

NEWS

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contents:

Cervical Cancer in Texas
Monthly Statistical Summary

TEXAS STATE
DOCUMENTS COLLECTION

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CERVICAL CANCER IN TEXAS

Cancer of the cervix uteri, or cervical cancer, has been studied extensively, and a number of factors appear to contribute to risk. The two major risk factors are multiple sex partners and early age at first intercourse.¹ Early first intercourse is thought to be risky because the tissue of the cervix changes during puberty and, thus, may be more sensitive or vulnerable in young women. Multiple sex partners increase the risk of exposure to sexually transmitted diseases. Women with elevated herpes antibody titers have an increased incidence of cervical cancer.² Recently, there has been increasing interest in the role of human papilloma viruses in the development of cervical cancer.

Despite the fact that the exact cause of cervical cancer is not yet known, cervical cancer death is largely preventable through early diagnosis from a Papanicolaou (pap) smear. Cervical cancer mortality rates in Texas have steadily declined over the last decades, as have rates for the US, due primarily to increased screening with the pap test.

Yet, in spite of increased screening efforts, in the general population cervical cancer remains a significant public health problem among Texas' Hispanic and black populations. In 1986, 269 women in Texas died from cervical cancer, 2.4% of all female cancer mortality in the state. Death rates due to cervical cancer among Texas' Hispanic and black females have decreased by at least 50% since the early 1970s (Figure 1). However, the risk of death from cervical cancer for Texas black females is three times that for Anglo females (7.0 per 100,000 vs 2.3 per 100,000, respectively), and the rate in Hispanic females (4.8 per 100,000) is twice that for Anglo females. Higher mortality from cervical cancer can be due to either a higher incidence of precursor lesions, a higher proportion of disease detected at later stages, or inadequate follow-up and treatment. It is likely that a combination of these factors is contributing to the higher death rates in the state's Hispanic and black population.

Cancer incidence data from the Texas Department of Health Cancer Registry for the years 1976-1984 show that in the El Paso region, the incidence rate for cervical cancer in Hispanic females was 23.0 per 100,000 compared with 11.0 per 100,000 in Anglo females. The incidence rate of cervical cancer was even higher for Hispanic females residing in the San Antonio region (26.2 per 100,000). Black females residing in the same region had a rate of 21.7 per 100,000. All race and ethnic groups in Texas had higher incidence rates of cervical cancer than the rate reported for US women (10.0 per 100,000) (Figure 2).

The five-year survival rate for patients diagnosed early is 80%-90%; for patients diagnosed at a noninvasive (in situ) state, the survival rate is virtually 100%. Information from the state cancer registry for the El Paso region indicates that the proportion of cervical cancer cases reported at the in situ stage for Anglo females is 73%. For Hispanic females living in the same region, the proportion of all cases reported in situ was only 50%. A similar problem was demonstrated among black females; only 52% of the cervical cancer cases for blacks in the El Paso and San Antonio regions was noninvasive. This suggests that more Anglo than Hispanic or black females had cancer diagnosed in an early, noninvasive stage of disease when chances of cure were best.

Data from the Hispanic Health and Nutrition Examination Survey, 1982-1984, indicate that at every income level Mexican American women in Texas are less likely to have had a pap smear within the last year than the average US female. This suggests that ethnic differences in the utilization of preventive procedures may be due to cultural, as well as economic barriers. No data are available on the frequency of pap smears in the Texas black population, but it is likely that similar factors are operating. Screening programs which adequately address the key psychological, cultural, and economic barriers to effective cancer prevention among blacks and Mexican Americans are urgently needed.

The current National Cancer Institute guidelines for early detection of cervical cancer recommend that all women 18 years of age or older or those who are sexually active have an annual pap test and pelvic examination. After a women has had three or more consecutive normal annual examinations, the pap test may be performed less frequently at the discretion of her physician. In precancerous or in situ stages, changes in the cervix may be treated by cryotherapy (the destruction of cells by extreme cold), by electrocoagulation (the destruction of tissue through intense heat by electrical current), or by local surgery.

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1. Cramer, DW Uterine cervix. In: Schottenfeld D, Fraumeni J, eds. Cancer epidemiology and prevention. Philadelphia: WB Saunders, 1982.
2. del Regato JA, Spjut HJ, Cox JD. Acherman and del Regato. Cancer; diagnosis, treatment, and prognosis. St. Louis: CV Mosby, 1985.

Figure 1.
Age-adjusted cervical cancer mortality rates by race and ethnicity,
Texas, 1972 - 1985

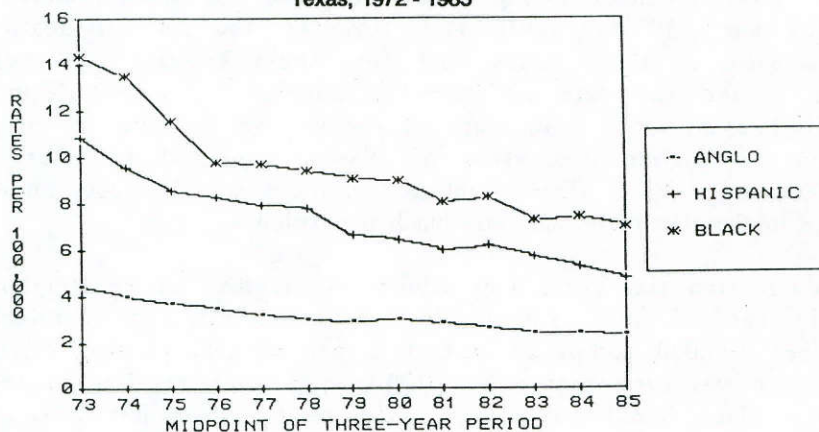
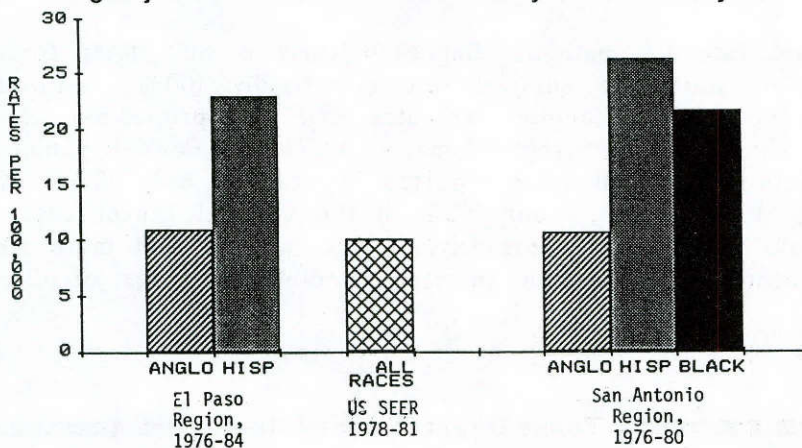


Figure 2.
Age-adjusted cervical cancer incidence rates by race and ethnicity



MONTHLY SUMMARY OF REPORTABLE DISEASES IN TEXAS

(Counties listed below reflect only those with populations of 100,000 or more, based on 1987 population estimates.)

Cumulative through: APRIL 1988

County	Amebiasis	Campylobacteriosis	Chickenpox	Encephalitis	H. Influenzae Infections	Hepatitis A	Hepatitis B	Hepatitis NA-NB	Influenza	Measles	Meningococcal Infections	Aseptic Meningitis	Mumps	Pertussis	Rubella	Salmonella	Shigella
BEXAR	6	14	522	0	22	27	10	2	2005	0	1	14	0	0	0	27	31
BRAZORIA	1	0	11	0	2	2	2	0	3	0	0	0	4	0	0	0	1
CAMERON	9	0	225	0	0	13	1	0	923	0	0	0	6	0	0	7	5
COLLIN	0	1	125	0	1	2	5	1	6328	0	0	2	2	0	0	5	2
DALLAS	4	0	715	2	68	81	43	5	6421	1	11	19	6	0	3	48	42
DENTON	1	1	50	1	4	5	2	0	795	0	1	1	0	0	0	5	0
EL PASO	0	5	492	0	6	71	17	0	51	0	2	0	2	0	0	11	7
FORT BEND	0	2	16	0	3	0	3	0	121	0	0	2	1	0	0	5	6
GALVESTON	0	7	97	0	4	2	6	0	1210	0	1	2	1	0	0	7	15
HARRIS	1	22	2200	0	45	47	35	9	14043	0	1	24	24	0	0	57	37
HIOALGO	3	0	124	0	0	5	1	0	0	0	0	0	3	0	0	0	5
JEFFERSON	0	2	120	0	1	3	7	0	1145	0	0	2	12	0	0	10	1
LUBBOCK	0	4	60	0	5	21	3	0	715	0	1	4	1	0	0	6	5
MCLENNAN	1	0	201	0	4	15	6	1	340	0	0	0	1	0	0	3	5
MONTGOMERY	2	0	30	0	15	6	7	1	381	0	0	0	0	0	0	6	4
MUECES	0	1	292	0	6	3	9	0	6423	0	0	0	0	0	0	26	2
TARRANT	0	11	453	1	33	41	74	10	2590	0	4	11	5	0	0	27	9
TRAVIS	0	21	7	0	13	14	11	2	111	0	1	7	2	0	0	26	22
All Other Counties	15	22	2701	3	72	167	114	13	20799	0	19	14	28	26	0	123	101
Cumulative TX 1988	51	121	8441	7	384	525	356	44	64413	1	42	102	98	26	3	407	300
Cumulative TX 1987	93	199	14717	34	269	676	481	67	40577	246	63	154	177	23	3	489	319

1988 CUMULATIVE TOTALS FOR OTHER REPORTABLE DISEASES:

Acute Occ. Pesticide Poisoning	3	Coccidioidomycosis	24	Histoplasmosis	19	Psittacosis	0	Toxic Shock Syndrome	0
Anthrax	0	Dengue	0	Legionellosis	0	Q Fever	0	Trichinosis	0
Asbestosis	*	Diphtheria	0	Leptospirosis	0	Rabies	0	Tuberculosis	477
Botulism	0	+ Elevated Blood Lead Levels	272	Listeria Infections	12	Reye Syndrome	7	Tularemia	0
Bruceellosis	1	Gonorrhea	13520	Lyme Disease	0	Rocky Mt Spotted Fever	1	Typhoid	4
Chlamydia trachomatis	4335	Hansen's Disease	14	Malaria	15	Silicosis	*	Typhus, Murine	0
Cholera	0	Hepatitis D (Delta Agent)	0	Plague	1	Syphilis (P&S)	885	Vibrio Infect.	1
		Hepatitis type unspecified	161	Polioyelitis	0	Tetanus	2	Yellow Fever	0

* Blood lead level >40ug/dl in persons 15 years of age or older; summarized by date of blood lead test.

* Regular summaries of these reportable occupational diseases will be included as reporting procedures are better established.

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TEXAS DEPARTMENT OF HEALTH
 TEXAS AIDS CASES: WEEKLY SURVEILLANCE REPORT
 Case Count by Residence of Onset and Year of Diagnosis
 May 27, 1988

	1980-1985		1986		1987		1988		CUMULATIVE	
COUNTY *	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Bell	3	3	4	0	2	1	1	0	10	4
Bexar	52	42	43	26	38	8	0	0	133	76
Brazoria	8	8	9	5	8	2	4	1	29	16
Brazos	10	10	5	3	4	3	0	0	19	16
Dallas	247	228	297	201	447	195	91	22	1082	646
Denton	2	2	5	3	14	8	1	0	22	13
Ector	1	1	4	3	3	1	3	0	11	5
El Paso	5	5	8	5	17	4	3	0	33	14
Fort Bend	10	10	10	6	15	2	3	0	38	18
Galveston	11	10	15	11	19	6	4	1	49	28
Harris	604	535	601	415	687	234	127	17	2019	1201
Hays	3	3	4	3	2	1	1	0	10	7
Hidalgo	6	6	0	0	4	2	0	0	10	8

	1980-1985		1986		1987		1988		Cumulative	
COUNTY	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Jefferson	7	6	8	1	16	6	3	1	34	14
Lubbock	4	4	5	3	6	2	0	0	15	9
McLennan	2	2	5	4	5	1	2	1	14	8
Montgomery	5	5	3	1	9	5	2	0	19	11
Nueces	6	4	11	7	20	6	4	0	41	17
Orange	3	3	4	2	4	1	1	1	12	7
Tarrant	41	34	38	20	100	31	7	0	186	85
Travis	58	50	45	22	83	19	8	2	194	93
Walker **	9	9	17	7	11	4	2	0	39	20
All Others	52	47	77	42	118	44	9	2	256	135

	1980-1985		1986		1987		1988		CUMULATIVE	
STATEWIDE	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
	1149	1027	1218	790	1632	586	276	48	4275	2451
CFR %	CFR%	89	CFR%	65	CFR%	36	CFR%	17	CFR%	57

* COUNTIES LISTED INDIVIDUALLY ARE THOSE WITH A CUMULATIVE TOTAL OF 10+
 ** 27 CASES WERE DIAGNOSED WHILE TEXAS DEPARTMENT OF CORRECTION INMATES

TEXAS PREVENTABLE DISEASE NEWS (ISSN 8750-9474) is a free, weekly publication of the Texas Department of Health, 1100 West 49th Street, Austin, TX 78756. Second-class postage paid at Austin, TX. POSTMASTER: Send address changes to TEXAS PREVENTABLE DISEASE NEWS, 1100 West 49th Street, Austin, TX 78756.

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