DEPARTMENT OF HEALTH

Cervical Cancer in Minnesota

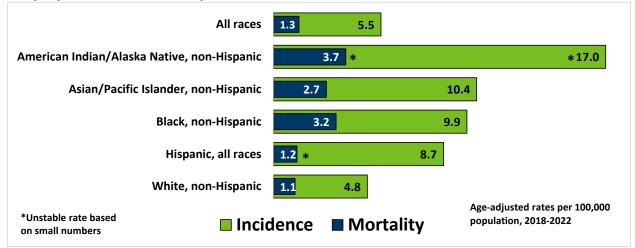
FACT SHEET

Persistent infection with the human papillomavirus (HPV) is the primary cause of cervical cancer. Fortunately, the HPV vaccine protects against 90 percent of cervical cancers. In Minnesota, women of color face a particularly high risk of developing cervical cancers. Regular Pap tests can play a crucial role in detecting potentially precancerous changes early.

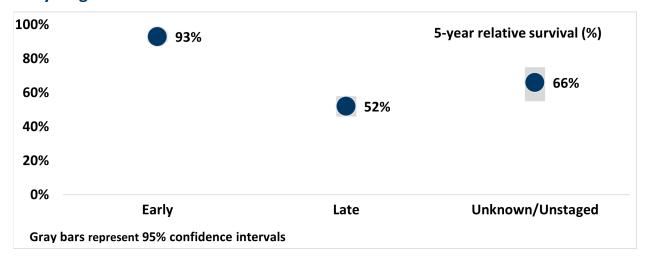
Quick facts

- Between 2018 and 2022, cervical cancer was most often diagnosed in females aged 40-54. About 48% of cervical cancers are diagnosed under age 50.
- Between 2018 and 2022, 797 female Minnesotans were diagnosed with cervical cancer, and 218 females died from the disease.
- As of 2022, an estimated 3,520 females were living with a cervical cancer diagnosis in Minnesota.

The rates of new cervical cancer diagnoses (incidence) and deaths (mortality) vary by race and ethnicity.



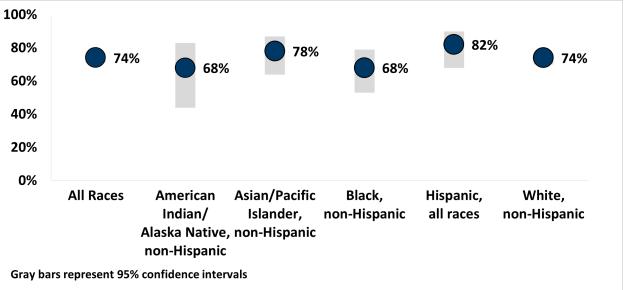
Though small numbers made rates unstable for females who are American Indian/Alaska Native, non-Hispanic, the estimated incidence rate (17.0 per 100,000 people) was more than three times higher compared to all females in Minnesota (5.5 per 100,000 people). The estimated mortality rate for females who are American Indian/Alaska Native, non-Hispanic was more than three times higher compared to all females in Minnesota.



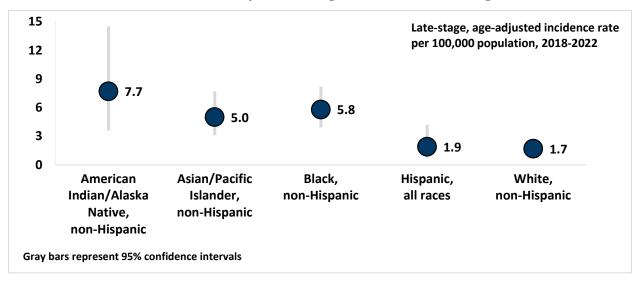
Five-year relative survival for cervical cancer is highest when diagnosed at an early stage.

Overall, 93% of female Minnesotans with early stage cervical cancer will survive their cancer at least five years after diagnosis, compared to 52% diagnosed with late stage disease.





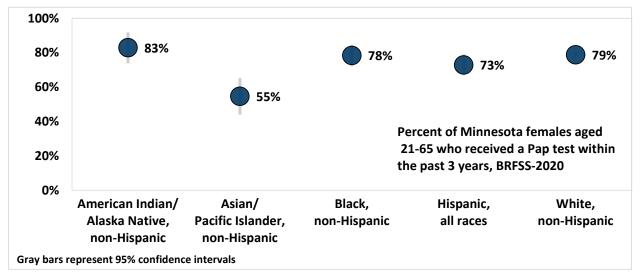
Data suggests that females who are of either American Indian/Alaska Native or Black race (non-Hispanic) have a lower cervical cancer relative survival than females of other race/ethnicities.



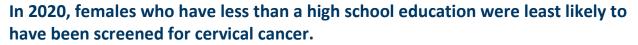
Females of color are more likely to be diagnosed with late stage cervical cancer.

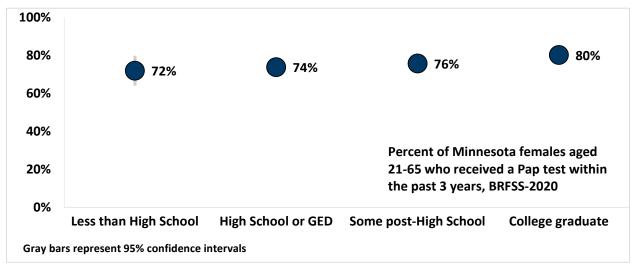
Cervical cancers diagnosed at a regional or distant stage are considered late stage. Females of color are more likely than white, non-Hispanic females to be diagnosed at a late stage. American Indian, non-Hispanic females are more than four times as likely to be diagnosed with cervical cancer at a late stage than females who are white, non-Hispanic.





In 2020, 55% of Asian/Pacific Islander, non-Hispanic females aged 21-65 were screened for cervical cancer with a Pap test, compared to 79% of white, non-Hispanic females.





In 2020, rates of cervical cancer screening with a Pap test were relatively high across all education levels. Females with less than a high school education had the lowest rate at 72%, while females who graduated college had the highest rate at 80%.

Data and sources

- MCRS Cancer Technical Notes (https://www.health.state.mn.us/data/mcrs/technicalnotes.html)
- Relative survival based on cases diagnosed 2015-2021 with follow-up through 2022.

References

- 1. Cancer in Minnesota: 1988-2019 (https://www.health.state.mn.us/data/mcrs/cancerinmn.html)
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online].
 2015. [accessed Jan 8, 2025]. URL: <u>https://www.cdc.gov/brfss/brfssprevalence/</u>.

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