

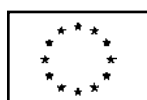


Health statistics

Atlas on mortality in the European Union

Chapter 14 Cancers of the uterus

Data 1994–96



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THEME 3
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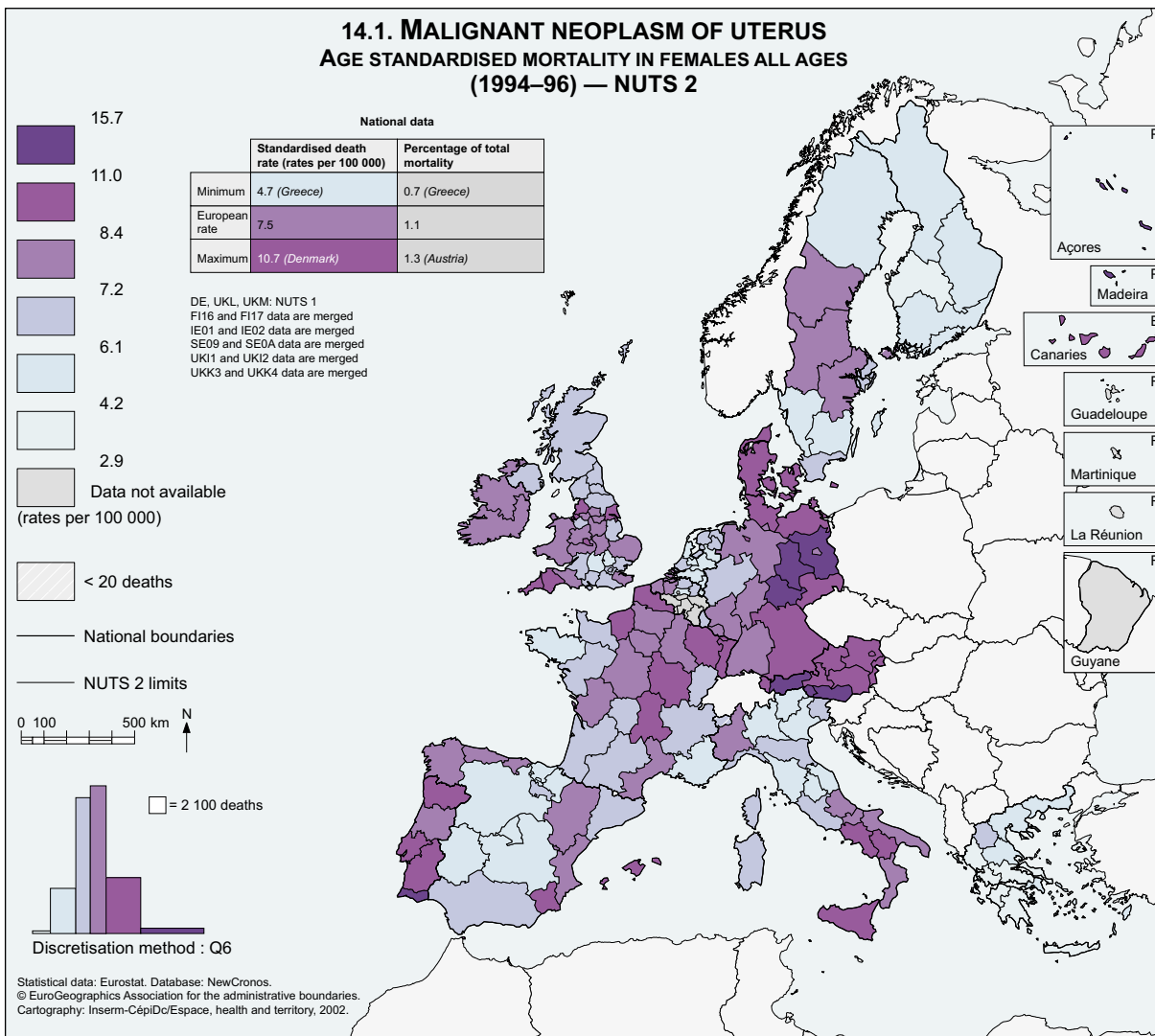
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14. Cancers of the uterus

Cancers of the uterus (cervix and uterus) are a major public health problem. These two types of cancer, despite their different aetiologies, have been taken together in this analysis because of problems of declaration (frequent reference to cancer of the uterus without a more specific description).

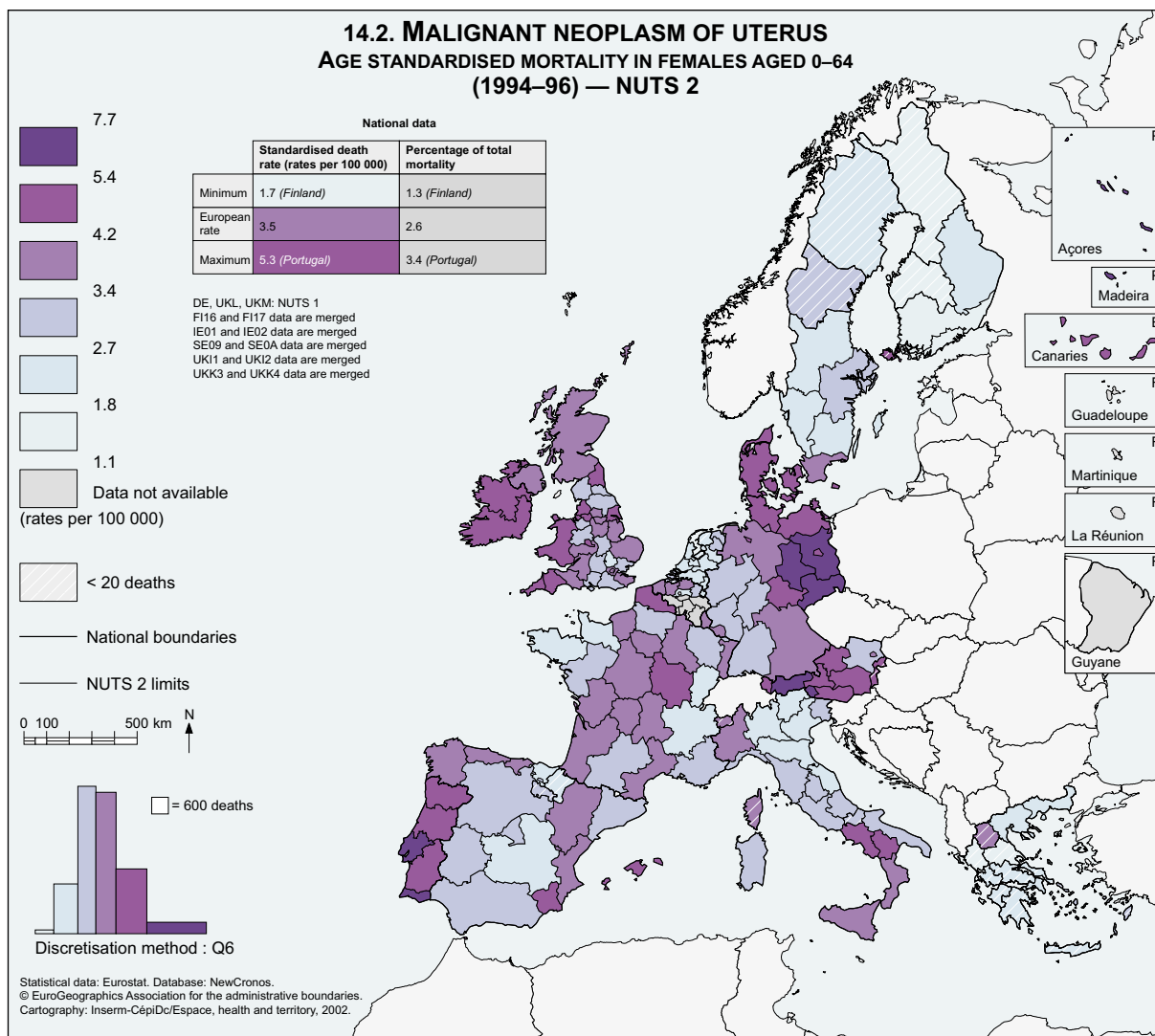
However, cancers of the uterus have, on the whole, less impact on mortality than breast cancer. They account for 1.1 % of female deaths, all causes and ages taken together. Over half occur before 65 years.

Mortality from these cancers displays marked contrasts, since the rates vary at a ratio of 1 to 7 before 65 years. In certain thinly populated regions — northern Finland, northern Sweden and Greece — there are very few deaths before 65 years.

A varied geographical pattern

The distribution of death rates forms a much more varied geographical pattern than that of breast cancer. Apart from Greece, the Netherlands and Finland, which overall have a favourable situation, and unlike Portugal, Ireland, Denmark and Austria, which have overall excess mortality, the other European countries are heterogeneous.

In Spain, the coastal provinces are more affected than the inland provinces. In Italy, the south has excess mortality. In France, the north-east quarter of the country has higher rates, and for women under 65 years this extends down to Aquitaine. In Germany, the geographical pattern of cancers of the uterus is the opposite of that for breast cancer: eastern Germany clearly appears to be more badly affected.



The features of the regions with excess mortality vary: they may be economically advantaged or disadvantaged, urban or rural.

Clearly identified risk factors

The explanation for these spatial systems may be sought in the geographical pattern of certain risk factors.

The most commonly recognised carcinogenic factor for cervical cancer is ‘papillomavirus’ (HPV). The risk of contracting cervical cancer is 60 to 70 times higher for women infected with HPV. This widely occurring virus is sexually transmitted.

Smoking is also recognised as an aggravating factor for cancer of the uterus. However, there are few similarities between the geographical patterns of mortality from cancer of the uterus and that from cancer of the respiratory tract.

Cancer of the uterus is also associated with obesity, which can increase by 2.5 times the likelihood of developing the disease. The incidence of obesity is associated with eating habits in the various regions but also, more broadly, with their socio-cultural level.

Differences in terms of mortality can be linked to differences of access to screening

For cervical cancer, the survival rate is directly linked to early diagnosis, since cervical cancer, which is discovered at the dysplasic lesion stage, can be treated early, so that it is cured in virtually 100 % of cases. The differences in mortality can therefore testify, more than in the case of mortality from breast cancer, to the system of access to screening, and to early treatment.