Racial and ethnic variations in incidence and survival of cutaneous melanoma in the United States, 1999-2006

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This journal supplement is a CME activity (enduring material) co-sponsored by the American Academy of Dermatology and the Centers for Disease Control and Prevention and is made up of four phases:

1. Reading of the CME Information (delineated below)
2. Reading all the articles in this supplement
3. Achievement of a 70% or higher on the online Post Test
4. Completion of the CME Evaluation

CME INFORMATION AND DISCLOSURES

Statement of Need:
Healthcare providers continue to underreport melanoma even though cancer reporting requirements mandate such reporting. Additionally, providers may be unaware of recent trends and descriptive epidemiology regarding melanoma which includes the fact that nonwhites have a higher mortality rate from melanoma than do whites.

Target Audience:
Dermatologists, dermatopathologists, general physicians, and public health professionals.

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Learning Objectives
After completing this learning activity, participants should be able to describe recent trends in the epidemiologic patterns of melanoma, including ethnic disparities in melanoma mortality; identify when a private practice dermatologist is required to report melanoma cases to a cancer registry; locate and access central cancer reporting registries (http://apps.nccd.cdc.gov/cancercontacts/npcr/contacts.asp); and recognize and access national and state-based sources on surveillance systems for sun protection behaviors.

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Background: Most melanoma studies use data from the National Cancer Institute Surveillance, Epidemiology, and End Results Program or individual cancer registries. Small numbers of melanoma cases have limited in-depth analyses for all racial and ethnic groups.

Objective: We sought to describe racial and ethnic variations in melanoma incidence and survival.

Methods: Incidence for invasive melanoma and 5-year melanoma-specific survival were calculated for whites, blacks, American Indians/Alaskan Natives, Asians/Pacific Islanders (API), and Hispanics using data from 38 population-based cancer registries.

Results: Incidence rates of melanoma were significantly higher for females than males among whites and Hispanics under 50 years of age and APIs under 40 years of age. White and black patients were older (median age: 59-63 years) compared with Hispanics, American Indians/Alaskan Natives, and API (median age: 52-56 years). The most common histologic type was acral lentiginous melanoma among blacks and superficial spreading melanoma among all other racial and ethnic groups. Hispanics had the highest incidence rate of acral lentiginous melanoma, significantly higher than whites and API. Nonwhites were more likely to have advanced and thicker melanomas at diagnosis and lower melanoma-specific survival compared with whites.

Limitations: Over 50% of melanoma cases did not have specified histology. The numbers of nonwhite patients were still relatively small despite broad population coverage (67% of United States).

Conclusions: Racial and ethnic differences in age at melanoma diagnosis, anatomic sites, and histologic types suggest variations in etiologic pathways. The high percentages of advanced and thicker melanomas among nonwhites highlight the need to improve melanoma awareness for all race and ethnicity in the United States. (J Am Acad Dermatol 2011;65:S26.e1-13.)

Key words: anatomic sites; cancer registry; histology; incidence; melanoma; race and ethnicity; survival.

Invasive cutaneous melanoma is the fifth most commonly diagnosed cancer among men and seventh among women in the United States.[1] It occurs predominantly among whites (95%), followed by Hispanics, American Indians/Alaskan Natives (AI/AN), Asians/Pacific Islanders (API), and blacks.[2,3]

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