

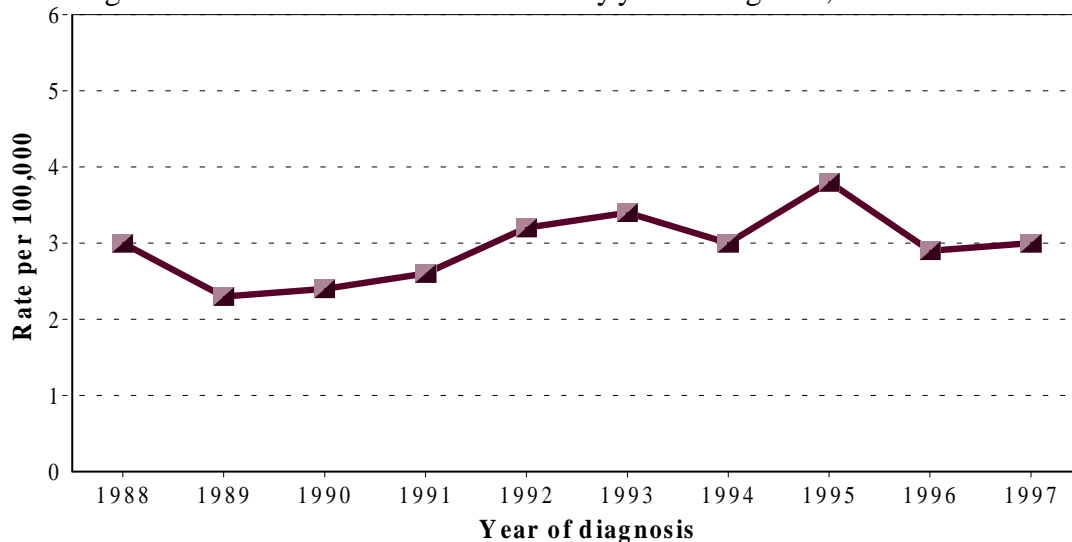


## Vulvar Cancer in the Greater Bay Area, 1988-1997

January 2001

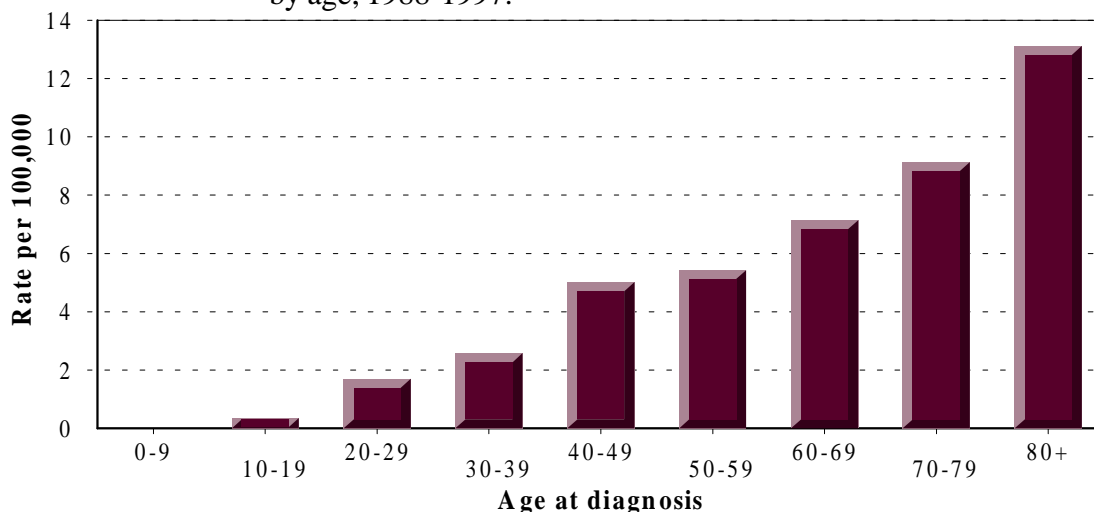
Vulvar cancer is an uncommon malignancy. In the Greater Bay Area, 1,683 women were diagnosed with this cancer during the ten-year period 1988-1997. The average incidence rate was 3.0 per 100,000 women.

Figure 1. Incidence rate of vulvar cancer by year of diagnosis, 1988-1997.



Incidence rates of cancer of the vulva remained fairly constant during the period 1988-1997. (Figure 1, above). When incidence trends were examined by race/ethnicity, there was a significant increase beginning in 1992 for Black women, bringing their rates closer to those of White and Hispanic women (data not shown).

Figure 2. Average annual age-specific incidence rates of vulvar cancer by age, 1988-1997.\*

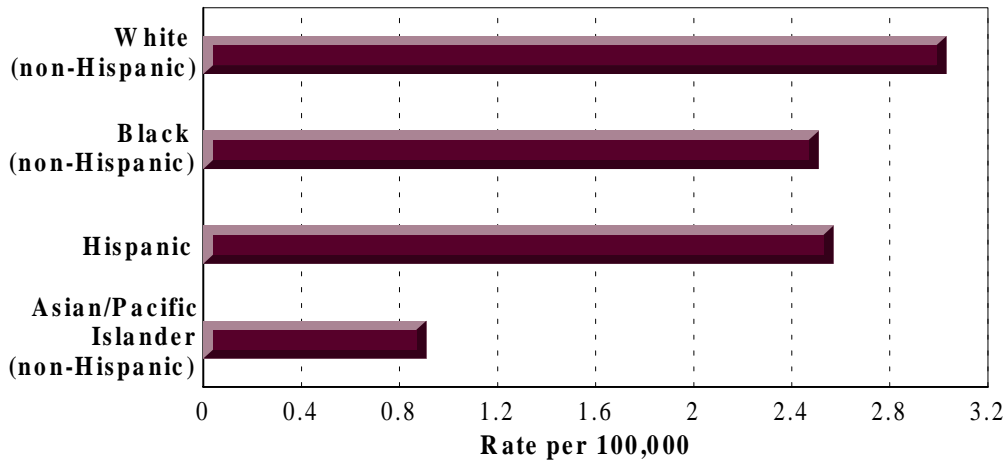


\*Data not shown for rates based on fewer than 5 cases or for age-specific population totals less than 100,000.

Vulvar cancer was rare before age 20 and increased steadily with age (Figure 2, above). Therefore, it is typically considered to be a disease of elderly women. The disease burden, however, was greatest in middle age, as 34% of the women diagnosed with vulvar cancer were in the 40-49 year old group.

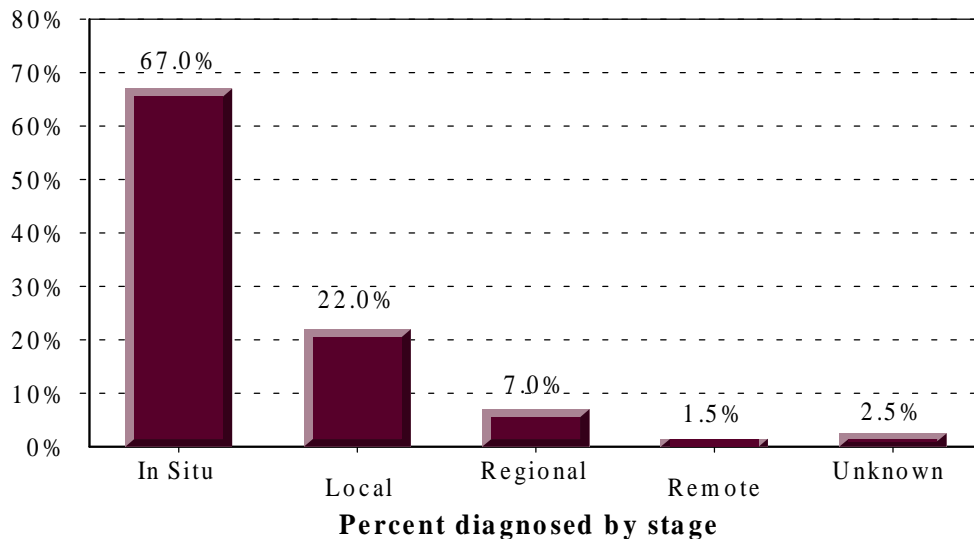


Figure 3. Incidence of vulvar cancer by race/ethnicity, 1988-1997.



The incidence of vulvar cancer in Asian/Pacific Islander women was only one third that of other women. (Figure 3, above).

Figure 4. Stage at diagnosis of vulvar cancer, 1988-1997.



Vulvar cancer is highly curable when diagnosed in an early stage. In these data, stage was defined as *in situ* (noninvasive), local (invasive but confined entirely to vulva), regional (extended to surrounding tissues or organs or into regional lymph nodes), distant (spread to parts of body distant from vulva) and unstaged (insufficient data to assign a stage). Eighty-nine percent of the women were diagnosed in the early stages (Figure 4, above). Five-year relative survival varied by stage, with 87%, 56% and 16% of women surviving from local, regional and distant stages, respectively.

Technical Notes: Because age distributions vary by population, a standard statistical procedure called “age-adjustment” was used so that we can examine differences in cancer incidence and mortality rates due to factors other than age. Rates are age-adjusted unless noted to be age-specific.

About the data: Cancer data have been collected in Alameda, Contra Costa, Marin, San Francisco, and San Mateo counties since 1973, and in Monterey, San Benito, Santa Clara, and Santa Cruz counties since 1988, forming two parts (Regions 1 and 8) of the California Cancer Registry. These counties, referred to as the Greater Bay Area are also part of the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) registry program.

Founded in 1974, the mission of the **Northern California Cancer Center** is to reduce the burden of cancer through surveillance, epidemiology, prevention research and education. Essential to this mission is collaboration with partners in cancer research, education and the community.