3.20 Uterus

Table 3.20.1
Overview of key epidemiological parameters for Germany, ICD-10 C54–C55

Incidence	2015	2016	Prediction for 2020
	Women	Women	Women
Incident cases	10,990	11,090	11,200
Crude incidence rate[1]	26.5	26.6	27.7
Age-standardised incidence rate[1,2]	16.2	16.5	16.0
Median age at diagnosis	69	68	

Mortality	2015	2016	2017
	Women	Women	Women
Deaths	2,602	2,600	2,707
Crude mortality rate[1]	6.3	6.2	6.5
Age-standardised mortality rate[1,2]	3.0	3.0	3.1
Median age at death	77	77	77

Prevalence and survival rates	5 years	10 years
	Women	Women
Prevalence	45,700	83,300
Absolute survival rate (2015–2016)[3]	70 (66–72)	57 (52–61)
Relative survival rate (2015–2016)[3]	78 (75–82)	74 (69–79)

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

▶ Additional information under www.krebsdaten.de/cancer-sites

Epidemiology

With approximately 11,090 new cases each year, malignant tumours of the uterus are the fifth most common form of cancer among women and the most common cancer of the female genital organs. Uterine cancer generally has a good prognosis. As such, the number of deaths from this disease is comparatively low at around 2,700 per year. One in 50 women will develop uterine cancer over the course of her life, with one in 200 dying from it. Recently, uterine cancer incidence has declined slightly, but age-standardised mortality has remained almost constant. The median age at diagnosis is 68 years. Uterine cancers are usually endometrial adenocarcinomas (cancers that develop from the glandular lining of the uterus). About 70 % of uterine cancers with valid cancer staging data were diagnosed as stage I.

The relative 5-year survival rate from uterine cancer in Germany is around 78 %. At the end of 2016, approximately 83,300 women living in Germany had developed cancer of the uterus within the preceding 10 years. Regional differences in incidence and mortality within Germany are rather small. Higher incidences are reported by eastern European countries and the US.

Risk factors

About 80 % of uterine cancers are hormone dependent. Oestrogen has a long-term impact on the development of uterine cancer: an early first menstruation, a late menopause, childlessness and diseases of the ovaries increase risk. Similarly, oestrogen monotherapy during menopause also increases risk; however, this risk can be reducing by combining oestrogen with gestagen. Oral contraceptives and combined oestrogen and progesterone therapy reduce risk. Excess body weight and lack of exercise also play a role in hormone-dependent tumours. Furthermore, women with type 2 diabetes mellitus as well as women who undergo breast cancer treatment with tamoxifen are also more likely to develop uterine cancer. Gene mutations associated with hereditary non-polyposis colorectal cancer also increase the risk of developing uterine cancer.

Advanced age is associated with the rarer oestrogen-independent forms of uterine cancer. Whereas exposure of the uterus to radiation can increase this risk, the role of lifestyle and genetic factors remains unclear.

Figure 3.20.1a
Age-standardised incidence and mortality rates, ICD-10 C54–C55, Germany 1999–2016/2017, projection (incidence) through 2020
per 100,000 (old European Standard)

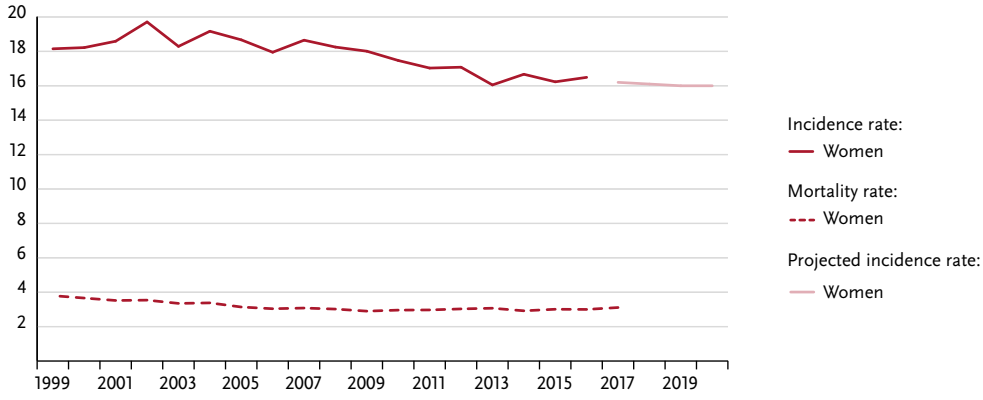

Figure 3.20.1b
Absolute numbers of incident cases and deaths, ICD-10 C54–C55, Germany 1999–2016/2017, projection (incidence) through 2020

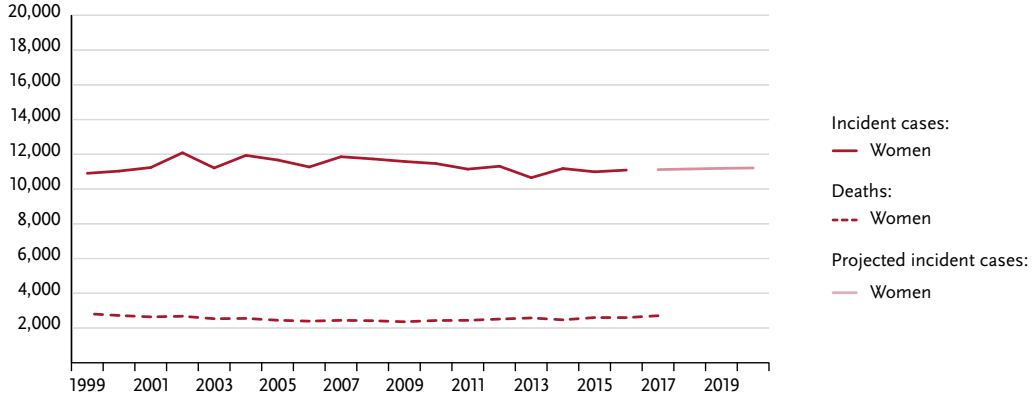

Figure 3.20.2
Age-specific incidence rates, ICD-10 C54–C55, Germany 2015–2016
per 100,000

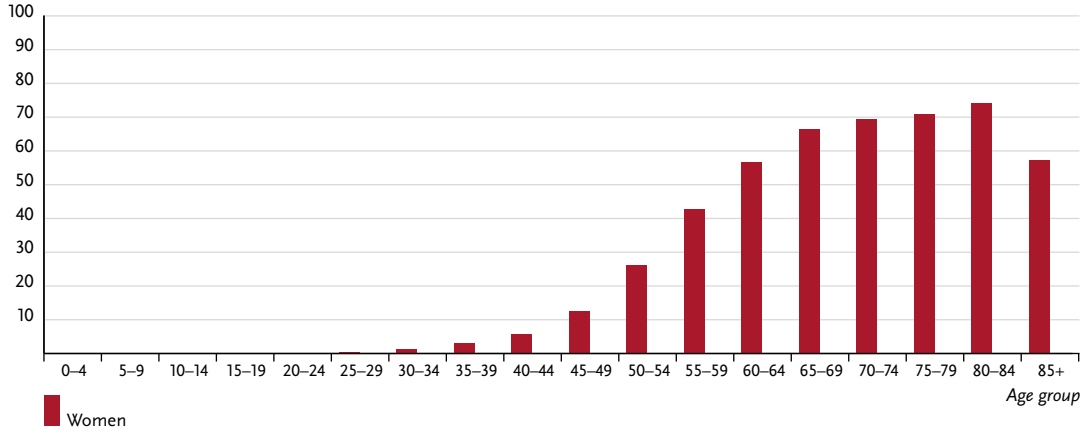

Table 3.20.2
Cancer incidence and mortality risks in Germany by age, ICD-10 C54–C55, database 2016

	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)	2.0 %	(1 in 50)	< 0.1 %	(1 in 18,900)	0.5 %	(1 in 190)
45 years	0.2 %	(1 in 500)	2.0 %	(1 in 51)	< 0.1 %	(1 in 5,700)	0.5 %	(1 in 190)
55 years	0.5 %	(1 in 210)	1.8 %	(1 in 55)	0.1 %	(1 in 1,600)	0.5 %	(1 in 200)
65 years	0.7 %	(1 in 150)	1.4 %	(1 in 71)	0.1 %	(1 in 770)	0.5 %	(1 in 210)
75 years	0.6 %	(1 in 170)	0.9 %	(1 in 120)	0.2 %	(1 in 440)	0.4 %	(1 in 260)
Lifetime risk			2.0 %	(1 in 50)			0.5 %	(1 in 200)

Figure 3.20.3
Distribution of UICC-stages at first diagnosis, ICD-10 C54–C55, Germany 2015–2016
(top: all cases; bottom: only valid reports)

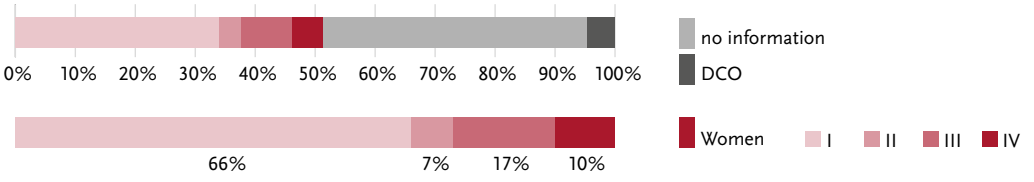

Figure 3.20.4
Absolute and relative survival rates up to 10 years after first diagnosis, ICD-10 C54–C55, Germany 2015–2016

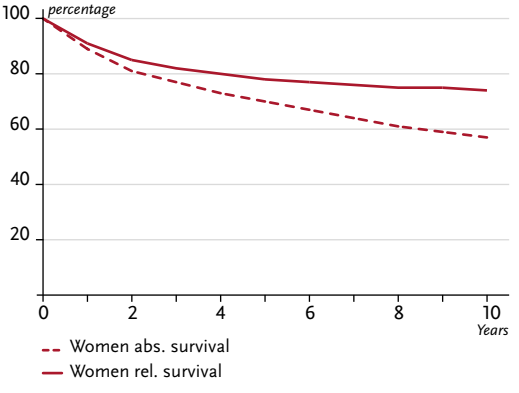

Figure 3.20.5
Relative 5-year survival by UICC-stage, ICD-10 C54–C55, Germany 2015–2016

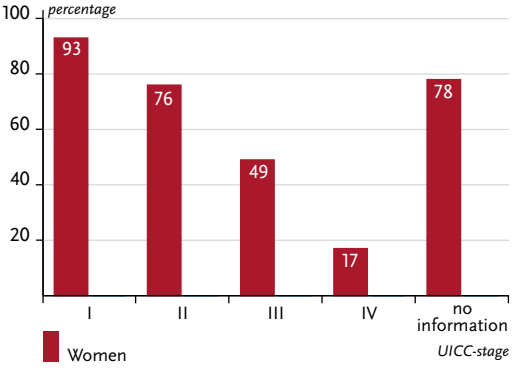

Figure 3.20.6
Age-standardised incidence and mortality rates in German federal states, ICD-10 C54–C55, 2015–2016 (Incidence in Bremen for 2014 and 2016, incidence in eastern Germany for 2014 to 2015)
per 100,000 (old European Standard)

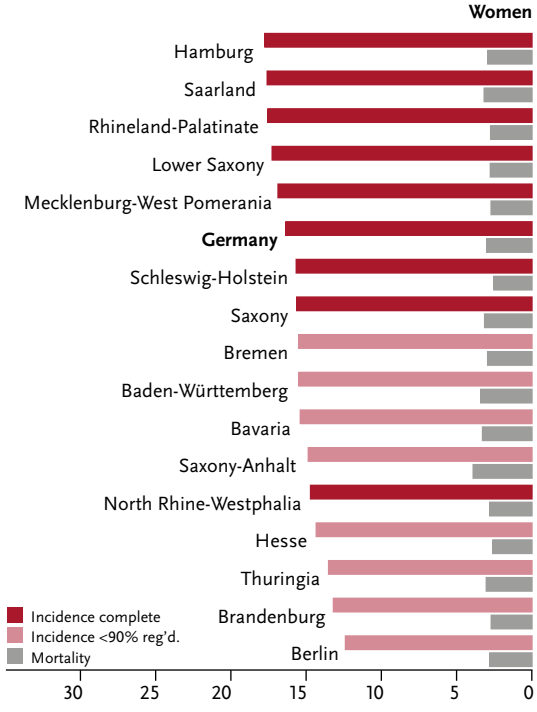

Figure 3.20.7
International comparison of age-standardised incidence and mortality rates, ICD-10 C54–C55, 2015–2016 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)

[1] Data including C58
[2] Incidence only for C54
[3] Mortality figures from Eurostat, Statistical Office of the European Union