

Cancer in Utah

Cutaneous Melanoma

<i>Summary</i>	Male		Female	
	Utah 1996-2000	US 1996-99	Utah 1996-2000	US 1996-99
Average annual age-adjusted incidence rates*	25.2	21.5	16.7	14.5
Rank among cancer incidence rates	5	6	5	7
Average annual number of new cases	184	25,640	147	20,530
Percent of all new cancer cases	5.6 %	4.0 %	5.1 %	3.4 %
Lifetime risk of this cancer (00-79 years)	1 in 43	1 in 48	1 in 64	1 in 78
Average annual age-adjusted mortality rates*	4.4	4.0	2.1	1.8
Rank among cancer mortality rates	12	14	12	17
Average annual number of deaths	30	4,564	18	2,727
Percent of all cancer deaths	2.5 %	1.6 %	1.7 %	1.1 %
* Rates per 100,000 and standardized to the 2000 U.S. population				

Cutaneous malignant melanoma arises from melanocytes, the body's pigment-producing cells. The most common types of skin cancers are basal and squamous cell carcinomas, which are usually slow growing, readily treatable, and rarely pose a significant health problem. Malignant melanoma, while much rarer, is often an aggressive tumor that can spread throughout the body.

In Utah and in the United States, incidence rates of cutaneous malignant melanoma increased during the period 1981-2000. The age-specific incidence rates for melanoma begin to rise shortly after adolescence and reach their peak in those over 70 years of age.

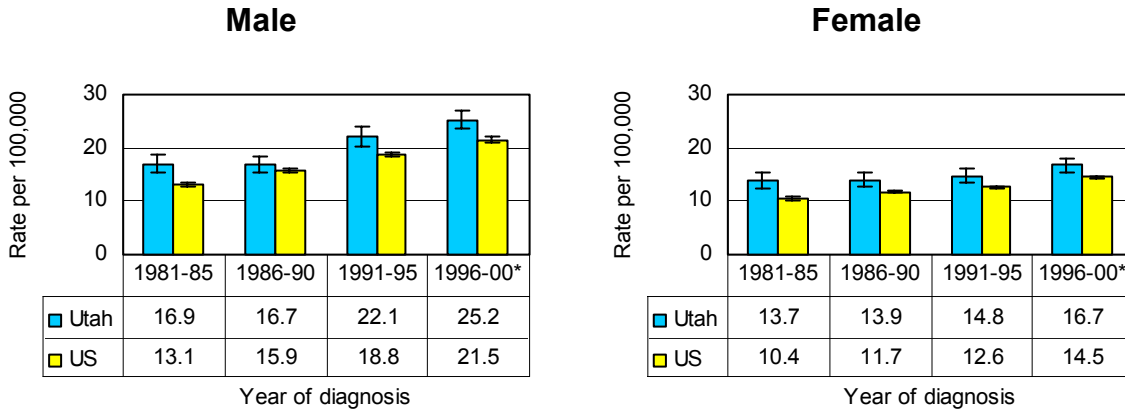
Among white populations, exposure to ultraviolet (UV) radiation is thought to be the primary risk factor for malignant melanoma of the skin. However, cumulative exposure to UV radiation seems to be less important than how the exposure is received. Large, damaging doses that result in blistering sunburns, particularly at an early age, are considered to be the most detrimental exposures. Genetic factors predispose some individuals to develop malignant melanoma. Individuals with fair skin, numerous moles, and a familial history of malignant melanoma are at increased risk for the disease.

Preventive measures for malignant melanoma include use of topical sunscreens or protective clothing, and avoidance of exposure to intense sunlight, especially by the young. Individuals at high risk of melanoma should exercise particular care to avoid intense exposure to sunlight. Early evaluation of suspicious pigmented lesions may also be of use in reducing mortality from this disease.

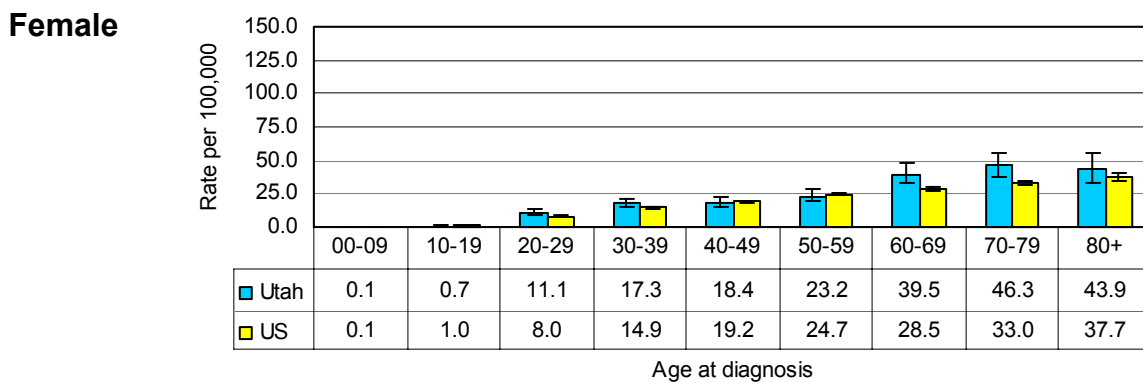
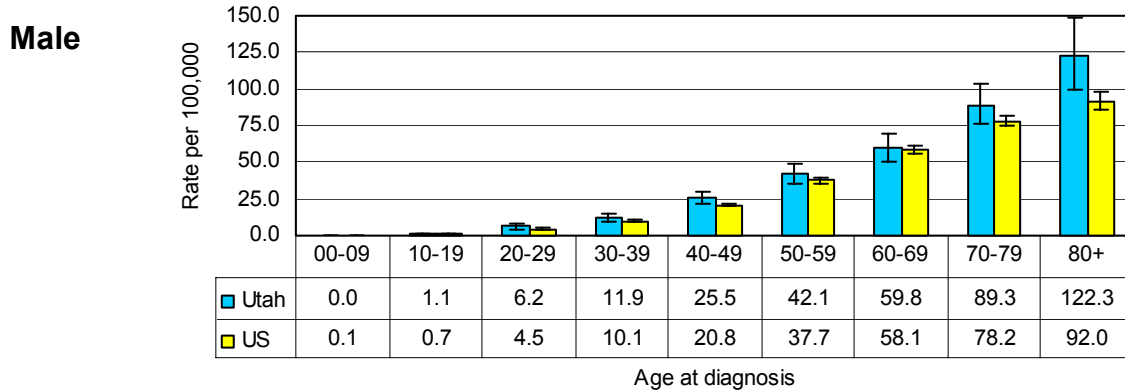
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Cutaneous Melanoma	Incidence
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Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) by 5-year time period and sex, 1981-2000



Average annual age-specific incidence rates per 100,000 by sex, 1996-2000

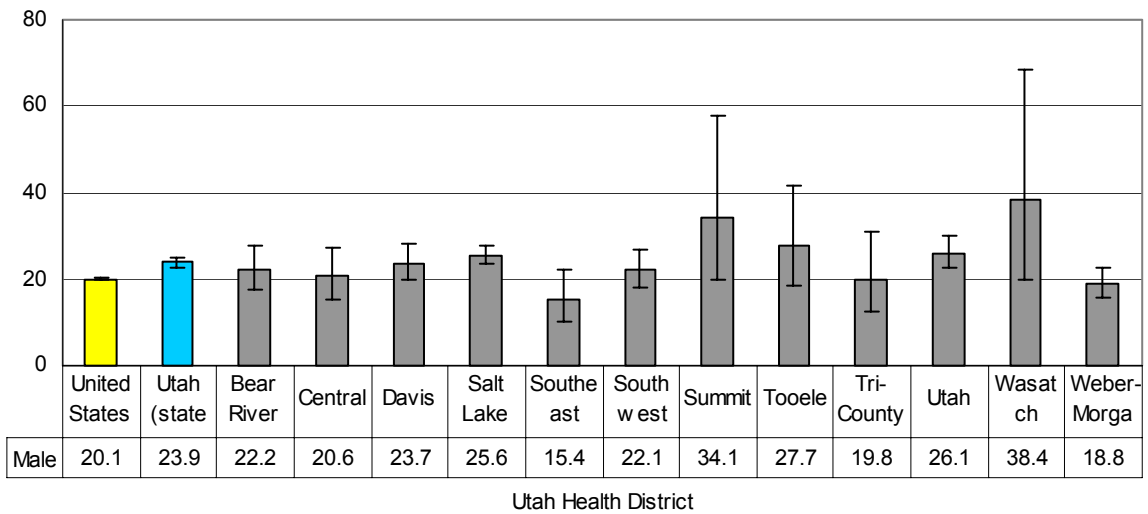


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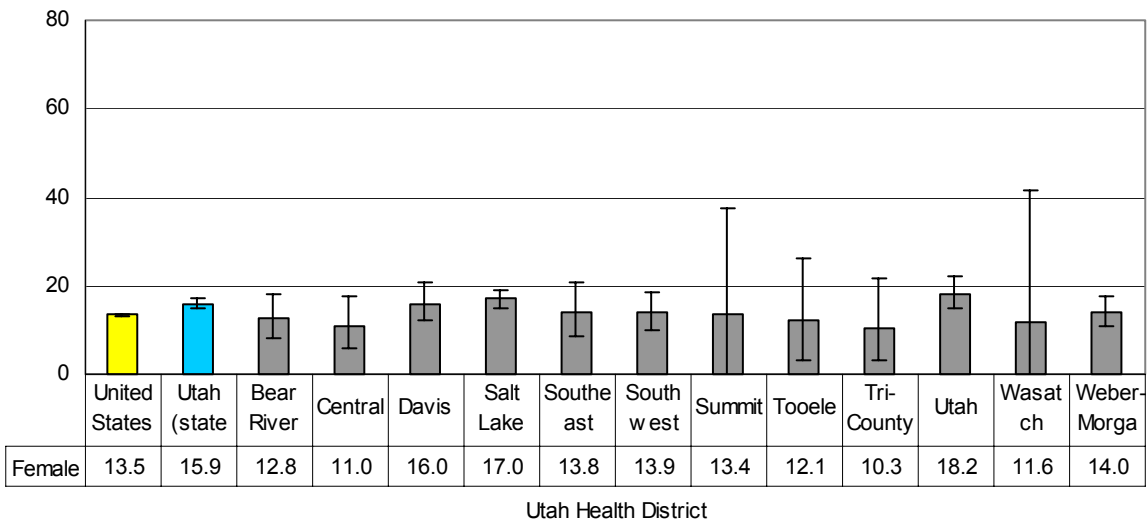
Cutaneous Melanoma	Incidence
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Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, by sex, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison

Male



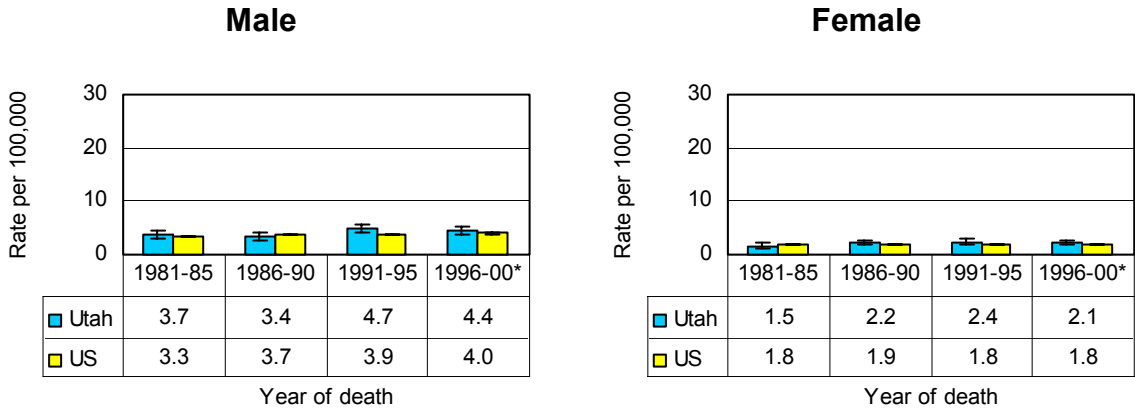
Female



Cancer in Utah

Cutaneous Melanoma	Mortality
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) by 5-year time period and sex, 1981-2000



Average annual age-specific mortality rates per 100,000 by sex, 1996-2000

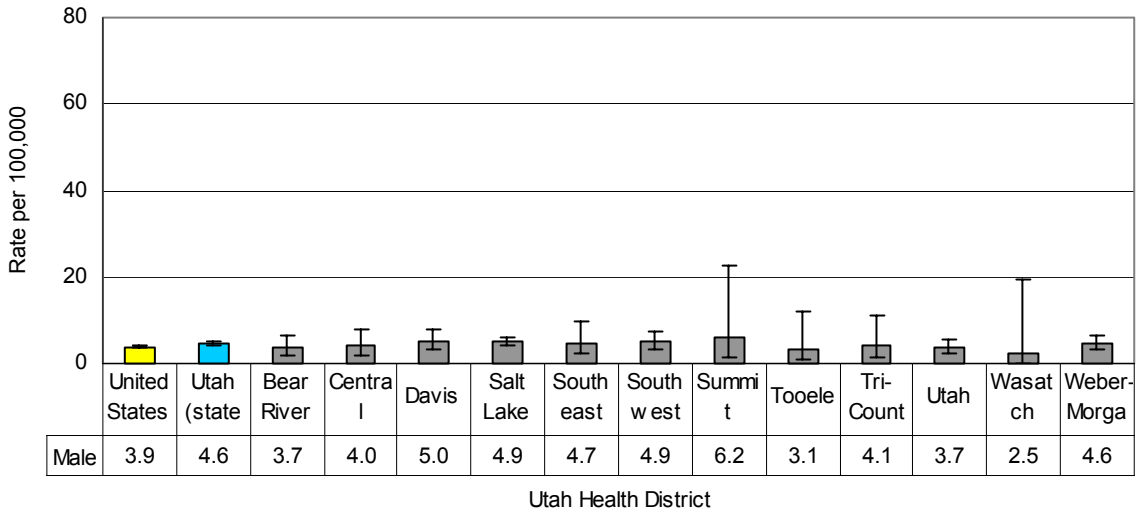


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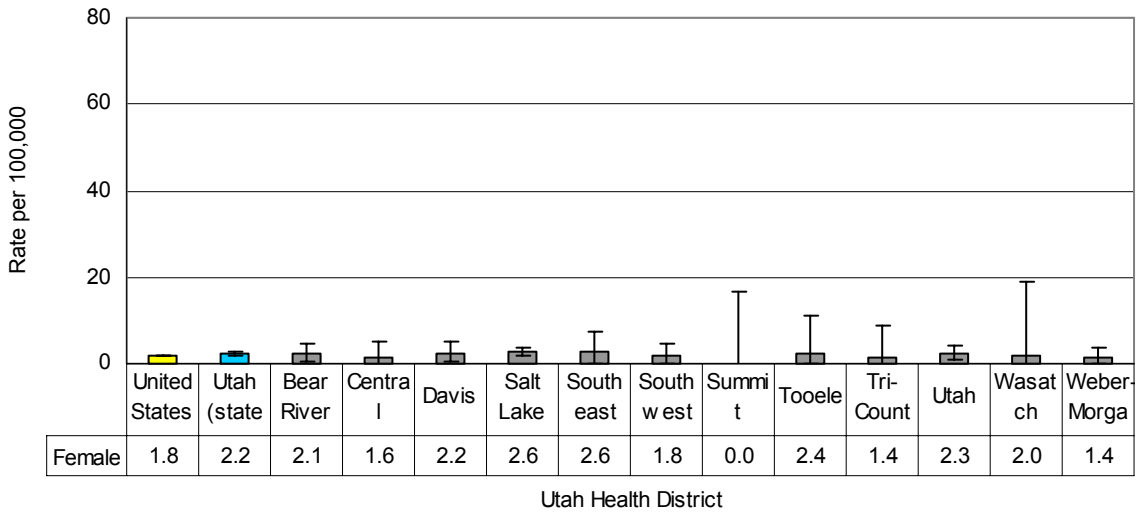
Cutaneous Melanoma	Mortality
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, by sex, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison

Male



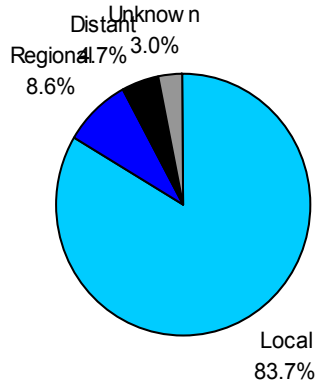
Female



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Cutaneous melanoma Stage and Survival

Stage of disease at diagnosis:
Utah residents diagnosed 1996-99



5-year relative survival by stage:
Utah residents diagnosed 1991-95

