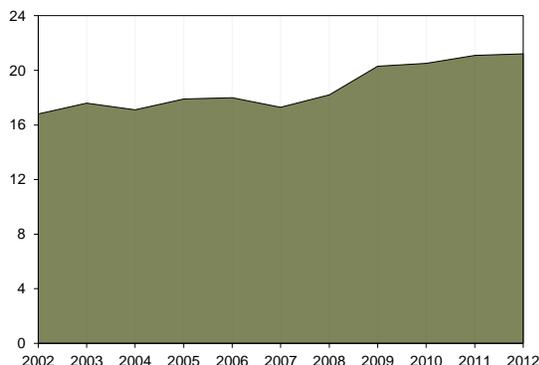


Melanoma of the Skin

in Pennsylvania

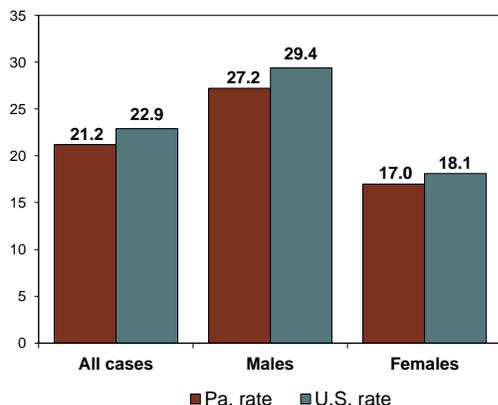
INCIDENCE:

Age-Adjusted Incidence Rates, Melanoma of the Skin
Pennsylvania Residents, 2002-2012



From 2002 to 2012, invasive melanoma of the skin increased dramatically from 2,285 to 3,220 cases. The age-adjusted incidence rate increased from 16.8 to 21.2 per 100,000. The highest number of cases and the highest rate occurred in 2012. Recent increases can be attributed to better detection, awareness, and additional reporting by non-hospital sources. The vast majority of skin melanomas occur among whites, and excess exposure to sunlight is a major risk factor. Incidence rates have been on the increase for both males and females.

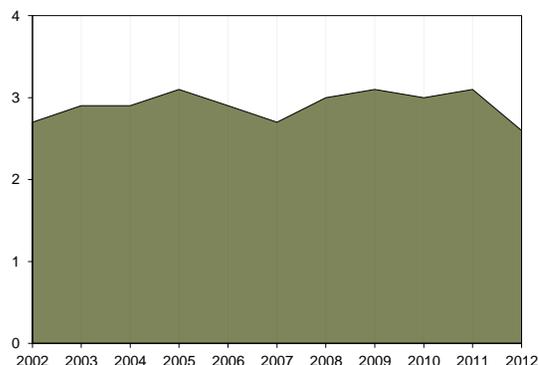
Age-Adjusted Incidence Rates, Melanoma of the Skin
United States and Pennsylvania Residents by Sex, 2012



The bar chart above shows that Pennsylvania's age-adjusted incidence rates for invasive melanoma of the skin among all residents, males and females were lower than comparable United States rates for 2012. The state rate for all cases (21.2) was 7.4 percent lower than the United States rate of 22.9. Rates for skin melanoma were dramatically higher among males than females in both Pennsylvania and the United States.

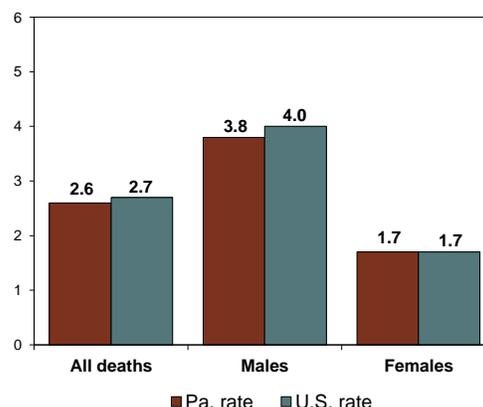
MORTALITY:

Age-Adjusted Mortality Rates, Melanoma of the Skin
Pennsylvania Residents, 2002-2012



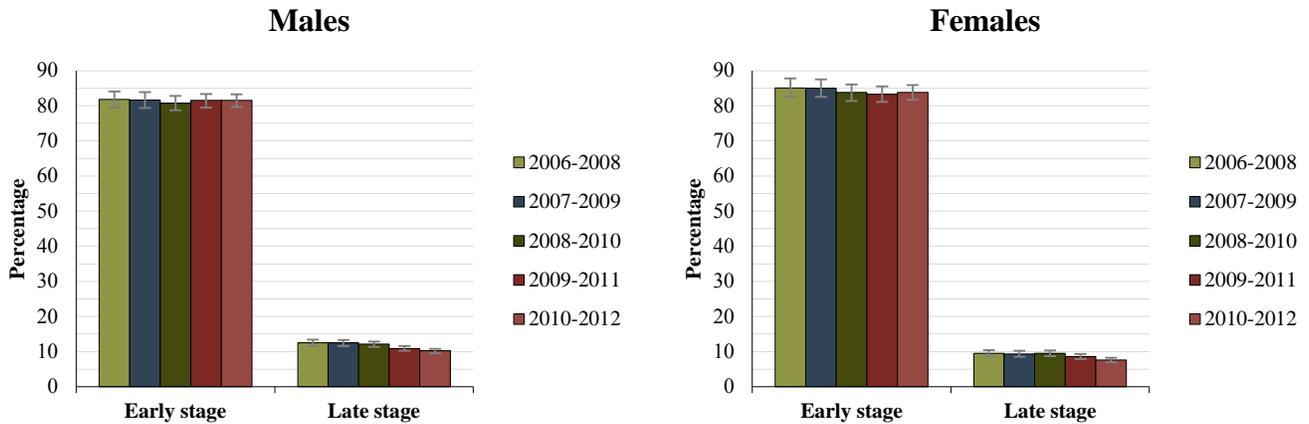
The annual age-adjusted mortality rates for melanoma of the skin have not changed much during the period of 2002 to 2012 (see chart above). In 2012, there were 430 deaths due to skin melanoma for an age-adjusted rate of 2.6 per 100,000. By comparison, there were 389 deaths for an age-adjusted rate of 2.7 in 2002. Deaths due to skin melanoma were more common among men than women. The age-adjusted mortality rates among both males and females have not shown any major trends between 2002 and 2012.

Age-Adjusted Mortality Rates, Melanoma of the Skin
United States and Pennsylvania Residents by Sex, 2012



In 2012, Pennsylvania's age-adjusted mortality rates for melanoma of the skin were slightly lower than the United States rates for all deaths and males and equal among females (see chart above). In addition, the mortality rates for melanoma of the skin among men in both Pennsylvania and United States were more than twice the mortality rates among women.

STAGE of DISEASE at Time of Diagnosis by Sex, 2006-2012



Note: Early stage is the combination of both in situ and local stages; late stage is the combination of both regional and distant stages.

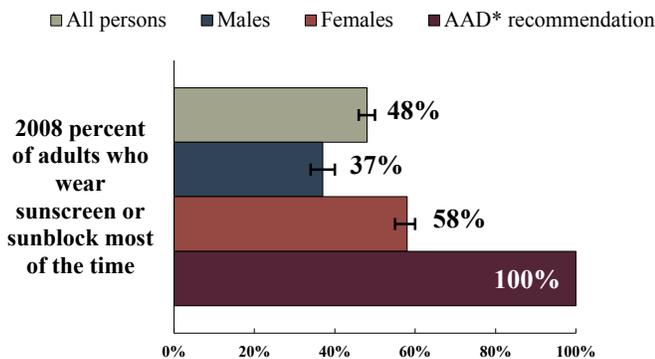
Unknown stage is not shown.

The symbol represents the 95% confidence interval.

MALES - Among male residents, the percentage of melanoma cancers diagnosed at the early stage was 81.8 over the three-year period 2006-2008 then decreased to a low of 80.7 in 2008-2010 before again rising to 81.5 in 2009-2011 and 2010-2012. The late stage percentage was significantly lower than the early stage percentage for every three-year period between 2006 and 2012. The late stage percentage has decreased over the period 2006-2012, namely the percentage decreased from 12.5 in 2006-2008 and 2007-2009 to 12.1 in 2008-2010 and subsequently decreased to 10.9 in 2009-2011 and 10.2 in 2010-2012.

FEMALES - Among female residents, the percentage of early stage melanoma cancers decreased from a high of 85.1 in 2006-2008 to a low of 83.3 in 2009-2011 before increasing slightly to 83.8 in 2010-2012. A significantly lower percentage of melanoma cancer cases among females is detected at the late stage than at the early stage. The late stage percentage has declined in recent years, falling from 9.5 in 2008-2010 to 8.6 in 2009-2011 and 7.6 in 2010-2012.

BEHAVIORAL RISK FACTOR for Melanoma of the Skin by Sex Pennsylvania Adults, 2008



NOTE: The symbol represents the 95% confidence interval.

* AAD stands for the American Academy of Dermatology

NOTES: This pamphlet was produced by the Division of Health Informatics, Pennsylvania Department of Health. The Division can be contacted by FAX (717-783-3695) or in writing (2150 Herr St., 2nd Floor, Harrisburg, PA 17103). Website is at www.statistics.health.pa.gov. The department is an equal opportunity provider of grants, contracts, services, and employment. Call the department toll free at 1-877-PA-HEALTH. All the age-adjusted rates that appear here were calculated by the direct method using the 2000 United States standard million population. United States incidence rates are based on data collected by the SEER (Surveillance, Epidemiology, and End Results) program of the National Cancer Institute from nine cancer registries throughout the country that are considered to be reasonably representative subsets of the United States population.

The American Cancer Society recommends that any suspicious lesions or unusual moles should be seen by your primary doctor or by a dermatologist, a doctor who specializes in skin problems. It's important to check your own skin, preferably once a month.

PROTECTIVE MEASURES - Sun exposure can be minimized by using protective measures, including the use of sunscreen, staying in shade and wearing protective clothing. According to 2008 results obtained from the statewide sample telephone survey conducted by the Pennsylvania Department of Health's Behavioral Risk Factor Surveillance System (BRFSS), 48 percent of Pennsylvania adults said that they wear sunscreen or sunblock most of the time when being exposed to the sun. Males (37 percent) were much less likely to protect themselves from sun exposure than females (58 percent). The American Academy of Dermatology recommends that sunscreen is worn 100 percent of the time when being exposed to the sun. (Please note that the 2008 BRFSS survey questions on protective measures for sun exposure differ from the 1999, 2002 and 2003 surveys and may not be comparable).

Visit www.health.state.pa.us/cancer for more information about cancer control programs in Pennsylvania.

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