

3.16 Uterus

Table 3.16.1
Overview of key epidemiological parameters for Germany, ICD-10 C54 – C55

	2009	2010	Prediction for 2014
	Women	Women	Women
Incident cases	11,650	11,550	11,900
Crude incidence rate ¹	27.9	27.7	28.9
Standardised incidence rate ^{1,2}	18.0	17.7	17.7
Median age at diagnosis	69	69	
Deaths	2,360	2,432	
Crude mortality rate ¹	5.7	5.8	
Standardised mortality rate ^{1,2}	2.9	3.0	
5-year prevalence	46,700	46,800	
Absolute 5-year survival rate (2009-2010) ³		72 (69-78)	
Relative 5-year survival rate (2009-2010) ³		81 (78-88)	

¹ per 100,000 persons ² age-standardised (European standard) ³ in percentages (lowest and highest value of the included German federal states)

Epidemiology

With approximately 11,550 newly diagnosed cases every year, accounting for 5.1 % of all malignant neoplasms, uterine cancer is the fourth most common form of cancer among women and the most common cancer of the female genital organs. Due to the good prognosis, the proportion of all deaths the cancer accounts for is markedly lower, at just 2.4 %.

One in 46 women (2.2 %) develops cancer of the uterus in the course of her life, and one in 200 dies of it. As with the mortality rate for cancer of the cervix, the mortality rate for cancer of the uterus has fallen slightly, while the age-standardised incidence rate has recently remained almost constant. The median age at diagnosis is 69 years. Histologically, cancers of the uterus are mostly endometrial (i.e. originating from the lining of the uterus) adenocarcinomas. Approximately 70 % of the carcinomas are diagnosed at an early stage (T1).

Uterine carcinomas are one of the types of cancer with a favourable prognosis. The relative 5-year survival rate in Germany is approximately 81 %.

Regional differences within Germany are relatively small. Internationally, higher incidence and mortality rates have been observed in Eastern Europe, Scandinavia and also in the USA.

Risk factors

Independent of and in addition to age, the long-term influence of oestrogen is a risk factor. Thus early first menses (menarche), late onset of menopause (climacterium), childlessness, and diseases of the ovaries, such as polycystic ovary syndrome (PCOS), all have the effect of increasing the risk. Oestrogen as monotherapy during menopause also increases the risk, although when combined with progesterone it does not. Oral contraceptives ("the pill"), in particular oestrogen-progesterone combinations, reduce the risk. For hormone-dependent tumours, lifestyle risk factors also play a role, particularly overweight and lack of exercise. Women with type 2 diabetes mellitus are more frequently affected.

Women with breast cancer who have been treated with tamoxifen often develop endometrial hyperplasia and thus have a higher risk of developing a uterine carcinoma. Gene mutations that can lead to hereditary nonpolyposis colorectal carcinoma (HNPCC) also contribute to an increased risk of uterine cancer.

For the rarer oestrogen-independent types of this tumour, advanced age is also a risk. Exposure of the uterus to radiation can also increase the risk. Study results available do not permit conclusive interpretation of the roles played by lifestyle and genetic factors in oestrogen-independent tumours.

Figure 3.16.1a
Age-standardised incidence and mortality rates,
ICD-10 C54 – C55, Germany 1999 – 2010
per 100,000 (European standard)

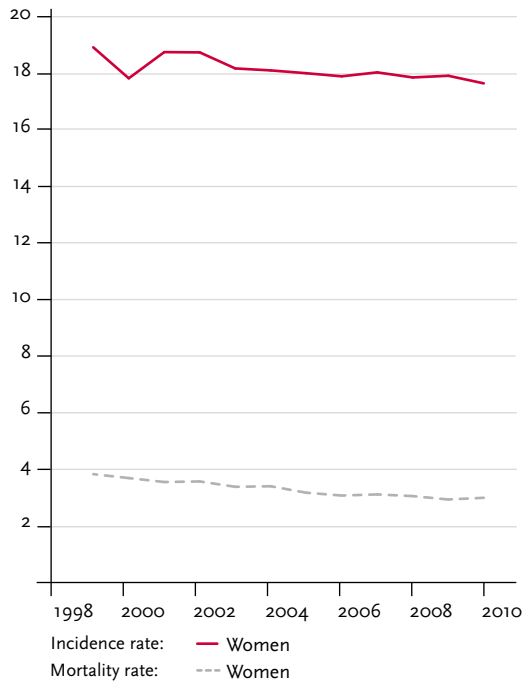


Figure 3.16.1b
Absolute numbers of incident cases and deaths,
ICD-10 C54 – C55, Germany 1999 – 2010

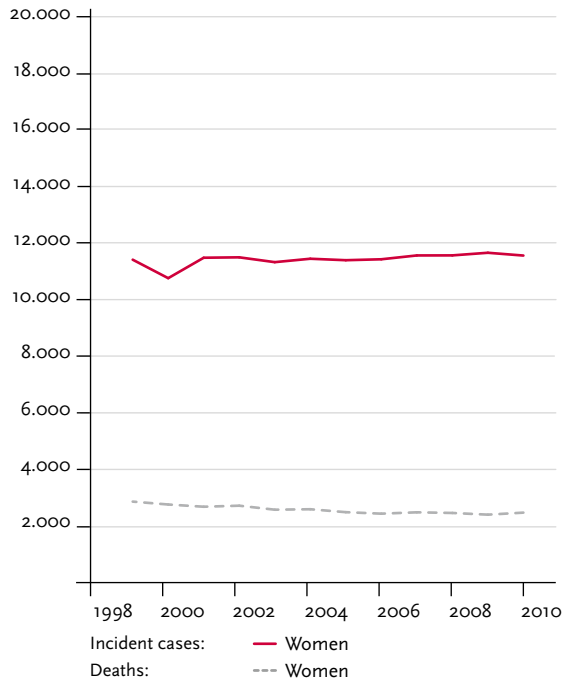


Figure 3.16.2
Age-specific incidence rates, ICD-10 C54 – C55, Germany 2009 – 2010
per 100,000

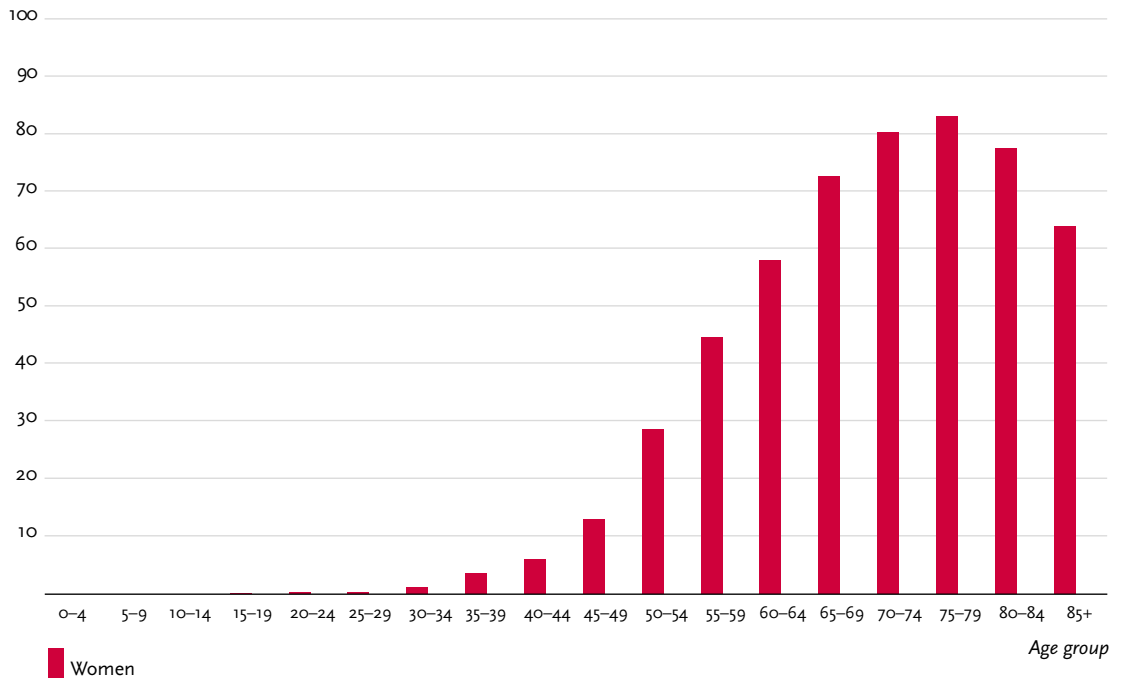


Table 3.16.2
Cancer incidence and mortality risks in Germany by age, ICD-10 C54 – C55, database 2010

Women aged	Risk of developing cancer				Mortality risk			
	in the next ten years		ever		in the next ten years		ever	
35 years	0.1%	(1 in 2,000)	2.2%	(1 in 46)	<0.1%	(1 in 27,000)	0.5%	(1 in 200)
45 years	0.2%	(1 in 470)	2.2%	(1 in 46)	<0.1%	(1 in 5,800)	0.5%	(1 in 200)
55 years	0.5%	(1 in 200)	2.0%	(1 in 50)	0.1%	(1 in 1,700)	0.5%	(1 in 200)
65 years	0.7%	(1 in 140)	1.6%	(1 in 64)	0.1%	(1 in 750)	0.5%	(1 in 220)
75 years	0.7%	(1 in 140)	1.0%	(1 in 100)	0.2%	(1 in 500)	0.4%	(1 in 270)
Lifetime risk			2.2%	(1 in 46)			0.5%	(1 in 200)

Figure 3.16.3
Distribution of T-stages at first diagnosis (top: all cases; bottom: only valid reports)
ICD-10 C54 – C55, Germany 2009 – 2010

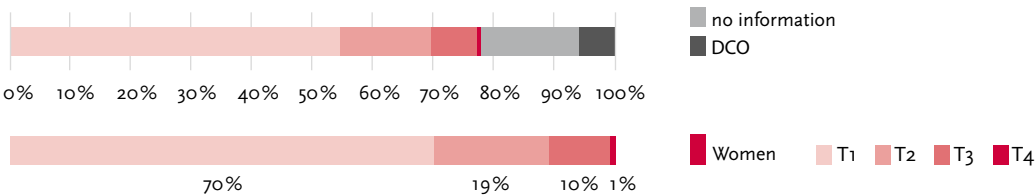


Figure 3.16.4a
Absolute survival rates up to 5 years after first diagnosis,
ICD-10 C54 – C55, Germany 2009 – 2010

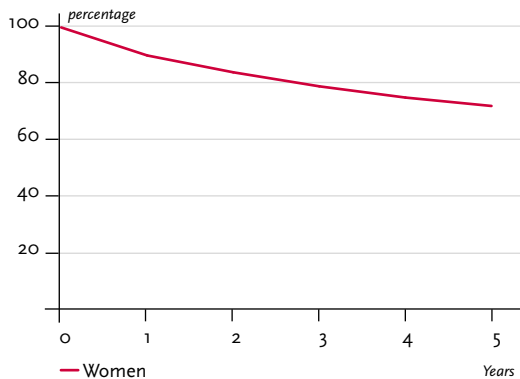


Figure 3.16.4b
Relative survival rates up to 5 years after first diagnosis,
ICD-10 C54 – C55, Germany 2009 – 2010

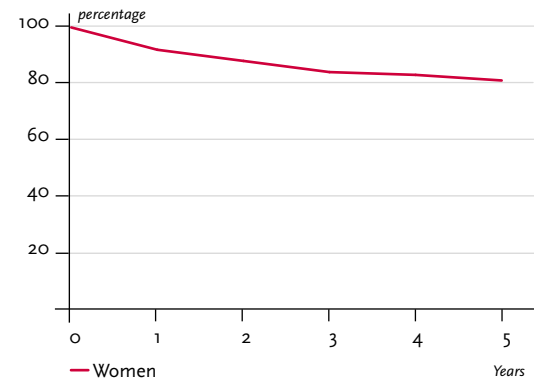


Figure 3.16.5
Registered age-standardised incidence and mortality rates in German federal states,
ICD-10 C54 – C55, 2009 – 2010
per 100,000 (European standard)

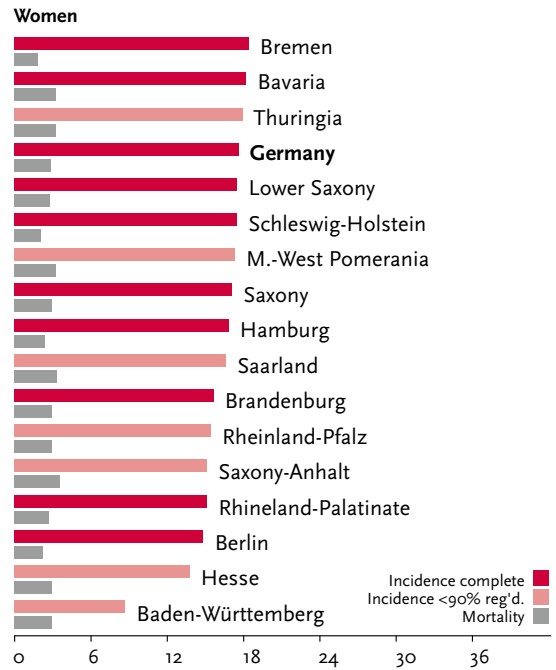


Figure 3.16.6
International comparison of age-standardised incidence and mortality rates,
ICD-10 C54 – C55, 2009 – 2010 or latest available year (details and sources, see appendix)
per 100,000 (European standard)

