

F. Melanoma of the Skin

There are three major types of skin cancer: basal cell carcinoma, squamous cell carcinoma, and melanoma. Basal cell and squamous cell carcinoma are the most common forms of skin cancer and are not reportable to the Maryland Cancer Registry. Melanoma is the rarest and most serious type of skin cancer (NCI, PDQ).

Incidence (New Cases)

The Maryland melanoma incidence data for 2002 are not available.

Mortality (Deaths)

In 2002, a total of 145 persons died of melanoma in Maryland. The age-adjusted mortality rate for melanoma in Maryland is 2.8 per 100,000 population (2.3-3.3, 95% C.I.). This rate is similar to the 2002 U.S. SEER melanoma mortality rate of 2.6 per 100,000 population. Maryland is ranked 35th for melanoma mortality among the states and the District of Columbia for the period 1998-2002.

Table 56.
Melanoma Cancer Incidence and Mortality Rates
by Gender and Race, Maryland and the United States, 2002

<i>Incidence 2002</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Whites</i>	<i>Blacks</i>
New Cases (#)	NA	NA	NA	NA	NA
Incidence Rate*	NA	NA	NA	NA	NA
U.S. SEER Rate*	18.3	22.6	15.3	21.9	NS
<i>Mortality 2002</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Whites</i>	<i>Blacks</i>
Deaths (#)	145	102	43	141	4
Mortality Rate*	2.8	4.6	1.4	3.6	0.3
U.S. SEER Rate*	2.6	3.8	1.7	2.9	0.4

* Rates are per 100,000 and are age-adjusted to 2000 U.S. standard population

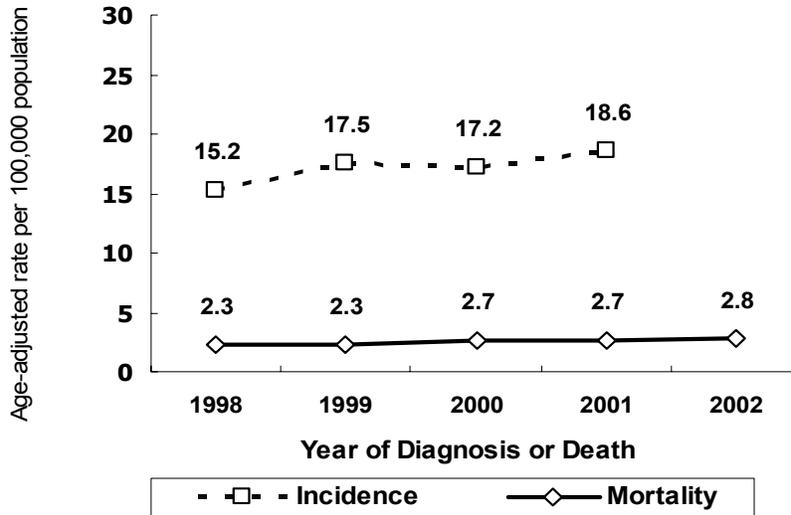
NA: Data were not available

NS: Statistic not shown. Rate based on less than 25 cases.

Source: CDC WONDER, 2002

SEER, National Cancer Institute, 2002

**Melanoma Incidence and Mortality Rates
by Year of Diagnosis and Death, Maryland, 1998-2002**



Rates are age-adjusted to 2000 U.S. standard population
Maryland Cancer Registry, 1998-2001
Maryland Division of Health Statistics, 1998-2001
CDC WONDER, 2002

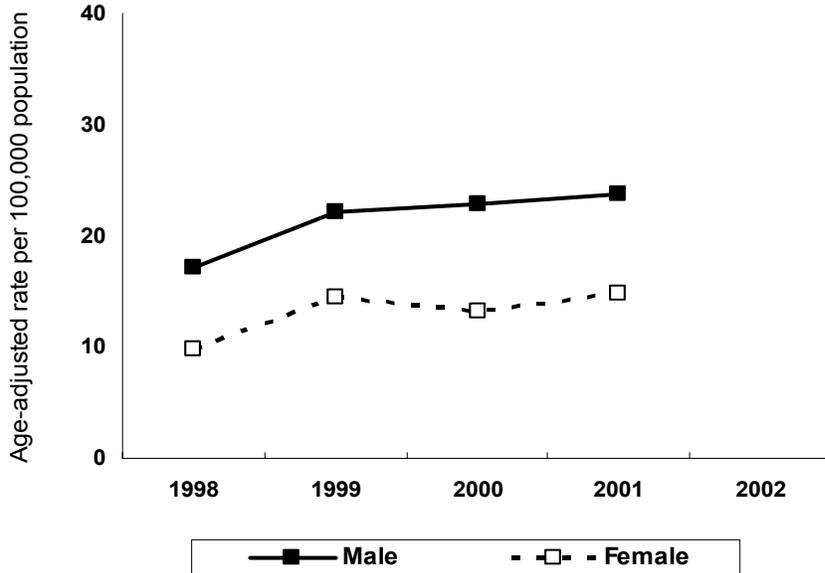
Incidence and Mortality Trends

Melanoma incidence rates in Maryland increased an average of 6.1% yearly from 1998 to 2001. Mortality rates increased an average of 5.7% per year from 1998 to 2002.

The melanoma incidence rate for 2002 is not available.

See Appendix I, Tables 1 and 2.

**Melanoma Incidence Rates by Gender
Maryland, 1998-2002**



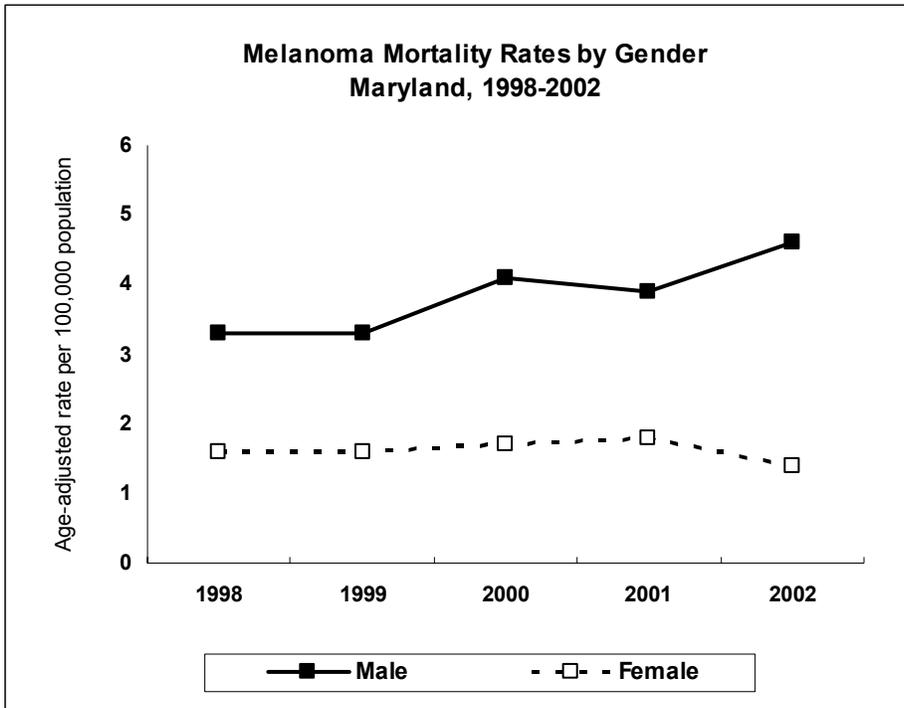
Rates are age-adjusted to 2000 U.S. standard population
Maryland Cancer Registry, 1998-2001

Gender Incidence Trends

When tracked over time, 1998-2001, females had higher incidence rates than males with a 12.3% increase.

Melanoma incidence numbers and rates for both genders were not available for 2002.

See Appendix I, Table 15.



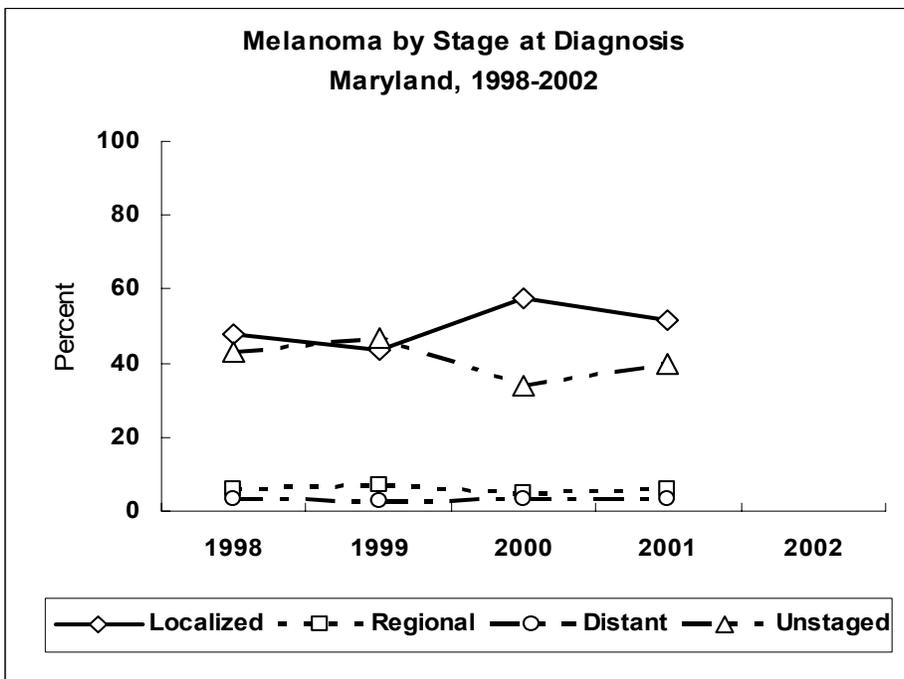
Rates are age-adjusted to 2000 U.S. standard population
 Maryland Division of Health Statistics, 1998-2001
 CDC WONDER, 2002

Gender Mortality Trends

In general, males had higher rates of melanoma mortality rates than females.

Male mortality rates from melanoma increased at an annual rate of 8.7%, while corresponding female rates have been declining an average 1.5% per year from 1998-2002.

See Appendix I, Table 16.



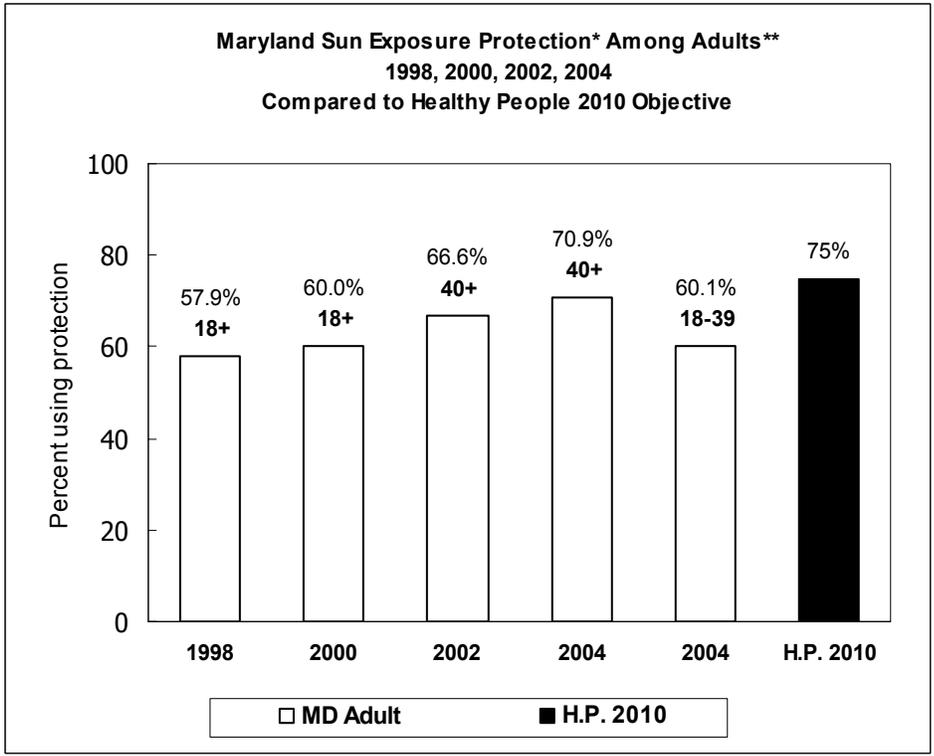
Maryland Cancer Registry, 1998-2001

Stage at Diagnosis

From 1998-2001, localized stage cases increased on average 5.2% per year. This compares with a yearly decline of 5.4% for regional stage. Distant stage increased 0.8% per year, and unstaged dropped by 5.3%.

Melanoma incidence stage data were not available for 2002.

See Appendix J, Table 7.



Healthy People Objectives

The Healthy People 2010 objective is to increase to 75% the percentage of persons age 18 years and older who use at least one of the following measures that may reduce the risk of skin cancer: avoid sun between 10 a.m. and 4 p.m.; wear sun-protective clothing when exposed to sunlight; use sunscreen with a sun protective factor of 15 or higher; and avoid artificial sources of ultraviolet light (e.g., tanning booths).

* Sun Exposure Protection Among Adults means percentage of adults who report “always” or “nearly always” using one or more of the following measures: a) avoid sun between 10 a.m. and 4 p.m., b) wear sun-protective clothing when exposed to sunlight, c) use sunscreen with a sun protective factor of 15 or higher; the BRFSS and MCS do not include tanning booths.

** For BRFSS an adult is age 18 years and older, and for MCS an adult is age 40 years and older
BRFSS, Maryland DHMH Center for Preventive Health Services, 1998, 2000
Maryland Cancer Survey, Maryland DHMH Center for Cancer Surveillance and Control, 2002, 2004 (age 40+ years)
and Maryland Cancer Survey-Young Adults, 2004 (age 18-39 years, unweighted to Maryland population)
Healthy People 2010, U.S. Department of Health and Human Services, 2000

In 2004, 70.9% of adults age 40 years and older used one or more sun exposure protection measure. According to the 2004 MCS-Young Adults, 60.1% of adults age 18-39 years used sun exposure protection (unweighted data).

Public Health Evidence (quoted from NCI, PDQ, 7/21/2006 and 5/25/2006, and USPSTF, 4/2001)

Primary Prevention

Epidemiologic evidence suggests that exposure to UV radiation and the sensitivity of an individual's skin to UV radiation are risk factors for skin cancer, though the type of exposure (high-intensity and short-duration vs. chronic exposure) and pattern of exposure (continuous vs. intermittent) may differ among the three main types of skin cancer. There is inadequate evidence to determine whether the avoidance of sunburn alters the incidence of cutaneous melanoma. Sunburn can be avoided by reducing exposure to high-intensity UV radiation (e.g., sunlight, tanning booths), by wearing protective clothing when exposed to sunlight, and by using adequate amounts of sufficiently protective sunscreen. Sunscreen is *not* a substitute for the avoidance of sun exposure and there have been conflicting reports as to the effect of sunscreen use on the risk of developing melanoma. There is inadequate evidence to determine whether the use of sunscreen reduces the incidence of non-melanoma skin cancer (basal cell and squamous cell cancer).

Screening

The United States Preventive Services Task Force concludes that the evidence is insufficient to recommend for or against routine screening for skin cancer using a total-body skin examination for the early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer.

Public Health Intervention for Skin Cancer
Reduction of exposure to UV light by: <ul style="list-style-type: none">➤ Avoiding sun exposure, especially between 10 a.m. and 4 p.m.➤ Wearing sun-protective hat and clothing when exposed to sunlight.➤ Using sunscreens with a SPF of 15 or higher.➤ Avoiding artificial sources of UV light (e.g., tanning booths).

Table 57.
Number of Melanoma Cases
by Jurisdiction, Gender and Race, Maryland, 2002

Jurisdiction	Total	Gender		Race		
		Males	Females	Whites	Blacks	Other
Maryland						
Allegany						
Anne Arundel						
Baltimore City						
Baltimore County						
Calvert						
Caroline						
Carroll						
Cecil						
Charles						
Dorchester						
Frederick						
Garrett						
Harford						
Howard						
Kent						
Montgomery						
Prince George's						
Queen Anne's						
Saint Mary's						
Somerset						
Talbot						
Washington						
Wicomico						
Worcester						
Unknown						

Data not yet available
See Executive Summary (pages 1 & 2).

Table 58.
Melanoma Age-Adjusted Incidence Rates
by Jurisdiction, Gender and Race, Maryland, 2002

Jurisdiction	Total	Gender		Race		
		Males	Females	Whites	Blacks	Other
Maryland						
Allegany						
Anne Arundel						
Baltimore City						
Baltimore County						
Calvert						
Caroline						
Carroll						
Cecil						
Charles						
Dorchester						
Frederick						
Garrett						
Harford						
Howard						
Kent						
Montgomery						
Prince George's						
Queen Anne's						
Saint Mary's						
Somerset						
Talbot						
Washington						
Wicomico						
Worcester						

Data not yet available
See Executive Summary (pages 1 & 2).

Table 59.
Number of Melanoma Cancer Deaths
by Jurisdiction, Gender and Race, Maryland, 2002

Jurisdiction	Total	Gender		Race		
		Males	Females	Whites	Blacks	Other
Maryland	145	102	43	141	4	0
Allegany	<6	<6	0	<6	0	0
Anne Arundel	19	11	8	19	0	0
Baltimore City	6	3	3	6	0	0
Baltimore County	31	23	8	30	1	0
Calvert	6	<6	<6	<6	<6	0
Caroline	<6	<6	0	<6	0	0
Carroll	6	5	1	6	0	0
Cecil	<6	<6	<6	<6	0	0
Charles	1	1	0	1	0	0
Dorchester	0	0	0	0	0	0
Frederick	4	3	1	4	0	0
Garrett	<6	<6	0	<6	0	0
Harford	9	6	3	9	0	0
Howard	1	0	1	1	0	0
Kent	<6	<6	0	<6	<6	0
Montgomery	27	20	7	27	0	0
Prince George's	12	6	6	11	1	0
Queen Anne's	<6	<6	0	<6	0	0
Saint Mary's	<6	<6	<6	<6	0	0
Somerset	0	0	0	0	0	0
Talbot	0	0	0	0	0	0
Washington	2	1	1	2	0	0
Wicomico	<6	<6	0	<6	0	0
Worcester	0	0	0	0	0	0

Cells with 5 or fewer non-zero cases where county population is less than 100,000

are not presented per CDC WONDER Data Use Restrictions

Source: CDC WONDER, 2002

Table 60.
Melanoma Age-Adjusted Mortality Rates*
by Jurisdiction, Gender and Race, Maryland, 2002

Jurisdiction	Total	Gender		Race		
		Males	Females	Whites	Blacks	Other
Maryland	2.8	4.6	1.4	3.6	0.3	0.0
Allegany	**	**	0.0	**	0.0	0.0
Anne Arundel	4.2	6.4	3.5	4.7	0.0	0.0
Baltimore City	0.9	1.3	0.8	2.1	0.0	0.0
Baltimore County	3.7	6.5	1.7	4.3	0.8	0.0
Calvert	9.1	**	**	**	**	0.0
Caroline	**	**	0.0	**	0.0	0.0
Carroll	3.6	6.5	1.1	3.7	0.0	0.0
Cecil	**	**	**	**	0.0	0.0
Charles	0.7	1.5	0.0	0.9	0.0	0.0
Dorchester	0.0	0.0	0.0	0.0	0.0	0.0
Frederick	2.1	3.9	0.9	2.3	0.0	0.0
Garrett	**	**	0.0	**	0.0	0.0
Harford	4.4	7.3	2.4	4.8	0.0	0.0
Howard	0.7	0.0	1.0	0.8	0.0	0.0
Kent	**	**	0.0	**	**	0.0
Montgomery	3.1	5.3	1.4	3.9	0.0	0.0
Prince George's	2.0	2.6	1.6	4.2	0.2	0.0
Queen Anne's	**	**	0.0	**	0.0	0.0
Saint Mary's	**	**	**	**	0.0	0.0
Somerset	0.0	0.0	0.0	0.0	0.0	0.0
Talbot	0.0	0.0	0.0	0.0	0.0	0.0
Washington	1.4	1.7	1.6	1.5	0.0	0.0
Wicomico	**	**	0.0	**	0.0	0.0
Worcester	0.0	0.0	0.0	0.0	0.0	0.0

* Rates are per 100,000 and age-adjusted to 2000 U.S. standard population

** Rates based on cells with 5 or fewer non-zero cases where county population is less than 100,000 are not presented per CDC WONDER Data Use Restrictions

Source: CDC WONDER, 2002

Table 61
Number of Melanoma Cases
by Jurisdiction, Gender and Race, Maryland, 1998-2002

Jurisdiction	Total	Gender		Race			
		Males	Females	Whites	Blacks	Other	Unknown
Maryland							
Allegany							
Anne Arundel							
Baltimore City							
Baltimore County							
Calvert							
Caroline							
Carroll							
Cecil							
Charles							
Dorchester							
Frederick							
Garrett							
Harford							
Howard							
Kent							
Montgomery							
Prince George's							
Queen Anne's							
Saint Mary's							
Somerset							
Talbot							
Washington							
Wicomico							
Worcester							
Unknown							

Data not yet available
See Executive Summary (pages 1 & 2).

**Table 62.
Melanoma Age-Adjusted Incidence Rates*
by Jurisdiction, Gender and Race, Maryland, 1998-2002**

Jurisdiction	Total	Gender		Race		
		Males	Females	Whites	Blacks	Other
Maryland						
Allegany						
Anne Arundel						
Baltimore City						
Baltimore County						
Calvert						
Caroline						
Carroll						
Cecil						
Charles						
Dorchester						
Frederick						
Garrett						
Harford						
Howard						
Kent						
Montgomery						
Prince George's						
Queen Anne's						
Saint Mary's						
Somerset						
Talbot						
Washington						
Wicomico						
Worcester						

**Data not yet available
See Executive Summary (pages 1 & 2).**

Table 63.
Number of Melanoma Deaths
by Jurisdiction, Gender and Race, Maryland, 1999-2002

Jurisdiction	Total	Gender		Race		
		Males	Females	Whites	Blacks	Other
Maryland	531	341	190	509	20	2
Allegany	14	9	5	14	0	0
Anne Arundel	58	40	18	56	2	0
Baltimore City	36	19	17	34	2	0
Baltimore County	101	63	38	97	4	0
Calvert	14	7	7	13	1	0
Caroline	5	2	3	5	0	0
Carroll	28	22	6	28	0	0
Cecil	12	6	6	12	0	0
Charles	8	5	3	8	0	0
Dorchester	1	1	0	1	0	0
Frederick	17	13	4	17	0	0
Garrett	3	2	1	3	0	0
Harford	21	14	7	21	0	0
Howard	12	5	7	12	0	0
Kent	7	6	1	6	1	0
Montgomery	97	65	32	94	1	2
Prince George's	39	24	15	30	9	0
Queen Anne's	8	6	2	8	0	0
Saint Mary's	13	10	3	13	0	0
Somerset	2	0	2	2	0	0
Talbot	8	5	3	8	0	0
Washington	12	8	4	12	0	0
Wicomico	10	7	3	10	0	0
Worcester	5	2	3	5	0	0

Source: CDC WONDER, 1999-2002

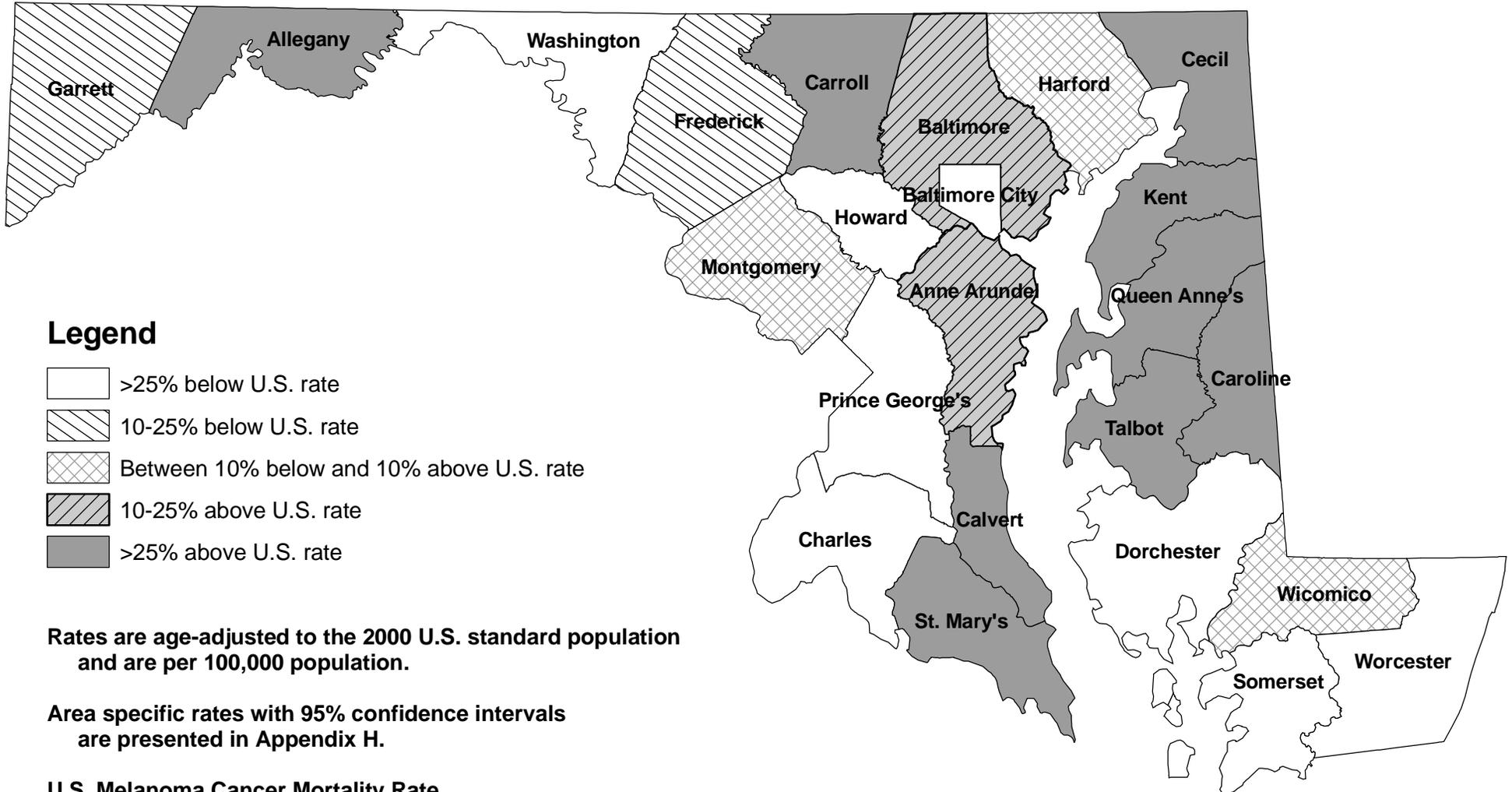
Table 64.
Melanoma Age-Adjusted Mortality Rates*
by Jurisdiction, Gender and Race, Maryland, 1999-2002

Jurisdiction	Total	Gender		Race		
		Males	Females	Whites	Blacks	Other
Maryland	2.6	4.0	1.6	3.3	0.5	0.2
Allegany	3.8	5.6	2.6	3.9	0.0	0.0
Anne Arundel	3.2	5.2	1.8	3.5	1.4	0.0
Baltimore City	1.4	1.8	1.0	3.0	0.1	0.0
Baltimore County	3.0	4.5	1.9	3.3	1.1	0.0
Calvert	5.9	5.6	5.6	6.4	3.1	0.0
Caroline	3.9	3.3	4.3	4.5	0.0	0.0
Carroll	4.7	8.5	1.9	4.8	0.0	0.0
Cecil	4.0	5.6	3.4	4.1	0.0	0.0
Charles	1.8	2.2	1.3	2.4	0.0	0.0
Dorchester	0.6	1.3	0.0	0.7	0.0	0.0
Frederick	2.3	4.1	1.1	2.5	0.0	0.0
Garrett	2.4	3.4	1.6	2.4	0.0	0.0
Harford	2.6	4.1	1.6	2.9	0.0	0.0
Howard	1.5	1.2	1.6	1.9	0.0	0.0
Kent	6.9	12.8	1.6	7.1	5.6	0.0
Montgomery	2.9	4.6	1.6	3.4	0.3	0.5
Prince George's	1.7	2.4	1.1	2.9	0.6	0.0
Queen Anne's	4.7	6.7	2.8	5.2	0.0	0.0
Saint Mary's	4.3	6.6	2.0	5.1	0.0	0.0
Somerset	1.8	0.0	3.0	2.4	0.0	0.0
Talbot	4.3	5.5	3.9	5.1	0.0	0.0
Washington	2.0	3.2	1.2	2.1	0.0	0.0
Wicomico	2.9	5.1	1.5	3.7	0.0	0.0
Worcester	2.0	1.4	2.8	2.5	0.0	0.0

* Rates are per 100,000 and are age-adjusted to 2000 U.S. standard population

Source: CDC WONDER, 1999-2002

Maryland Melanoma Cancer Mortality Rates (1999-2002) by Geographical Area: Comparison to U.S. Rate (1998-2002)



Source: CDC WONDER, 1999-2002