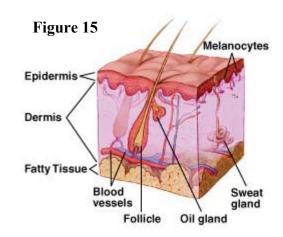
# Melanoma of the skin

**Definition**: Cancer of the skin, called melanoma, develops in the skin cells that produce skin color.<sup>1</sup>

**Background:** From 2002 to 2006, there was a yearly average of approximately **2,118** newly diagnosed cases of melanoma in Ohio.<sup>2</sup> During this same time period, Ohio experienced approximately **319** deaths each year due to melanoma.<sup>2</sup>

Skin cancer is the most common form of cancer in the United States.<sup>1</sup> The rate of melanoma has been increasing over the last several decades, however the mortality rate has remained stable.<sup>1</sup>

Melanoma affects whites at a rate 10 times higher than African Americans. It is also more common in men than women.



### **Cuyahoga County Data:**

- The average annual number of newly diagnosed melanoma cancer cases from 2002-2006 was **234**, with an age-adjusted incidence rate of **15.3** per 100,000 people.
- This is <u>lower</u> than the **17.6** incidence rate for Ohio and <u>lower</u> than the **19.6** incidence rate for the Nation.
- The average annual number of melanoma cancer deaths from 2002-2006 was **29**, with an age-adjusted mortality rate of **1.8** per 100,000 people.
- This is <u>lower</u> than the **2.6** mortality rate for Ohio and <u>lower</u> than the **2.7** mortality rate for the Nation.

Table 15a Melanoma

Average Annual Number of Cancer Cases and Age-Adjusted Incidence Rates\* for 2002-2006

Incidence	Male		Female		Total	
	Cases	Rate	Cases	Rate	Cases	Rate
<b>Cuyahoga County</b>	128	19.4	107	12.8	234	15.3
Ohio	1,138	21.1	981	15.6	2,118	17.6
National SEER		25.0		15.8		19.6

<sup>\*</sup> Rate is calculated per 100,000 people.

Table 15b Melanoma

Average Annual Number of Cancer Deaths and Age-Adjusted Mortality Rates\* for 2002-2006

Mortality	Male		Female		Total	
	Cases	Rate	Cases	Rate	Cases	Rate
<b>Cuyahoga County</b>	17	2.7	12	1.2	29	1.80
Ohio	200	3.8	119	1.7	319	2.6
National SEER		3.9		1.7		2.7

<sup>\*</sup> Rate is calculated per 100,000 people.

Figure 15a

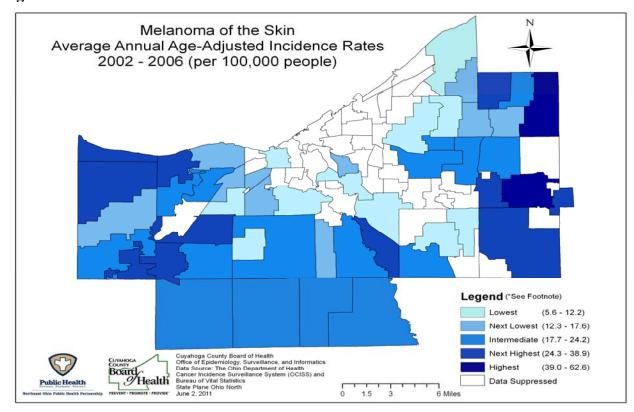
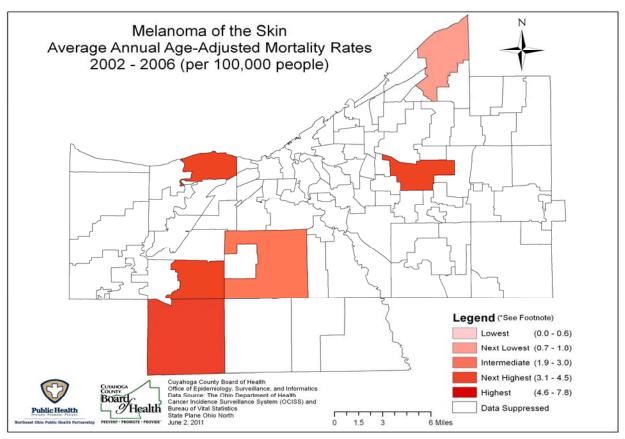
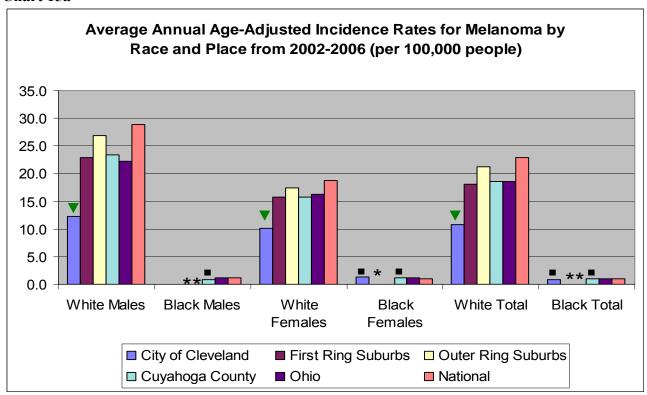


Figure 15b

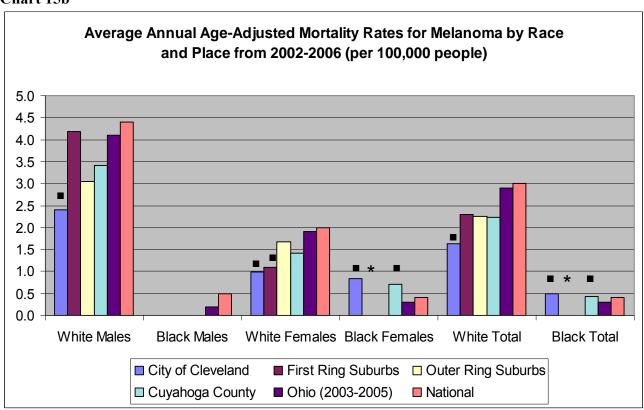


<sup>\*</sup>Data were suppressed to help maintain confidentiality and /or due to concerns over unstable numbers. See methods/limitations section for additional details.

#### Chart 15a



#### Chart 15b



- ▲ Rates are statistically significantly higher when compared to Cuyahoga County.
- ▼ Rates are statistically significantly lower when compared to Cuyahoga County.
- Rates are not compared to Cuyahoga County when there are <20 cases total for 2002-2006 due to instability.

<sup>\*</sup>Data were suppressed to help maintain confidentiality and /or due to concerns over unstable numbers. See methods/limitations section for additional details.

## **Risk Factors**

**Males:** In the United States, 1 in 42 males will <u>develop</u> melanoma and 1 in 250 males will <u>die</u> from melanoma.<sup>4</sup>

**Females**: In the United States, 1 in 64 females will <u>develop</u> melanoma and 1 in 476 females will <u>die</u> from melanoma.<sup>4</sup>

Several risk factors may contribute to the development of melanoma: They include:<sup>3</sup>

- Ultraviolet light exposure
- Moles
- Far skin, freckling, light hair
- Family history of melanoma
- Personal history of melanoma
- Immune suppression
- **Age-** Melanoma is more likely in older people, however this cancer is also found in younger individuals. In people younger than 30, it is one of the most common cancers diagnosed.
- **Gender-** Men have a higher rate of melanoma than women.
- Xeroderma pigmentosum

## Symptoms<sup>5</sup>

- A change in size, shape, color, or feel of an existing mole
  - Most melanomas have a black or blue-black area, or they can appear as a new mole

## **Screening, Prevention and Early Detection**

## Screening: 1

A routine cancer-related checkup by a physician should include a skin exam to look for signs of skin cancer. Self-exam is another important way to check the skin for melanoma. Using the "ABCD" mnemonic for moles can help with detection. One or more of these changes in moles should be discussed with a physician.

- A= Asymmetry
  - o The shape of one side have does not match the other
- B= Border
  - o The edges may be ragged, notched, blurred, or irregular
- C= Color
  - O The color is uneven. Usually shades of black, brown, or tan are present, but it can also be white, grey, red, pink, or blue.
- D= Diameter
  - o The mole has changed in size.

### **Prevention:** 3,6

There are several ways to reduce the risk of melanoma. An annual screening for anyone with a history or family history of skin cancer, or sun burns as a child is recommended. It is also important to limit ultraviolet exposure, protect skin with clothing, wear a hat and sunglasses, use sunscreen, seek shade, avoid tanning beds and sunlamps, and protect children from the sun.

## **Staging**

Stage at Diagnosis describes the severity of a person's cancer and the extent to which it has or has not spread throughout the body. Cancer staging is important in helping physicians plan appropriate treatment, as well as to estimate a patient's prognosis. Cancer diagnosed in the *in situ* and localized stages are generally referred to as early-stage tumors, whereas regional and distant tumors are referred to as late-stage tumors. Detecting cancers at an early stage may increase long-term survival and can lead to a reduction in mortality.

The National Cancer Institute groups staging into five main categories:

- *In situ*: Abnormal cells are present only in the layer of cells in which they developed. In this report, *in situ* cases are only included for bladder cancer.
- 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.
- Unstaged/Unknown: There is not enough information to determine the stage.

#### Chart 15c

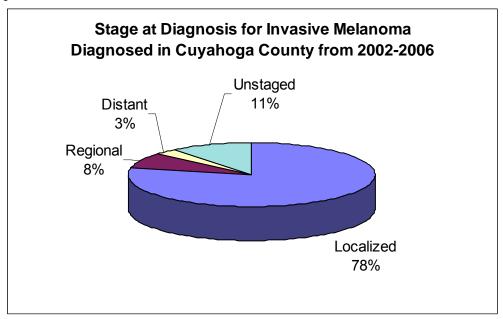


Table 15c

5-year Relative Survival* by Stage at Diagnosis for Melanoma in the United States  for 1999-2006, All Races, Both Sexes <sup>8</sup>				
Stage at Diagnosis	5-year Relative Survival (%)			
Localized				
(confined to primary site)	98.0			
Regional				
(spread to regional lymph nodes)	62.1			
Distant				
(cancer has metastasized)	15.9			
Unknown/Unstaged	76.0			

<sup>\*</sup>Relative survival compares observed survival for those with cancer to the expected survival for those without cancer.

Figure 15c

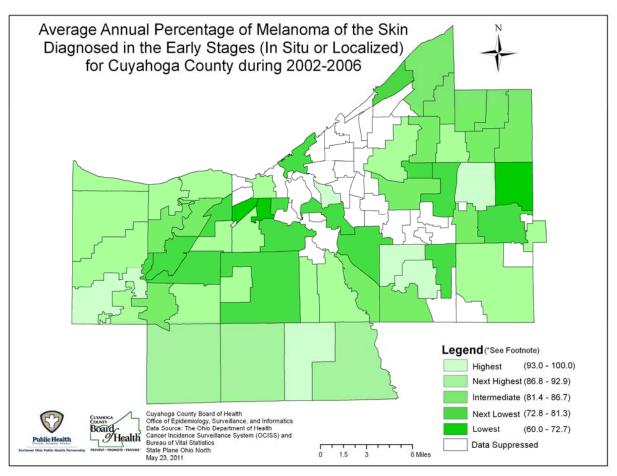
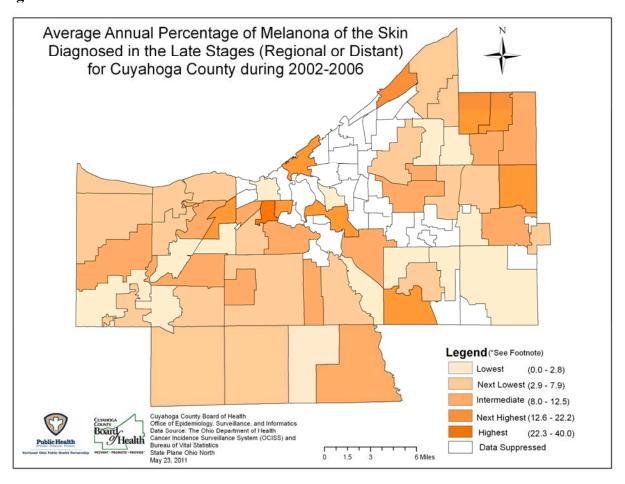
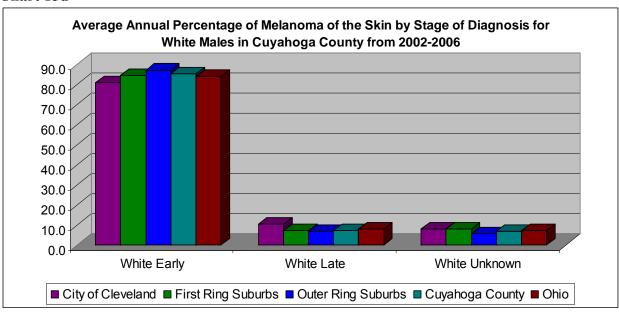


Figure 15d



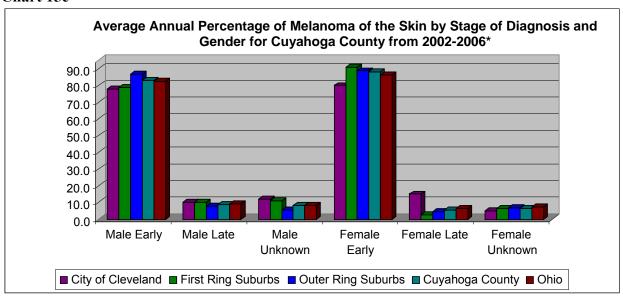
<sup>\*</sup>Data were suppressed to help maintain confidentiality and /or due to concerns over unstable numbers. See methods/limitations section for additional details.

### Chart 15d



<sup>&</sup>lt;sup>1</sup> Ohio Department of Health Disclosures Limitation Standard was applied. Percentages could only be analyzed for white males. See methods/limitations section for additional details.

#### Chart 15e



<sup>\*</sup>All races are included in staging calculations.

### More information

National Cancer Institute <a href="http://www.cancer.gov/">http://www.cancer.gov/</a> American Cancer Society <a href="http://www.cancer.org">http://www.cancer.org</a> Ohio Department of Health <a href="http://www.odh.ohio.gov/">http://www.odh.ohio.gov/</a>

#### Resources

- 1. The Ohio Department of Health. Skin Cancer. <a href="http://www.odh.ohio.gov/odhPrograms/pmlt/cancer/canctypes/skinc.aspx">http://www.odh.ohio.gov/odhPrograms/pmlt/cancer/canctypes/skinc.aspx</a>. (Accessed December 14, 2010).
- Cancer Incidence and Mortality among Ohio Residents, 2002-2006. Ohio Cancer Incidence Surveillance System, Ohio Department of Health and The Ohio State University, Columbus, Ohio, December 2009. <a href="http://www.odh.ohio.gov/ASSETS/79F9E92E210F477D885F8EAC864E2F27/0206Monograph\_Final.pdf">http://www.odh.ohio.gov/ASSETS/79F9E92E210F477D885F8EAC864E2F27/0206Monograph\_Final.pdf</a>.
- 3. The American Cancer Society. Melanoma Skin Cancer Detailed Guide. <a href="http://www.cancer.gov/cancertopics/wyntk/melanoma/allpages/print#83623e8c-d7dc-4ff8-b128-fe2a1bd425e5">http://www.cancer.gov/cancertopics/wyntk/melanoma/allpages/print#83623e8c-d7dc-4ff8-b128-fe2a1bd425e5</a>. (Accessed December 14, 2010).
- 4. The American Cancer Society. Lifetime Risk of Developing or Dying From Cancer. <a href="http://www.cancer.org/Cancer/CancerBasics/lifetime-probability-of-developing-or-dying-from-cancer">http://www.cancer.org/Cancer/CancerBasics/lifetime-probability-of-developing-or-dying-from-cancer</a>. (Accessed January 10, 2011).
- 5. National Cancer Institute. What you need to know about melanoma. <a href="http://www.cancer.gov/cancertopics/wyntk/melanoma/page1">http://www.cancer.gov/cancertopics/wyntk/melanoma/page1</a>. (Accessed December 14, 2010).
- 6. Case Comprehensive Cancer Center <a href="http://cancer.case.edu/">http://cancer.case.edu/</a> and Seidman Cancer Center Recommendations <a href="http://www.uhhospitals.org/irelandcancer/tabid/800/uhseidmancancercenter.aspx">http://www.uhhospitals.org/irelandcancer/tabid/800/uhseidmancancercenter.aspx</a> (February, 2011).
- 7. National Cancer Institute. Cancer Staging. <a href="http://www.cancer.gov/cancertopics/factsheet/Detection/staging">http://www.cancer.gov/cancertopics/factsheet/Detection/staging</a>. (Accessed December 23, 2010).
- 8. Surveillance Epidemiology and End Results. SEER Stat Fact Sheets: Melanoma of the skin. <a href="http://seer.cancer.gov/statfacts/html/melan.html">http://seer.cancer.gov/statfacts/html/melan.html</a>. (Accessed December 14, 2010).
- 9. National Cancer Institute. What you need to know about melanoma. Skin image from <a href="http://www.cancer.gov/cancertopics/wyntk/melanoma/page3">http://www.cancer.gov/cancertopics/wyntk/melanoma/page3</a>. (Accessed December 14, 2010).