



**CORPUS
UTERI**

Korean, Vietnamese, and American Indian women.

Endometrial cancer increases with advancing age in most, but not all, racial/ethnic groups. Exceptions to this general pattern are Chinese and Filipino women, among whom the highest rates occur at ages 55-69 years. In younger women, ages 30-54 at diagnosis, endometrial cancer is most common among Hawaiians, Japanese, and whites. At ages 55-69 years, endometrial cancer rates are highest for white, Hawaiian, and black women. At ages 70 years and older, rates are highest among white, black, and Japanese women. There were too few cases in Hawaiian women ages 70 years and older to calculate a rate.

Age-adjusted mortality rates in the United States are highest among Hawaiian women, followed by black women. Mortality among white, Hispanic, Chinese, Japanese and Filipino women is less than one-half the rate for Hawaiian women. Age-specific mortality is highest among black women in each of the three age groups (there were too few deaths among Hawaiian women to calculate rates by age). The ratio of incidence to mortality for black women is slightly over two and for Hawaiian women it is nearly three. Chinese women have incidence rates about five times higher than mortality, for white women the ratio is seven, for Japanese women it is nearly eight,

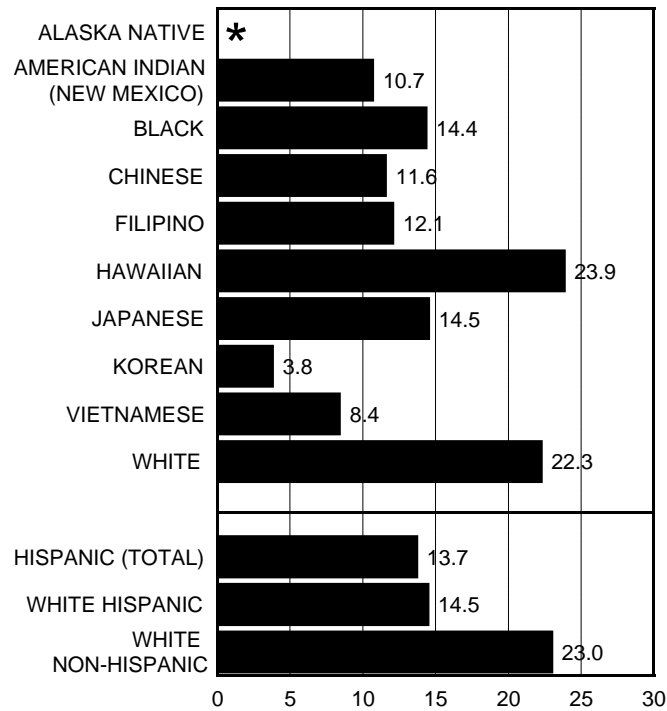
Cancer of the corpus uteri, or endometrium, is the fourth most common cancer among women in the United States. The racial and ethnic diversity of endometrial cancer follows a pattern similar to that of breast cancer. Women with the highest age-adjusted incidence of endometrial cancer in the SEER areas include Hawaiians, whites, Japanese and blacks. The lowest rates occur among

and for Filipino women it is about nine. The smaller incidence-to-mortality ratios among black and Hawaiian women suggest that access to care may be a more acute problem for them.

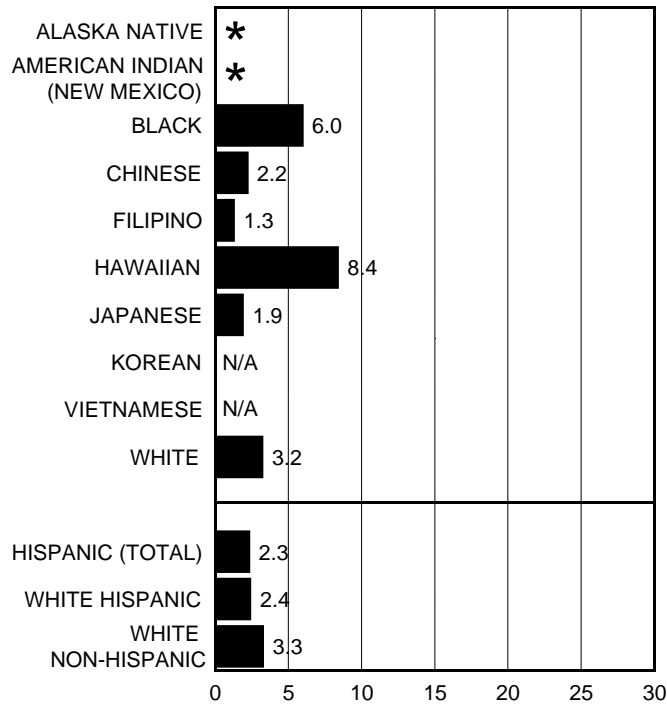
Endometrial cancer is associated with obesity and, possibly, with abnormal glucose tolerance and diabetes. The predominant risk factor for this cancer is the use of exogenous menopausal estrogens. When menopausal estrogens are taken with progesterone, the elevation in risk is greatly reduced. Tamoxifen, a drug that is widely used to treat breast cancer, appears to have estrogen-like effects on the uterus, and may also be associated with increased risk of endometrial cancer. Excepting these risk factors, the epidemiology of endometrial cancer is not well defined.

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SEER INCIDENCE Rates Among Women, 1988-1992



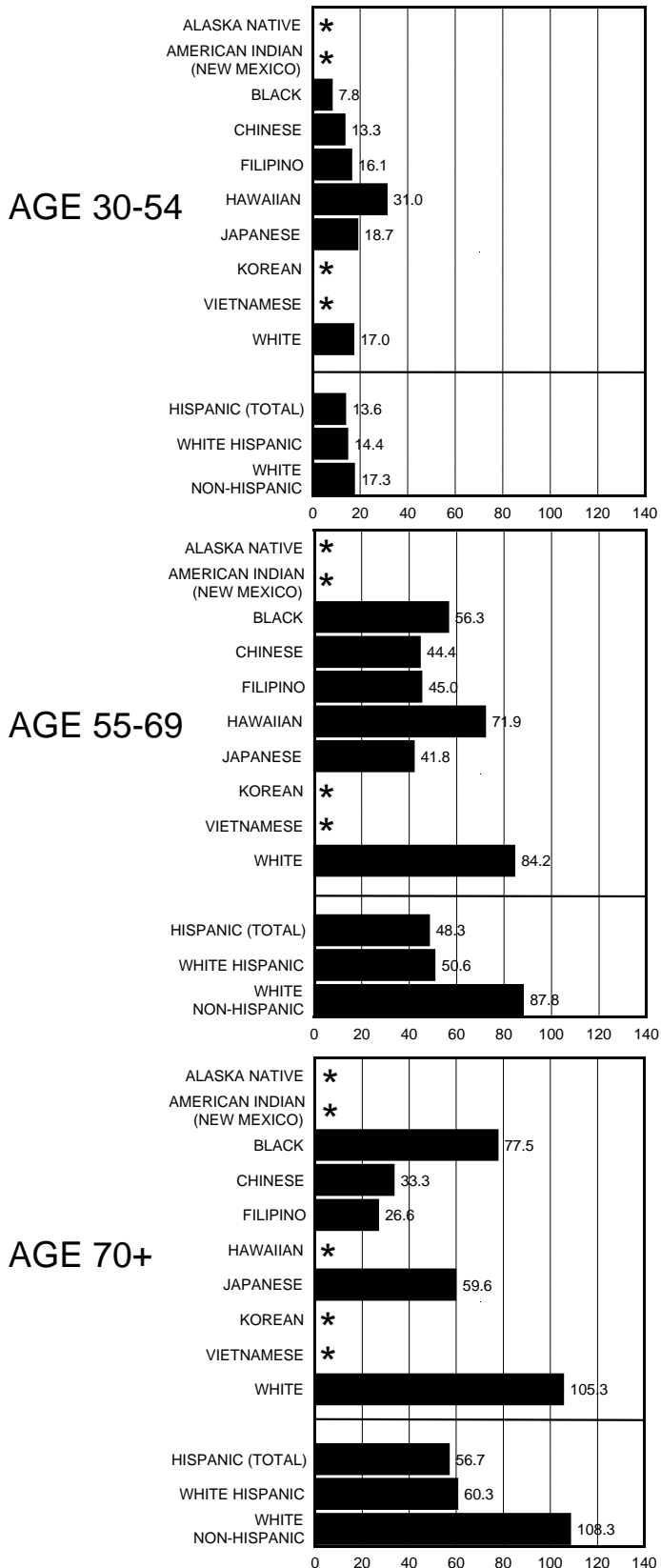
United States MORTALITY Rates Among Women, 1988-1992



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.

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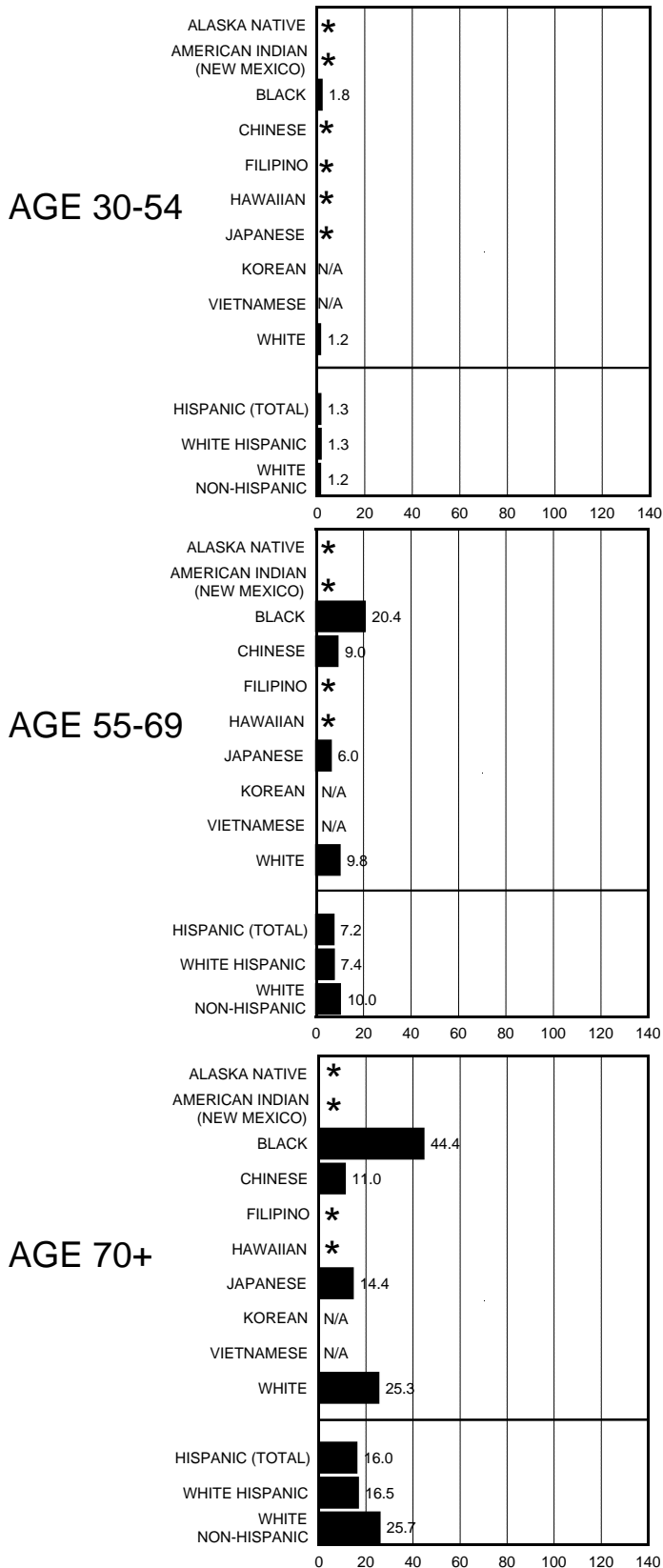
SEER INCIDENCE Rates Among Women by Age at Diagnosis, 1988-1992



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

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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.