

Cervical Cancer in Latin America and the Caribbean: Fact Sheet 2001



It has been estimated that 470,606 incident cases and 233,372 deaths due to malignant neoplasm of the cervix uteri will have occurred among women globally in the year 2000 (Globocan 2000, IARC). Over 80% of this estimated burden will have occurred in less developed countries, where cervical cancer is the leading cause of malignancy among women. Further, during the year 2000, it has also been estimated that 77,291 cases and 30,570 deaths due to this malignant neoplasm will have occurred among women in Latin America and the Caribbean, accounting for roughly 17% and 13.6% of total cancer cases and deaths (excluding skin cancers) in this region, respectively.

At the turn of the twenty first century, cervical cancer remains a significant public health problem in Latin America and the Caribbean. A review of age-standardized incidence and mortality rates reveals that, as a region, it is surpassed on these epidemiological indices only by East Africa and Melanesia (see Table 1 on the right).

Of grave concern is the fact that—while significant declines in both incidence and mortality measures have occurred in Canada, the United States of America and other established market economies over the last forty years—similar trends have not been observed in most countries of Latin America and the Caribbean. For example, cancer registries in Costa Rica, Colombia, Peru and Brazil, have persistently recorded high annual age-standardized incidence rates, in excess of 20.0 cases per 100,000 females, over the period 1978 to 1992. By comparison, the rates for Canada and the United States of America (see Table 2 below) have been less than 10.0 cases per 100,000 females.

Table 1:
Malignant Neoplasm of the Cervix Uteri:
Age-Standardized Incidence and Mortality Rates
(per 100,000 population, by regions, 2000)

<i>Region</i>	<i>Incidence Rate</i>	<i>Mortality Rate</i>
East Africa	44.32	24.24
Middle Africa	25.08	14.16
North Africa	16.77	9.08
Southern Africa	30.32	16.45
West Africa	20.28	10.87
Caribbean	35.78	16.84
Central America	40.28	17.03
South America	30.92	11.97
North America	7.88	3.23
East Asia	6.44	3.19
Southeast Asia	18.26	9.65
South Central Asia	26.47	14.95
Western Asia	4.77	2.50
Eastern Europe	16.81	6.20
Northern Europe	9.84	4.00
Southern Europe	10.18	3.25
Western Europe	10.43	3.74
Australia	7.72	2.66
Melanesia	43.81	23.78
Micronesia	12.31	6.16
Polynesia	28.98	15.20

Source: Globocan 2000. International Agency for Research on Cancer (IARC).

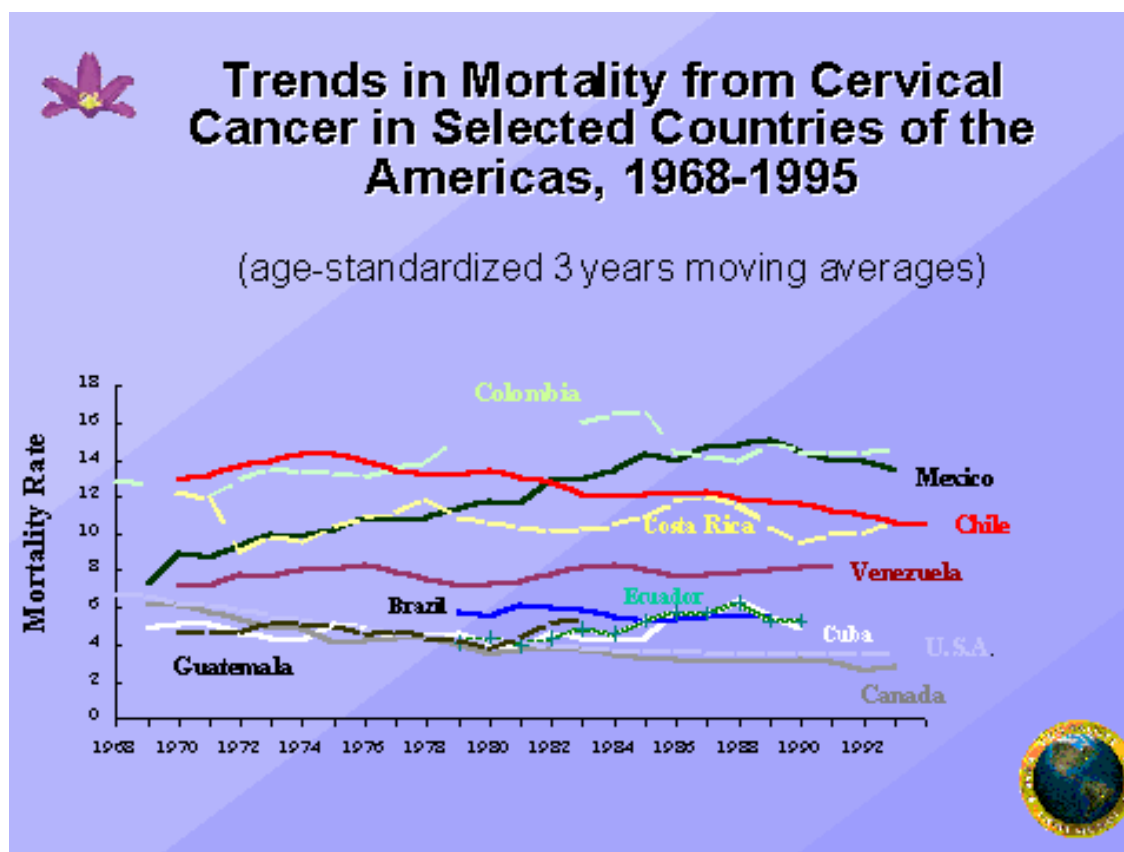
Table 2:

Malignant Neoplasm of the *Cervix Uteri*:
Average Annual Age-Standardized Incidence Rates
(per 100,000 inhabitants, selected countries of the Americas, 1978–1992)

Country	1978–1982	1983–1987	1988–1992
Brazil (Goiania)	...	48.9	37.1
Canada	10.5	10.2	7.8
Colombia [Cali]	48.2	42.2	34.4
Costa Rica	36.9	26.1	24.5
Martinique	29.3	24.3	...
Peru [Trujillo]	...	<54.6	53.5
Puerto Rico	15.6	11.5	9.8

Source: Parkin et al. (eds.) Cancer Incidence in Five Continents (Vol. V, VI, VII).

The mortality data reflects a similar situation, in which few countries of Latin America and the Caribbean have demonstrated significant declines in reported mortality over the period 1968 through 1993 as compared with the North American profile (Robles et al.: 1996) (Figure 1 below).



Although cervical cancer incidence and mortality rates increase with increasing age, the greatest disease burden is borne by women in their middle years. A review of reported cervical cancer mortality data from countries in Latin America and the Caribbean indicates that women in the age group, 35 through 54 years, repeatedly account for the greatest proportion of annual deaths. (PAHO/AIS Technical Information System, 1988–1995).

Estimated age-specific mortality data for the year 2000 demonstrate that in the Region of the Americas, the highest rates are observed in Central America and the Caribbean, followed by South America (see Figure 2 below: Globocan 2000, IARC).

Figure 2

