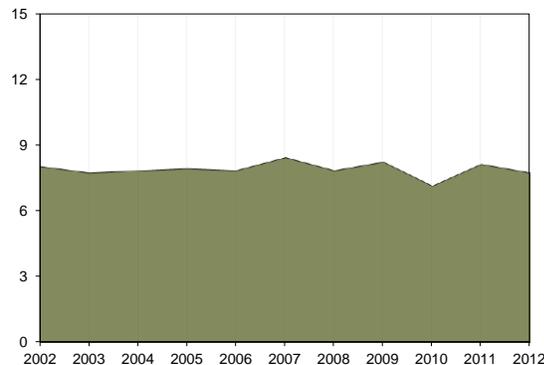


Cervical Cancer

in Pennsylvania

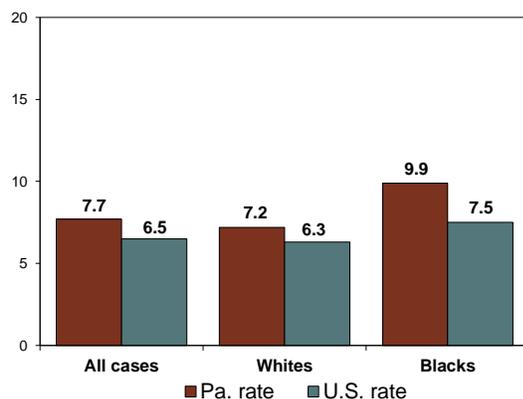
INCIDENCE:

Age-Adjusted Incidence Rates, Invasive Cervical Cancer
Pennsylvania Residents, 2002-2012



The age-adjusted incidence rate for invasive cervical cancer among residents has remained fairly stable since 2002 (see chart above). There were 551 cases of invasive cervical cancer reported in 2002 for a rate of 8.0 per 100,000, compared to 521 cases reported in 2012 for a rate of 7.7. The 2010 figure of 7.1 was the lowest rate recorded during the period 2002-2012. Diagnoses of invasive cervical cancer represent missed opportunities at screening (Pap tests), early diagnosis and treatment.

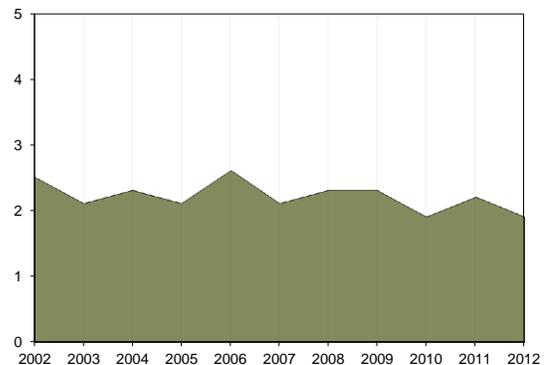
Age-Adjusted Incidence Rates, Invasive Cervical Cancer
United States and Pennsylvania Residents by Race, 2012



Pennsylvania's age-adjusted incidence rates in 2012 for invasive cervical cancer were higher than the United States rates for all cases, whites and blacks. Compared to the United States' rates, Pennsylvania's rates were 18.5 percent higher for all cases, 14.3 percent higher for whites and 32.0 percent higher for blacks. Also, incidence rates were considerably higher among blacks in both Pennsylvania and the United States than for whites.

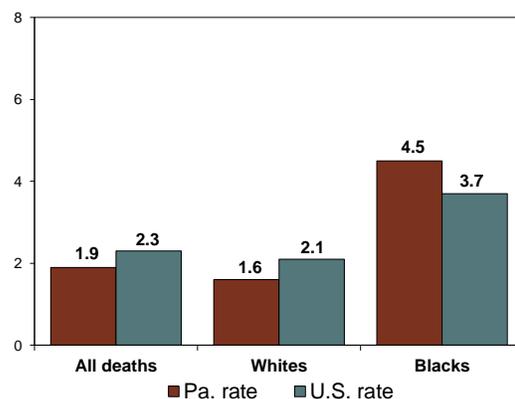
MORTALITY:

Age-Adjusted Mortality Rates, Cervical Cancer
Pennsylvania Residents, 2002-2012



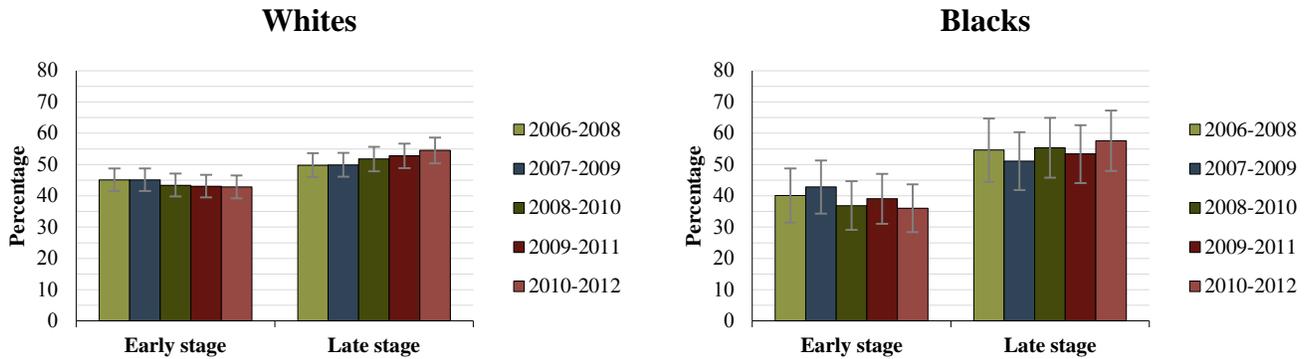
All cervical cancer deaths should be considered preventable. There were 152 cervical cancer deaths among Pennsylvania residents in 2012, resulting in an age-adjusted death rate of 1.9 per 100,000. This was a decrease from the 2011 figure of 2.2. In 2002, the rate was 2.5, and there were 182 deaths reported. The annual age-adjusted death rates between 2001 and 2012 have generally been on the decline.

Age-Adjusted Mortality Rates, Cervical Cancer
United States and Pennsylvania Residents by Race, 2012



The graph above shows that Pennsylvania's age-adjusted mortality rates for cervical cancer were lower than comparable United States rates for all deaths and whites. The rate in Pennsylvania was higher among blacks than the US rate in 2012. Also, the age-adjusted mortality rate for cervical cancers among black females in Pennsylvania was nearly three times the corresponding rate among white females in 2012.

STAGE of DISEASE at Time of Diagnosis by Race, 2006-2012

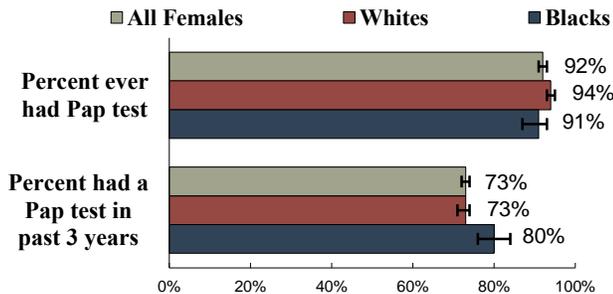


Note: Because in situ cervical cancers are not reportable to the Pennsylvania Cancer Registry, early stage includes local stage only. Late stage is the combination of both regional and distant stages. Unknown stage is not shown. The symbol represents the 95% confidence interval.

WHITES - During the three-year period 2010-2012, 42.9 percent of cervical cancer cases were detected at the early stage, down from 43.1 percent in 2009-2011. Since 2006-2008, the early stage percentage has remained fairly stable, fluctuating between 42.9 percent in 2010-2012 to 45.1 percent in 2006-2008 and 2007-2009. Early stage percentages were consistently lower than late stage percentages. The percentage of cases detected at the late stage increased from 52.8 percent in 2009-2011 to 54.5 percent in 2010-2012, the highest late stage percentage recorded over the period 2006-2012.

BLACKS - During the three-year period 2010-2012, 36.0 percent of cervical cancer cases were detected at the early stage, down from 39.1 percent in 2009-2011. Early stage percentages were consistently lower than late stage percentages. The percentage of cases detected at the late stage increased from 53.4 percent in 2009-2011 to 57.6 percent in 2010-2012, the highest percentage recorded over the period 2006-2012.

BEHAVIORAL RISK FACTORS for Cervical Cancer by Race Pennsylvania Females Age 18 and Older, 2012



NOTE: The symbol represents the 95% confidence interval. Hispanics were excluded from BRFSS white and black race categories.

Pennsylvania Department of Health HealthyWoman Program

The HealthyWoman Program began cancer screening efforts in late 1994 in only a few counties. Today, this statewide program offers free cervical cancer screenings for Pa. residents meeting certain eligibility standards.

Year	Number of Women Screened	Number of Invasive Cancers Detected	Women who are diagnosed may be eligible for free treatment as well.
2008	6,093	7	For information on a HealthyWoman screening site nearest you, visit www.PAHealthyWoman.com or call: 1-800-215-7494.
2009	7,106	10	
2010	4,089	5	
2011	4,820	4	
2012	5,051	4	
2013	4,518	3	
2014	3,148	0	

The American Cancer Society recommends that women begin being screened for cervical cancer at the age of 21. Screening should be done every three years with the conventional or liquid-based Pap tests. Beginning at age 30, women should be screened every five years with both the HPV test and the Pap Test, or every three years with the Pap test alone. At age 65, women who have had at least three consecutive negative Pap tests or at least two consecutive negative HPV and Pap tests within the last 10 years (with the most recent test occurring within five years) and women who have had a hysterectomy should cease being screened for cervical cancer.

EVER HAD A PAPER TEST - According to results from the 2012 sample telephone survey conducted by the Department of Health's Behavioral Risk Factor Surveillance System (BRFSS), 92 percent of women age 18 and older had ever had a Pap test. Ninety-four percent of white (non-Hispanic) female residents and 91 percent of black (non-Hispanic) female residents had been tested.

PAP TEST IN LAST THREE YEARS - Results from the 2012 BRFSS survey showed that 73 percent of Pennsylvania women age 18 and older had had a Pap test in the past three years. The percentage for white (non-Hispanic) females was also 73 percent, while for black (non-Hispanic) females, it was 80 percent.

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NOTES: This pamphlet was produced by the Division of Health Informatics, Pennsylvania Department of Health. The Division can be contacted by FAX (717-783-3695) or in writing (2150 Herr St., 2nd Floor, Harrisburg, PA 17103). Website is at www.statistics.health.pa.gov. The department is an equal opportunity provider of grants, contracts, services and employment. Call the department toll free at 1-877-PA-HEALTH. All the age-adjusted rates that appear here were calculated by the direct method using the 2000 United States standard million population. United States incidence rates are based on data collected by the SEER (Surveillance, Epidemiology, and End Results) program of the National Cancer Institute.

