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# Uterine cancer

## 1993-2022

(ICD10 codes: C54-C55)

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Northern Ireland Cancer Registry, 2025

An official statistics publication

## ABOUT THIS REPORT

### Contents

This report includes information on incidence of uterine cancer as recorded by the Northern Ireland Cancer Registry (NICR). Incidence data is available annually from 1993 to 2022, however in order to provide stable and robust figures the majority of information presented in this report is based upon the average number of cases diagnosed in the last five years.

### Methodology

The methodology used in producing the statistics presented in this report, including details of data sources, classifications and coding are available in the accompanying methodology report available at: [www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics](http://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics).

### Official statistics

The incidence, prevalence and survival statistics in this publication are designated as official statistics signifying that they comply with the Code of Practice for Official Statistics. Further information on this code is available at [code.statisticsauthority.gov.uk](http://code.statisticsauthority.gov.uk).

### Cancer mortality data

The NI Statistics and Research Agency (NISRA) is the official statistics provider of cancer mortality data in Northern Ireland. However, for completeness, data on cancer mortality is also provided in this report. While analysis is conducted by NICR staff, the original data is provided courtesy of the General Register Office (NI) via the Department of Health.

### Reuse of information

The information in this report (and any supplementary material) is available for reuse free of charge and without the need to contact NICR. However, we request that NICR is acknowledged as the source of any reused information. The following reference is recommended:

*Northern Ireland Cancer Registry 2025. Uterine cancer: 1993-2022. Available at: [www.qub.ac.uk/research-centres/nicr](http://www.qub.ac.uk/research-centres/nicr)*

### Further information

Further information is available at: [www.qub.ac.uk/research-centres/nicr](http://www.qub.ac.uk/research-centres/nicr)

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### Acknowledgements

The Northern Ireland Cancer Registry (NICR) uses data provided by patients and collected by the health service as part of their care and support.

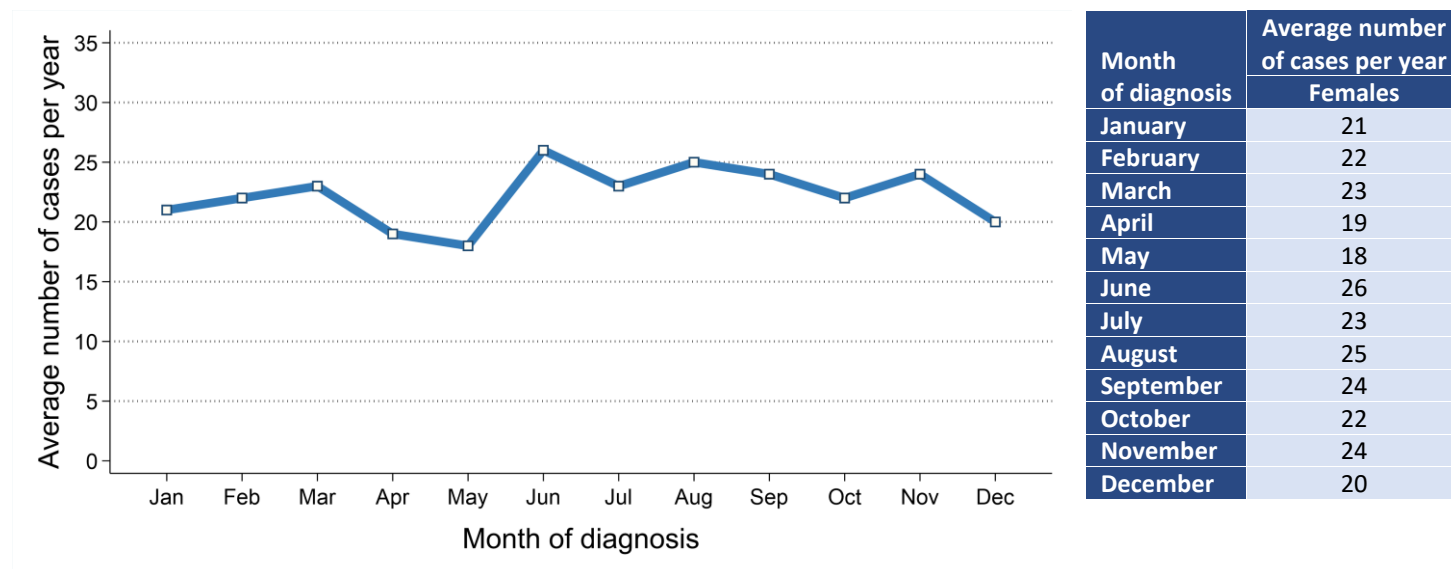
NICR is funded by the Public Health Agency and is based in Queen's University, Belfast.



## INCIDENCE

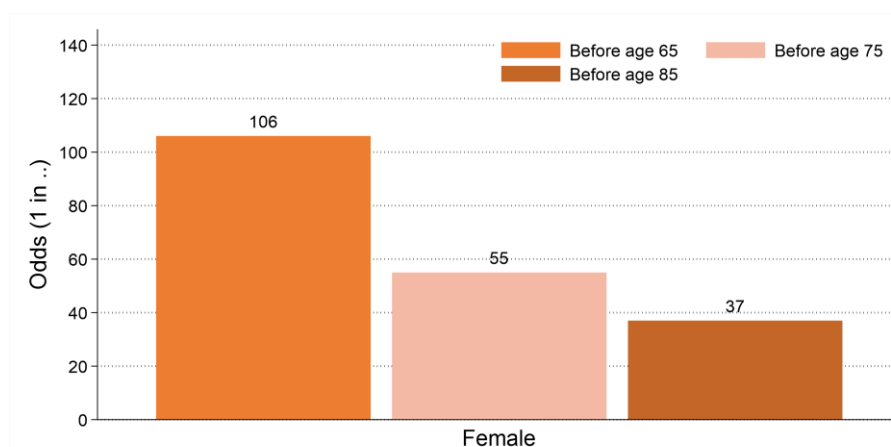
- There were 1,343 cases of uterine cancer diagnosed during 2018-2022 in Northern Ireland. On average this was 269 cases per year.
- The most common diagnosis month during 2018-2022 was June with 26 cases per year.

*Figure 1: Average number of cases of uterine cancer per year in 2018-2022 by month of diagnosis*



- Uterine cancer made up 5.3% of all female cancer cases (excluding non-melanoma skin cancer).
- The uterine cancer incidence rate was 27.8 cases per 100,000 females.
- The odds of developing uterine cancer before age 85 was 1 in 37.

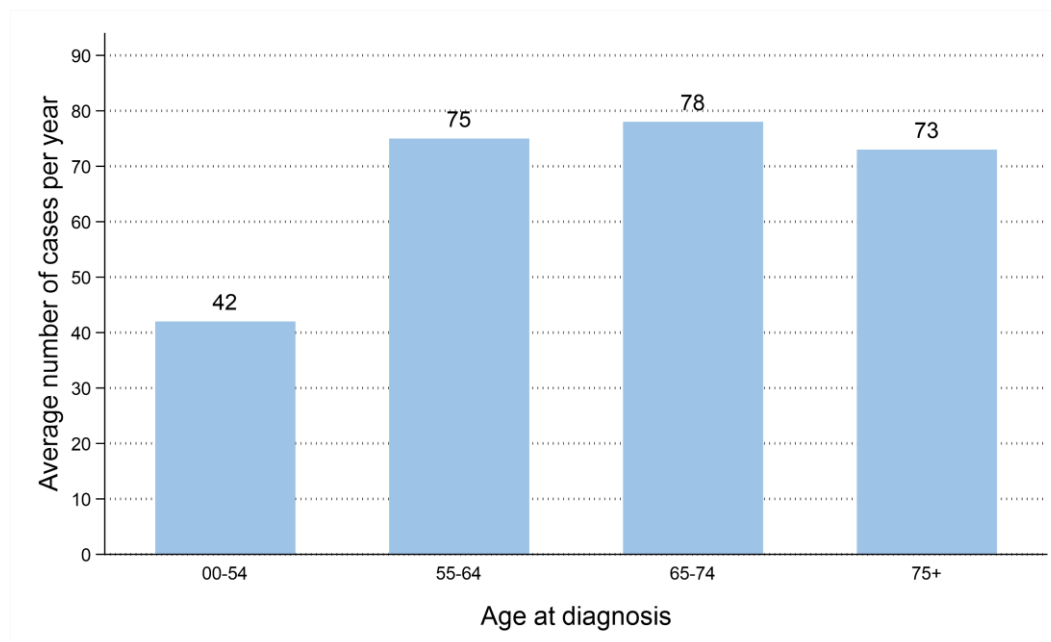
*Figure 2: Odds of developing uterine cancer in 2018-2022*



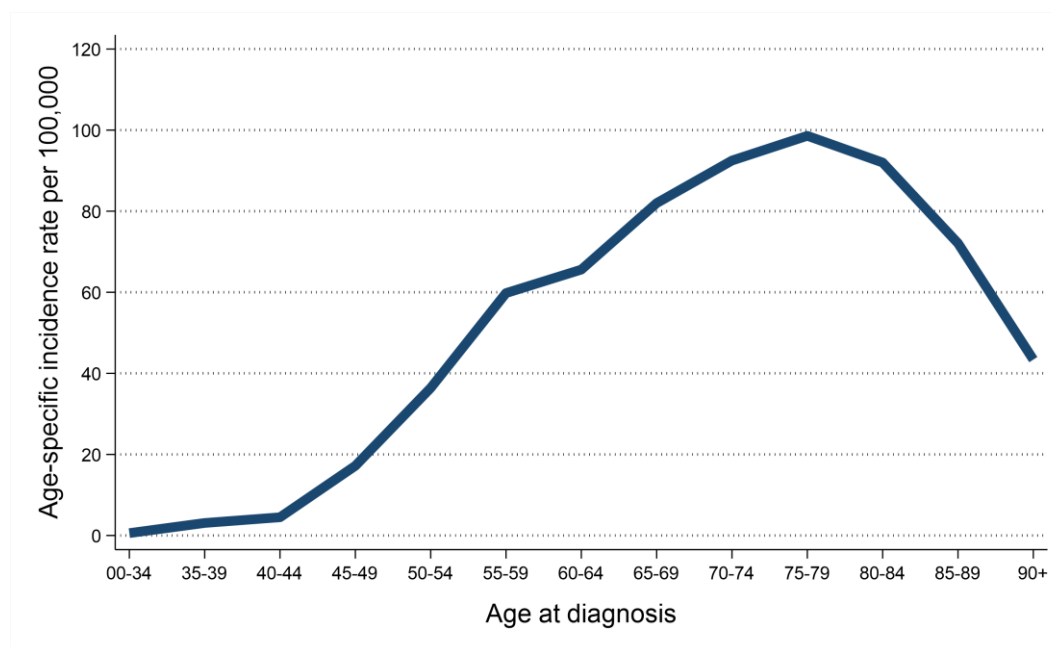
## INCIDENCE BY AGE

- The median age of females diagnosed with uterine cancer during 2018-2022 was 66 years.
- The risk of being diagnosed with uterine cancer varied by age, with 27.1% of women diagnosed with uterine cancer aged 75 and over at diagnosis.
- In contrast, 15.8% of women diagnosed with uterine cancer were aged 0 to 54 at diagnosis.

*Figure 3: Average number of cases of uterine cancer diagnosed per year in 2018-2022 by age at diagnosis*



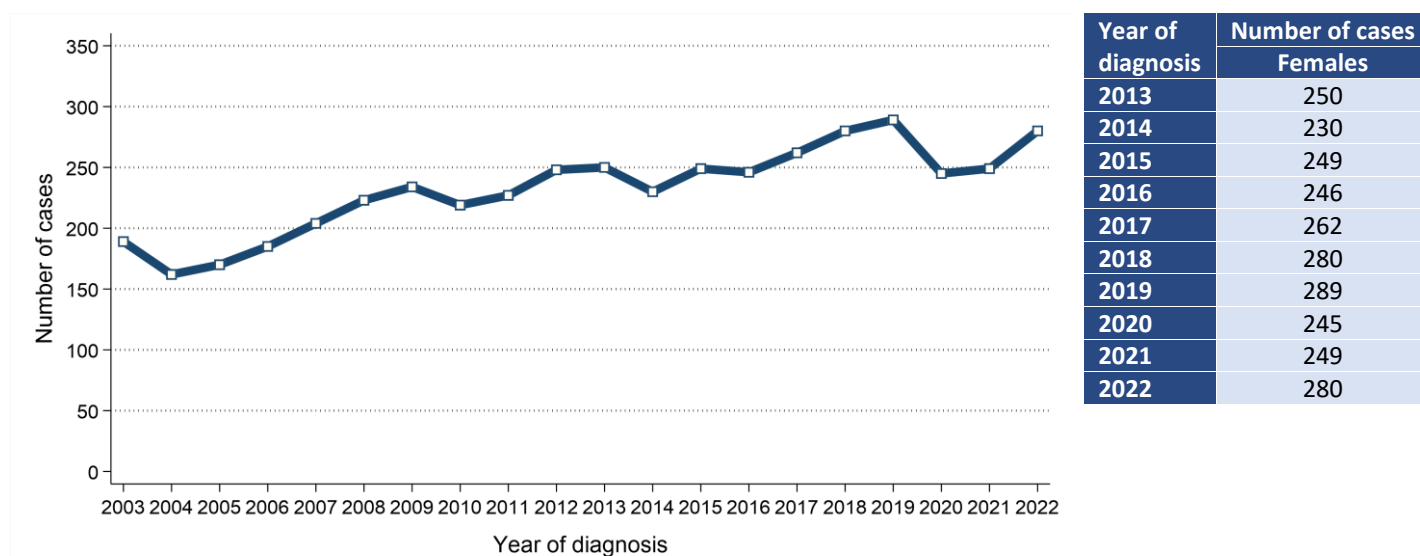
*Figure 4: Age-specific incidence rates of uterine cancer in 2018-2022*



## INCIDENCE TRENDS

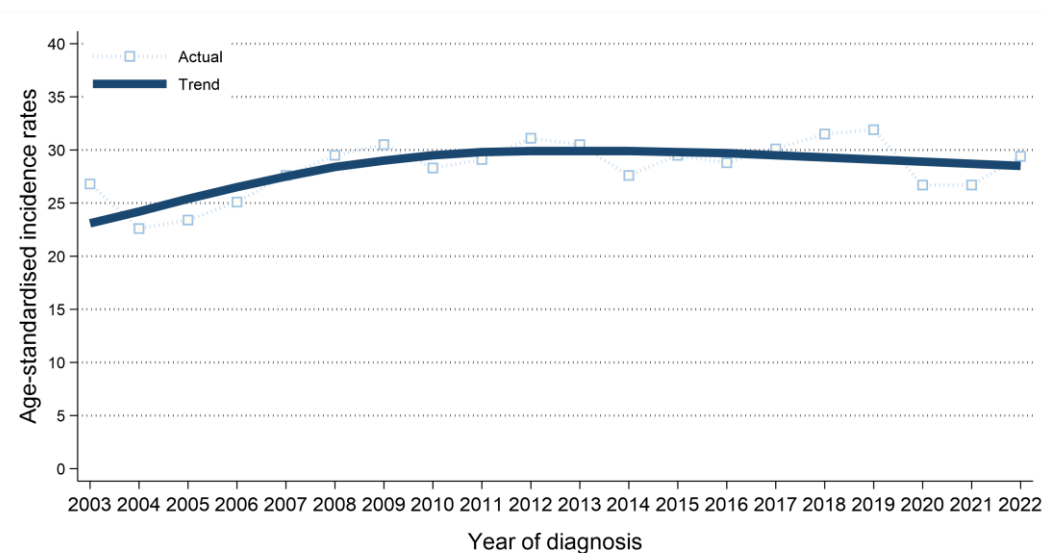
- The number of cases of uterine cancer among females increased between 2013-2017 and 2018-2022 by 8.6% from 1,237 cases (247 cases per year) to 1,343 cases (269 cases per year).

*Figure 5: Trends in number of cases of uterine cancer diagnosed from 2003 to 2022*



- Female age-standardised uterine cancer incidence rates decreased between 2013-2017 and 2018-2022 by 0.3% from 29.3 to 29.2 cases per 100,000 females. This change was not statistically significant.

*Figure 6: Trends in incidence rates of uterine cancer from 2003 to 2022*



Age-standardised incidence rates illustrate the change in the number of cases within a population of a fixed size and age structure (2013 European Standard).

They thus represent changes other than those caused by population growth and/or ageing.

Trends can also be influenced by changes in how cancer is classified and coded. (e.g. the move from ICD-0-2 to ICD-0-3 in 2019).

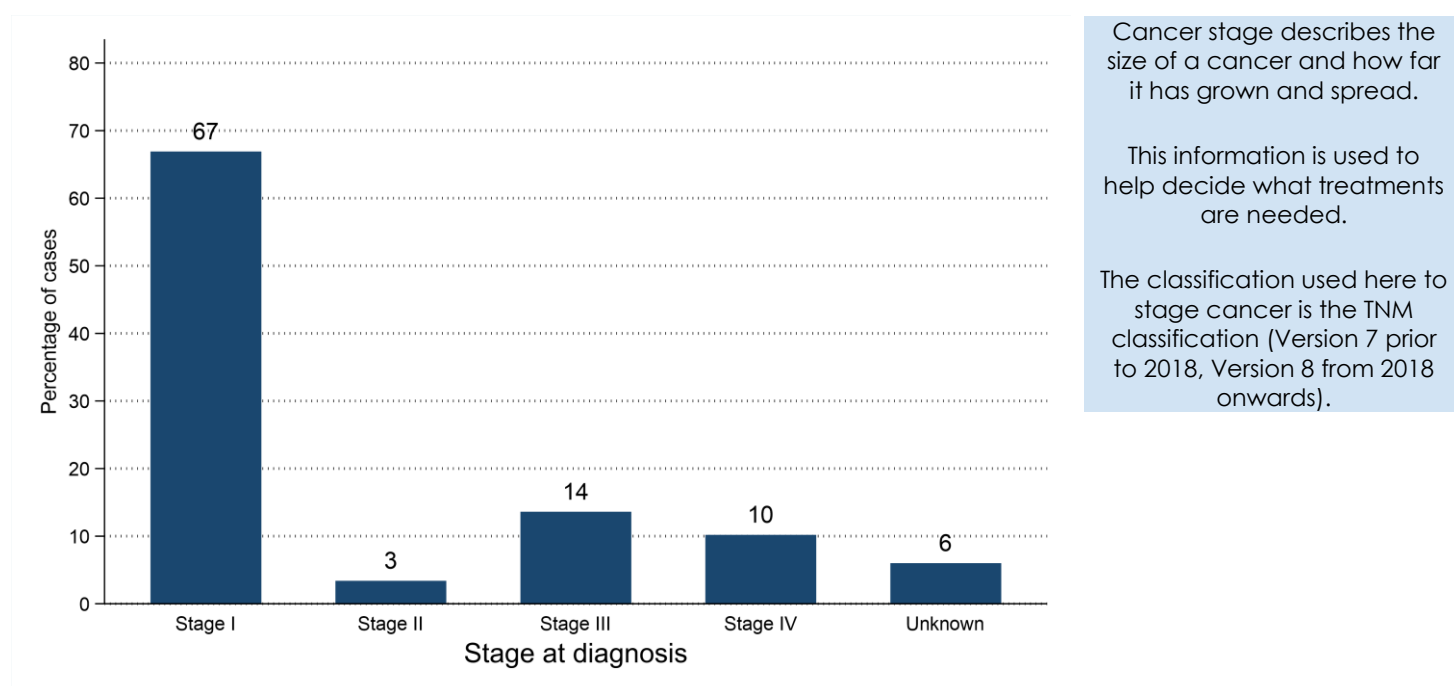
## INCIDENCE BY STAGE AT DIAGNOSIS

- During 2018-2022 94.0% of uterine cancer cases had a stage assigned.
- 66.9% of uterine cancer cases were diagnosed at Stage I. (71.1% of staged cases)
- 10.2% of uterine cancer cases were diagnosed at Stage IV. (10.8% of staged cases)

*Table 1: Number of cases of uterine cancer diagnosed in 2018-2022 by stage at diagnosis*

Stage at diagnosis	Female	
	Total cases in period	Average cases per year
All stages	1,343	269
Stage I	898	180
Stage II	45	9
Stage III	183	37
Stage IV	137	27
Unknown	80	16

*Figure 7: Proportion of cases of uterine cancer diagnosed in 2018-2022 by stage at diagnosis*



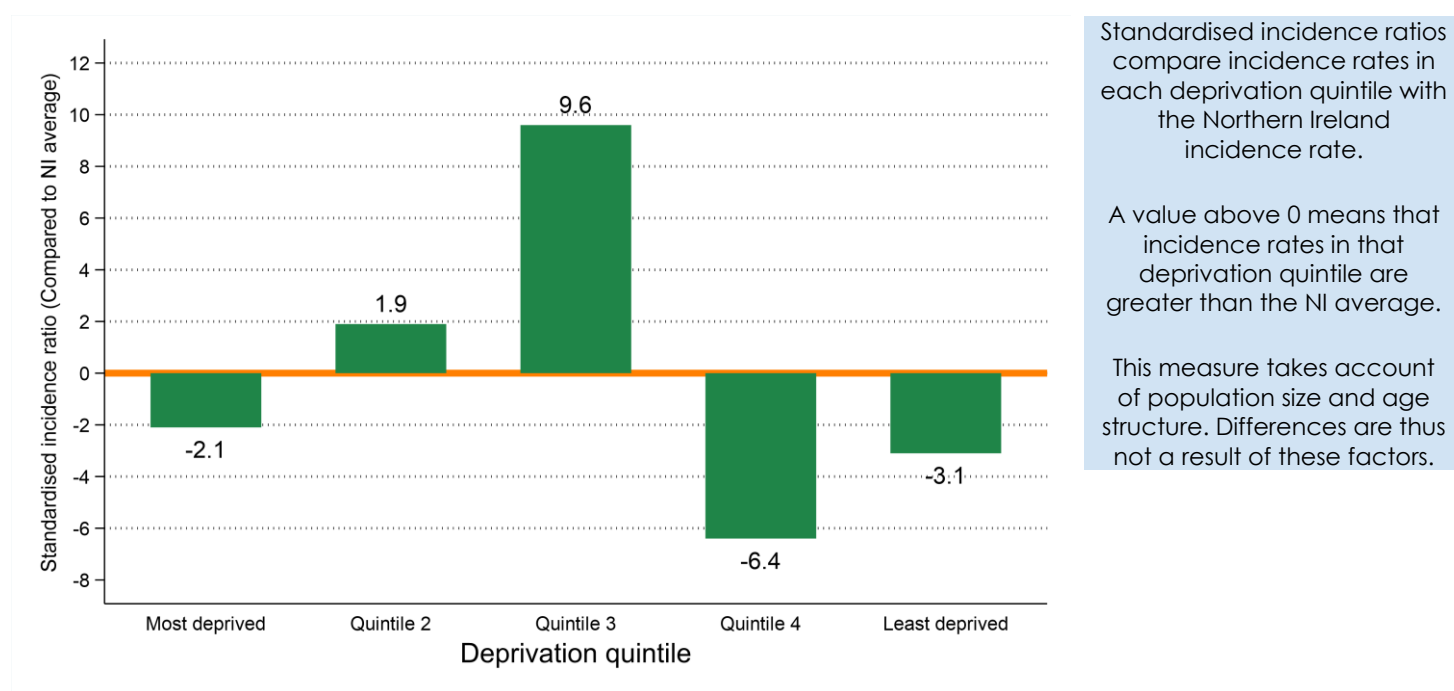
## INCIDENCE BY DEPRIVATION

- The number of cases of uterine cancer diagnosed during 2018-2022 varied in each deprivation quintile due to variations in population size and age.
- After accounting for these factors, incidence rates:
  - in the most socio-economically deprived areas did not vary significantly from the NI average.
  - in the least socio-economically deprived areas did not vary significantly from the NI average.

*Table 2: Number of cases of uterine cancer diagnosed in 2018-2022 by deprivation quintile*

Deprivation quintile	Female	
	Total cases in period	Average cases per year
Northern Ireland	1,343	269
Most deprived	.	.
Quintile 2	219	44
Quintile 3	273	55
Quintile 4	306	61
Least deprived	267	53
Unknown	278	56
Unknown	0	0

*Figure 8: Standardised incidence ratio comparing deprivation quintile to Northern Ireland for uterine cancer diagnosed in 2018-2022*



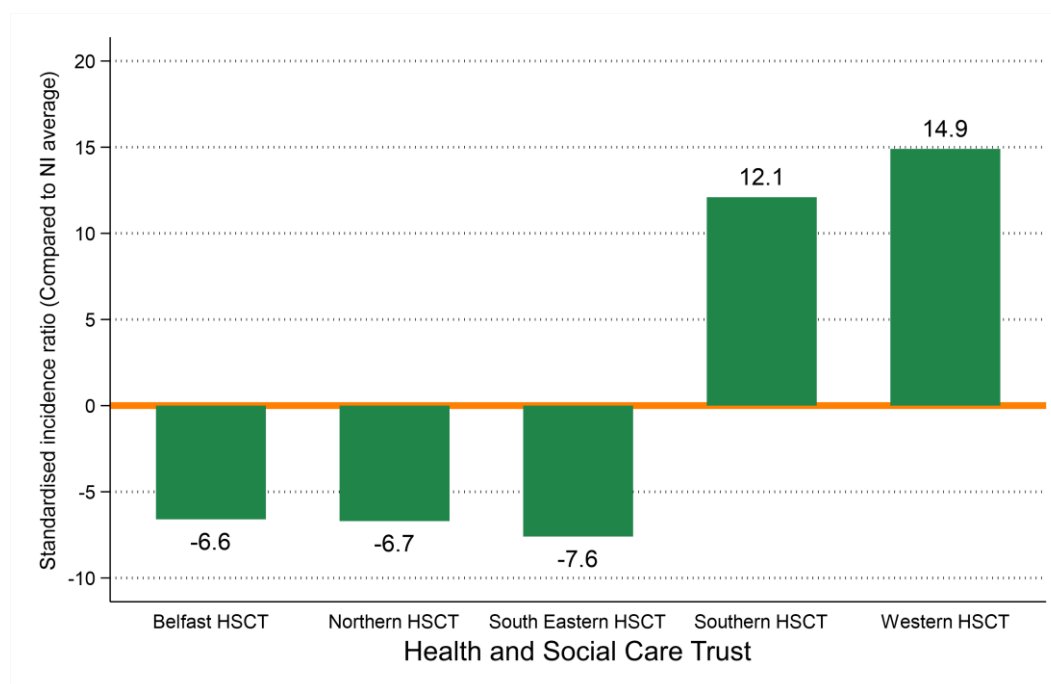
## INCIDENCE BY HEALTH AND SOCIAL CARE TRUST

- The number of cases of uterine cancer diagnosed during 2018-2022 varied in each Health and Social Care Trust due to variations in population size and age.
- After accounting for these factors, incidence rates:
  - in Belfast HSCT did not vary significantly from the NI average.
  - in Northern HSCT did not vary significantly from the NI average.
  - in South Eastern HSCT did not vary significantly from the NI average.
  - in Southern HSCT did not vary significantly from the NI average.
  - in Western HSCT were 14.9% higher than the NI average.

*Table 3: Number of cases of uterine cancer diagnosed in 2018-2022 by Health and Social Care Trust*

Health and Social Care Trust	Female	
	Total cases in period	Average cases per year
Northern Ireland	1,343	269
Belfast HSCT	227	45
Northern HSCT	331	66
South Eastern HSCT	262	52
Southern HSCT	283	57
Western HSCT	240	48
Unknown	0	0

*Figure 9: Standardised incidence ratio comparing Health and Social Care Trust to Northern Ireland for uterine cancer diagnosed in 2018-2022*





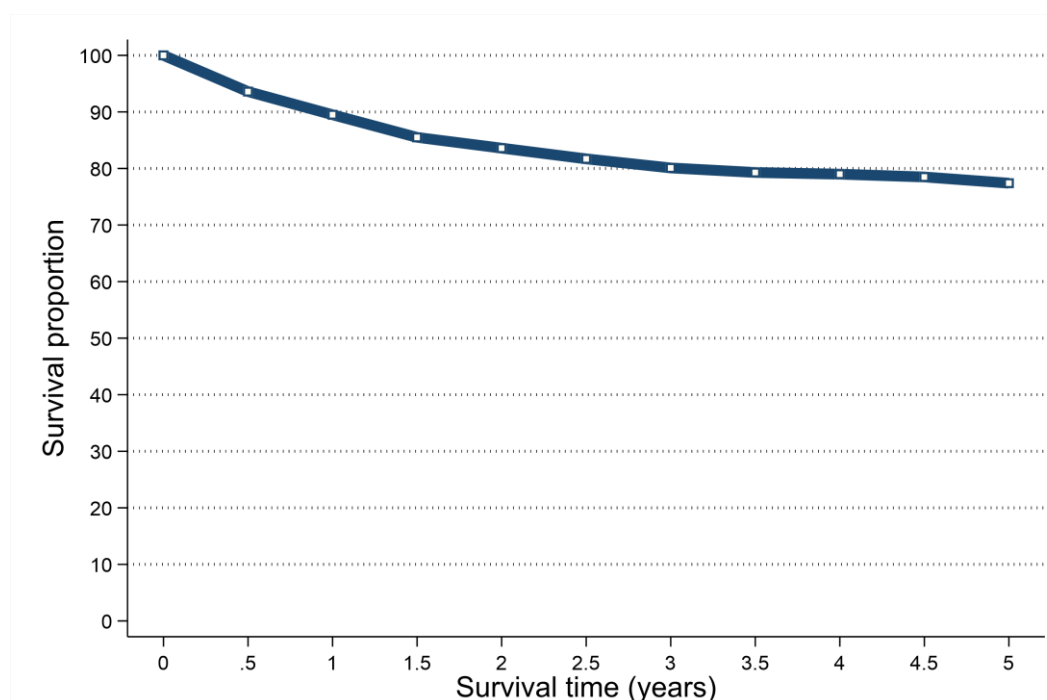
## SURVIVAL

- 88.9% of patients were alive one year and 72.6% were alive five years from a uterine cancer diagnosis in 2013-2017. (observed survival)
- Age-standardised net survival (ASNS), which removes the effect of deaths from causes unrelated to cancer, was 89.5% one year and 77.4% five years from a uterine cancer diagnosis in 2013-2017.

*Table 4: Survival from uterine cancer for patients diagnosed in 2013-2017*

Time since diagnosis	Female	
	Observed survival	Age-standardised net survival
6 months	93.3%	93.6%
One year	88.9%	89.5%
Two years	82.3%	83.6%
Five years	72.6%	77.4%

*Figure 10: Age-standardised net survival from uterine cancer for patients diagnosed in 2013-2017*



Observed survival examines the time between diagnosis and death from any cause, however, due to the inclusion of non-cancer deaths it may not fully reflect how changes in cancer care impact survival from cancer.

Age-standardised net survival provides an estimate of patient survival which has been adjusted to take account of deaths unrelated to cancer. It is more widely used to assess the impact of changes in cancer care on patient survival.

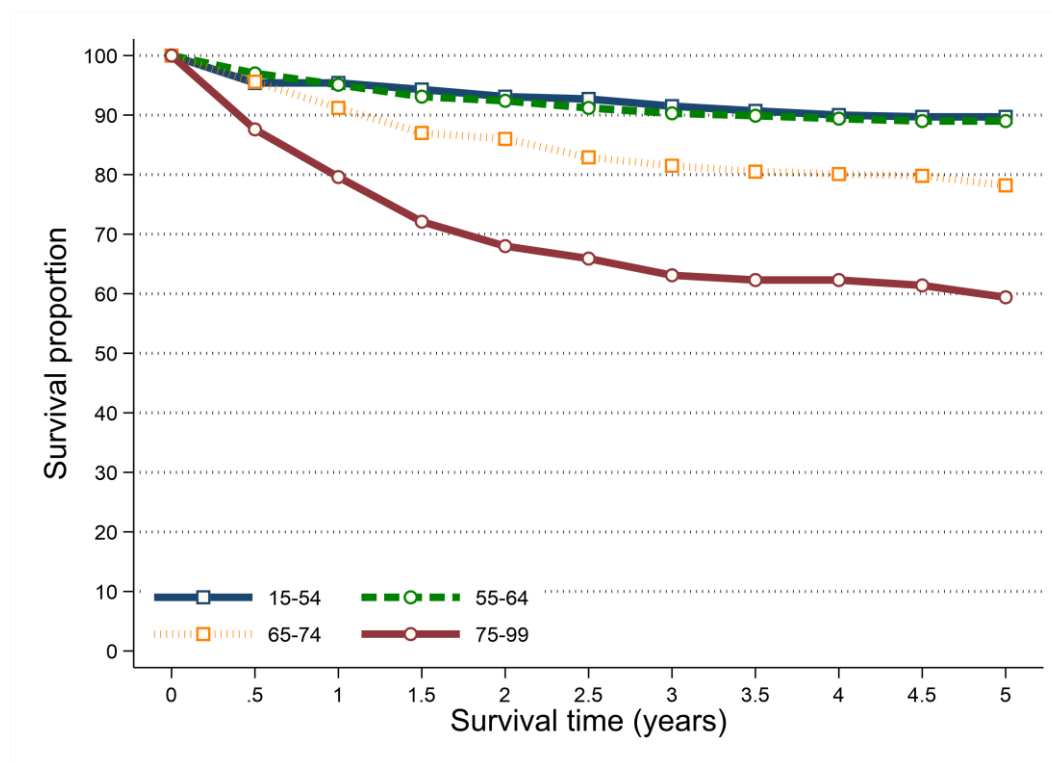
## SURVIVAL BY AGE

- Survival from uterine cancer among patients diagnosed during 2013-2017 was related to age with better five-year survival among younger age groups.
- Five-year net survival ranged from 89.7% among patients aged 15 to 54 at diagnosis to 59.4% among those aged 75 to 99.

*Table 5: Net survival from uterine cancer for patients diagnosed in 2013-2017 by age at diagnosis*

Age group	Female	
	One-year	Five-years
15 to 54	95.4%	89.7%
55 to 64	95.1%	89.0%
65 to 74	91.2%	78.2%
75 to 99	79.6%	59.4%

*Figure 11: Net survival from uterine cancer for patients diagnosed in 2013-2017 by age at diagnosis*

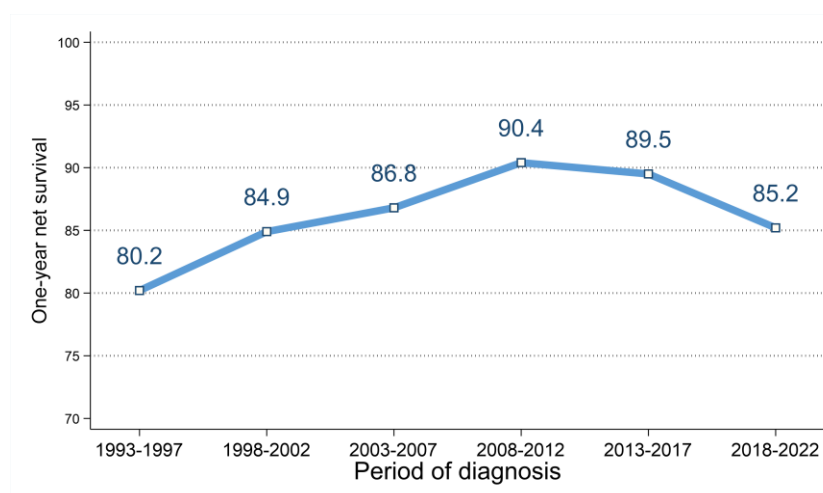


## SURVIVAL TRENDS

### ONE-YEAR NET SURVIVAL

- Between 2013-2017 and 2018-2022 there was no significant change in one-year survival (ASNS) from uterine cancer among females.
- Compared to 1993-1997 one-year survival (ASNS) from uterine cancer among females in 2018-2022 did not change significantly.

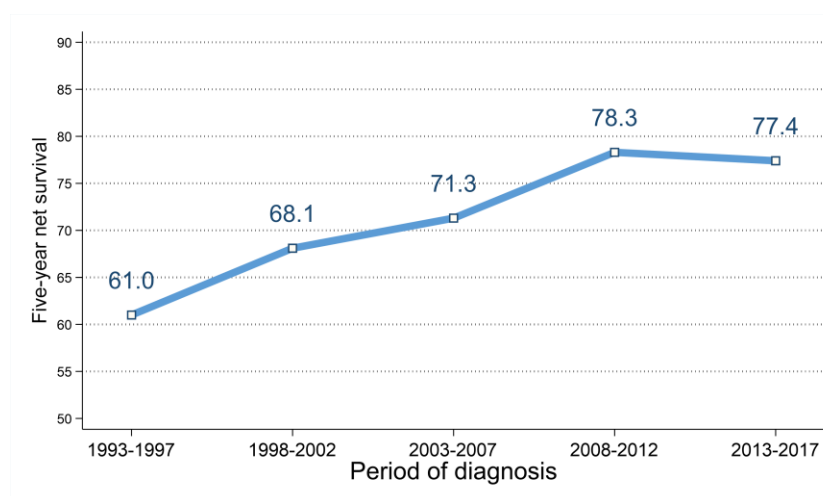
*Figure 12: Trends in one-year age-standardised net survival from uterine cancer in 1993-2022*



### FIVE-YEAR NET SURVIVAL

- Between 2008-2012 and 2013-2017 there was no significant change in five-year survival (ASNS) from uterine cancer among females.
- Compared to 1993-1997 five-year survival (ASNS) from uterine cancer among females in 2013-2017 increased significantly from 61.0% to 77.4%.

*Figure 13: Trends in five-year age-standardised net survival from uterine cancer in 1993-2017*



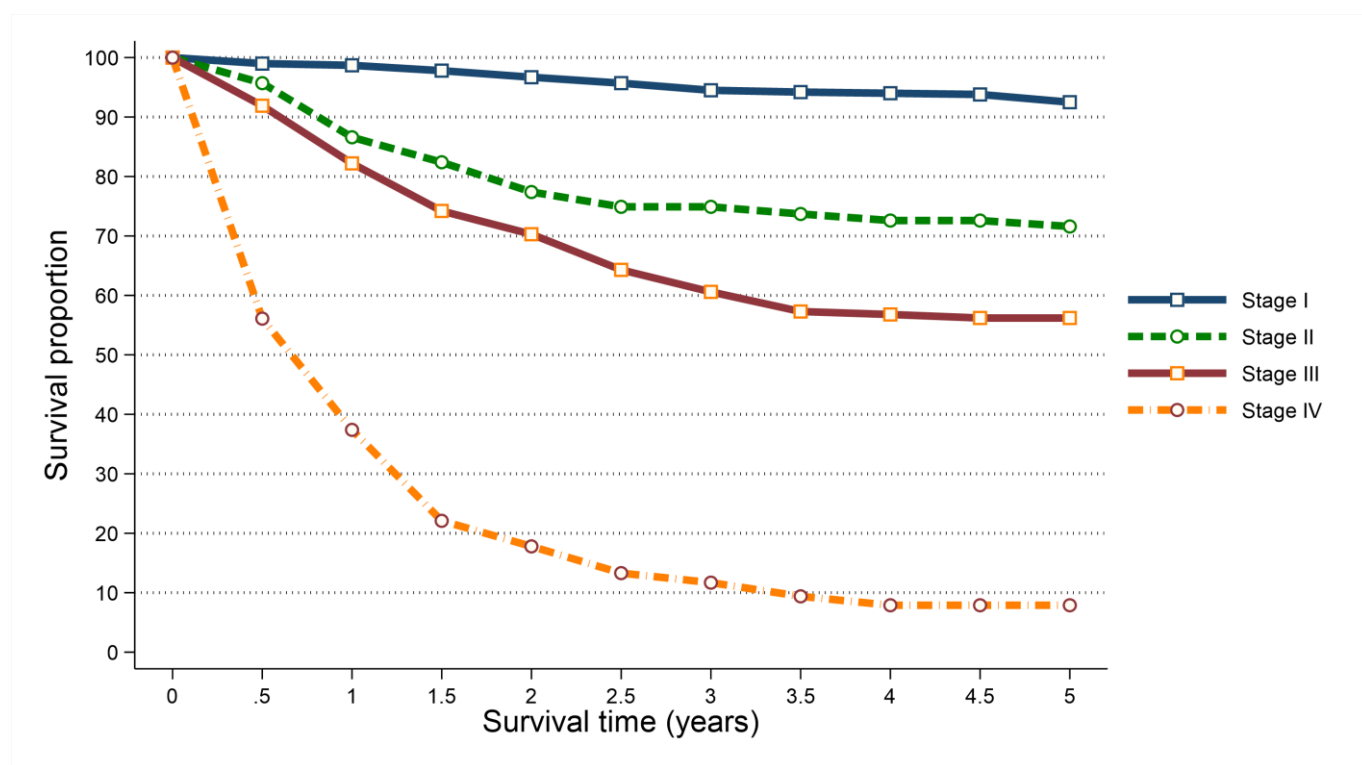
## SURVIVAL BY STAGE

- Survival from uterine cancer among patients diagnosed during 2013-2017 was strongly related to stage with better five-year survival among those diagnosed at earlier stages.
- Five-year survival (ASNS) ranged from 92.5% among patients diagnosed at Stage I to 7.9% among those diagnosed at Stage IV.

*Table 6: Age-standardised net survival from uterine cancer for patients diagnosed in 2013-2017 by stage at diagnosis*

Stage at diagnosis	Female	
	One-year	Five-years
Stage I	98.7%	92.5%
Stage II	86.6%	71.6%
Stage III	82.2%	56.2%
Stage IV	37.4%	7.9%
Unknown	59.3%	25.9%

*Figure 14: Age-standardised net survival from uterine cancer for patients diagnosed in 2013-2017 by stage at diagnosis*



## PREVALENCE

- At the end of 2022, there were 3,072 females living with uterine cancer who had been diagnosed with the disease during 1998-2022.
- Of these 8.1% had been diagnosed in the previous year (one-year prevalence) and 59.2% in the previous 10 years (ten-year prevalence).
- 38.2% of uterine cancer survivors were aged 75 and over at the end of 2022.

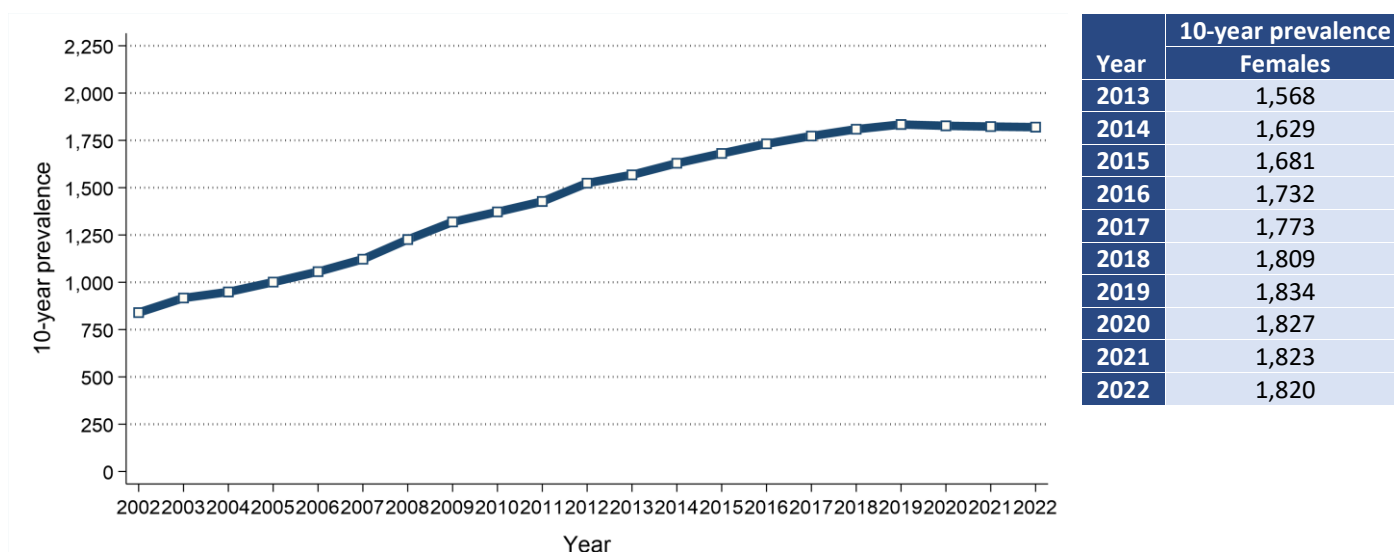
*Table 7: 25-year prevalence of uterine cancer by age at end of 2022*

Age at end of 2022	25-year prevalence	Time since diagnosis			
		0 to 1 year	1 to 5 years	5 to 10 years	10 to 25 years
All ages	3,072	249	758	813	1,252
0 to 74	1,900	189	568	545	598
75 and over	1,172	60	190	268	654

## PREVALENCE TRENDS

- 10-year prevalence of uterine cancer among females increased between 2017 and 2022 by 2.7% from 1,773 survivors to 1,820 survivors.

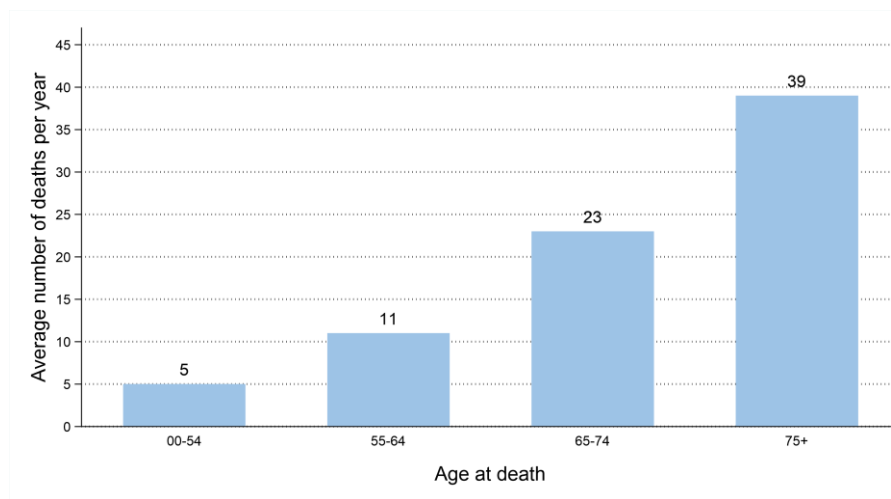
*Figure 15: Trends in 10-year prevalence of uterine cancer in 2002-2022*



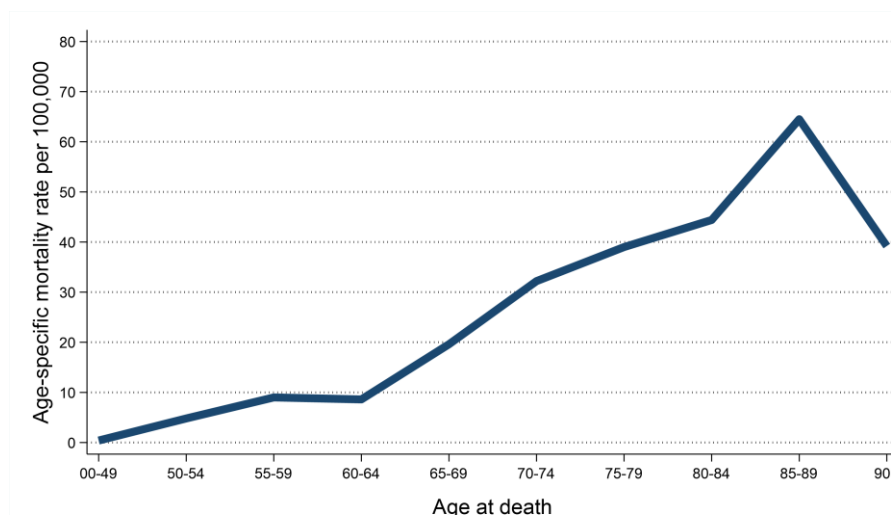
## MORTALITY

- There were 388 deaths from uterine cancer during 2018-2022 in Northern Ireland. On average this was 78 deaths per year.
- Uterine cancer deaths made up 3.6% of all female cancer deaths.
- The median age of females who died from uterine cancer during 2018-2022 was 74 years.
- The risk of dying from uterine cancer varied by age, with 49.7% of women who died from uterine cancer aged 75 and over at death.
- In contrast, 7.0% of women who died from uterine cancer were aged 0 to 54 at death.

*Figure 16: Average number of deaths from uterine cancer per year in 2018-2022 by age at death*



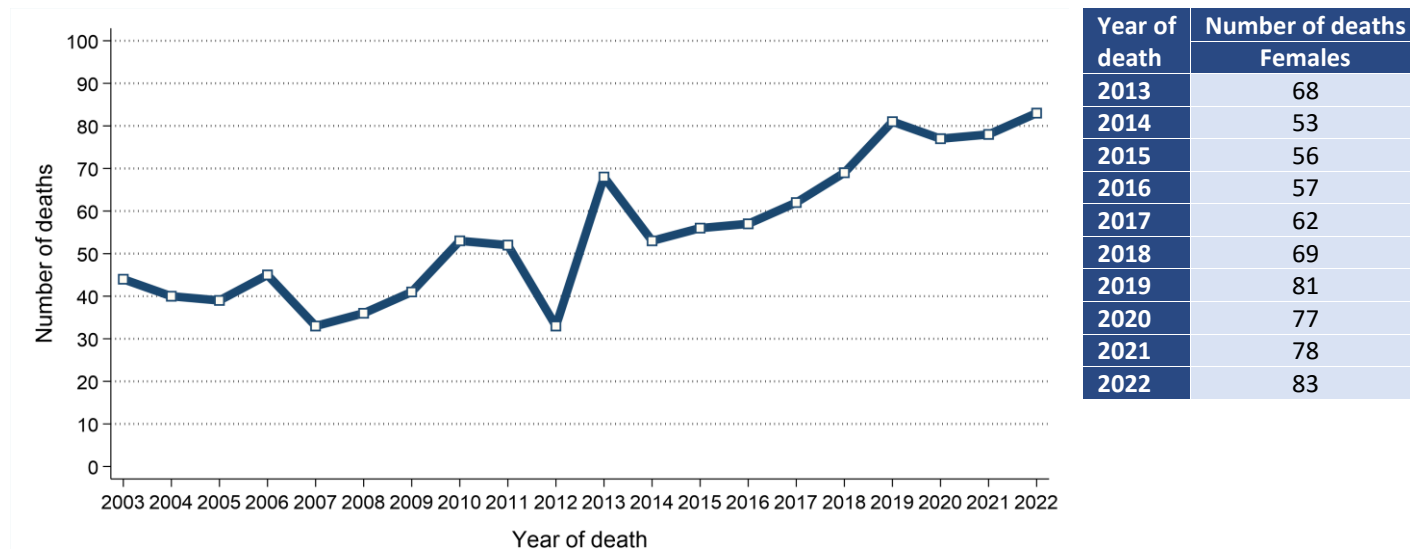
*Figure 17: Age-specific mortality rates of uterine cancer in 2018-2022*



## MORTALITY TRENDS

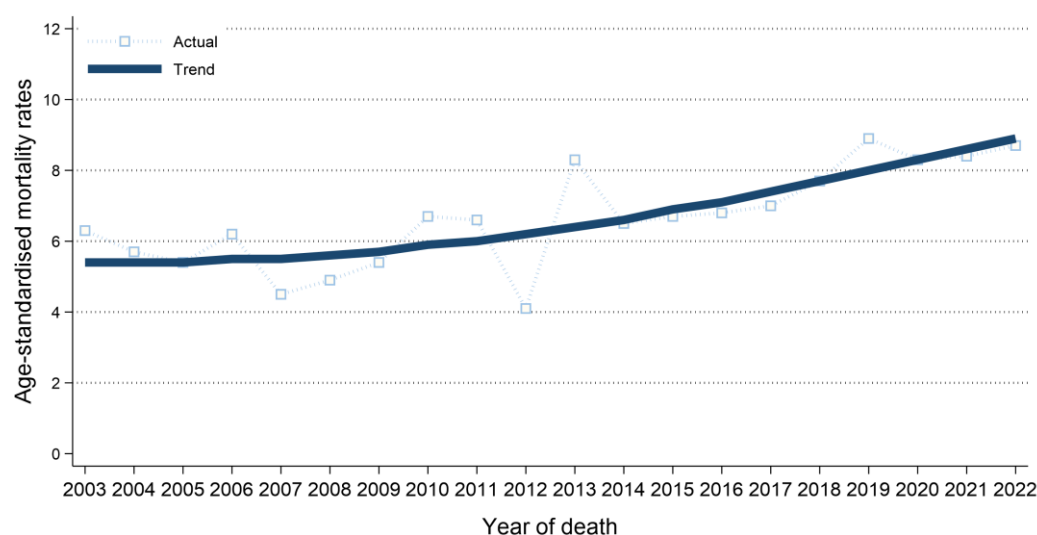
- The number of deaths from uterine cancer among females increased between 2013-2017 and 2018-2022 by 31.1% from 296 deaths (59 deaths per year) to 388 deaths (78 deaths per year).

*Figure 18: Trends in the number of deaths from uterine cancer from 2003 to 2022*



- Female age-standardised uterine cancer mortality rates increased between 2013-2017 and 2018-2022 by 20.0% from 7.0 to 8.4 deaths per 100,000 females. This change was not statistically significant.

*Figure 19: Trends in mortality rates of uterine cancer from 2003 to 2022*



Age-standardised mortality rates illustrate the change in the number of deaths within a population of a fixed size and age structure (2013 European Standard).

They thus represent changes other than those caused by population growth and/or ageing.

Trends can also be influenced by changes in how cancer is classified and coded.

## BACKGROUND NOTES

**Cancer classification:** Classification of tumour sites is carried out using ICD10 codes. For a listing and explanation of ICD10 codes see: World Health Organisation at <http://apps.who.int/classifications/icd10/browse/2010/en#/I>

**Population data:** Population data for Northern Ireland, and smaller geographic areas, are extracted from the NI mid-year population estimates available from the NI Statistics and Research Agency (available at [www.nisra.gov.uk](http://www.nisra.gov.uk)).

**Geographic areas:** Geographic areas are assigned based on a patient's postcode of usual residence at diagnosis using the Jul 2024 Central Postcode Directory (CPD) produced by the NI Statistics and Research Agency (available at [www.nisra.gov.uk](http://www.nisra.gov.uk)).

**Deprivation quintiles:** Super output areas (SOA) are assigned to each patient based on their postcode of usual residence at diagnosis. Using the SOA each patient is assigned a socio-economic deprivation quintile based on the 2017 Multiple Deprivation Measure. The 2017 Multiple Deprivation Measure is available from the NI Statistics and Research Agency (available at [www.nisra.gov.uk](http://www.nisra.gov.uk)).

**Crude incidence/mortality rate:** The number of cases/deaths per 100,000 person years in the population. Person years are the sum of the population over the number of years included.

**Age-standardised incidence/mortality rates** per 100,000 person years are estimates of the incidence/mortality rate if that population had a standard age structure. Throughout this report the 2013 European Standard Population has been used. Standardising to a common Standard Population allows comparisons of incidence/mortality rates to be made between different time periods and geographic areas while removing the effects of population change and ageing.

**Standardised Incidence/Mortality Ratio (SIR/SMR)** is the ratio of the number of cases/deaths observed in a population to the expected number of cases/deaths, based upon the age-specific rates in a reference population. This statistic is often used to compare incidence/mortality rates for geographic areas (e.g. Trusts) to the national incidence/mortality rates (i.e. Northern Ireland). An SIR/SMR of 100 indicates there is no difference between the geographic area and the national average.

**Confidence intervals** measure the precision of a statistic (e.g. uterine cancer incidence rate). Typically, when numbers are low, precision is poorer and confidence intervals will be wider. As a general rule, when comparing statistics (e.g. uterine cancer incidence rate in year 2012 vs year 2013), if the confidence interval around one statistic overlaps with the interval around another, it is unlikely that there is any real difference between the two. If there is no overlap, the difference is considered to be statistically significant.

**Lifetime risk** is estimated as the cumulative risk of getting cancer up to age 75/85, calculated directly from the age-specific incidence rates. The odds of developing the disease before age 75/85 is the inverse of the cumulative risk.

**Prevalence** is the number of cancer patients who are alive in the population on a specific date (31st December 2022 in this report). Since data from the NI Cancer Registry are only available since 1993, prevalence only refers to a fixed term (10 and 25 years in this report). There may be members of the population living with a diagnosis of cancer for more than 25 years.

**Patient survival** is evaluated using two measures. Observed survival examines the time between diagnosis and death from any cause. It thus represents what cancer patients experience, however, due to the inclusion of non-cancer deaths (e.g. heart disease), it may not reflect how changes in cancer care impact survival from cancer. Thus age-standardised net survival is also examined. This measure provides an estimate of patient survival which has been adjusted to take account of deaths unrelated to cancer. It also assumes a standard age distribution thereby removing the impact of changes in the age distribution of cancer patients on changes in survival over time. While this measure is hypothetical, as it assumes patients can only die from cancer related factors, it is a better indicator of the impact of changes in cancer care on patient survival.