

Running the Numbers

A Periodic Feature to Inform North Carolina Healthcare Professionals

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Cervical Cancer Disparities Between African-American and White Women in North Carolina

We examined cervical cancer incidence, stage at diagnosis, and mortality among African-American and white women in North Carolina, using descriptive data from the North Carolina Central Cancer Registry and from death certificates. Describing racial differences in cervical cancer allows targeting of resources and health improvement programs toward populations most in need.

The table shows the number of cervical cancer cases and deaths, and rates per 100,000 female population, by age and race for North Carolina for 1995-1998.

	New Cases		Deaths	
	Number	Rate	Number	Rate
<i>African American</i>				
Age 15-44	150	9.3	53	3.3
Age 45-64	177	28.8	67	10.9
Age 65+	151	39.9	93	24.6
Total	478	18.4	213	8.2
<i>White</i>				
Age 15-44	536	11.0	80	1.6
Age 45-64	427	16.2	112	4.3
Age 65+	245	13.3	134	7.3
Total	1,208	12.9	326	3.5

The rate of new cases for African-American women is nearly 1.5 times as high as the rate for white women, and the death rate is more than twice as high. The largest racial differences are in the 65+ age group. Data from the Cancer Registry show that a greater percentage of African-American women had their cervical cancer diagnosed at the regional or distant (vs. localized) stage compared to white women (45% vs. 35%). Diagnosis at a later stage of the disease is associated with higher mortality rates. This difference in stage at diagnosis was most pronounced in the 15-44 age group.

These results for North Carolina are consistent with other studies of racial differences in cervical cancer. No control variables were measured in this study. African-American women are, on average, of lower socioeconomic status than white women; it may be primarily these social and economic factors that account for the racial differences related to cervical cancer. For example, health insurance coverage may be a confounding factor affecting the differential in stage at diagnosis.

These results suggest the need for increased preventive cervical cancer screening for African-American women, so that more cases of cancer can be detected at an earlier stage.

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