Association of cutaneous melanoma incidence with area-based socioeconomic indicators—United States, 2004-2006

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1. Reading of the CME Information (delineated below)
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3. Achievement of a 70% or higher on the online Post Test
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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: Socioeconomic status (SES) has been associated with melanoma incidence and outcomes. Examination of the relationship between melanoma and SES at the national level in the United States is limited. Expanding knowledge of this association is needed to improve early detection and eliminate disparities.

Objective: We sought to provide a detailed description of cutaneous melanoma incidence and stage of disease in relationship to area-based socioeconomic measures including poverty level, education, income, and unemployment in the United States.

Methods: Invasive cutaneous melanoma data reported by 44 population-based central cancer registries for 2004 to 2006 were merged with county-level SES estimates from the US Census Bureau. Age-adjusted incidence rates were calculated by gender, race/ethnicity, poverty, education, income, unemployment, and metro/urban/rural status using software. Poisson multilevel mixed models were fitted, and incidence density ratios were calculated by stage for area-based SES measures, controlling for age, gender, and state random effects.

Results: Counties with lower poverty, higher education, higher income, and lower unemployment had higher age-adjusted melanoma incidence rates for both early and late stage. In multivariate models, SES effects persisted for early-stage but not late-stage melanoma incidence.

Limitations: Individual-level measures of SES were unavailable, and estimates were based on county-level SES measures.

Conclusion: Our findings show that melanoma incidence in the United States is associated with aggregate county-level measures of high SES. Analyses using finer-level SES measures, such as individual or census tract level, are needed to provide more precise estimates of these associations. (J Am Acad Dermatol 2011;65:S58.e1-12.)

Key words: cancer; cancer registry; disparities; melanoma; socioeconomic status.

Acknowledging social variations in health status and outcomes both at the individual and community level is vital for targeting successful behavioral interventions, addressing health disparities, and policy change. Developing our understanding of the relationship between socioeconomic factors and health outcomes has enhanced early detection and treatment for several cancers; however, inequalities

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Conflicts of interest: None declared.

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