

3.20 Uterus

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

Incidence	2017	2018	Prediction for 2022
	Women	Women	Women
Incident cases	10,760	10,860	10,600
Crude incidence rate ¹	25.7	25.9	25.1
Age-standardised incidence rate ^{1, 2}	15.9	15.9	15.1
Median age at diagnosis	68	68	
Mortality	2017	2018	2019
	Women	Women	Women
Deaths	2,707	2,631	2,659
Crude mortality rate ¹	6.5	6.3	6.3
Age-standardised mortality rate ^{1, 2}	3.1	3.0	3.0
Median age at death	77	77	77
Prevalence and survival rates	5 years	10 years	25 years
	Women	Women	Women
Prevalence	43,000	77,100	143,600
Absolute survival rate (2017–2018) ³	69 (66–72)	57 (52–59)	
Relative survival rate (2017–2018) ³	78 (75–81)	74 (68–78)	

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

Epidemiology

With approximately 10,860 new cases in 2018, malignant tumours of the uterus (corpus or endometrial carcinoma) are the fifth most common cancer in women and the most common 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 about 2,650 per year. One in 50 women will develop uterine cancer in the course of her life, and one in 200 will die from it. Within Germany, regional differences in mortality rates are rather small. Internationally, significantly higher incidence rates are reported from the US, but also from Eastern European countries and the Nordic countries, as well as from England. The age-standardised incidence and mortality rates from uterine cancer have recently remained almost constant after a continuous decline. The median age at diagnosis is 68 years. Histologically, uterine cancers are mostly endometrioid adenocarcinomas (originating from the glandular lining of the uterus). Between 64% and 67% of carcinomas with valid stage information are diagnosed at stage I. However, about half of the tumours could not be assigned to any stage. The relative 5-year survival of patients with uterine cancer is around 78% in Germany. At the end of 2018, there were about 143,600 women living in Germany who had been diagnosed with uterine cancer in the past 25 years.

Risk factors

About 80% of endometrial carcinomas are hormone-dependent. Long-term oestrogen exposure is a risk factor for these: An early first menstruation, a late menopause, childlessness and diseases of the ovaries increase the risk. Similarly, oestrogen monotherapy during menopause also increases risk. However, this risk can be reduced by combining them with gestagen counteracts the risk. Oral contraceptives and especially oestrogen-gestagen combinations reduce the risk. In the case of hormone-dependent tumours, obesity and lack of exercise also play a role. Furthermore, women with type 2 diabetes mellitus are more likely to develop uterine cancer. Women who are treated for breast cancer with tamoxifen also have a slightly higher risk. Gene mutations associated with hereditary colorectal cancer, hereditary non-polyposis colorectal carcinoma (HNPCC, Lynch syndrome), also increase the risk of developing uterine cancer.

Advanced age is associated with the rarer oestrogen-independent forms of uterine cancer. Uterine exposure to radiation can also increase the risk. The role of lifestyle or genetic factors remains unclear.

Figure 3.20.1a
 Age-standardised incidence and mortality rates, ICD-10 C54–C55, Germany 1999–2018/2019, projection (incidence) through 2022
 per 100,000 (old European Standard)

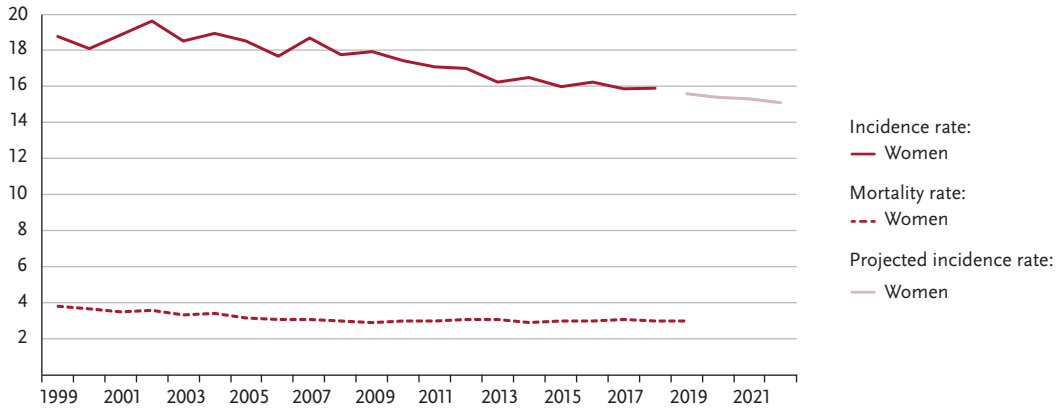


Figure 3.20.1b
 Absolute numbers of incident cases and deaths, ICD-10 C54–C55, Germany 1999–2018/2019, projection (incidence) through 2022

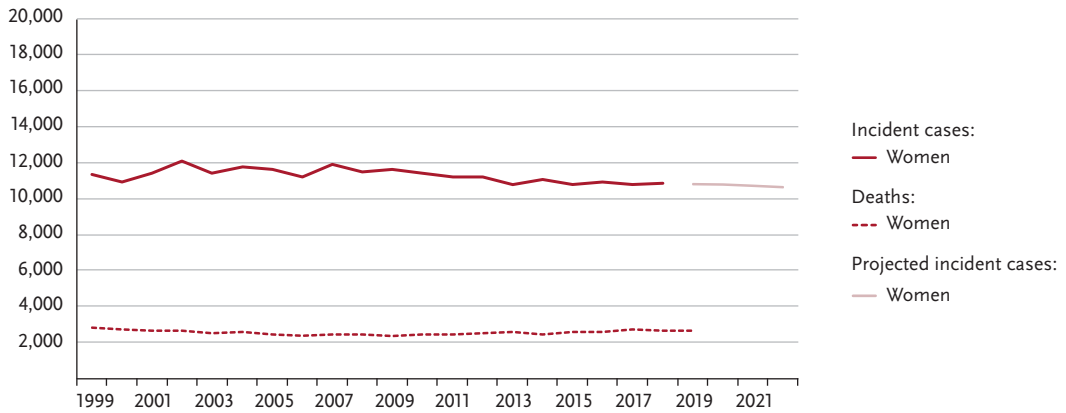


Figure 3.20.2
 Age-specific incidence rates, ICD-10 C54–C55, Germany 2017–2018
 per 100,000

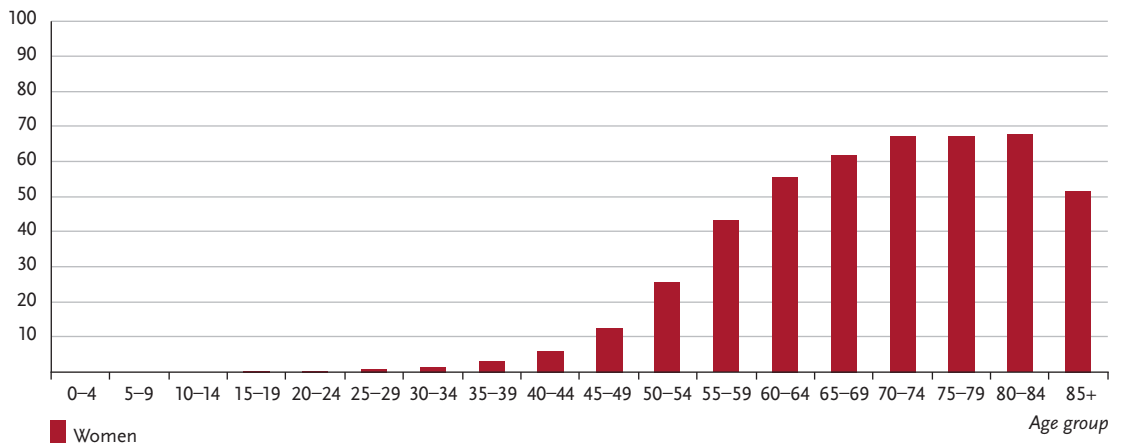


Table 3.20.2
Cancer incidence and mortality risks in Germany by age, ICD-10 C54–C55, database 2018

Women aged	Risk of developing cancer		Mortality risk	
	in the next 10 years	ever	in the next 10 years	ever
35 years	0.1 % (1 in 2,000)	1.9 % (1 in 52)	< 0.1 % (1 in 20,900)	0.5 % (1 in 200)
45 years	0.2 % (1 in 510)	1.9 % (1 in 53)	< 0.1 % (1 in 5,700)	0.5 % (1 in 200)
55 years	0.5 % (1 in 210)	1.7 % (1 in 58)	0.1 % (1 in 1,700)	0.5 % (1 in 200)
65 years	0.6 % (1 in 160)	1.3 % (1 in 75)	0.1 % (1 in 770)	0.5 % (1 in 220)
75 years	0.6 % (1 in 170)	0.8 % (1 in 120)	0.2 % (1 in 470)	0.4 % (1 in 270)
Lifetime risk		1.9 % (1 in 52)		0.5 % (1 in 200)

Figure 3.20.3
Distribution of UICC stages at diagnosis, ICD-10 C54–C55, Germany 2017–2018
top: according to 7th edition TNM; bottom: according to 8th edition TNM.
The DCO proportion was 3%. For 49% of the remaining cases, no UICC stage could be assigned.

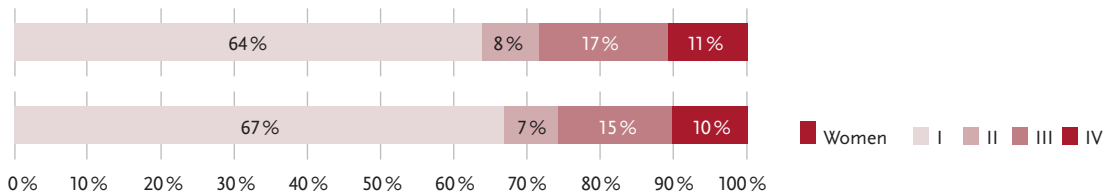


Figure 3.20.4
Absolute and relative survival rates up to 10 years after diagnosis, ICD-10 C54–C55, Germany 2017–2018

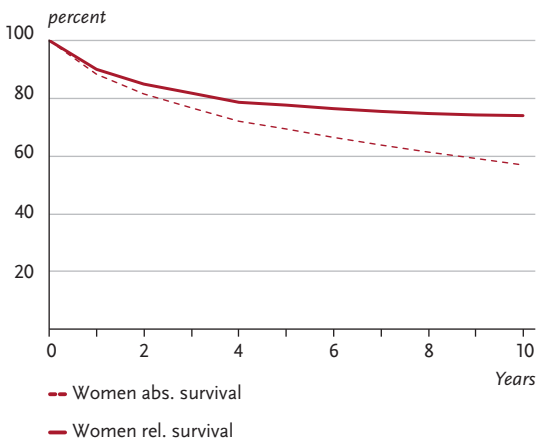


Figure 3.20.5
Relative 5-year survival by UICC stage (7th edition TNM), ICD-10 C54–C55, Germany 2016–2018

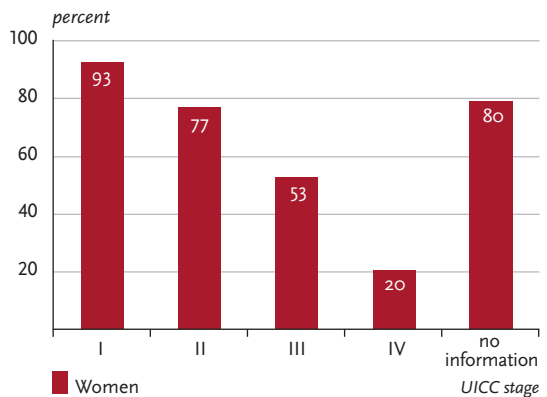


Figure 3.20.6
Age-standardised incidence and mortality rates in German federal states, ICD-10 C54–C55, 2017–2018
per 100,000 (old European Standard)

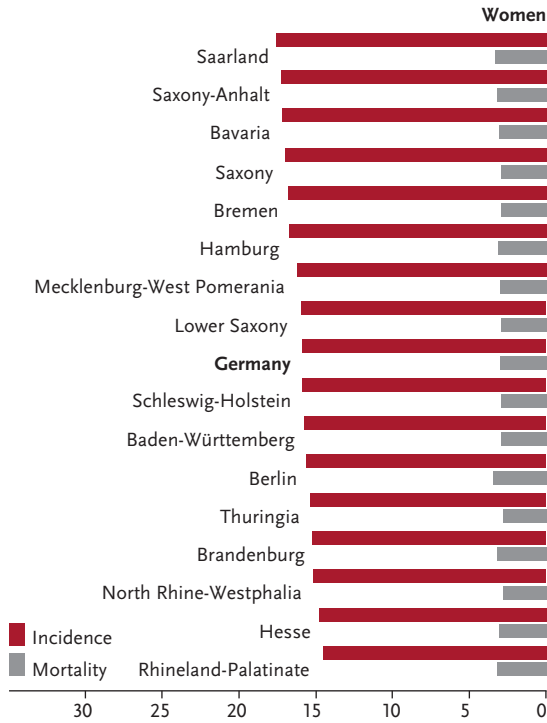
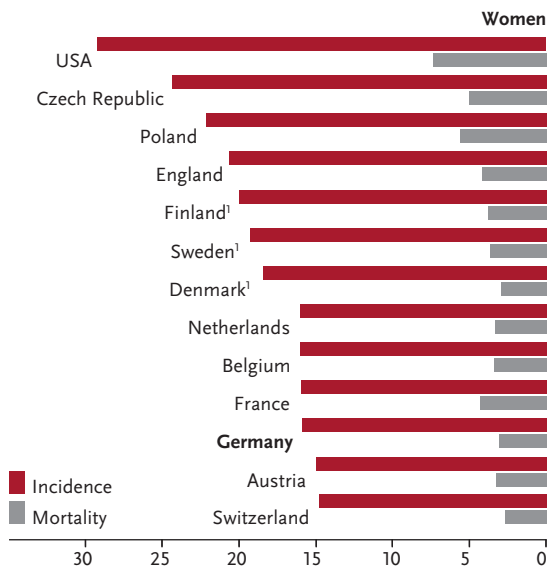


Figure 3.20.7
International comparison of age-standardised incidence and mortality rates, ICD-10 C54–C55, 2017–2018 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)



¹ Data include C58