



Cervical Cancer

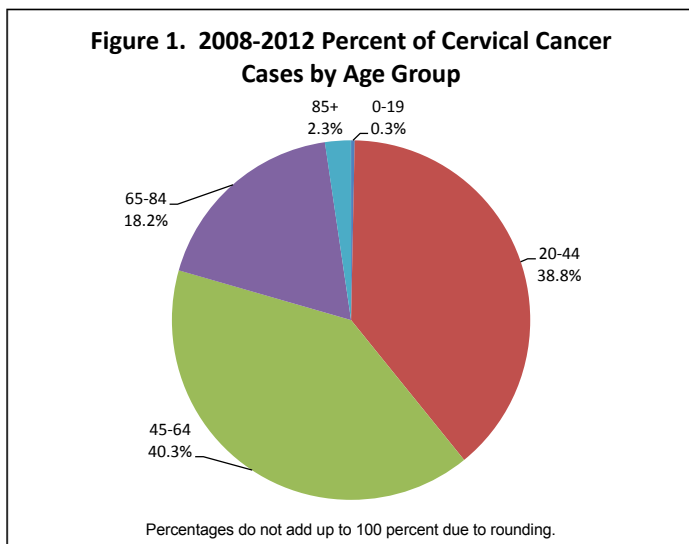
A Fact Sheet from the North Carolina Central Cancer Registry, State Center for Health Statistics

December 2015

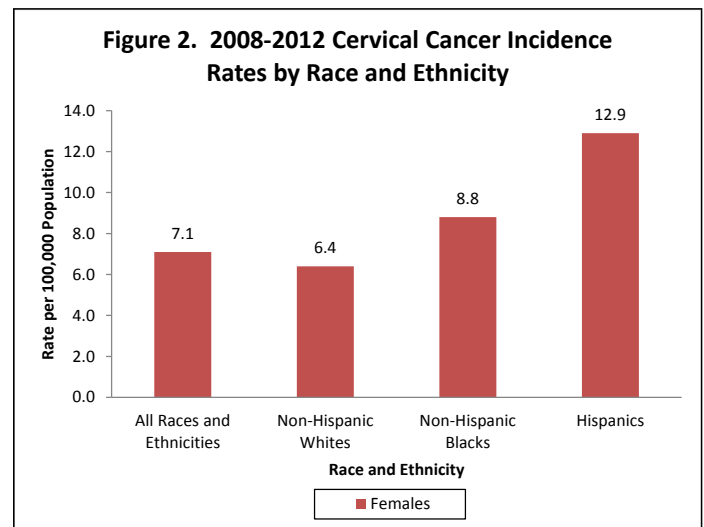
Cancer of the cervix was the 21st most frequently occurring and the 21st leading cause of cancer death in North Carolina from 2008 to 2012. It is anticipated that 386 females in North Carolina will be diagnosed with and 125 females will die of cervical cancer in 2015.

Incidence

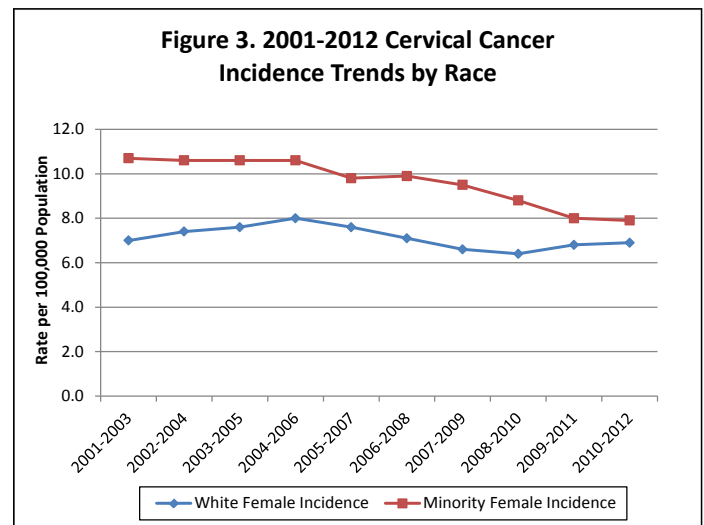
The percentage of cases of cervical cancer from 2008 to 2012 is displayed by age group in Figure 1. More than 40 percent of cervical cancer cases were diagnosed in females ages 45 to 64.



Between 2008 and 2012, the age-adjusted incidence rate for cervical cancer in North Carolina was 7.1 per 100,000 females per year. Hispanic women are much more likely to be diagnosed with cervical cancer than women of other races and ethnicities (Figure 2).

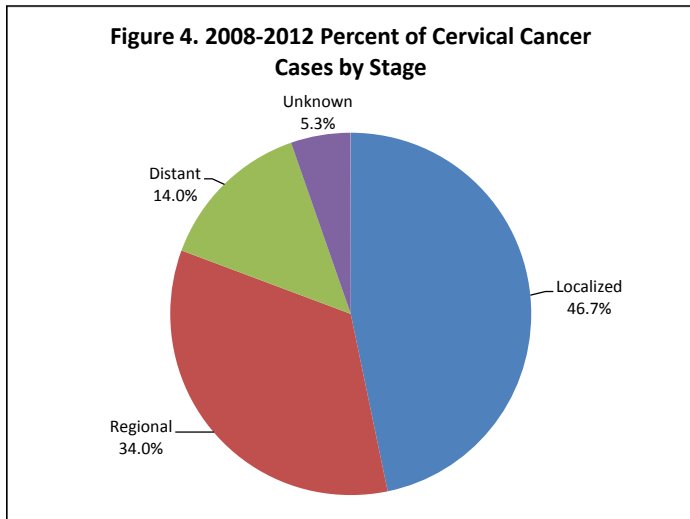


From 2001 to 2012, cervical cancer incidence rates have decreased for minority women and have remained stable for white women (Figure 3).

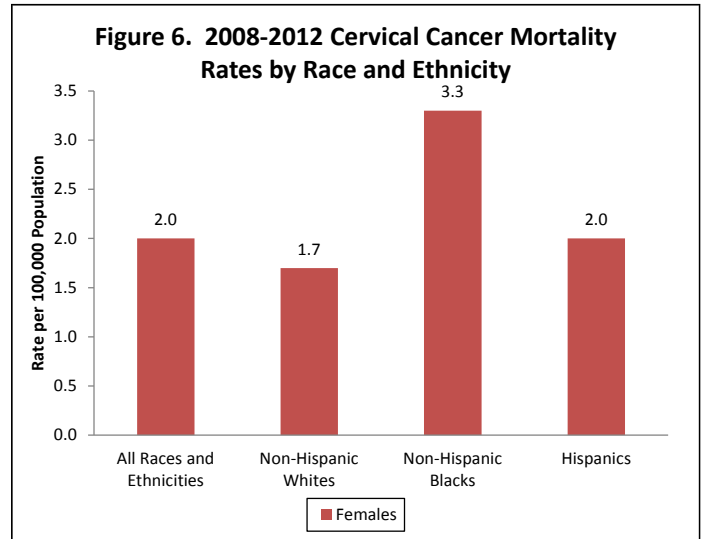


Stage at Diagnosis*

Figure 4 shows the stage distribution of cervical cancer cases diagnosed between 2008 and 2012. More than 46 percent of cervical cancer cases were diagnosed at the localized stage.

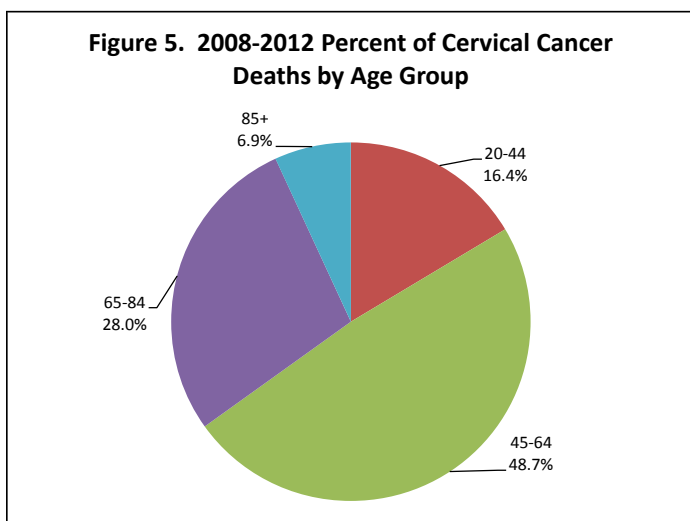


The age-adjusted mortality rate of cervical cancer in North Carolina from 2008 to 2012 was 2.0 per 100,000 persons per year (Figure 6). Non-Hispanic black women are more likely to die from cervical cancer than women of other races and ethnicities.

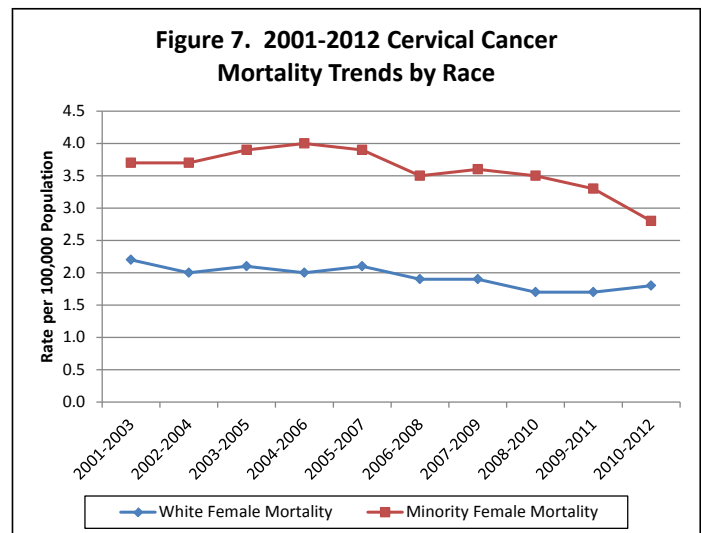


Mortality

Between 2008 and 2012, the percentage of cervical cancer deaths is displayed by age group in Figure 5. More than 75 percent of deaths occurred in people ages 45 to 84.



From 2001 to 2012, cervical cancer mortality rates have decreased for minorities and have remained stable for whites (Figure 7).



Data Sources and Methods

Data on North Carolina cases were obtained from the North Carolina Central Cancer Registry (CCR). Hospitals are the primary source of data. The CCR supplements hospital data with reports from physicians who diagnose cases in a non-hospital setting. The CCR also collects data from pathology laboratories and freestanding treatment centers. Data on cancer deaths were obtained from Statistical Services in the State Center for Health Statistics. Population data from the National Center for Health Statistics were used in the denominators of the rates, which are expressed per 100,000 persons. Rates were age-adjusted using the 2000 United States Census data. To examine trends, three-year overlapping rates were used to improve stability over time. Stage at diagnosis was defined according to Surveillance, Epidemiology, and End Results Summary Stage guidelines as *in situ*, localized, regional, distant and unknown/NA. For further information about the North Carolina CCR, please visit www.schs.state.nc.us/units/ccr.

* According to the National Cancer Institute (NCI), "many cancer registries, such as NCI's Surveillance, Epidemiology, and End Results Program (SEER), use summary staging. This system is used for all types of cancer. It groups cancer cases into five main categories: **In situ**—Abnormal cells are present only in the layer of cells in which they developed. **Localized**—Cancer is limited to the organ in which it began, without evidence of spread. **Regional**—Cancer has spread beyond the primary site to nearby lymph nodes or organs and tissues. **Distant**—Cancer has spread from the primary site to distant organs or distant lymph nodes. **Unknown**—There is not enough information to determine the stage." Additional information on staging can be found at www.cancer.gov/cancertopics/factsheet/detection/staging.