



Melanoma

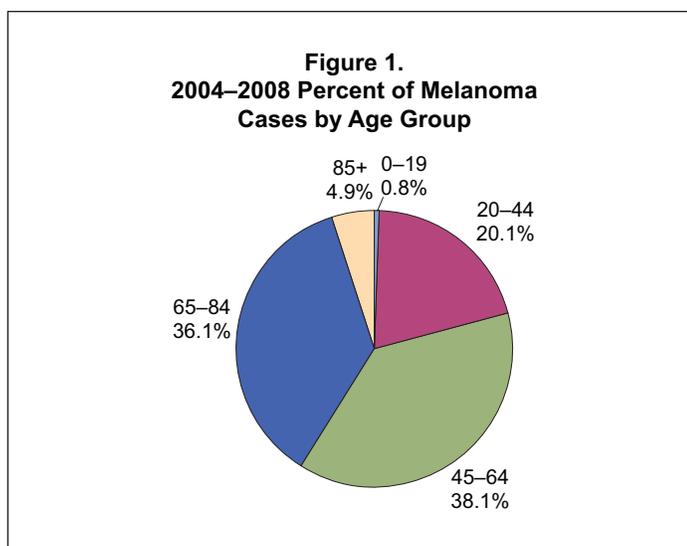
A Fact Sheet from the North Carolina Central Cancer Registry, State Center for Health Statistics

June 2011

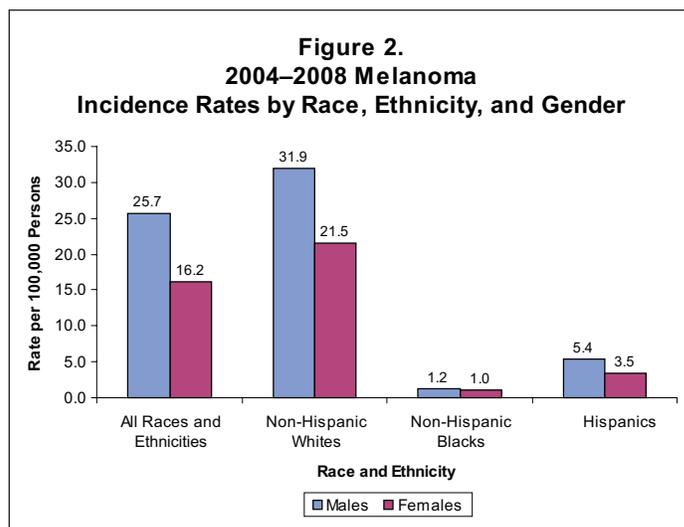
Melanoma was the 6th most frequently occurring and the 16th leading cause of cancer death in North Carolina from 2004 to 2008. It is anticipated that 2,043 people (1,184 males and 859 females) in North Carolina will be diagnosed with and 318 people (201 males and 117 females) will die of melanoma in 2011.

Incidence

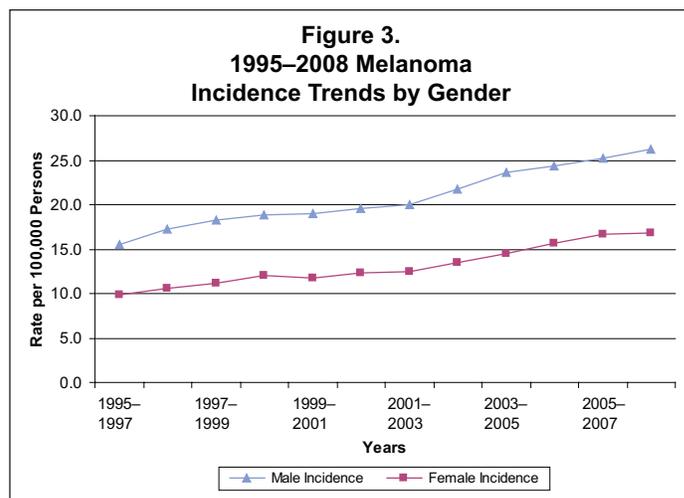
The percentage of cases of melanoma from 2004 to 2008 is displayed by age group in Figure 1. More than 20 percent of melanoma cases were diagnosed in people ages 20 to 44.



Between 2004 and 2008, the age-adjusted incidence rate for melanoma in North Carolina was 19.9 per 100,000 persons per year (Figure 2). The highest incidence rates are among non-Hispanic whites, and higher among men than women.

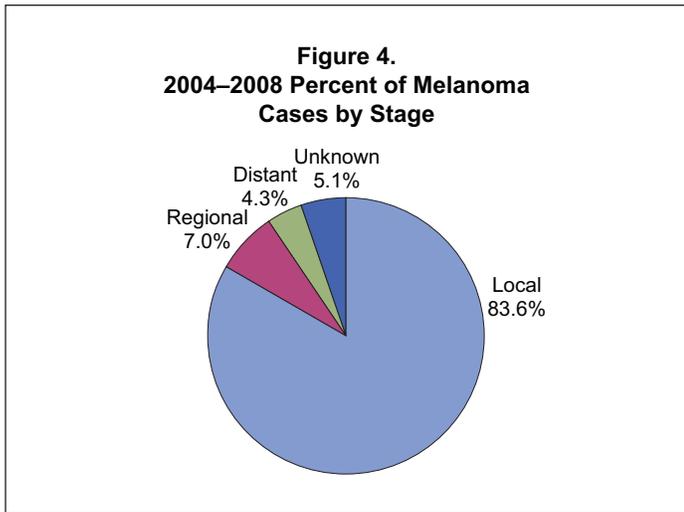


From 1995 to 2008, melanoma incidence rates have increased for men and women (Figure 3). Some of the increase is likely due to increased reporting by dermatology practices.

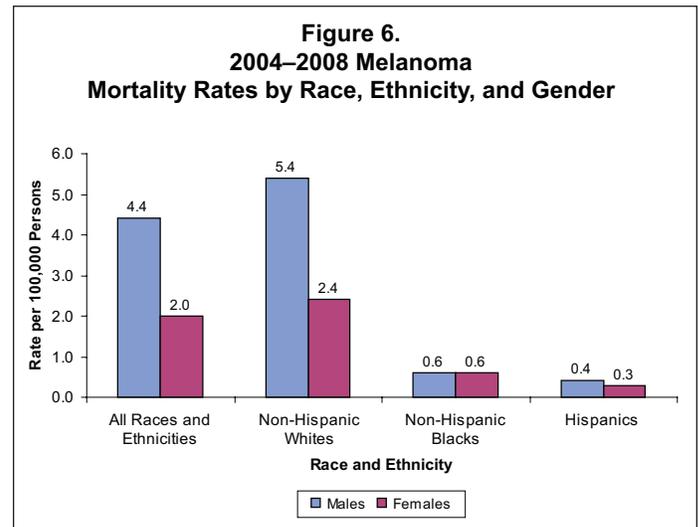


Stage at Diagnosis*

Figure 4 shows the stage distribution of melanoma cases diagnosed between 2004 and 2008. More than 80 percent of melanoma cases were diagnosed at the localized stage.

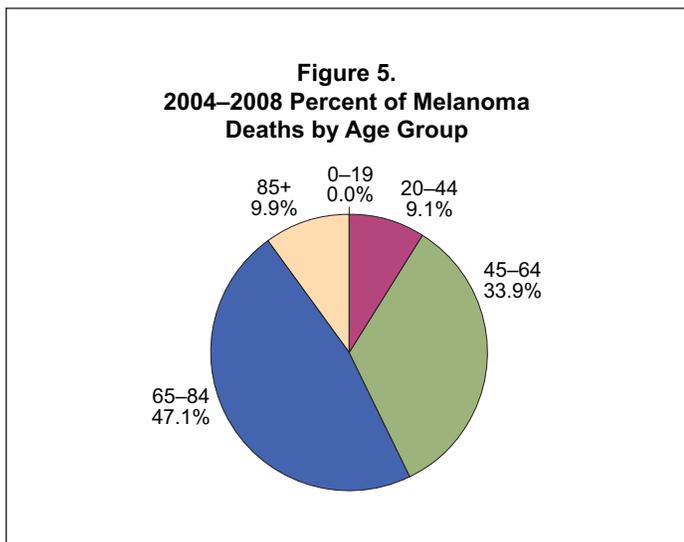


The age-adjusted mortality rate of melanoma from 2004 to 2008 was 3.0 per 100,000 persons per year (Figure 6). When comparing melanoma rates by race and ethnicity, non-Hispanic whites had the highest rate.

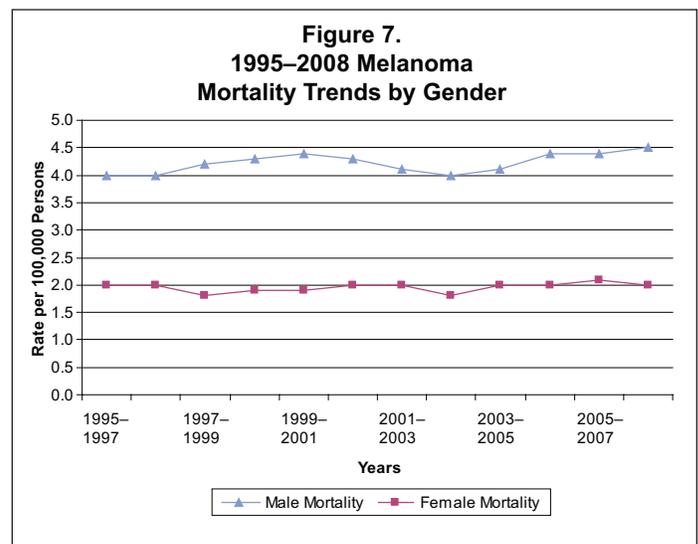


Mortality

More than 9 percent of deaths occurred in people ages 20 to 44. Figure 5 shows the percentage of deaths that occurred between 2004 and 2008 displayed by age group.



From 1995 to 2008, melanoma mortality rates have remained fairly stable for men and women (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 persons. 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 NC CCR, please visit www.schs.state.nc.us/SCHS/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 www.cancer.gov/cancertopics/factsheet/detection/staging.