Arizona Melanoma Reporting
No. 2021-1 / June 2021

MESSAGE FROM NANCY SILVIS, M.D., Task Force Chair

The incidence of melanoma in Arizona in 2018 regarding race/ethnicity is much more difficult to interpret than for prior years. You will see in graph #8 of this report, the section for "race/ethnicity" was left blank/unknown in 16% of melanoma case reports in 2018 compared to 4.1% in 2016. With this huge gap of information, it becomes difficult or impossible to make statements about potential health disparity issues in melanoma. Please evaluate how your office collects this information and how it is inputted on the melanoma report form. We welcome any ideas which you have to improve this information.

Thank you. Nancy Silvis, MD

INFORMATION ABOUT ARIZONA MELANOMA CASES REPORTED FOR 2018 & 2019 MORTALITY

TOTAL INVASIVE MELANOMA CASES FOR 2018: 2,674
TOTAL IN SITU MELANOMA CASES FOR 2018: 2,457
AGE ADJUSTED INVASIVE INCIDENCE RATE FOR 2018: 30.3 Per 100,000 persons
AGE ADJUSTED MORTALITY RATE FOR 2019: 2.2 Per 100,000 persons

From 2014 to 2018 there has been a 58% (in situ & invasive) increase in reported cases.

Age at diagnosis differs between males and females. Between the ages of 20 and 50 years, a higher percent of melanoma cases are diagnosed in females. After the age of 50 years most melanoma cases are diagnosed in males.
The mission of the Arizona Melanoma Task Force is to enhance melanoma reporting to the Arizona Cancer Registry and promote use of registry data and control of skin cancer.

Figures 3 & 4 compare melanoma rates between Arizona, U.S.*, and the SEER** Registries.

Invasive melanoma age adjusted rates in Arizona have risen 36 percent from 2014 to 2018. In the same time period overall U.S. rates decreased 1 percent. The Arizona rate increase most likely reflects more complete reporting by dermatologists.

The Arizona in situ rates have risen 44.1 percent from the year 2014 to 2018. The 2018 diagnosis year shows the Arizona in situ rate (27.1) was 27.2% higher than the SEER rate (21.3). The graph shows SEER in situ rates as the U.S. in situ rates are unavailable. SEER data are comprised of a select group of U.S. states and regions that do enhanced reporting.

The counties with the highest rates are Yavapai, Pima, and Maricopa counties. The counties with the lowest rates are Yuma, Apache, Santa Cruz, and Navajo counties.
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6 Melanoma Age Adjusted Mortality Rates by Year of Death, 2015-2019

The Arizona melanoma mortality age adjusted rate from 2015 to 2019 decreased 18.5%. While the U.S. age adjusted mortality rate decreased 16.7%.

The number of physician reported melanoma cases with an unknown race/ethnicity is increasing. For cases diagnosed in 2018 - 16% of all melanoma cases were documented as unknown or left blank.

7 Melanoma Invasive & In Situ % by Race/Ethnicity

In order to compile accurate case counts by physician, it is important to complete the Reporting Physician name located on the top of the form. This helps us to maintain accurate counts for this newsletter as well as on the patient record.

Page 4 includes overall numbers about the 2020 melanoma reports submitted by physician offices to the Arizona Cancer Registry. The physician list starts on page 5 and is not included in the web version of this report. The list is grouped by Phoenix Area, Tucson Area, and the rest of the state. The list does not contain physician names where a hospital cancer registry reports their cases. If your name is not listed, the Arizona Cancer Registry has not received reports for 2020 from your office. If the number of reports does not appear accurate for your office, or if you have questions about reporting, please contact Georgia Yee (georgia.yee@azdhs.gov) for more information.

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8 Melanoma Invasive & In Situ % of Unknown Race/Ethnicity

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Notes about the listing of physician cases:

- Reference date of list is 05/04/21.
- All providers involved with a melanoma case are required by Arizona regulation to report any melanoma case that is not referred to a hospital for diagnosis and/or treatment.
- The 2020 number of reports identified in the table above and in the following listing may include non-reportable (e.g., atypical melanocytic dysplasia) cases and/or duplicate reporting. These cases have not been through the quality controlled process. Once the quality control process is initiated non-reportables will be eliminated and the case reports will be matched to the registry database to identify potential duplicates. If duplicates are identified we will use the information reported to consolidate into one "best record" so that each diagnosed melanoma is counted only once for incidence.

U.S. data represents combined data from the CDC National Program of Cancer Registries and the NCI SEER Registries.

SEER collects cancer cases from various locations and sources from across the U.S.


The Centers for Disease Control and Prevention (CDC) provide support to the Arizona Cancer Registry under Cooperative Agreement NU58DP006341 (National Program of Cancer Registries Component). The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note: The Arizona Cancer Registry database is dynamic, meaning that numbers are updated frequently for any diagnosis year. Previous reports may reflect different numbers due to these updates.

Forms for melanoma reporting can be found at http://www.azdhs.gov/cancer/MelanomaForm.pdf
Check out the latest melanoma information at: https://www.azdhs.gov/preparedness/public-health-statistics/cancer-registry/index.php