



Malignant melanoma: Incidence, mortality and survival rates in England, Wales, Scotland, and Northern Ireland

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

Skin cancer, including malignant melanoma, is caused primarily by exposure to ultraviolet (UV) radiation – either from the sun or from artificial sources such as sunbeds. The International Agency for Research on Cancer classified sunbeds as carcinogenic to humans (2009).

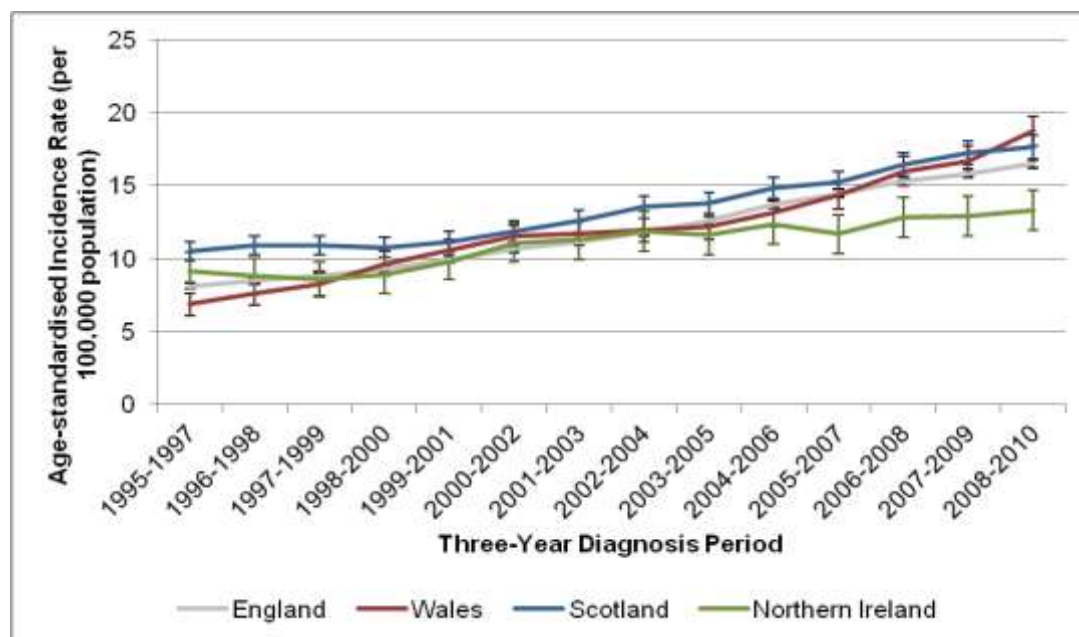
Excessive sun exposure in children and adolescents is likely to contribute to skin cancer in later life. (www.who.int/mediacentre/factsheets/fs305/en/index.html)

For more information, visit our Skin Cancer Hub section on ‘worried about skin cancer’

Incidence rates

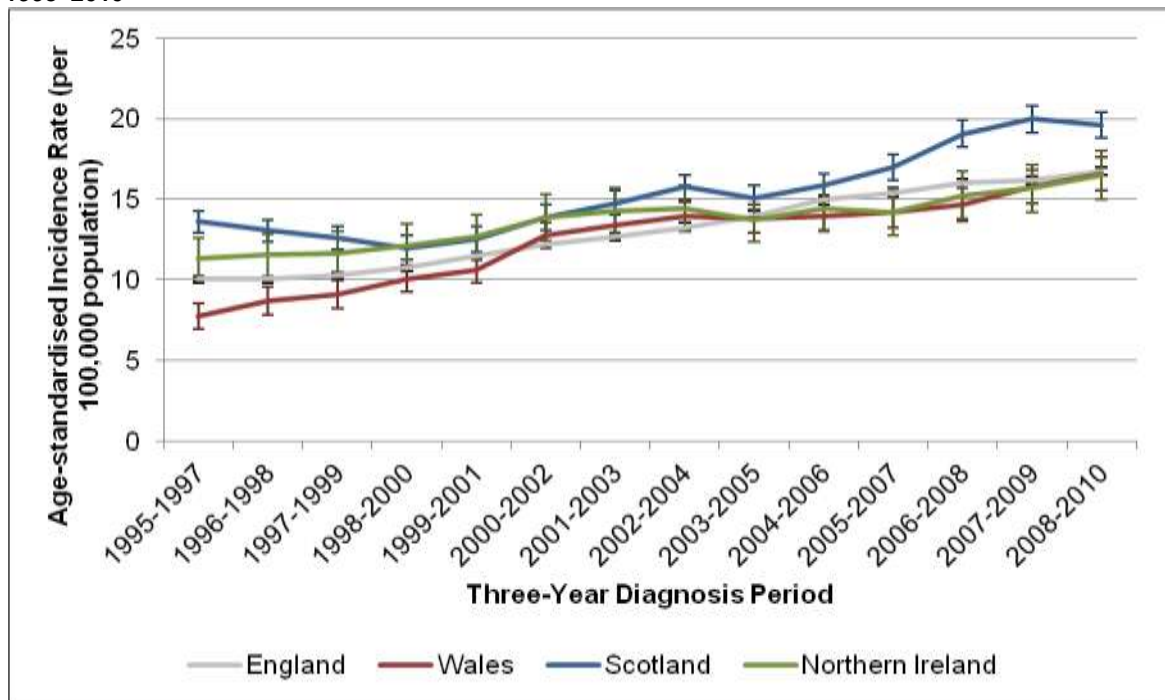
The 3-year average age-standardised incidence rate of malignant melanoma in the countries of the UK for males and females followed a similar trend between 1995 and 2010: the incidence has increased steadily over the last 15 years (see Fig. 1 and Fig. 2). The difference between the rate for the most recent period (2008-2010) and the earliest period (1995-1997) was statistically significant in all cases ($p < .001$). Figure 3 shows that in 2008–2010, the 3-year average age-standardised incidence rate of malignant melanoma was higher for males than females in Wales (18.7 vs. 16.6 per 100,000 population; $p < .01$), but lower for males than females in Scotland (17.7 vs. 19.6; $p < .01$) and Northern Ireland (13.3 vs. 16.5; $p < .01$). There was no gender difference for this period in England (16.5 for males and 16.7 for females).

Figure 1: Malignant melanoma – 3-year average age-standardised incidence rates for males, 1995–2010



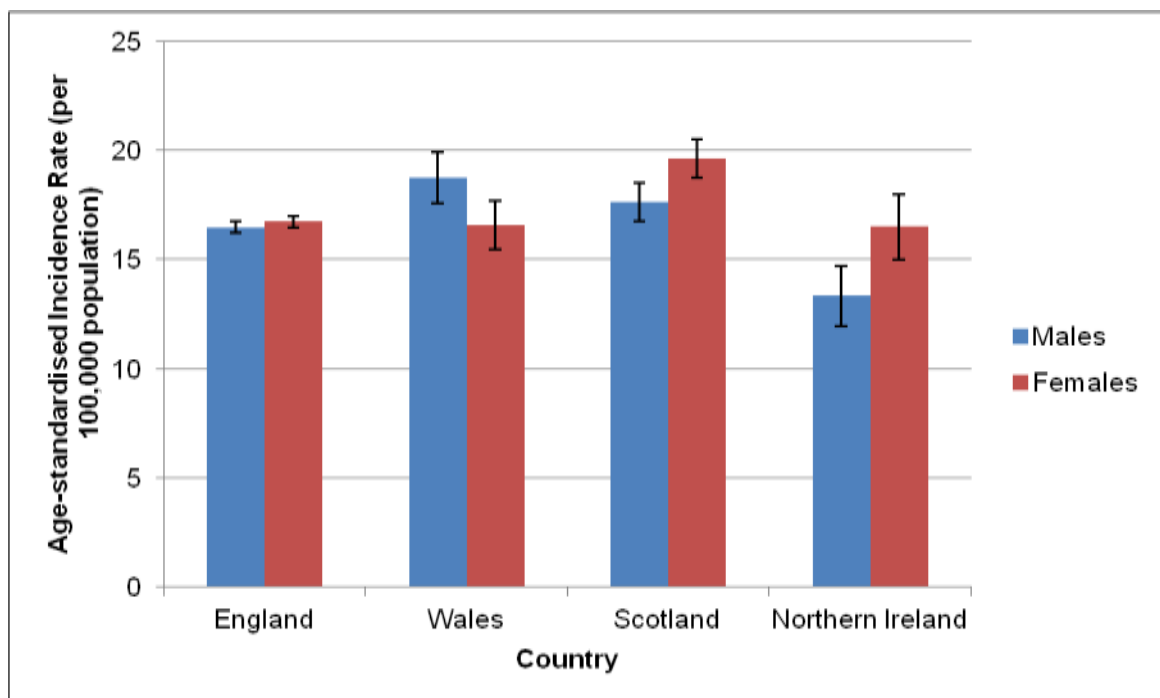
Source: UK National Cancer Data Repository (Celtic NCDR 2010); error bars represent 95% confidence intervals

Figure 2: Malignant melanoma – 3-year average age-standardised incidence rates for females, 1995–2010



Source: UK National Cancer Data Repository (Celtic NCDR 2010); error bars represent 95% confidence intervals

Figure 3: Malignant melanoma – 3-year average age-standardised incidence rates for males and females in England, Wales, Scotland, and Northern Ireland for 2008-2010

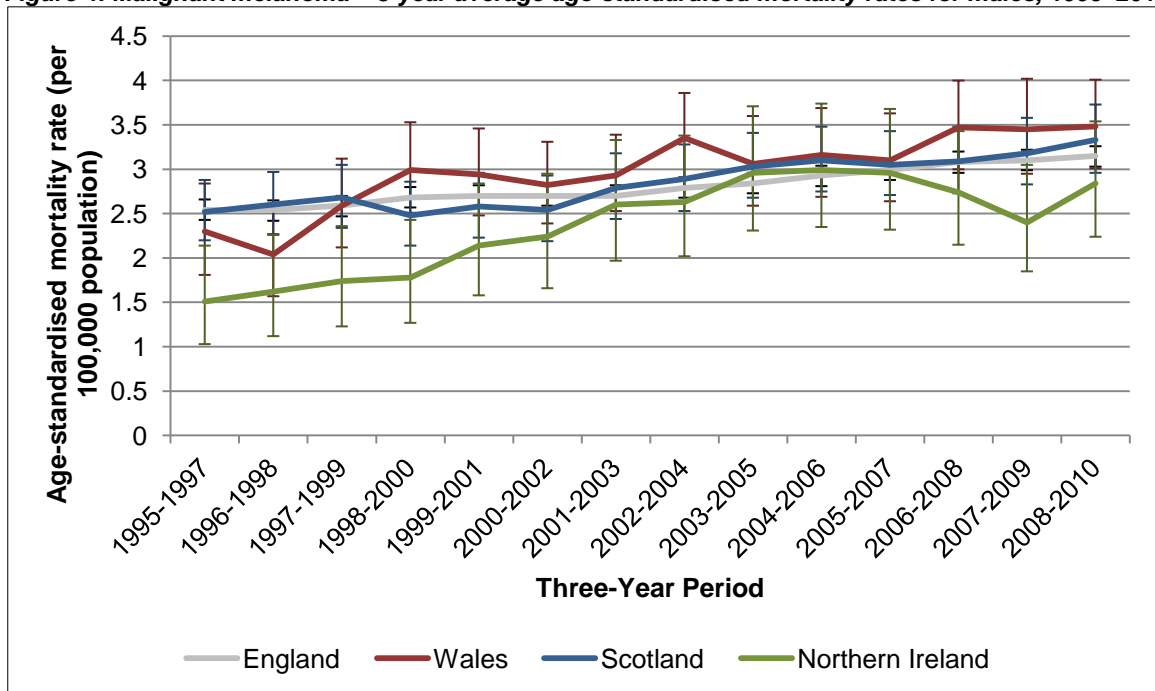


Source: UK National Cancer Data Repository (Celtic NCDR 2010); error bars represent 95% confidence intervals

Mortality rates

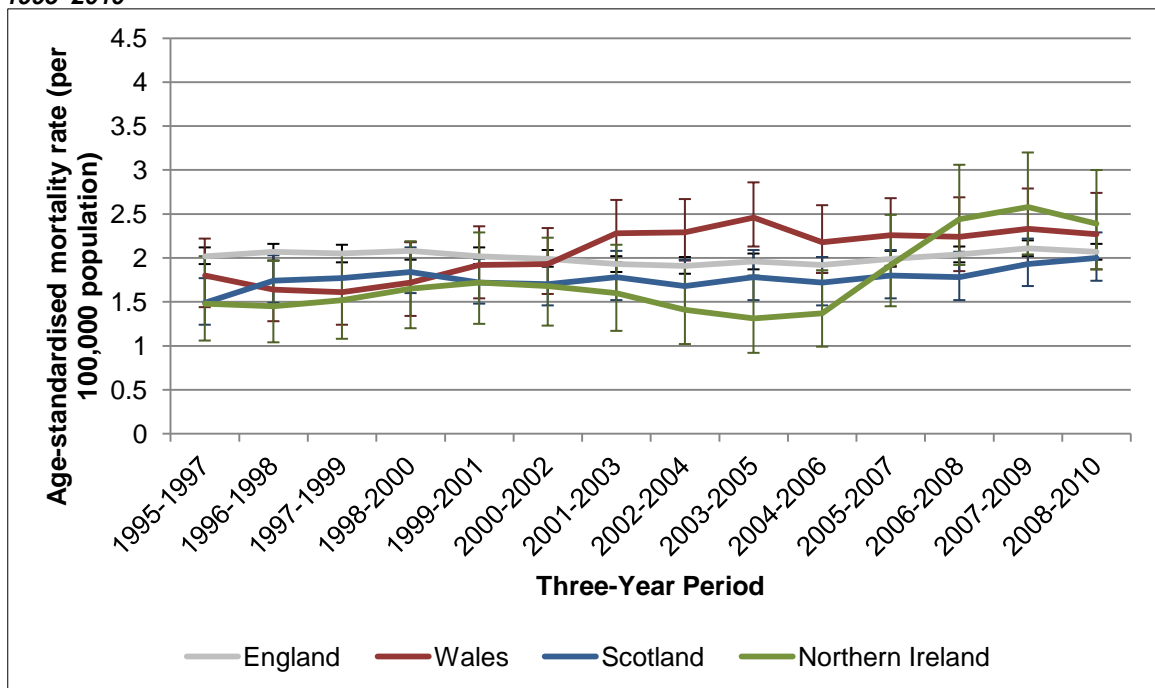
The 3-year average age-standardised mortality rate from malignant melanoma in the countries of the United Kingdom for males and females followed a similar trend over the last 15 years: there was a slight increase in mortality rate that was clearer for males than females (see Fig. 4 and Fig. 5). In 2008–10, the 3-year average age-standardised mortality rate from malignant melanoma was higher for males than females in all four countries, but the gender difference was not statistically significant for Northern Ireland: 3.1 vs. 2.1 per 100,000 population in England ($p < .001$); 3.5 vs. 2.3 in Wales ($p < .001$); 3.3 vs. 2.0 in Scotland ($p < .001$); 2.8 vs. 2.4 in Northern Ireland ($p > .05$).

Figure 4: Malignant melanoma – 3-year average age-standardised mortality rates for males, 1995–2010



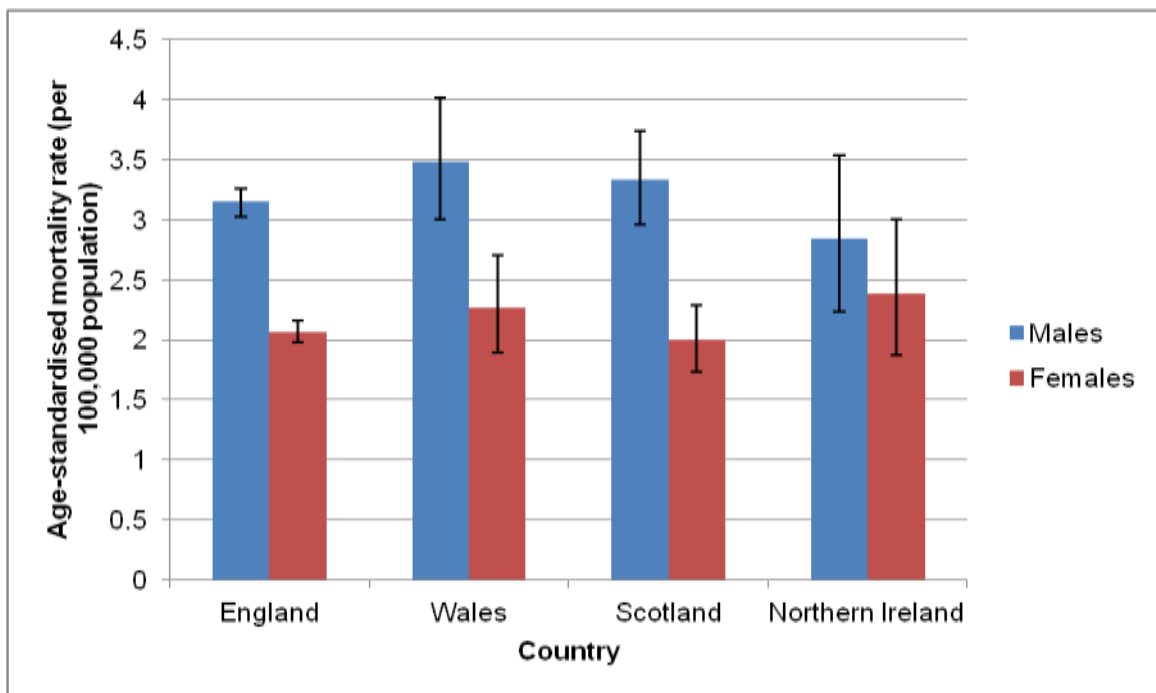
Source: UK Cancer Intelligence Service (UKCIS); error bars represent 95% confidence interval

Figure 5: Malignant melanoma – 3-year average age-standardised mortality rates for females, 1995–2010



Source: UK Cancer Intelligence Service (UKCIS); error bars represent 95% confidence interval

Figure 6: Malignant melanoma – 3-year average age-standardised mortality rates for males and females in England, Wales, Scotland, and Northern Ireland, 2008–2010

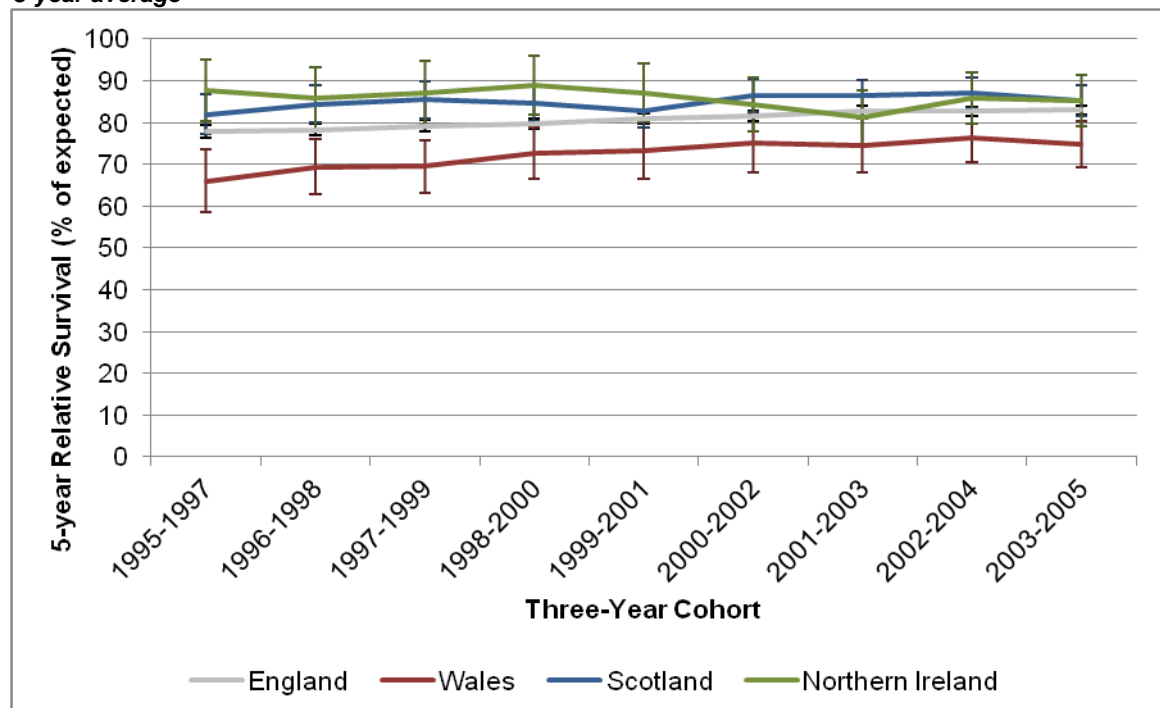


Source: UK Cancer Intelligence Service (UKCIS); error bars represent 95% confidence intervals

Survival rates

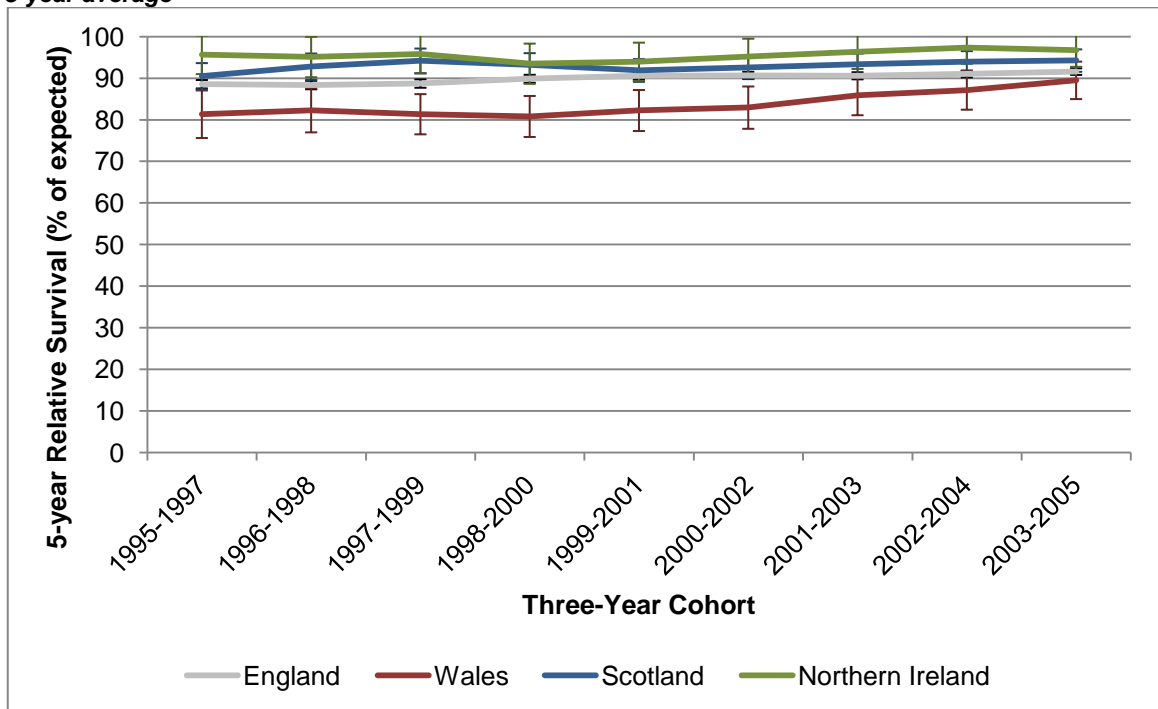
Five-year relative survival rates from malignant melanoma have gradually increased between 1995-1997 and 2003-2005 for both genders in all countries except Northern Ireland, where there has been no significant change in survival (see Fig. 7 and Fig. 8). In the most recent available data (diagnoses in 2003-2005), the 5-year relative survival rates were significantly higher for females than males ($p < .001$ in all cases): 91.6% vs. 83.1% in England; 89.5% vs. 74.8% in Wales; 94.3% vs. 85.3% in Scotland; and 96.8% vs. 85.4% in Northern Ireland.

Figure 7: Malignant melanoma – 5-year relative survival rates for UK males diagnosed in 1995–2005, 3-year average



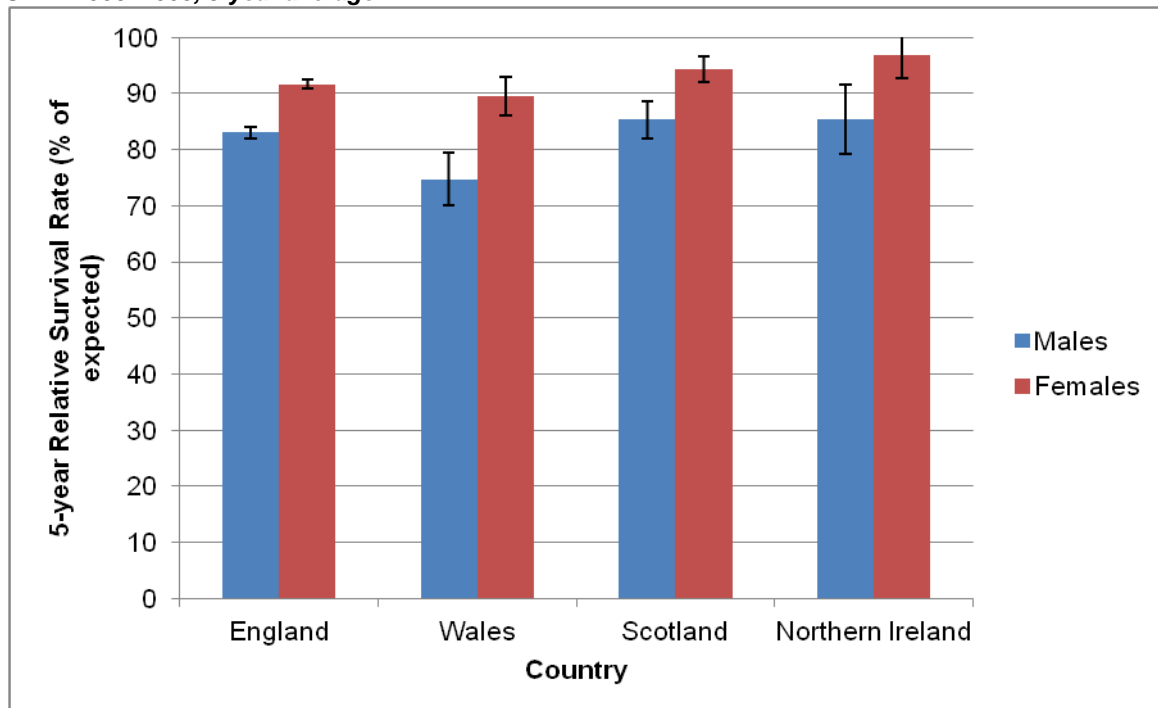
Source: UK Cancer Intelligence Service (UKCIS); confidence intervals represent 95% confidence intervals

Figure 8: Malignant melanoma – 5-year relative survival rates for UK females diagnosed in 1995–2005, 3-year average



Source: UK Cancer Intelligence Service (UKCIS); error bars represent 95% confidence intervals

Figure 9: Malignant melanoma – 5-year relative survival rates for males and females diagnosed in the UK in 2003–2005, 3-year average



Source: UK Cancer Intelligence Service (UKCIS); error bars represent 95% confidence intervals

The South West Public Health Observatory will be part of Public Health England from 1 April 2013

Further information

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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