Uterus - Cervix and Corpus

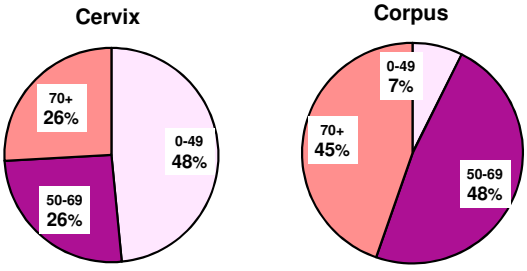
NICER and Swiss Cancer Registries

Raw data - Period 2002-2005

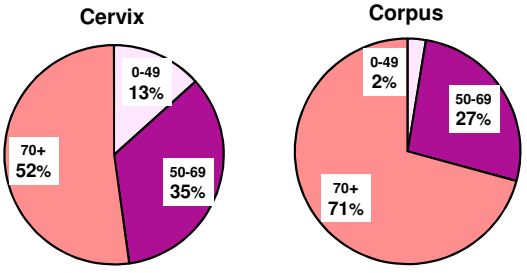
Site	Yearly averages New cases (1)	Deaths (2)	5-year Prevalence (3)	Years of life lost (4)
Cervix	249	90	1560	876
Corpus	920	201	3485	899

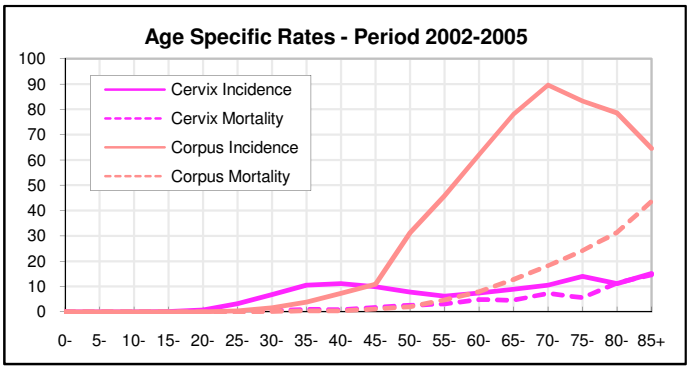
(1) Swiss estimates on basis of nine registries
(2) Computed from data of Statistical Federal Office
(3) Estimated from Globocan 2002, IARC - Lyon
(4) Years lost each year before age 75

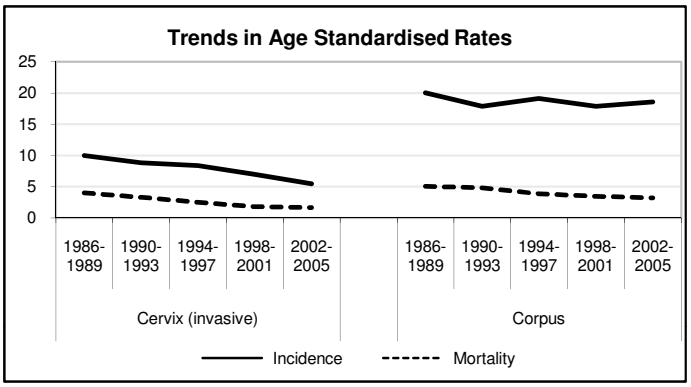
New cases by age group

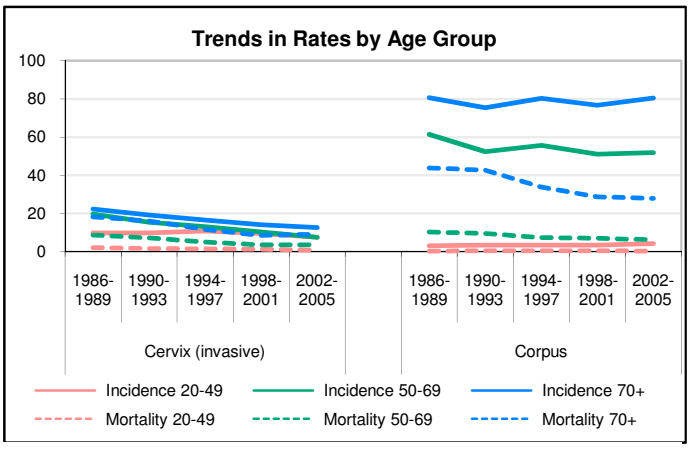


Deaths by age group









Cervical cancer

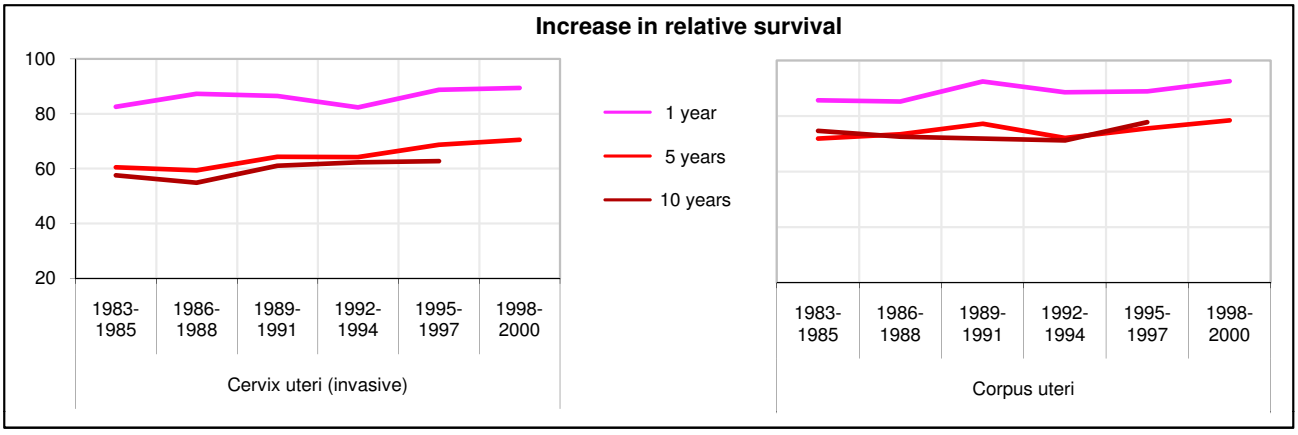
Based on 60% coverage by cantonal cancer registries, an estimated 250 new cervical cancers and 90 cervical cancer deaths will be observed in Switzerland in 2008, making a crude incidence rate of 6.6 cases/100'000 per year (european age standardized incidence rate=1.6/100'000). However this does not mean that risk of cervical cancer is low : in cantons where premalignant lesions are also recorded (Geneva, St Gall & Appenzell, Valais and Ticino), we can observe a ratio in situ/malignant up to 11, traducing a good secondary prevention: combining these cantons, an additional 380 cases of CIN3-4 premalignant lesions will have been diagnosed at the end of this year. The regular and dramatic decrease of invasive cervix cancer is linked with the widespread adoption of screening via gynecological examinations and Pap smears.

Nearly all cases of cervical cancer are associated with human papillomavirus (HPV) infection which is transmitted during sexual activity and it is now widely accepted that HPV is the primary etiologic infectious agent. The finding of HPV viral DNA integrated in most cellular genomes of invasive cervical carcinomas supports epidemiologic data linking this agent to cervical cancer; however, direct causation has not been demonstrated.

More than 80 distinct types of HPV have been identified, approximately 30 of which infect the human genital tract. HPV types 16 and 18 are most often associated with invasive disease.

Cigarette smoking or exposure to environmental smoke is also associated with increased risk among HPV-infected women, suggesting that components of tobacco are promoters of abnormal growth of viral-infected cells. Other sexually transmitted factors, including herpes simplex virus 2, may play a cocausative role.

Although some uncertainties still under scientific controversies (e.g. duration of immunity, side effects, ...), the Federal Office of Public Health did recommend a vaccination for girls who are 11 and additional possibilities for others up to 20, until 2012. Several cantons already started such large programmes for "free" vaccination. Using the vaccine against the four types 6, 11, 16 and 18, it is expected a reduction of 60% in mortality. However, tools for evaluating this expected result are not all in place, as noticed by the Swiss National Cancer League.



Endometrium

Endometrial cancer is a frequent invasive gynecologic cancer in Switzerland, with an estimated 920 new cases expected to occur in 2008 (European age standardized rate = 3.2/100'000), mainly postmenopausal women at an average age of 60 years at diagnosis. Five-year relative survival is approximately 78% overall, and it is estimated that approximately 200 women will die of endometrial cancer in 2008. Incidence rate has declined about 2% per year since 1986 to the present, but there is a possible link with an increase of the female population who have undergone hysterectomy (adjustment for age-specific hysterectomy would yield a uterine cancer incidence rate approximately 20% higher).

The major risk factor for developing endometrial cancer is the use of estrogen replacement therapy unaccompanied by progesterone ; a number of additional risk factors have been identified and often appear to be related to estrogenic effects. Among these factors are obesity, a high-fat diet, reproductive factors like nulliparity, early menarche and late menopause, polycystic ovarian syndrome, and tamoxifen use.

Women with hereditary nonpolyposis colorectal cancer (HNPCC) syndrome have a markedly increased risk of endometrial cancer compared with women in the general population. Among women who are HNPCC mutation carriers, the estimated cumulative incidence of endometrial cancer ranges from 20% to 60%.

Factors that have been associated with a decreased incidence of endometrial cancer include parity, lactation, use of combined oral contraceptives, a diet low in fat and high in plant foods, and physical activity.

There is inadequate evidence that screening by ultrasonography (e.g., endovaginal ultrasound or transvaginal ultrasound [TVU]) or endometrial sampling (biopsy) would reduce the mortality from endometrial cancer. Most cases of endometrial cancer, however, are diagnosed because of symptoms, which are nonetheless "early" stage and have high survival rates.

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