



Malignant melanoma: incidence, mortality and survival rates in the North East Strategic Health Authority and England

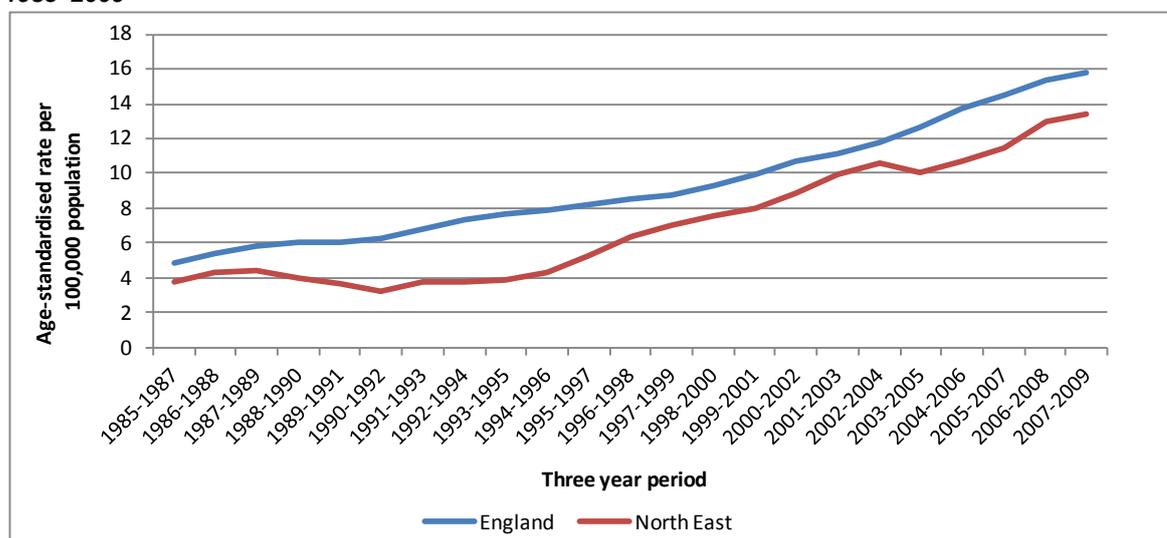
May 2012

This factsheet presents data for ICD-10 C43 “Malignant melanoma of skin”. The latest available incidence, mortality and survival data have been used.

Incidence rates

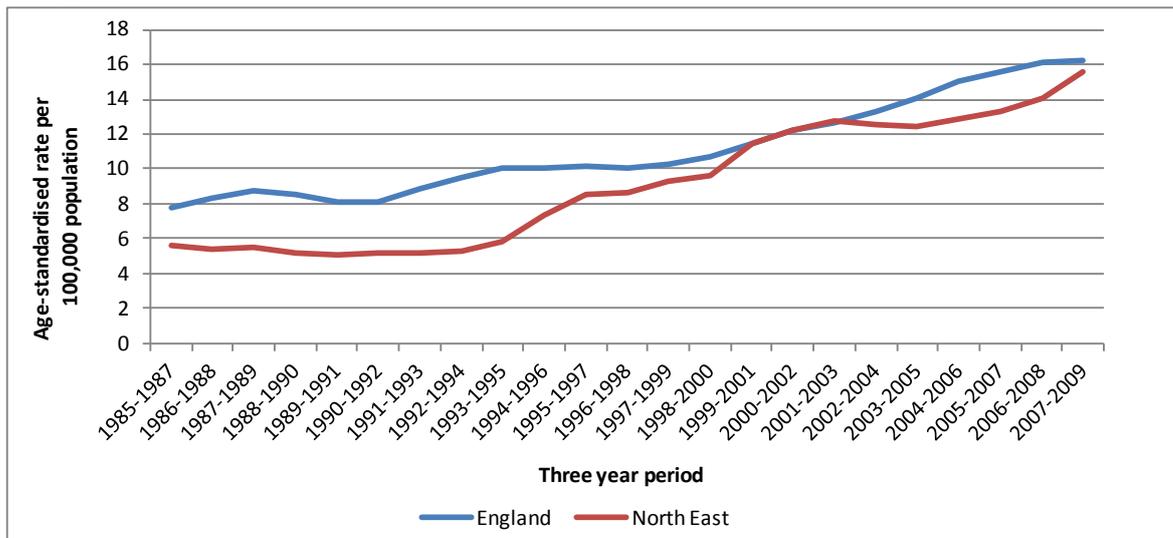
The 3-year average age-standardised incidence rate of malignant melanoma in the North East Strategic Health Authority (SHA) for males and females followed a similar overall trend as the rate for England. However, the England rate gradually increased from 1985–87, the SHA rate was stable until 1993–95 and then increased more rapidly. The North East SHA generally had a lower incidence than England. In 2007–09 the 3-year average age-standardised incidence rate of malignant melanoma for males was 13.4 (North East SHA) and 15.8 (England) per 100,000 population, and for females the rate was 15.5 (North East SHA) and 16.3 (England) per 100,000 population. Generally, the age-standardised incidence rate was lower for males than for females.

Figure 1: Malignant melanoma – 3-year average age-standardised incidence rates for males, 1985–2009



Source: UK Cancer Intelligence Service (UKCIS)

Figure 2: Malignant melanoma – 3-year average age-standardised incidence rates for females, 1985–2009

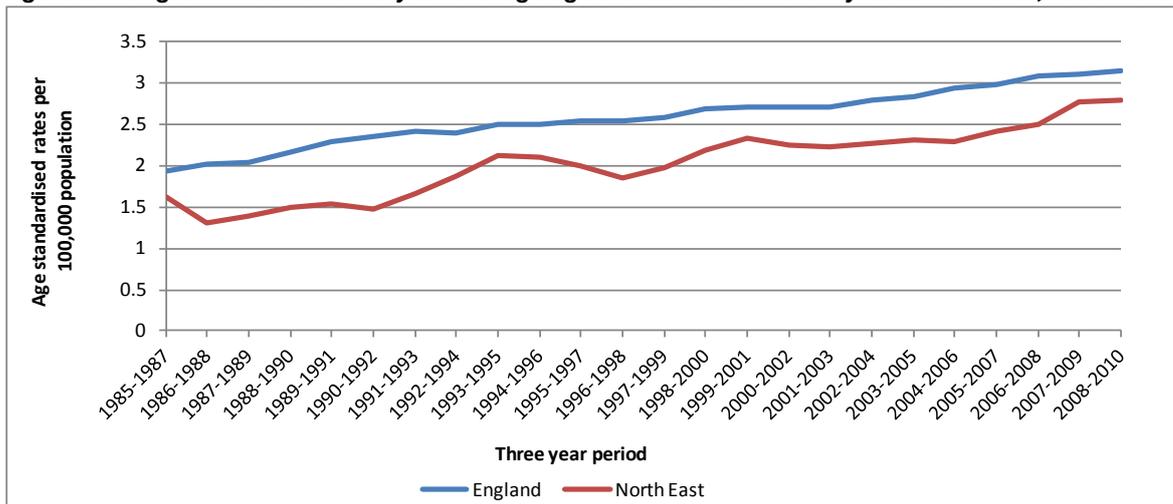


Source: UK Cancer Intelligence Service (UKCIS)

Mortality rates

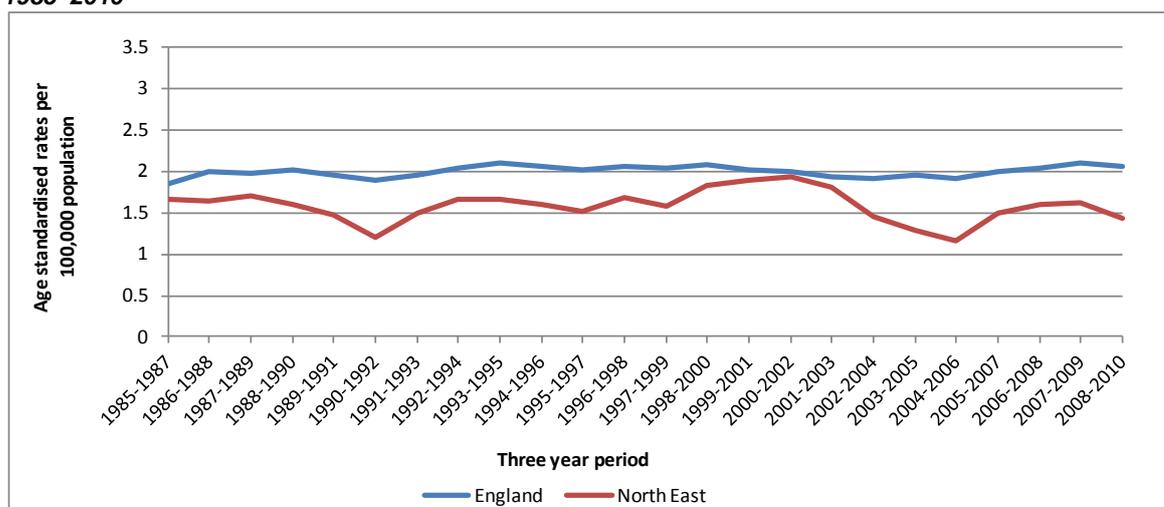
The 3-year average age-standardised mortality rate from malignant melanoma in the North East SHA for males and females followed a similar trend to the rate for England despite some fluctuations in the SHA rates over the last 20 years: for males, the rate increased and for females it stayed constant. The North East SHA mortality rate was generally lower than the England rate. In 2008–10, the 3-year average age-standardised mortality rate from malignant melanoma for males was 2.8 (North East SHA) and 3.2 (England) per 100,000 population, and for females the rate was 1.4 (North East SHA) and 2.1 (England) per 100,000 population. From 1999–01, the age-standardised mortality rate was higher for males than females.

Figure 3: Malignant melanoma – 3-year average age-standardised mortality rates for males, 1985–2010



Source: UK Cancer Intelligence Service (UKCIS)

Figure 4: Malignant melanoma – 3-year average age-standardised mortality rates for females, 1985–2010

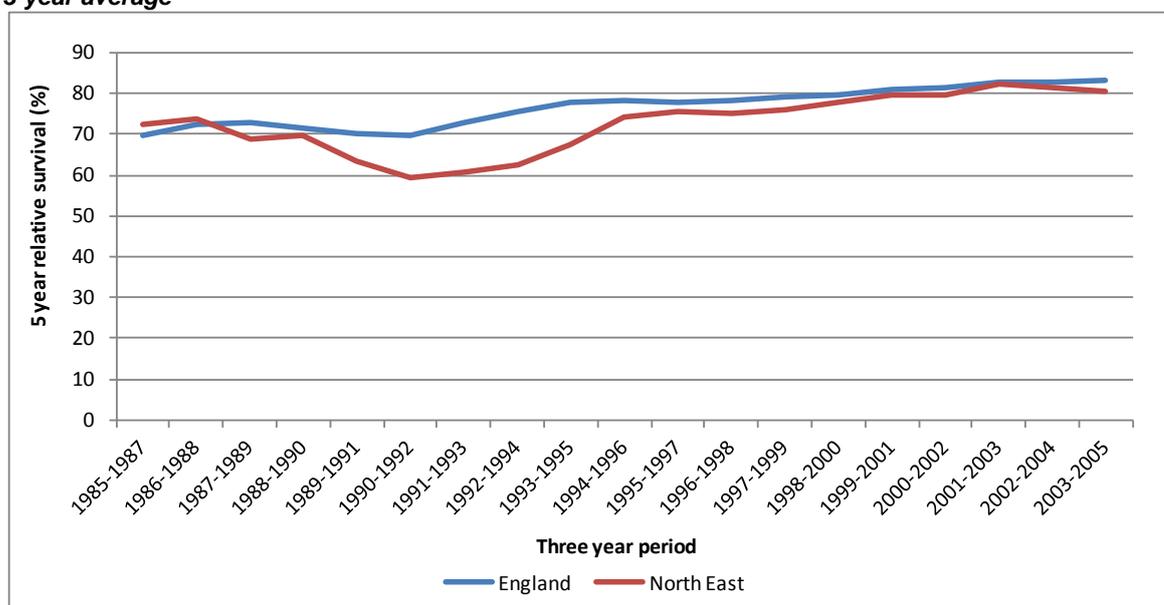


Source: UK Cancer Intelligence Service (UKCIS)

Survival rates

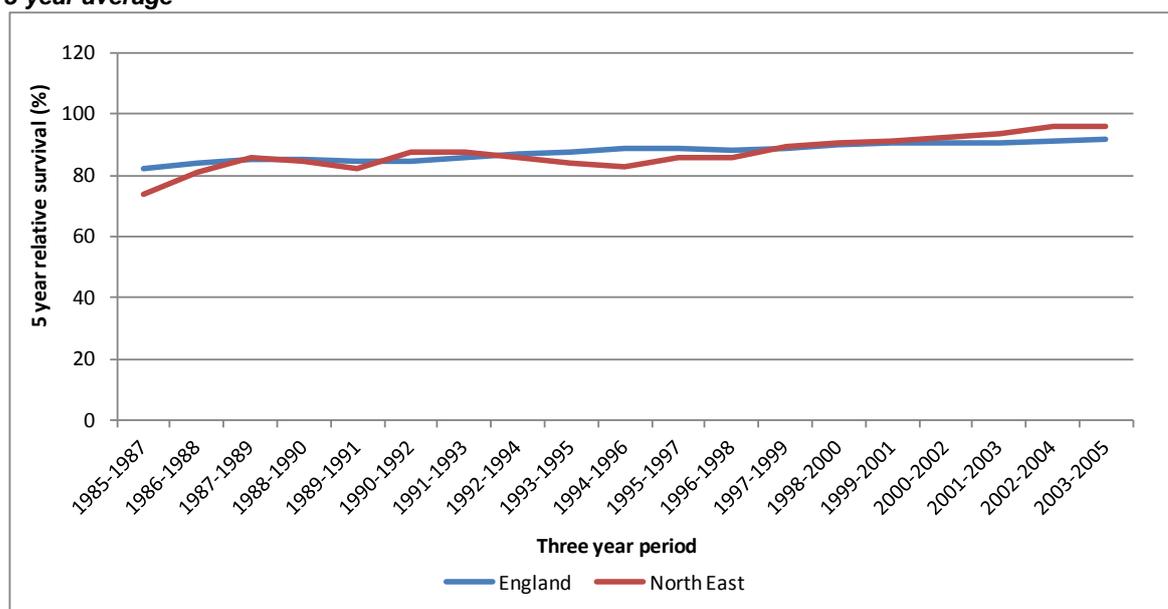
Five-year survival rates from malignant melanoma showed little difference between the North East SHA and England for males diagnosed in 2003–05, but for females rates in the North East SHA were higher; the survival rate for males was 80.4% in the North East SHA and 83.0% in England, while for females the rates were 95.9% in the North East SHA and 91.6% in England. Comparing survival for people diagnosed in 1985–87 and 2003–05, relative survival increased by 8% for males and by 22% for females in North East SHA.

Figure 5: Malignant melanoma – 5-year relative survival rates for males diagnosed in 1985–2005, 3-year average



Source: UK Cancer Intelligence Service (UKCIS)

Figure 6: Malignant melanoma – 5-year relative survival rates for females diagnosed in 1985–2005, 3-year average



Source: UK Cancer Intelligence Service (UKCIS)

Further information

Contact details:

South West Public Health Observatory
Grosvenor House
149 Whiteladies Road
Clifton, Bristol
BS8 2RA

T: 0117 970 6474
F: 0117 970 6481
E: info@swpho.nhs.uk

© South West Public Health Observatory 2012

About the South West Public Health Observatory

The South West Public Observatory (SWPHO) is part of a network of 12 public health observatories working across the five nations of England, Scotland, Wales, Northern Ireland and the Republic of Ireland. The nine Public Health Observatories in England work together through a single work programme which contains both national and local elements. We produce information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community. Our expertise lies in turning information and data into meaningful health intelligence to support decision makers.

On behalf of the Department of Health, the SWPHO works in partnership with the NHS, local authorities, researchers, national agencies as well as agencies in the South West.

The SWPHO incorporates the National Drug Treatment Monitoring System South West (NDTMS-SW), and in April 2005 merged with the South West Cancer Intelligence Service (SWCIS).

For more information about the SWPHO and its partner organisations, please visit www.swpho.nhs.uk