# Melanoma of Skin

#### A RHODE ISLAND CANCER CONTROL PROGRAM BRIEF

### I. Background

Melanoma of skin is a skin cancer, which if not caught early, may metastasize to other essential organs and cause death.

Excessive exposure to ultraviolet light (a component of sunlight) is the primary cause of melanoma of skin. In Rhode Island, men are more likely than women to get the disease, probably because men are more likely than women to work outdoors.

Source: Centers for Disease Control and Prevention

## II. Cases<sup>1</sup> and Deaths in Context

Rhode Island:	1987-91	$\leftarrow \Delta \rightarrow$	2006-10
<u>Cases</u>			
All cancers	24,584	+24%	30,586
Colon-rectum	3,884	-27%	2,818
Lung-bronchus	3,679	+19%	4,391
Female Breast	3,726	+15%	4,267
Prostate	2,487	+63%	4,045
Urinary Bladder	1,289	+34%	1,732
Melanoma of Skin	<u>585</u>	+115%	<u>1,258</u>
<u>Deaths</u>			
All causes of death	47,947	<+1%	48,125
All cancers	11,932	-6%	11,176
Colon-rectum	1,560	-37%	987
Lung-bronchus	3,097	+2%	3,183
Female Breast	1,103	-33%	743
Prostate	671	-24%	512
Urinary Bladder	274	+21%	332
Melanoma of Skin	<u>131</u>	+26%	<u>165</u>

1. Includes all invasive cases and in situ cases of the urinary bladder Sources: RI Cancer Registry; National Center for Health Statistics

Age Adjusted Detect

111

III. Age-Adjus	sted Rates		
Melanoma of Skin:	1987-91	$\leftarrow \Delta \rightarrow$	2006-10
Incidence Rates			
Rhode Island	<u>11.4</u>	+86%	<u>21.2</u>
United States	13.8	+64%	22.7
Mortality Rates			
Rhode Island	<u>2.5</u>	+4%	<u>2.6</u>
United States	2.7	0%	2.7

 Cases or deaths per 100,000 people; age-adjusting allows meaningful comparison of rates across groups with different age structures.
Sources: RI Cancer Registry; National Cancer Institute's SEER System; National Center for Health Statistics

# IV. Cases<sup>1</sup> by Race and Ethnicity

Rhode Island:	1987-91	2006-10	2010 Pop.
	1707-71	2000-10	T Op.
Race			
White	585	1,234	856,869
Black	0	0	60,189
Native American	0	2	6,058
Asian & Pacific Islander <sup>2</sup>	0	1	31,011
Other & Unknown	0	26	98,440
Ethnicity			
Hispanic	3	6	130,655
Not Hispanic	561	1,207	921,912
Unknown	21	50	n/a

1. Includes all invasive cases

2. "Asian & Pacific Islander" includes Asian Indians and Pakistanis. Source: RI Cancer Registry

## V. Control Strategy 1: Prevention

The risk of developing melanoma of skin may be reduced by protecting the skin from direct sunlight and from other sources of ultraviolet light, such as indoor tanning lights.

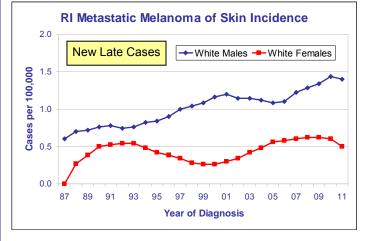
Source: Centers for Disease Control and Prevention

## VI. Control Strategy 2: Screening

Healthcare providers should look for skin abnormalities when doing physical exams, noting that fair-skinned men and women aged 65 and older and people with atypical moles or more than 50 moles are at substantially greater risk than others for melanoma of skin. Early detection may result in improved treatment outcomes.

Source: Centers for Disease Control and Prevention

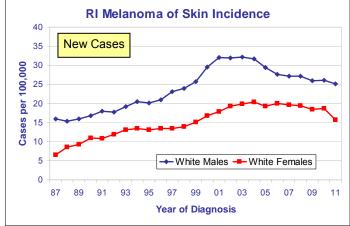
# VII. Late Stage Cancer Rates (Whites)<sup>1</sup>



1. Age-adjusted <u>metastatic</u> cases per 100,000 (white) people Source: RI Cancer Registry

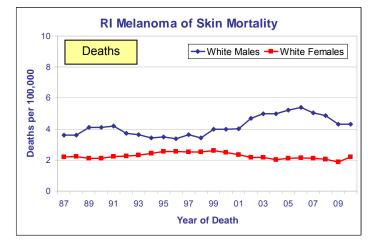
## VIII. Rate<sup>1</sup> Trends

# Incidence Rates by Sex (Whites)



1. Age-adjusted invasive cases per 100,000 people Source: RI Cancer Registry

### Death Rates by Sex (Whites)



1. Age-adjusted deaths per 100,000 people Source: National Center for Health Statistics

## IX. From the 2013-2018 RI Cancer Plan

#### Goal

- Goal: Reduce the incidence of and mortality from skin cancer through prevention and early detection.

#### **Objective**

1. By 2018, increase public awareness and implement skin cancer policies changes to encourage sun safe behaviors (Baseline: N/A).

#### **Strategies**

a. Promote skin cancer prevention and screening education and policy approaches in primary school settings.

- b. Educate and screen individuals who work in outdoor recreational areas.
- c. Increase the availability of sunscreen (SPF 30 Broad Spectrum) in schools and outdoor recreational areas.

d. Strengthen existing tanning facility regulations to promote safety and ban the use of tanning beds by minors ages 17 years and younger.





For more information see:

www.health.ri.gov/chronicconditions/cancer/skin/

www.cdc.gov/cancer/skin/

This Brief was developed by the Rhode Island Cancer Registry at the request of the Rhode Island Cancer Control Program and the Partnership to Reduce Cancer in Rhode Island, with the support of Cooperative Agreement Number DP12-1205 (National Program of Cancer Registries) from the Centers for Disease Control and Prevention. (5/15/2014)