

Melanoma

What is melanoma?

There are three main forms of skin cancer – basal cell carcinoma, squamous cell carcinoma and melanoma. Basal cell and squamous cell cancers are curable and are not collected by North Dakota Statewide Cancer Registry (NDSCR). Melanoma is also completely curable when detected early, but can be fatal if allowed to progress and spread. Melanoma is a cancer of the pigment producing cells in the skin, known as melanocytes. Normal melanocytes reside in the outer layer of the skin and produce the brown pigment melanin, which is responsible for the color of our skin. Melanoma describes melanocytes that become cancerous, grow, and invade other tissues.

What are the risk factors?

Cancer of the skin is the most common of all cancers. Risk factors for skin cancer include fair skin, sun exposure, severe sunburn in childhood, tendency to freckle, exposure to tanning booths, and familial conditions such as dysplastic nevus syndrome, personal history of melanoma or skin cancer, and large congenital moles. Other risk factors include a past history of basal cell or squamous cell skin cancers and occupation exposure to coal tar, pitch, creosote, arsenic compounds or radium.

What are the signs and symptoms?

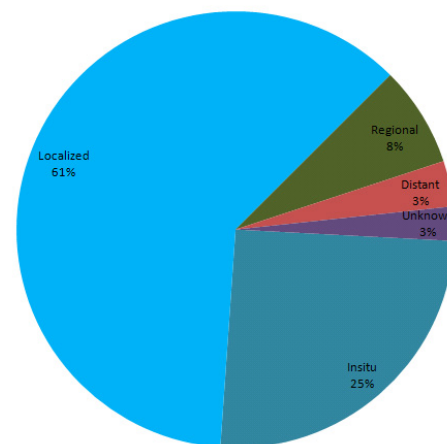
Changes in the size, color and shape of mole are common signs.

How is it diagnosed?

Annual skin examinations and monthly skin self examinations can help in preventing the diagnosis of skin cancer.

Diagnosis

In the 2003 - 2007 time period, 25 percent of melanoma were diagnosed at in situ stage, 61 percent at localized stage, 8 percent at regional, stage, 3 percent at distant stage and 3 percent were of unknown stage of disease progression.



What are the common treatments?

Treatment options include: excisional biopsy, surgery, radiation therapy, chemotherapy, and immunotherapy. The stage of the skin cancer will determine treatment.

What are the survival outcomes?

Using 1999-2007 SEER data, the national 5-year relative survival rate estimate is 91 percent. When diagnosed at localized stage, the 5-year relative survival rate is 98 percent. For regional and distant stages, the 5-year relative survival rates are 61 percent and 15 percent respectively. The survival rate when the stage of diagnosis could not be determined was estimated at 75 percent.

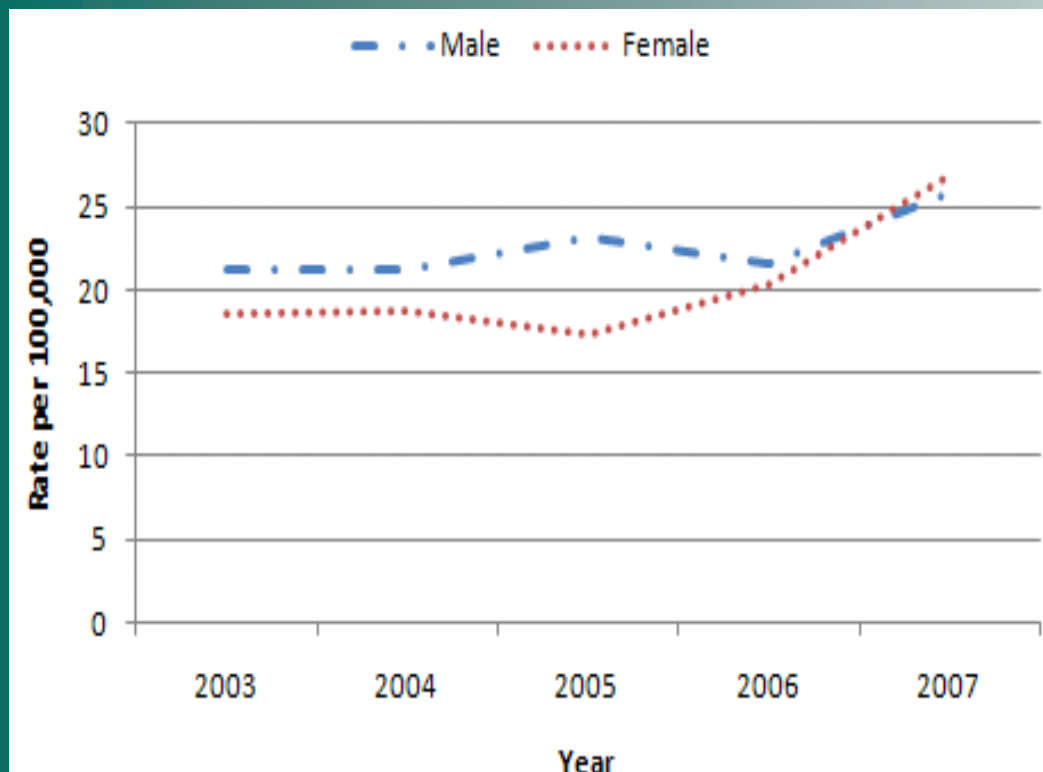
What can you tell me about this cancer in North Dakota?

Summary Statistics 2003-2007	ND	WNC	US
INCIDENCE			
Annual age-adjusted incidence rates*	15.6	18.1	18.3
Average number of new cases	105	3,731	56,033
Percent of all new cancers	3.13	3.73	3.89
MORTALITY			
Annual age-adjusted mortality rates*	1.7	2.7	2.7
Average number of deaths each year	13	572	8,203
Percent of all cancer deaths	0.96	1.45	1.47
* Rates per 100,000 and standardized to U.S. year 2000 population.	WNC and US data source: http://apps.nccd.cdc.gov/uscs		

☞ The West North Central (WNC) regions include the following states: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota and South Dakota.

INCIDENCE:

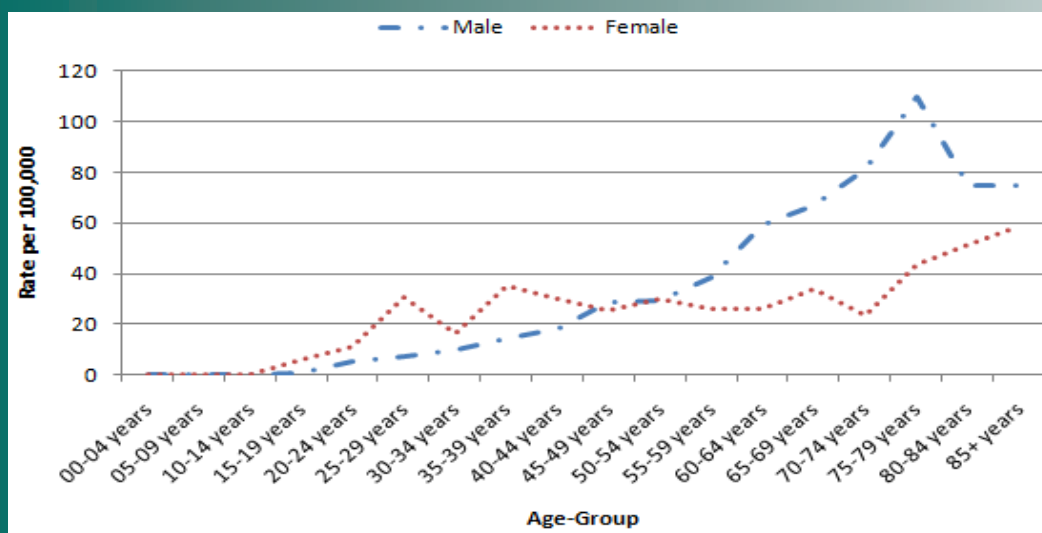
Incidence Rates by Gender, North Dakota 2003-2007



☞ An average of 105 new cases of melanoma are diagnosed each year in North Dakota, which is about 3 percent of all cancers diagnosed in the state.

☞ The average annual incidence rate for men is 22.7 per 100,000 men, and the average annual incidence rate for women is 20.4 per 100,000 women

Age-Specific Incidence Rates, North Dakota 2003-2007



☞ The annual incidence rate increases with age.

Age Specific Mortality Rates, North Dakota 2003-2007



☞ An average of 12 deaths due to melanoma occur each year in North Dakota, which is about 1 percent of all cancer deaths in the state.

☞ The average annual death rate for men is 2.5 per 100,000 men, and for women is 1.1 per 100,000 women.

Glossary of Cancer Terminology

- ☞ **Age-adjusted rate:** Since cancer rates tend to vary with age, and since populations vary with respect to their age-distribution, incidence and mortality rates are age-adjusted to allow comparison of rates between different populations (i.e. county or regional boundaries).
- ☞ **Age-specific rate:** The number of new cases diagnosed per 100,000 individuals over a specified time period for a specified age-group.
- ☞ **Incidence:** The number of new cases of a given type of cancer diagnosed during the year.
- ☞ **Mortality:** The number of deaths attributed to the particular type of cancer that occurred during the year. Includes deaths of patients diagnosed in earlier years, individuals newly diagnosed during the year, and patients for whom a diagnosis of cancer is made only after death.
- ☞ **Risk factor:** Anything that increases a person's chance of getting a disease.
- ☞ **Stage at diagnosis:** How far a cancer has spread from its site of origin when it is diagnosed. There are several different systems for the staging of cancers. This report uses the general summary stage system. The stages, in order of increasing spread, are in situ, localized, regional and distant. Cancers diagnosed at the localized, regional or distant stage are referred to as invasive.



For more information, visit
www.ndhealth.gov/cancerregistry/
 or call 701.328.2306

