



Melanoma in the Greater San Francisco Bay Area

1988-2000

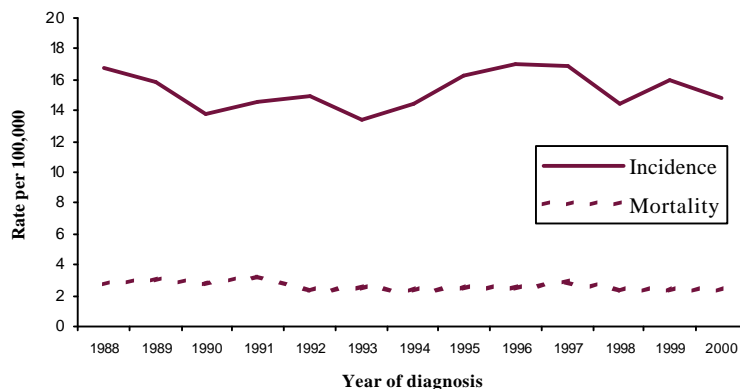
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Skin cancer is the most commonly diagnosed cancer in the US. Melanoma, the most serious form of skin cancer, accounts for about 4% of all skin cancers diagnosed, but more than 80% of all skin cancer deaths. Because melanoma is highly curable in its earliest stages, early detection is essential in preventing deaths due to melanoma.

INCIDENCE AND MORTALITY TRENDS

The most recent statistics show that 972 people were diagnosed and 150 died from invasive melanoma during 2000 in the Greater San Francisco Bay Area. Incidence rates of melanoma increased slightly, while mortality rates have remained relatively stable during the period 1988 and 2000 (below, Figure 1).

Figure 1. Age-adjusted incidence and mortality rates for melanoma by year of diagnosis, Greater San Francisco Bay Area, 1988-2000



RISK FACTORS

In addition to age, sex, and race/ethnicity, other factors associated with increased risk of melanoma include:

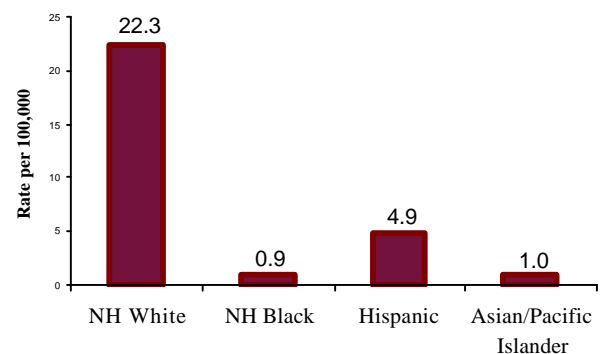
- propensity for sunburning, particularly among light-skinned and light-haired people
- previous history of melanoma
- family history
- exposure to intense sunlight, particularly during childhood



Figure 2. Age-adjusted melanoma incidence by race/ethnicity, Greater San Francisco Bay Area, 1988-2000

RACIAL/ETHNIC PATTERNS

Melanoma incidence varies substantially for racial/ethnic groups in the Greater San Francisco Bay Area (right, Figure 2). The incidence rate for non-Hispanic whites is more than five-times greater than the rate in Hispanics, the group with the second highest rate. Non-Hispanic blacks have the lowest incidence of melanoma.





INCIDENCE BY AGE AND SEX

Melanoma occurs at younger ages than many cancers. Incidence increases steadily with age, peaking at ages 85 and older (right, Figure 3). Melanoma is more common in males, whose rates are twice as high as those in females after age 60.

Figure 3. Melanoma incidence by sex and age group at diagnosis, Greater San Francisco Bay Area, 1988-2000

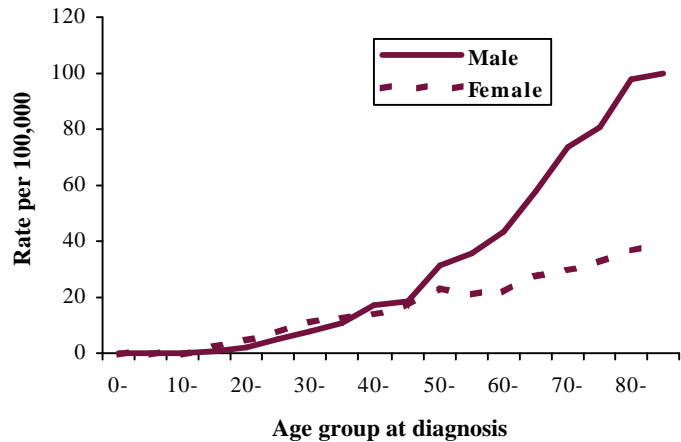
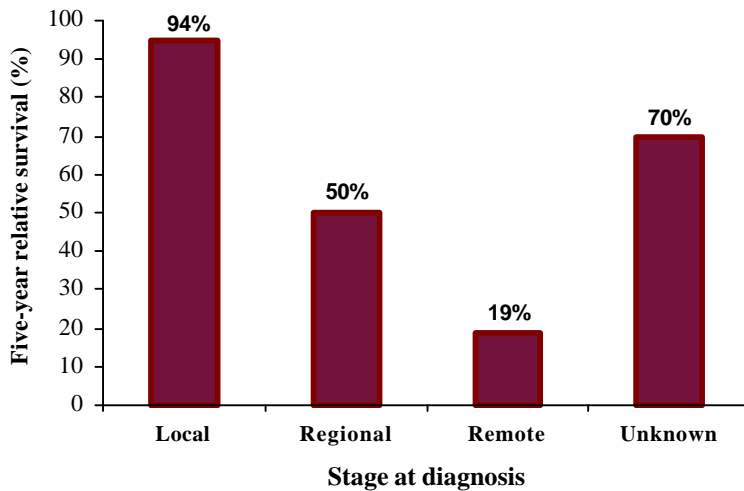


Figure 4. Five-year relative survival (%) from melanoma by stage at diagnosis, Greater San Francisco Bay Area, 1988-2000



SURVIVAL

Survival from invasive melanoma varies by stage at diagnosis. Patients diagnosed with localized melanoma generally have high probability of five-year survival (approximately 94%) while patients diagnosed with late stage (remote) tumors have a much poorer probability of five-year survival (left, Figure 4).

Technical Notes: Because age distributions vary by population, a standard statistical procedure called “age-adjustment” was used so that we can examine differences in cancer incidence and mortality rates due to factors other than age. Rates are age-adjusted (using the Year 2000 population standard) unless noted to be age-specific. Race/ethnicity was categorized as four mutually-exclusive racial/ethnic groups: non-Hispanic whites (whites), non-Hispanic blacks (blacks), Hispanics, and non-Hispanic Asians/Pacific Islanders (Asians/Pacific Islanders).

About the data: Cancer data have been collected in Alameda, Contra Costa, Marin, San Francisco, and San Mateo counties since 1973, and in Monterey, San Benito, Santa Clara, and Santa Cruz counties since 1988, forming two parts (Regions 1 and 8) of the California Cancer Registry. These counties, referred to as the Greater San Francisco Bay Area are also part of the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) registry program.

Founded in 1974, the mission of the Northern California Cancer Center is to reduce the burden of cancer through surveillance, epidemiology, prevention research and education. Essential to this mission is collaboration with partners in cancer research, education and the community.