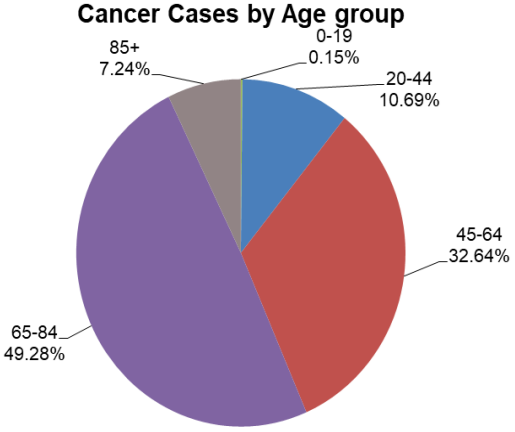
Melanoma Cancer

May 2025

A Fact Sheet by the Central Cancer Registry

Melanoma was the 5th most frequently occurring cancer from 2018-2022 and the 18th leading cause of cancer death in North Carolina from 2019 to 2023. It is expected that 3,903 people (2,320 males and 1,583 females) in North Carolina will be diagnosed and 315 people (202 males and 113 females) will die of melanoma in 2025.

Figure 1. 2018-2022 Percent of Melanoma Cancer Cases by Age group



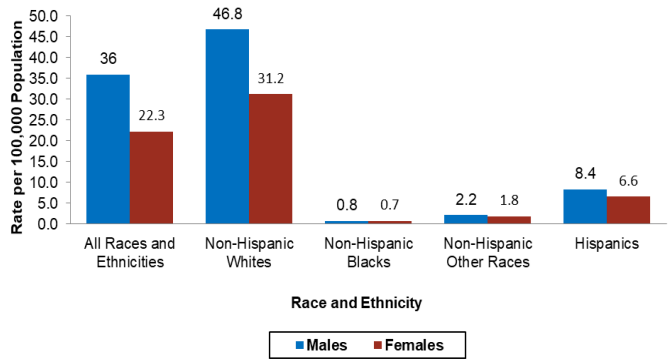
Percentages may not add up to 100 percent due to rounding.

Incidence

The percentage of cases of melanoma from 2018 to 2022 is displayed by age group in Figure 1. Over 80% of all melanoma cases were diagnosed with people aged 45 to 84.

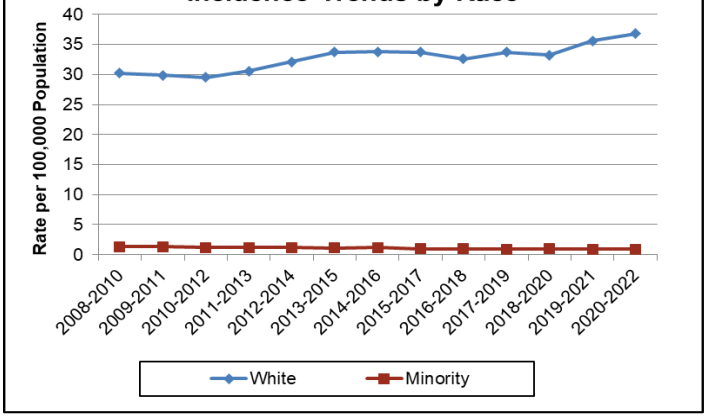
Between 2018 to 2022, the age adjusted incidence rate for melanoma in North Carolina was 36.0 and 22.3 per 100,000 persons per year for males and females. Non-Hispanic blacks have the lowest incidence rate of melanoma when compared to other racial gender group. (Figure 2)

Figure 2. 2018-2022 Melanoma Cancer Incidence Rates by Race and Ethnicity and Gender



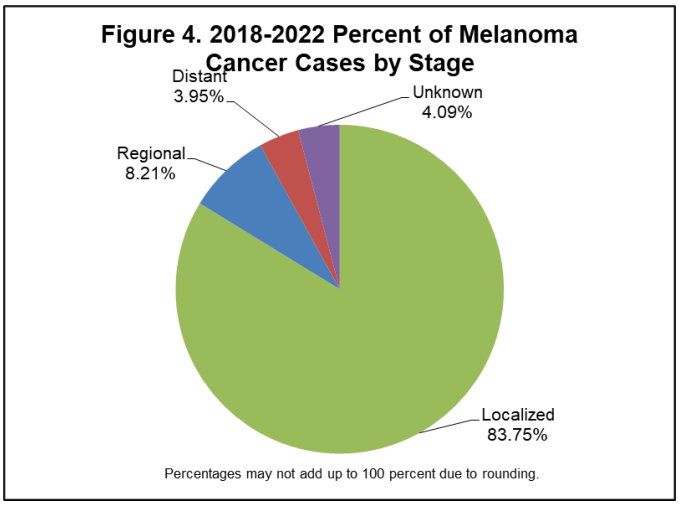
From 2018 to 2022, melanoma incidence rates have increased for whites. However, the incidence rates plateau for minorities. (Figure 3)

Figure 3. 2008-2022 Melanoma Cancer Incidence Trends by Race



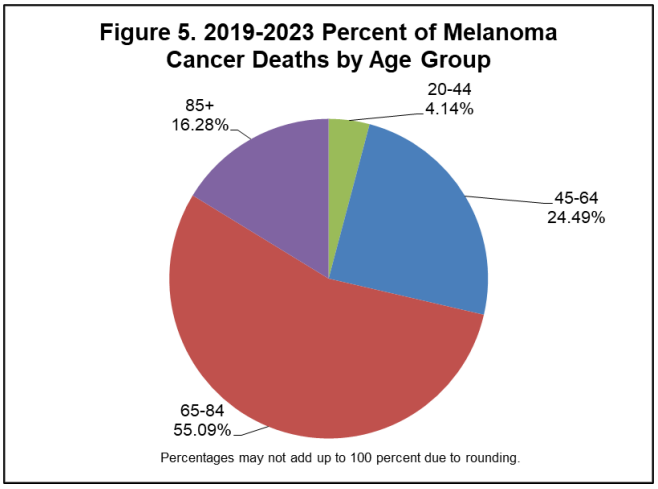
Stage at Diagnosis*

Figure 4 shows the stage distribution of melanoma cases diagnosed between 2018 and 2022. About 84% of melanoma cases were diagnosed at the localized stage.

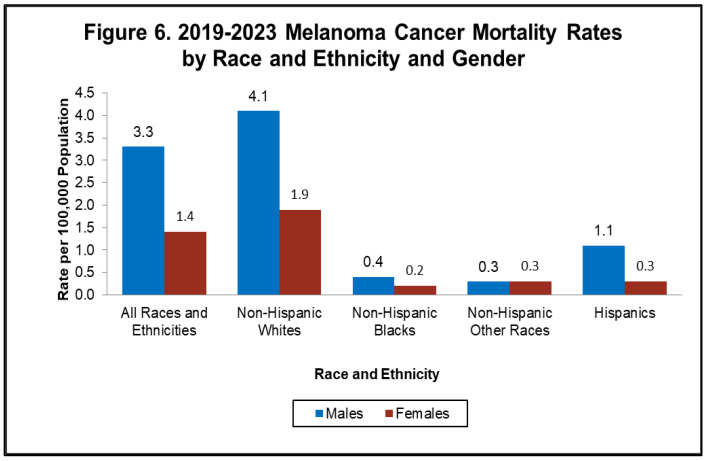


Mortality

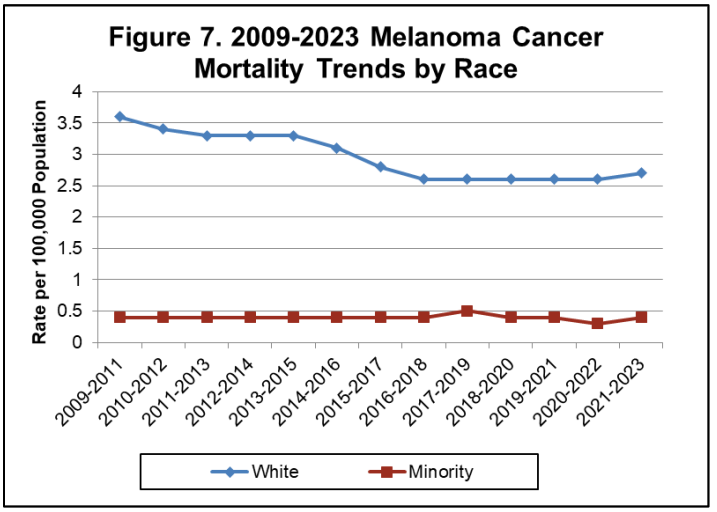
Between 2019 to 2023, the percentage of melanoma deaths is displayed by age group in Figure 5. Close to 80 percent of deaths occurred in people aged 45 to 84.



The age adjusted mortality rate of melanoma from 2019 to 2023 was 2.2 (3.3 and 1.4 for males and females) per 100,000 persons per year. Non-Hispanic white men are more likely to die from melanoma than other racial-gender group. (Figure 6)



From 2016 to 2023, melanoma mortality rates had remained relatively stable for both whites and minorities. (Figure 7)



Data Sources and Methods

Data on North Carolina cases were obtained from the North Carolina Central Cancer Registry (CCR). Hospitals are the primary source of data. The CCR supplements hospital data with reports from physicians who diagnose cases in a non-hospital setting. The CCR also collects data from pathology laboratories and freestanding treatment centers. Data on cancer deaths were obtained from Statistical Services in the State Center for Health Statistics. Population data from the National Center for Health Statistics were used in the denominators of the rates, which are expressed per 100,000 people. Rates were age-adjusted using the 2000 United States Census data. To examine trends, three-year overlapping rates were used to improve stability over time. Stage at diagnosis was defined according to Surveillance, Epidemiology, and End Results Summary Stage guidelines as in situ, localized, regional, distant, and unknown/NA. For further information about the North Carolina CCR, visit www.schs.state.nc.us/units/ccr/.

* According to the National Cancer Institute (NCI), "many cancer registries, such as NCI's Surveillance, Epidemiology, and End Results Program (SEER), use summary staging. This system is used for all types of cancer. It groups cancer cases into five main categories: In situ—Abnormal cells are present only in the layer of cells in which they developed. Localized—Cancer is limited to the organ in which it began, without evidence of spread. Regional—Cancer has spread beyond the primary site to nearby lymph nodes or organs and tissues. Distant—Cancer has spread from the primary site to distant organs or distant lymph nodes. Unknown—There is not enough information to determine the stage." Additional information on staging can be found at https://www.cancer.gov/about-cancer/diagnosis-staging/staging