3.17 Uterus

Table 3.17.1
Overview of key epidemiological parameters for Germany, ICD-10 C54–C55

	2011	2012	Prediction for 2016
	Women	Women	Women
Incident cases	11,140	10,930	10,800
Crude incidence rate[1]	27.1	26.6	26.2
Standardised incidence rate[1,2]	16.9	16.6	15.8
Median age at diagnosis	69	69	
Deaths	2,442	2,515	
Crude mortality rate[1]	5.9	6.1	
Standardised mortality rate[1,2]	3.0	3.0	
5-year prevalence	45,900	45,600	
	after 5 years	*after 10 years*	
Absolute survival rate (2011–2012)[3]	71 (66–73)	58 (55–61)	
Relative survival rate (2011–2012)[3]	80 (75–82)	76 (73–78)	

[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 10,930 newly diagnosed cases every year, accounting for 4.8 % 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 2.5 %.

One in 49 women develops cancer of the uterus in the course of her life, and one in 200 dies of it. The incidence rate for cancer of the uterus has fallen slightly, while the age-standardised mortality 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 80 % 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 80 %.

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

Risk factors

About 80 % of endometrial carcinomas are hormone-dependent, and 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 non-polyposis colorectal carcinoma (HNPPC) also contribute to an increased risk of uterine cancer.

For the rarer oestrogen-independent types of this tumour (15 % of endometrial carcinoma), advanced age is a risk-factor. Exposure of the uterus to radiation can also increase the risk. Study results do not permit conclusive interpretation of the roles played by lifestyle and genetic factors in oestrogen-independent tumours.

Figure 3.17.1a
Age-standardised incidence and mortality rates, ICD-10 C54–C55, Germany 1999–2012
per 100,000 (European standard)

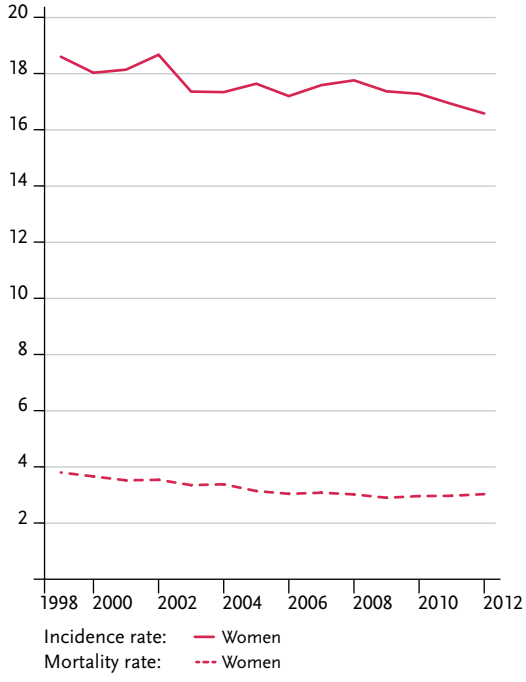


Figure 3.17.1b
Absolute numbers of incident cases and deaths, ICD-10 C54–C55, Germany 1999–2012

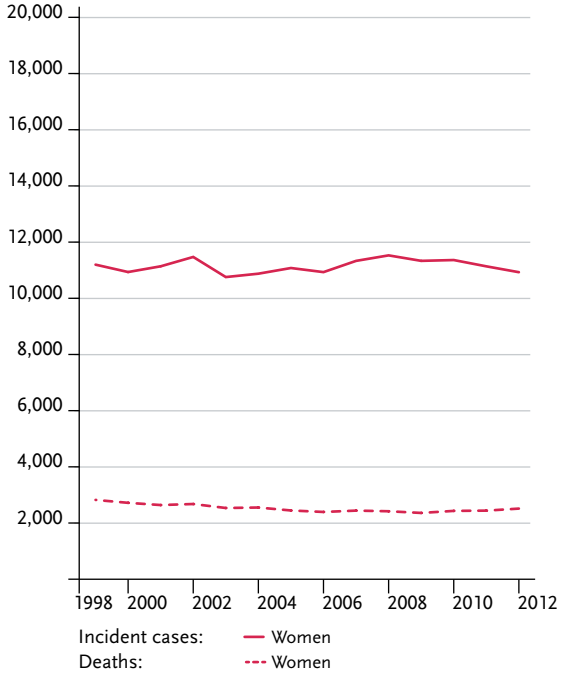


Figure 3.17.2
Age-specific incidence rates, ICD-10 C54–C55, Germany 2011–2012
per 100,000

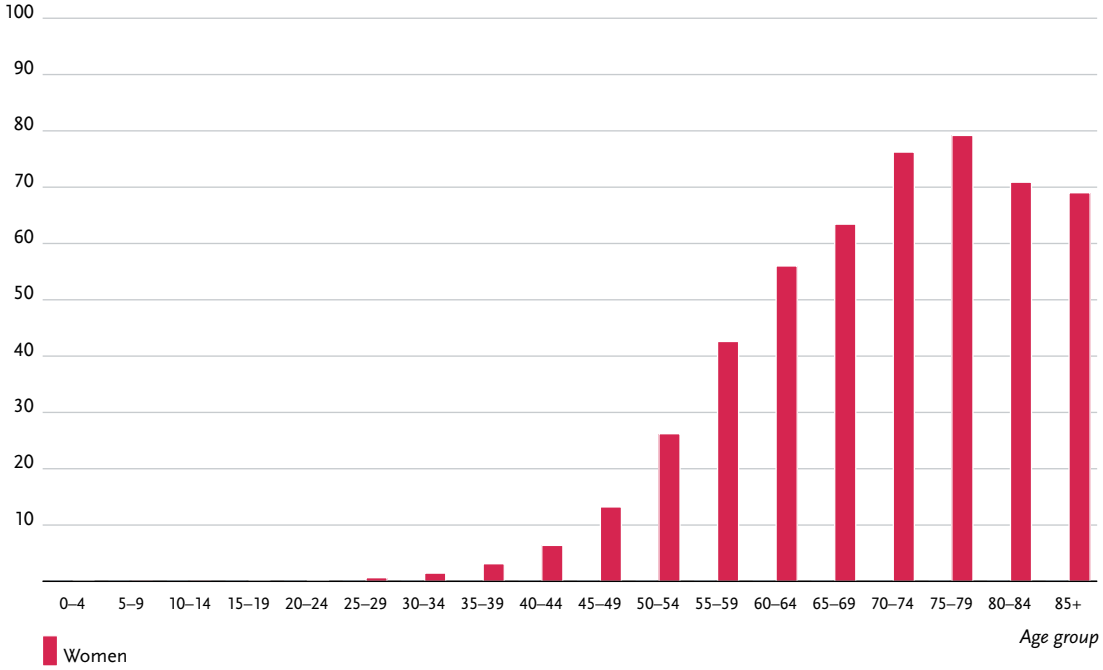


Table 3.17.2
Cancer incidence and mortality risks in Germany by age, ICD-10 C54–C55, database 2012

	Risk of developing cancer				Mortality risk			
Women aged	**in the next ten years**		**ever**		**in the next ten years**		**ever**	
35 years	<0.1%	(1 in 2,100)	2.1%	(1 in 49)	<0.1%	(1 in 22,900)	0.5%	(1 in 200)
45 years	0.2%	(1 in 500)	2.0%	(1 in 49)	<0.1%	(1 in 5,400)	0.5%	(1 in 200)
55 years	0.5%	(1 in 210)	1.9%	(1 in 53)	0.1%	(1 in 1,700)	0.5%	(1 in 200)
65 years	0.6%	(1 in 150)	1.5%	(1 in 68)	0.1%	(1 in 730)	0.5%	(1 in 220)
75 years	0.6%	(1 in 160)	0.9%	(1 in 110)	0.2%	(1 in 490)	0.4%	(1 in 270)
Lifetime risk			2.1%	(1 in 49)			0.5%	(1 in 200)

Figure 3.17.3
Distribution of T-stages at first diagnosis (top: all cases; bottom: only valid reports)
ICD-10 C54–C55, Germany 2011–2012

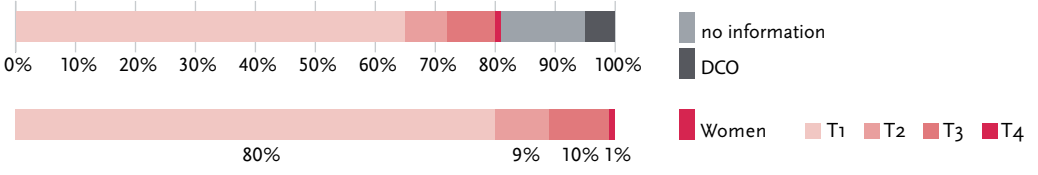


Figure 3.17.4a
Absolute survival rates up to 10 years after first diagnosis,
ICD-10 C54–C55, Germany 2011–2012

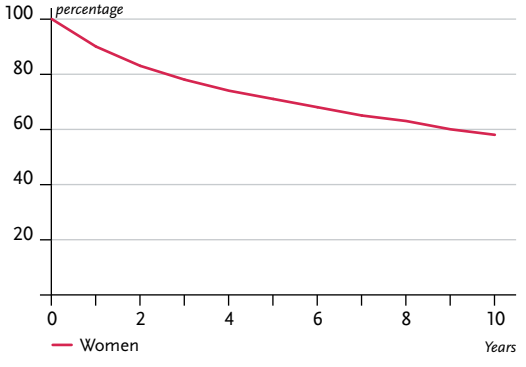


Figure 3.17.4b
Relative survival rates up to 10 years after first diagnosis,
ICD-10 C54–C55, Germany 2011–2012

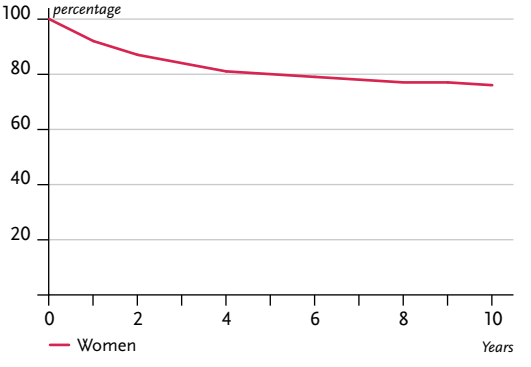


Figure 3.17.5
Registered age-standardised incidence and mortality rates in German federal states, ICD-10 C54 – C55, 2011 – 2012
per 100,000 (European standard)

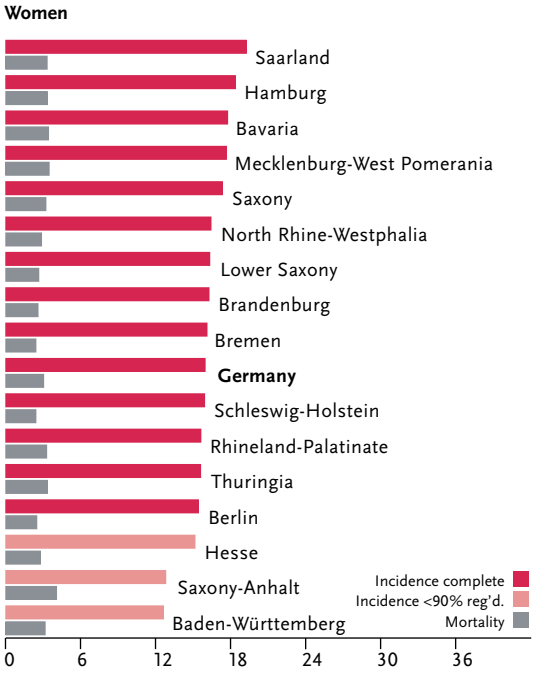
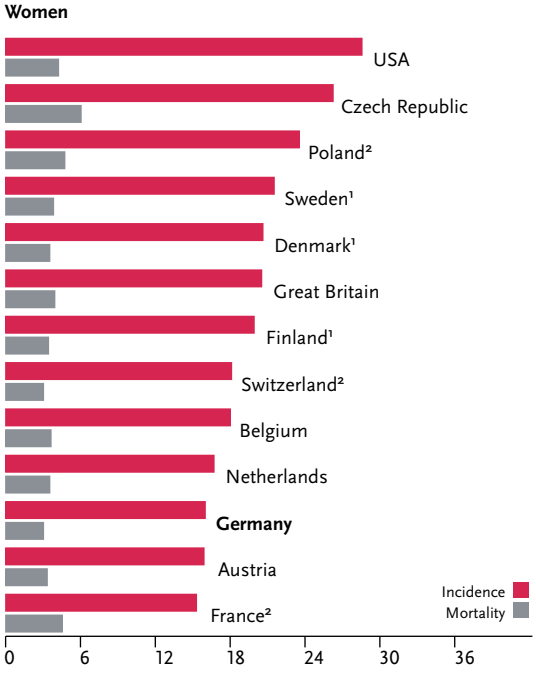


Figure 3.17.6
International comparison of age-standardised incidence and mortality rates, ICD-10 C54 – C55, 2011 – 2012 or latest available year (details and sources, see appendix)
per 100,000 (European standard)



¹ incl. C58
² data for incidence for C54 only