

facts about: *Skin Cancer*

Georgia

References

1. This statement is widely accepted, including by the American Cancer Society (ACS), National Cancer Institute, and the Centers for Disease Control and Prevention (CDC).²⁻⁴ More than 1 million cases of skin cancer were estimated to be diagnosed in 2008. While registry data on non-melanoma skin cancers are not currently systematically tracked by the United States Cancer Statistics registries, registry data collected in the past were used to develop these estimates.
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10. Melanoma diagnosis rates are the result of a number of different factors, including: race (melanoma affects Caucasians at a much greater rate than other racial groups), type of UV exposure (intermittent versus cumulative exposure), sun protection behaviors in childhood and adulthood, geographic mobility of the population, risk awareness of the population and geography (e.g., latitude and elevation).
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 27. Randomized trials are required to provide conclusive evidence that melanoma screening saves lives. In the absence of such trials, however, it is well-accepted that finding melanoma early (at less than 1 mm) is associated with five-year survival rates ranging from 95% to 100% and that a combination of education, awareness, skin self-examination, and physician examination have all been instrumental in the shift toward earlier detected lesions.²⁸⁻³¹ Most recently, a large surveillance program was associated with a steady and sustainable reduction in the incidence of thick melanoma resulting in a statistically significant decrease in mortality that persisted for at least three years.³² Modeling studies have found that one-time melanoma

screening of the general population older than 50 years is cost-effective compared with other cancer screening tests.³³

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