

Introduction

As national lead for gynaecological cancers, Trent Cancer Registry has been working in collaboration with the Cervical Cancer Screening Programme to produce the first ever report presenting national incidence, mortality and survival statistics for cervical cancer.

The report is to be published in the coming weeks, updated with incidence figures to 2007, mortality figures to 2008 and survival for those people diagnosed up to 2007 and followed up to 2008.

Method

The report will present numbers and age-standardised rates for trends and regional variations in cervical cancer incidence and mortality, as well as associations with deprivation and crude rates in five-year age groups. Numbers and relative survival percentages are also shown for regional variations and highlights trends, broken down by age and deprivation, up to five years following diagnosis. Regional variations are highlighted in maps and funnel plots.

All results are derived from the CIS.

Results

The key findings include:

- Over the last 20 years incidence rates have halved from 16.0 to 8.1 per 100,000 female population; whilst mortality rates have reduced by two thirds from 6.5 to 2.4 per 100,000. The reduction in incidence has slowed in recent years.
- Despite the overall reduction in incidence, over the last five years rates have increased in the 20-24, 25-29 and 30-34 year old age groups. (see figure 1)
- Incidence and mortality rates tend to be highest for those SHAs and CNs in the north of England and lowest in the south and east. (see figure 2)

Figure 1: Trends in national incidence for 20-24, 25-29 and 30-34 year olds

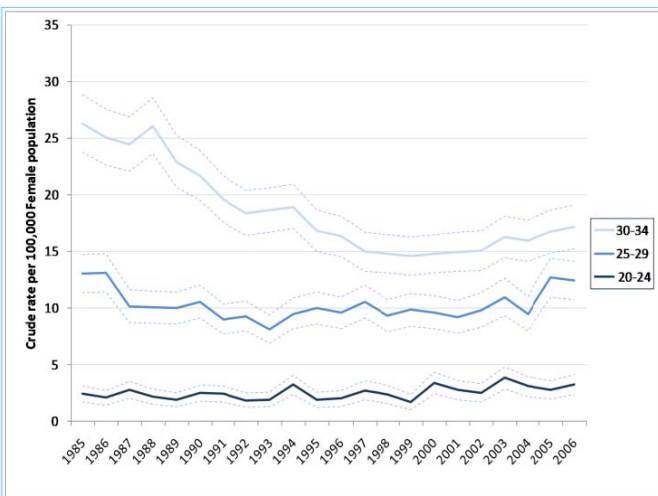
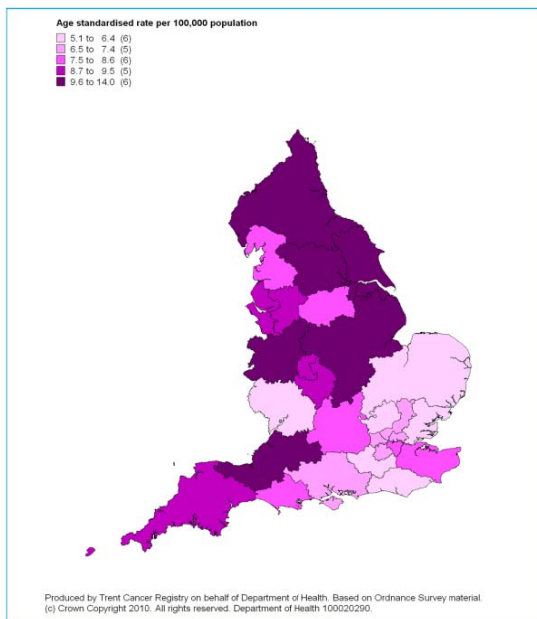
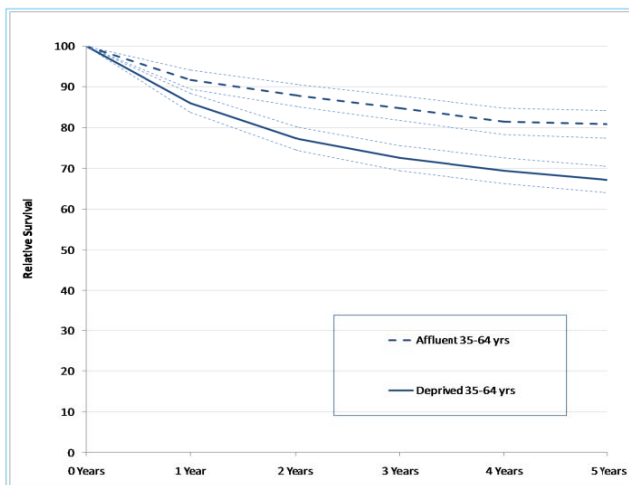


Figure 2: Map showing incidence of cervical cancer by Cancer Network, 2002-2006



- One-year relative survival has improved from the mid 1980's from 80% to 85%, and likewise for five year relative survival from 60% to 69%.
- There is some variation between CNs in recent one and five year survival. One year survival by CN varies from 75% to 89%, and for five year survival from 60% to 79%.
- Survival following diagnosis appears to be better in younger age groups and in women living in less deprived areas. (see figure 3)

Figure 3: Relative survival in the 35-64 year olds for least and most deprived



Conclusions

The key findings present some interesting and important variations in incidence, mortality and survival in relation to deprivation and age.

This report will also highlight the need for further investigation of the factors in the relationship between possible attrition in cervical screening and a rise in incidence among 20-35 year olds, in recent years.