

Until the early 1970s, approximately 75% to 80% of cervical cancer in the United States was invasive at the time of diagnosis. Today, about 78% of cervical cancer cases are diagnosed at the *in situ* stage. Furthermore, both incidence and mortality for invasive cervical cancer have declined about 40% since the early 1970s. Mortality began declining just before the Papanicolaou screening test

became widely utilized, however, leaving a dilemma as to the relationship between the Pap test and reductions in cervical cancer mortality. Around the world, cervical cancer is often the most common type of cancer among women.

The ethnic patterns of this disease are quite different from those of any of the other female reproductive system cancers. The highest age-adjusted incidence rate in the SEER areas occurs among Vietnamese women (43 per 100,000). Their rate is 7.4 times the lowest incidence rate, 5.8 per 100,000 in Japanese women. Incidence rates of 15 per 100,000 or higher also occur among Alaska Native, Korean, and Hispanic women.

The incidence of invasive cervical cancer exhibits different ethnic patterns by age group. Among women aged 30-54 years, Vietnamese women have the highest rate, followed by Hispanic women, and black women. The rate among Vietnamese women is nearly twice as high as that of Hispanic women, and five times as high as the rate for the group with the lowest rate, Chinese women. Vietnamese women continue to have the highest incidence of invasive cervical cancer in the age group 55-69 years, with a rate that is more than three times higher than the second ranked group, Korean women. Hispanic women have the third highest incidence in this age group, and are followed by black women.

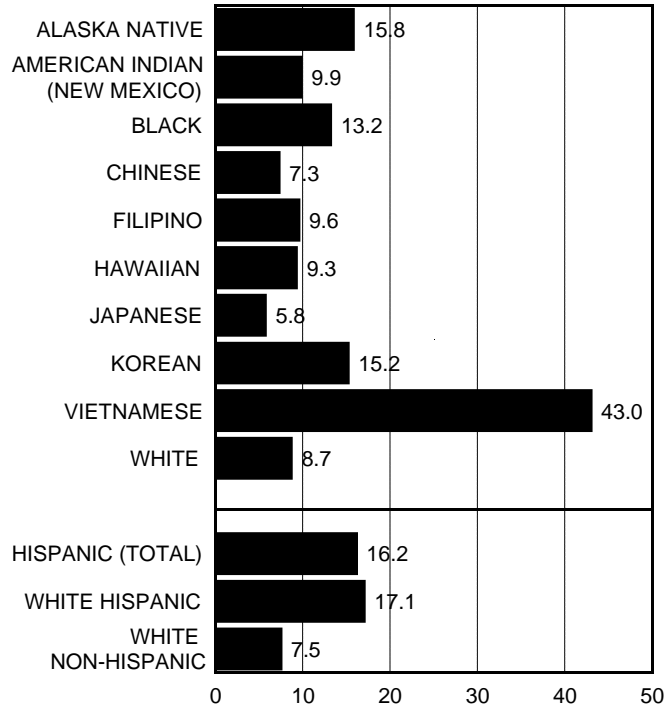
There are too few cases in the 70 and older age group to assess many of the ethnic patterns.

United States mortality rates are about 50% to 80% lower than the incidence rates. The ethnic patterns in mortality differ somewhat from those seen in incidence. Black women have the highest age-adjusted mortality rate from cervical cancer, and are followed by Hispanic women. Mortality rates are not available for comparison, however, for Vietnamese, Korean, Alaska Native or American Indian (New Mexico) women. The lowest mortality from this disease occurs among Japanese women, whose rates are less than one-fourth as high as the rates among black women. Mortality patterns by age are similar, with black women having the highest mortality in each age group. Hispanic women have the second highest mortality in the two youngest age groups, while Chinese women aged 70 years and older rank second.

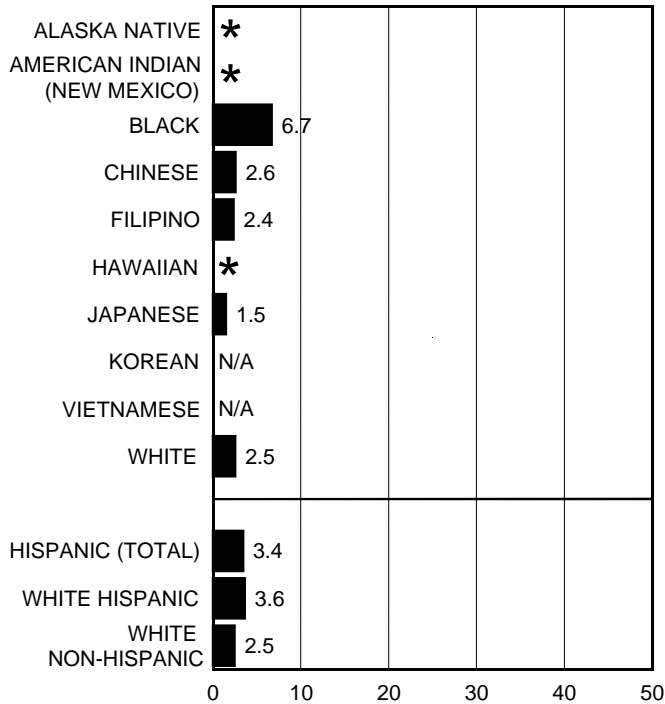
The major risk factors for cervical cancer include early age at initiation of sexual activity, multiple sexual partners, infection with human papilloma virus 16, and cigarette smoking. Therefore, primary prevention is focused mainly on modification of sexual behavior and eradication of cigarette smoking. Secondary prevention occurs through screening, using the Papanicolaou test.

CERVIX UTERI

SEER INCIDENCE Rates Among Women, 1988-1992



United States MORTALITY Rates Among Women, 1988-1992

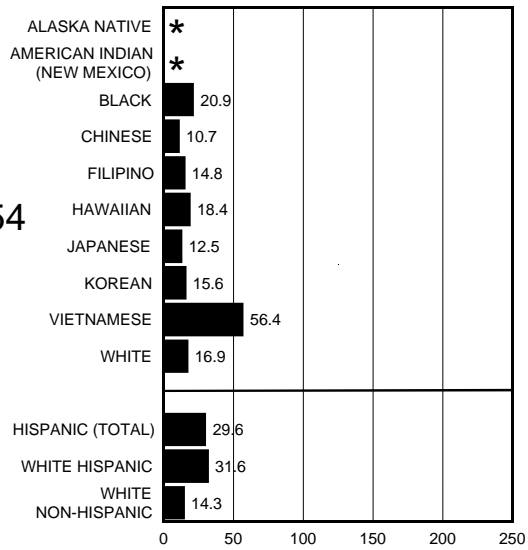


NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = information not available; * = rate not calculated when fewer than 25 cases.

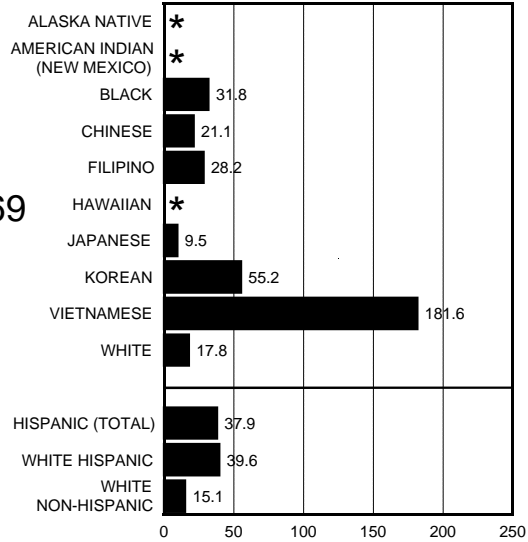
CERVIX UTERI

SEER INCIDENCE Rates Among Women by Age at Diagnosis, 1988-1992

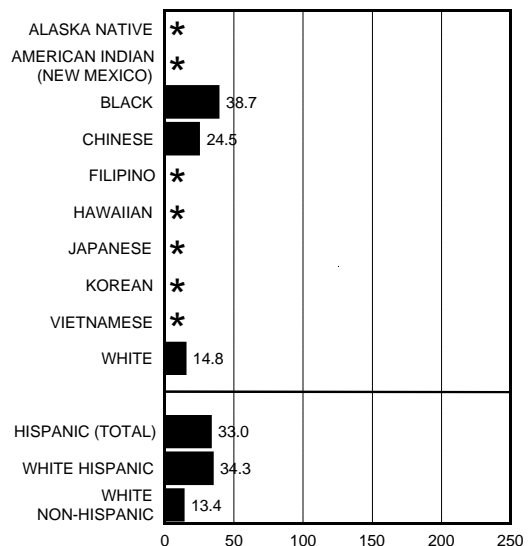
AGE 30-54



AGE 55-69



AGE 70+



NOTE: Rates are per 100,000 population, age-adjusted to 1970 U.S. standard; * = rate not calculated when fewer than 25 cases.

CERVIX UTERI

United States MORTALITY Rates Among Women by Age at Death, 1988-1992



NOTE: Rates are "average annual" per 100,000 population, age-adjusted to 1970 U.S. standard; N/A = data unavailable; * = fewer than 25 deaths.