</b>	<b><i>Incidence</i></b>
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Average annual age-adjusted incidence rates per 100,000 (US 2000 standard)  
by 5-year time period, 1981-2000



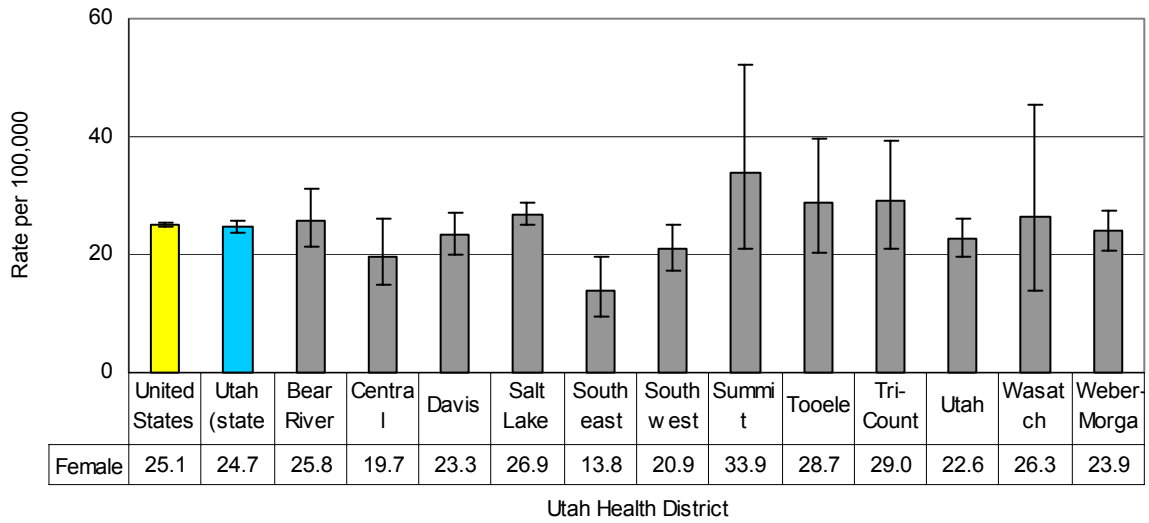
Average annual age-specific incidence rates per 100,000, 1996-2000



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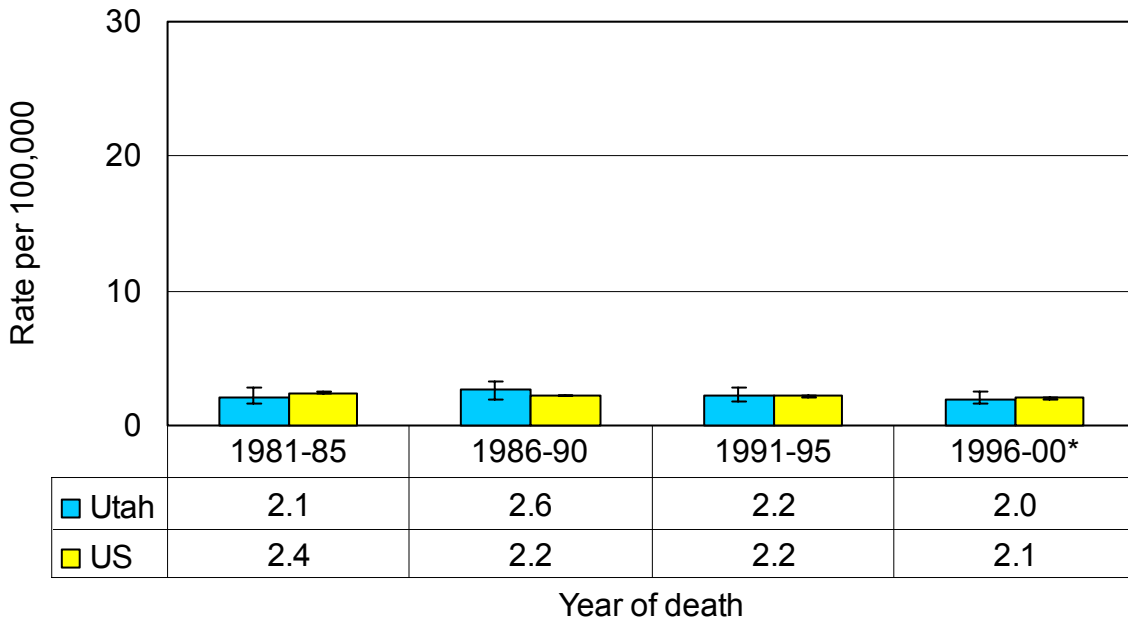
Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



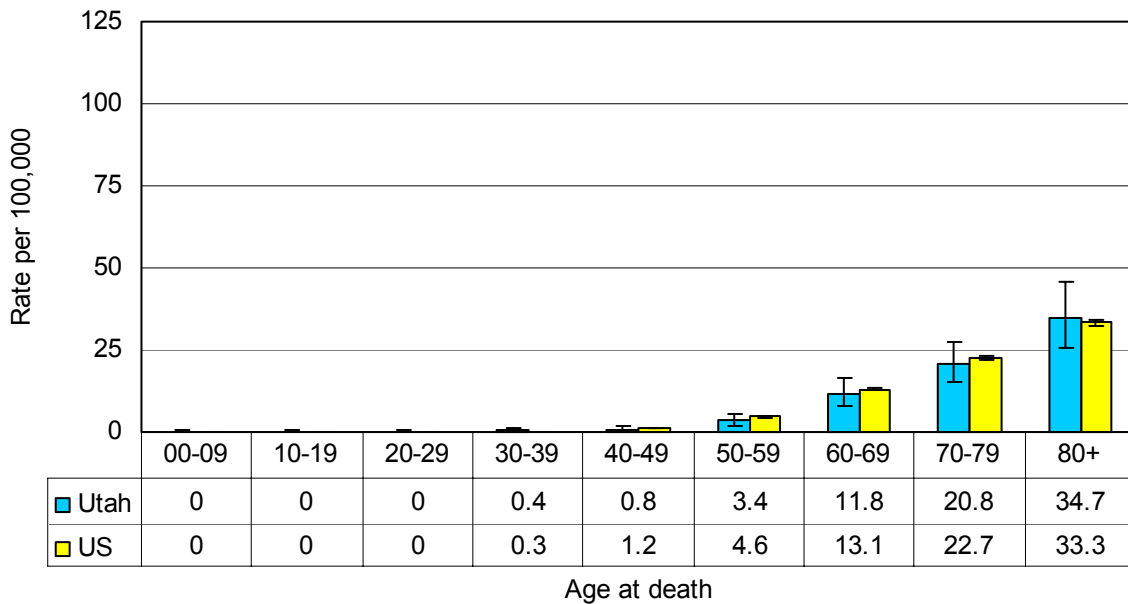
## Cancer in Utah

<b>Uterus</b>	<b>Mortality</b>
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard)  
by 5-year time period, 1981-2000



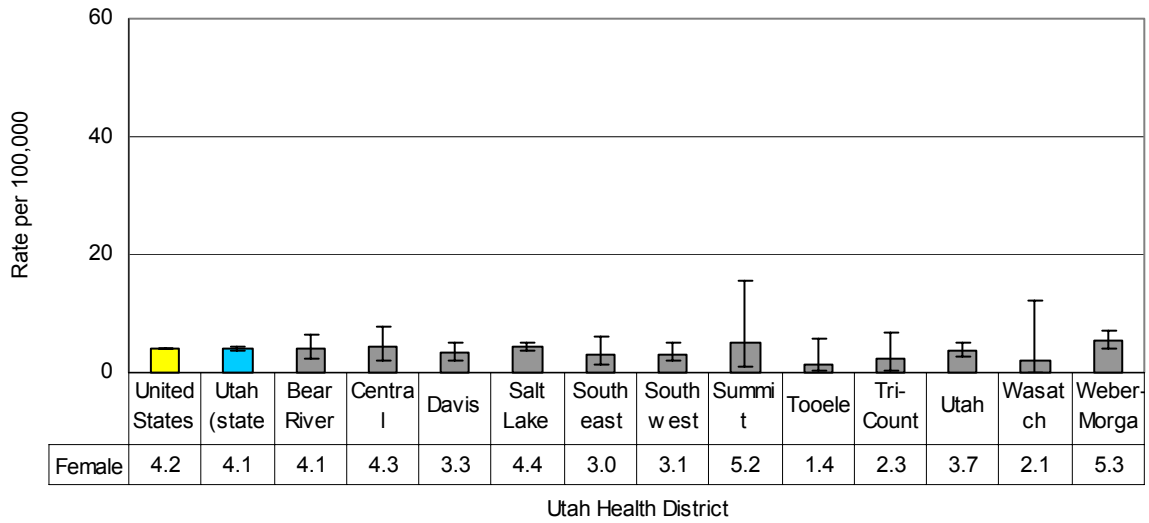
Average annual age-specific mortality rates per 100,000, 1996-2000



## Cancer in Utah

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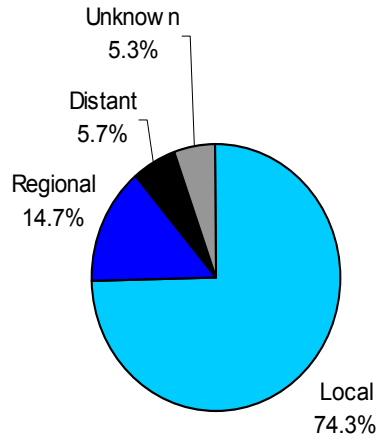
Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



# Cancer in Utah

## Uterus Stage and Survival

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



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

