The higher prevalence rates of carcinoma in situ² among steroid users is not explained by a difference in age between them and the women using diaphragms; in fact, the women using steroids are generally younger than those using the diaphragm (Dubrow et al., 1969). Age-specific prevalence rates are given in Table II, and compared for the populations of women who are known to have been using their respective contraceptives for a minimum of at least one year previous to the initial cytological examination. Similar comparisons can be drawn between the women using diaphragms and those who use oral steroids, according to ethnic origin (Table III), age at first pregnancy (Table IV), number of children (Tables IV and V), and net family income (Table VI). In all, there is consistently a higher prevalence rate of carcinoma in situ among the women who chose and used oral steroids for contraception compared with those who chose and used the diaphragm.

TABLE II.—PREVALENCE RATES FOR CERVICAL CARCINOMA IN SITU COMPARED ACCORDING TO AGE IN WOMEN KNOWN TO BE USING THE DIAPHRAGM OR CONTRACEPTIVE ORAL STEROIDS FOR ONE YEAR OR LONGER

	* +					
	≤20	21-25	26-30	31–35	36+	Total
Diaphragm:						-
No. of cases Ca. in situ	0	2	2	6	6	16
Total No. of cases	29	341	653	787	2,064	16 3, 874
Prevalence rates per 1,000		5.9	3.1	7.6	2.9	4.1
	4.0					
Oral steroids:						
No. of cases Ca. in situ	0	13	21	24	4	62
Total No. of cases	183	1, 914	2, 227	1, 301	706	62 6, 331
Prevalence rates per 1,000		6.8	9.4	18	5.7	9.8

TABLE III.—PREVALENCE RATES FOR CERVICAL CARCINOMA IN SITU COMPARED ACCORDING TO ETHNIC ORIGIN IN WOMEN KNOWN TO BE USING THE DIAPHRAGM OR CONTRACEPTIVE ORAL STEROIDS FOR ONE YEAR OR LONGER

	Ethnic origin				
·	White	Negro	Puerto Rican/ Spanish		
Diaphragm:					
No. of cases Ca. in situ	1	12	3		
Total No. of cases	1, 305	2, 053	487		
Prevalence rates per 1,000	0.9	5.8	6.2		
Oral steroids:	• •	• •			
No. of cases Ca. in situ	4	46	12		
Total No. of cases.	724	3, 884	1, 666		
Prevalence rates per 1,000	5.5	12	7.2		

² Hereafter, the term "carcinoma in situ" is used in the text and tables in a technically inaccurate sense, for the sake of convenience, to include the few cases of carcinoma in situ with microfocal invasion and the one case of clinically occult invasive carcinoma.