

XIV. UTERINE CANCER

Uterine cancer is the most common gynecologic cancer and is primarily diagnosed in post-menopausal women, with incidence peaking in the sixth decade of life. Almost all uterine cancers occur in the endometrium (lining of the uterus) [78]. Over the past 31 years (from 1988 through 2018), incidence rates of uterine cancer have increased significantly among NH Black females (2.7% per year) and Hispanic females (2.2% per year) (**Figure 24**). Increasing incidence rates may be related to the increasing prevalence of obesity [79, 80], especially in postmenopausal women for whom body fat is the primary source of estrogens. Other risk factors for uterine cancer related to estrogen exposure include early age of menarche (starting menstruation at an early age), late age of menopause, no pregnancies, and menopausal hormone use of unopposed estrogen (estrogen without progesterone) [80].

During the period 2014-2018, incidence rates in the Greater Bay Area were highest in NH Black (30.6 per 100,000) and NH White females (27.0 per 100,000), and lowest in Hispanic (24.8 per 100,000) and Asian/Pacific Islander females (22.5 per 100,000; **Figure 25**). The incidence rates in the Greater Bay Area were similar to those in California among all racial/ethnic groups. Because women who have had their uterus removed (hysterectomy) are no longer at risk for uterine cancer, the actual incidence rates are likely higher than reported. This is because the population counts used in calculating the rates do not account for the true at-risk population (i.e., women who have not had a hysterectomy

[79, 81-83]. The prevalence of hysterectomy in the population varies by race/ethnicity, and one report suggests that correcting incidence rates by the prevalence of hysterectomy in the population would increase incidence rates by 55% for NH White females, 80% for NH Black females, and 44% for Hispanic females in California [82]. Additionally, as the prevalence of hysterectomy has changed over time, and differentially across racial/ethnic groups, observed incidence trends may in part be reflecting changes in the prevalence of hysterectomy rather than true changes in incidence rates, thus caution must be taken when comparing incidence rate trends by race/ethnicity [79, 81].

Since 1988, uterine cancer mortality rates have steadily increased in NH Black females by 2.4% per year and by 1.5% per year in Asian/Pacific Islander females, while remaining relatively stable in Hispanic and NH White females. From 2014-2018, the mortality rate was highest among NH Black females (10.5 per 100,000) and lowest among Asian/Pacific Islander females (3.8 per 100,000). NH White and Hispanic females had similar mortality rates (4.88 and 4.94 per 100,000, respectively). The disproportionately higher mortality rate in NH Black females, which has been noted nationwide, is likely due to many factors, including a higher proportion of more aggressive subtypes of uterine cancer and more advanced stage at diagnosis [84]. Overall, uterine cancer mortality rates for the Greater Bay Area were similar to those for California (**Figure 25**).

Figure 24. Uterine Cancer Incidence Rates and Trends in the Greater Bay Area by Race/Ethnicity, 1988-2018

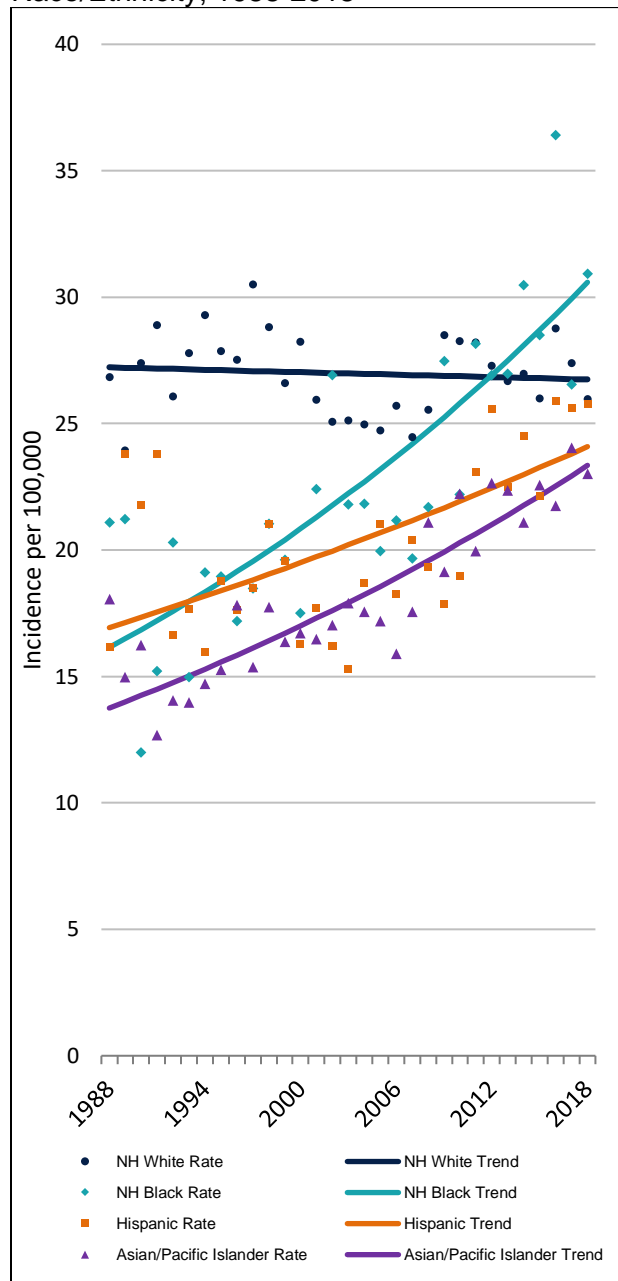
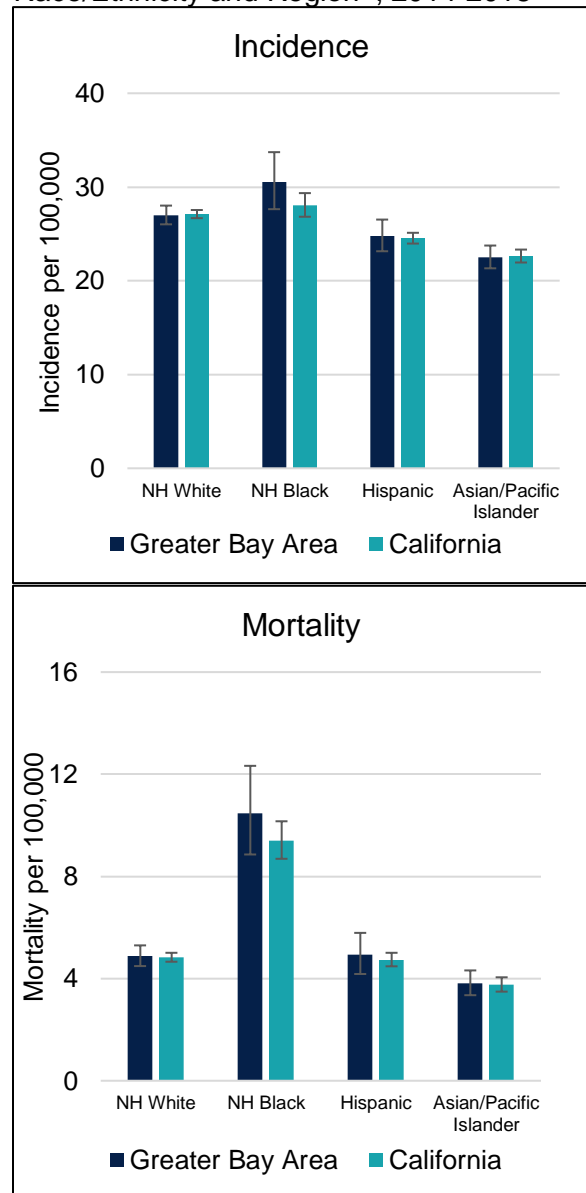


Figure 25. Uterine Cancer Age-Adjusted Incidence and Mortality Rates¹ by Race/Ethnicity and Region², 2014-2018



¹ Error bars (in black at the top of the bars) indicate 95% confidence intervals surrounding the corresponding incidence and mortality rates.

² The two regions represented include: (1) the Greater Bay Area (nine-county region), and (2) all of California (including the nine-county Greater Bay Area region).