

Chapter 4

Incidence and Mortality by Year West Virginia Females 1993 - 2001

	Female			
	New	Incid.		Mort.
Year	Cases	Rate	Deaths	Rate
1993	142	14.1	49	4.6
1994	142	14.6	41	3.8
1995	155	15.6	52	5.2
1996	125	12.6	49	4.5
1997	143	14.8	40	3.8
1998	119	11.7	46	4.4
1999	138	13.8	40	3.6
2000	112	11.1	38	3.5
2001	126	12.2	40	3.9

Number of new cases excludes in situ cases.

Rates are per 100,000 West Virginia females and are age-adjusted to the 2000 U.S. standard population.

Table 4.1

Overview

- > During 1997-2001, invasive cancer of the cervix was the seventh leading cause of cancer incidence among West Virginia women (Figure 1.4). For women aged 25-44 years, it was the second most commonly diagnosed cancer (Table 1.2).
- > For women older than age 24, there was little variation in incidence of cervical cancer with age (Figure 4.3).
- > Invasive cervical cancer is defined as local, regional, or distant disease (excludes in situ cases). During 1997-2001, 37% of West Virginia cases were diagnosed with regional or distant spread. Stage at diagnosis was unknown for 10% of cases (Figure 4.4).
- Each year from 1993 through 2001, approximately 45 West Virginia women died of cancer of the cervix (Table 4.1). During 1997-2001, invasive cervical cancer was the third leading cause of cancer-related mortality among West Virginia women aged 25-44 years (Table 1.3).
- > During 1996-2000, the average annual age-adjusted mortality rate for cervical cancer in West Virginia was statistically significantly higher than the U.S. average annual rate (Appendix B).

Risk Factors

- > Infection with certain types of human papillomavirus (HPV), a sexually transmitted disease, is associated with development of cancer of the cervix.
- > Early age at first intercourse, multiple sexual partners, and cigarette smoking are all associated with an increased risk for cervical cancer.

Prevention

- > Early detection through regular and widespread use of Pap smears, followed by proper treatment, lowers mortality from cervical cancer.
- > All women who are sexually active or who have reached the age of 18 should have an annual Pap smear and pelvic exam. If three or more annual smears have been normal, further screening may be done at one- to three-year intervals at the discretion of the health care provider based on patient risk factors.

Incidence Rates*, Age-Adjusted West Virginia Females 1993 - 2001, U.S. Females 1993 - 2000

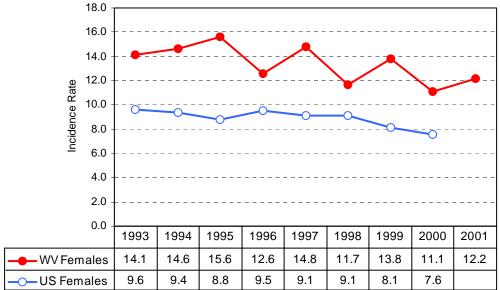


Figure 4.1

Cancer of the Cervix Uteri

Mortality Rates*, Age-Adjusted West Virginia Females 1993 - 2001, U.S. Females 1993 - 2000

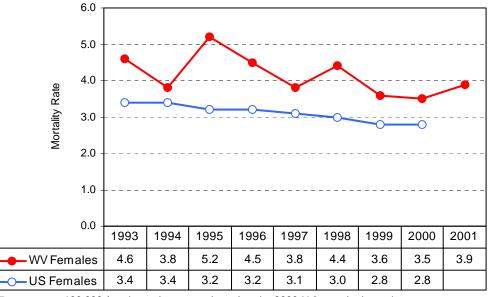


Figure 4.2

Rates are per 100,000 females and are age-adjusted to the 2000 U.S. standard population. U.S. rates are from SEER (Ries et al., 2003).

^{*}Rates are per 100,000 females and are age-adjusted to the 2000 U.S. standard population. U.S. rates are from SEER (Ries et al., 2003).

Incidence Rates*, Age-Specific West Virginia Females 1997 - 2001

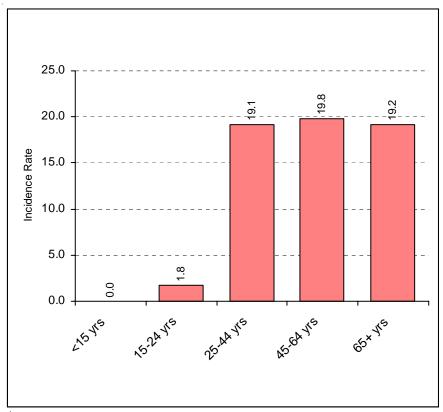


Figure 4.3

Cancer of the Cervix Uteri Stage of Disease at Diagnosis West Virginia Females 1997 - 2001

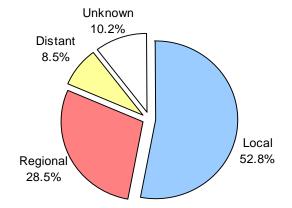


Figure 4.4

Cancer of the Cervix Uteri Most Frequent Histologies West Virginia Females 1997 - 2001

ICD-O		% of
Code	Histology	Invasive Cases
807	Squamous Cell Carcinoma	72.1
814	Adenocarcinoma	12.4
801	Carcinoma	6.0
856	Adenosquamous Carcinoma	3.0
800	Malignant Neoplasm	1.1
826	Adenocarcinoma (Papillary	
	or in Villous Adenoma)	1.1
838	Endometrioid Carcinoma	1.1

Table 4.2

^{*}Five-year average annual rate per 100,000 West Virginia females

Stage of Disease at Diagnosis by Age West Virginia Females 1997 - 2001

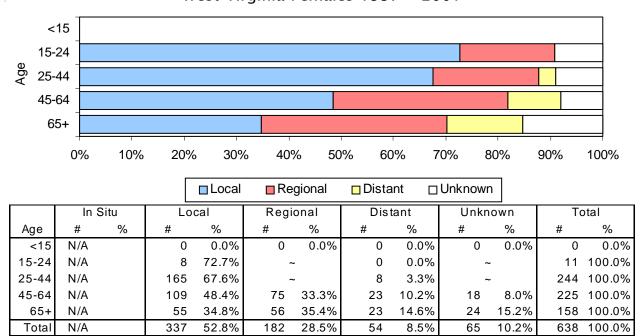


Figure 4.5

Cancer of the Cervix Uteri

Stage of Disease at Diagnosis by Race West Virginia Females 1997 - 2001

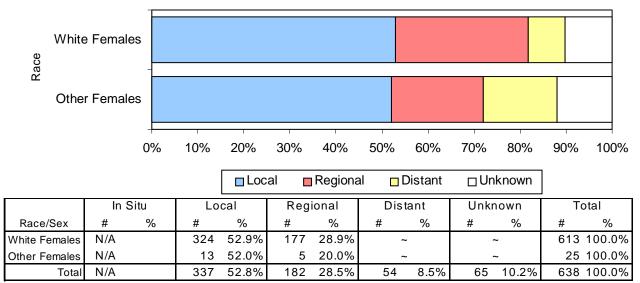


Figure 4.6

[~] Suppressed due to small cell size Total may not add to 100% due to rounding.

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