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A new analysis reveals that for most women, the risk of dying from cervical cancer is higher than previously thought. Unlike prior estimates that also included women who had undergone a hysterectomy and were therefore no longer at risk, this analysis only included women with a cervix. Published early online in *CANCER*, a peer-reviewed journal of the American Cancer Society, the study also revealed significant racial differences in the risk of dying from cervical cancer.

To re-examine cervical cancer mortality rates from 2002 to 2012 in the United States, Anne Rositch, PhD, MSPH, of the Johns Hopkins Bloomberg School of Public Health, and her colleagues obtained estimates from the National Center for Health Statistics and the NCI Surveillance, Epidemiology, and End Results Mortality Database. Information on hysterectomy prevalence was gathered from the Behavioral Risk Factor Surveillance System survey to remove the large fraction of women who were not at risk of dying from cervical cancer.

The researchers found that black women in the United States are dying from cervical cancer at a rate 77 percent higher than previously thought, while white women are dying at a rate 47 percent higher. Specifically, the corrected mortality rate in black women was 10.1 per 100,000 women, compared with 5.7 per 100,000 uncorrected. The corrected rate in white women was 4.7 per 100,000 compared with 3.2 per 100,000 uncorrected.

Also, without the correction, the disparity in mortality between races was underestimated by 44 percent. In addition, an analysis of the corrected rates over the decade revealed that white women's rates of death from cervical cancer decreased by 0.8 percent per year, compared with an annual decrease of 3.6 percent in black women.

"Although trends over time show that the racial disparity in cervical cancer mortality is closing, these data emphasize that it should remain a priority area," said Dr. Rositch. "In addition, many of those who are dying are over the age of 65, a cutoff point where guidelines generally no longer recommend women with cervices be regularly screened for cervical cancer," she added.

An accompanying editorial by Heather Dalton, MD, of Arizona Oncology, and John Farley, MD, of St. Joseph's Hospital and Medical Center, highlights the effort that is needed going forward. "Racial disparities in cancer mortality in general and cervical cancer specifically continue to be

a vexing problem in the United States," they write. "Access to adequate cervical cancer screening and preventative care remains critical to eliminating racial disparity."