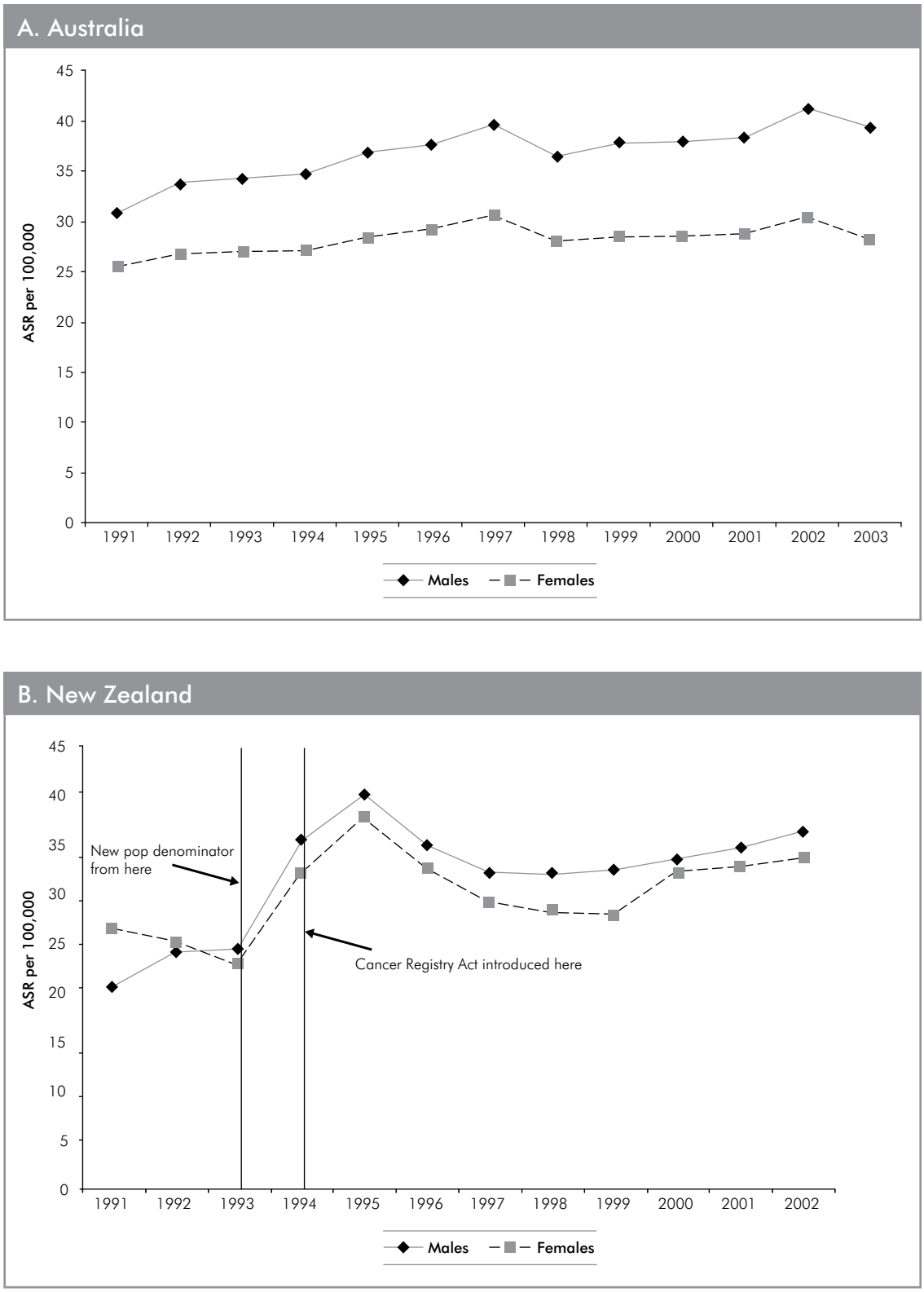
# Introduction

While melanoma is comparatively infrequent globally, it is an important contributor to the burden of cancer in Australia and New Zealand. Together, Australia and New Zealand contributed 6.4% of the cases and 3.2% of the deaths to the estimated global totals of 160,000 newly diagnosed melanomas and 41,000 deaths from melanoma in the year 2002.[1] While melanoma was the 18th most frequent among 25 specific categories of cancer (excluding nonmelanocytic skin cancers), and 22nd most frequent as a cause of cancer death, globally in 2002 it was the fourth most commonly diagnosed cancer and the ninth most common cancer causing death in Australia and New Zealand. Australian and New Zealand cancer registries reporting to the International Agency for Research on Cancer in 1997 (the most recent year for which data are publicly available) all had melanoma incidence rates in males and females that were substantially above those from all other reporting registries worldwide.[2]

In spite of the high incidence of melanoma in Australia and New Zealand and the attention given to melanoma control in these countries, there is as yet limited evidence that their incidence rates are falling. For the period 1991–2003, incidence of melanoma in Australian males showed an upward trend; that for females, after increasing to 1997, remained steady (Figure 1A).[3] While corresponding patterns in New Zealand for the same period are somewhat complicated by an increase in completeness of cancer registration due to the passage of the Cancer Registry Act, 1993, the recent incidence trends are upwards in both sexes (Figure 1B).[4] Melanoma mortality shows a more encouraging picture in females, with the rates steady from 1991–2003 in New Zealand and falling a little in Australia to 2005; but in males, after initial periods of stability from 1991, rates now appear to be increasing in both countries (Figure 2).[4,5]

There is, though, some cause for hope, but also a warning note. An inspection of the incidence trends by age in Australia shows little evidence of any increase in incidence from 1991–2003 in any age-group under 45 years age.[3] The increases into the 1990s and 2000s have all been in older age groups and the older the age group the steeper the increase, particularly in men. Similar patterns by age are seen in the mortality trends, except that there was little upward trend in the 1990s in men up to 69 years of age and women up to 79 years of age, and there were downward trends in men up to 39 years of age and women up to 49 years of age.[5] It is reasonable to hope that these more favourable trends in younger age groups will extend to older age groups as the cohorts showing them age. However, there is an important exception to these patterns by age: reversal in previous flat or downward trends in most age-groups from 20–69 years of age have contributed to the increase in mortality in men that began in 2001, though it was driven mainly by continuing upward trends in the oldest men.

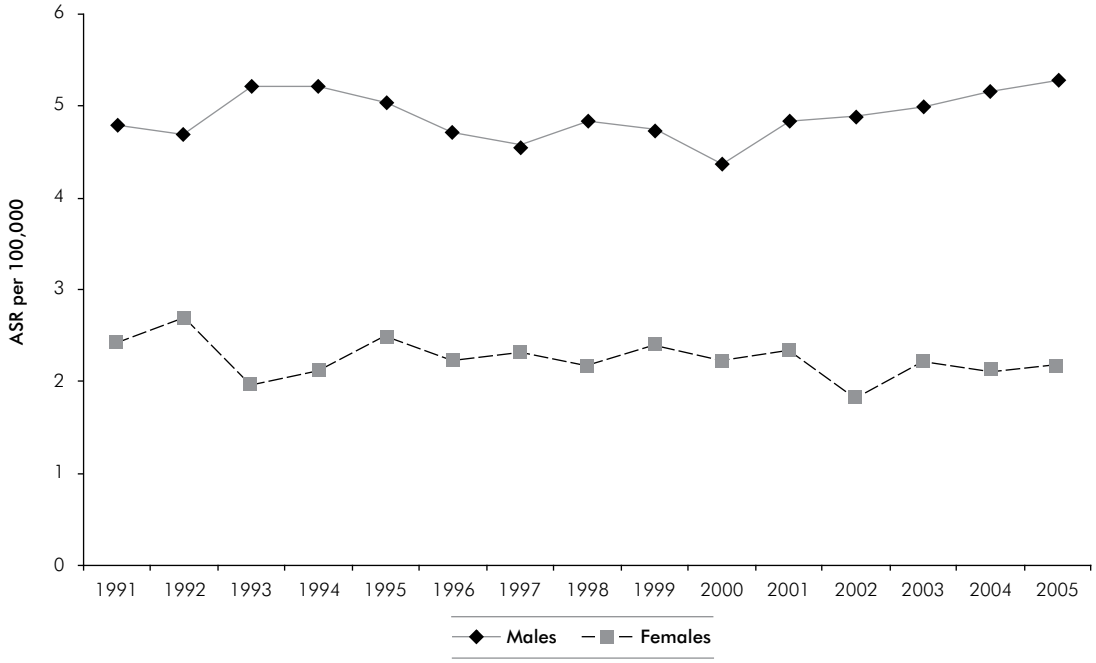
**Figure 1** Trends in the age-standardised incidence rates (ASR) of melanoma in Australia and New Zealand[3,4]



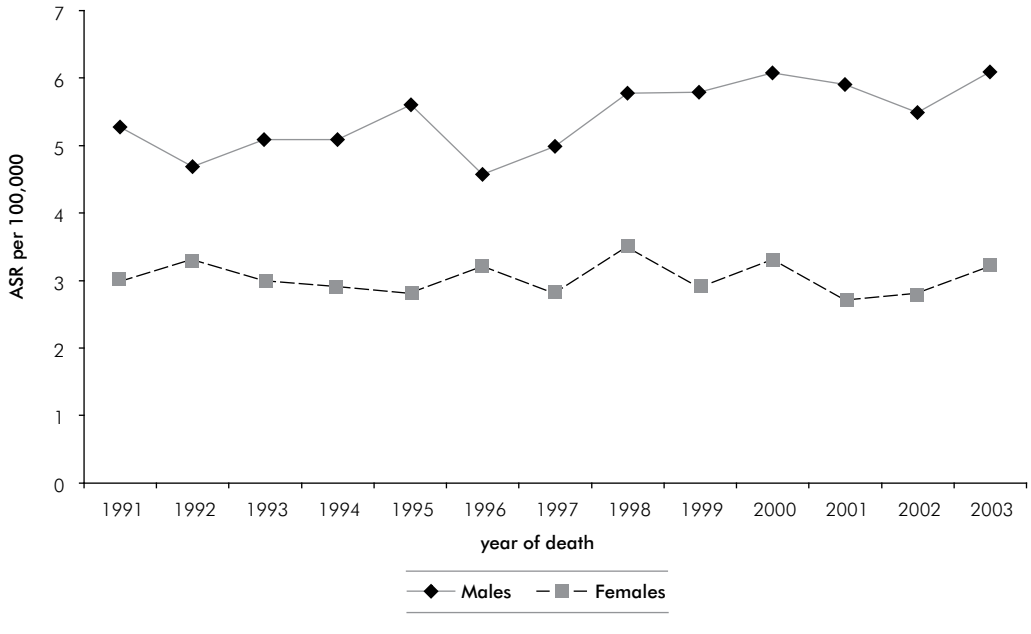

**Note:** Rates are standardised to the Segi World Population.

**Figure 2** Trends in the age-standardised mortality rates (ASR) of melanoma in Australia and New Zealand[4,5]

A. Australia




B. New Zealand




**Note:** Rates are standardised to the Segi World Population.

The increasing mortality from melanoma in Australian and New Zealand men is a disturbing trend. The continuing incidence increase could have contributed to it, but this may not be a sufficient explanation. Could it be due to poorer survival due, perhaps, to later diagnosis, poorer treatment or some other factor? There are published data on trends in melanoma survival in New South Wales (NSW), the most populous Australian State, covering cases incident from 1980–1998 and deaths occurring up to the end of 2000 (Table 1).[6,7] Five-year relative survival for men and women together increased in successive diagnosis intervals to 91.0% in the most recent interval (1994–1998). Five-year relative survival for men and women diagnosed between 1995 and 2006 in New Zealand was 90.5%. These data show no hint of a worsening in survival, but they would not be sensitive to a trend only in men and beginning with deaths in 2001. NSW cancer registry data on trends in the distribution of melanoma by thickness up to 2002 also show little evidence of an unfavourable trend (NSW Central Cancer Registry personal communication) that might cause increasing melanoma mortality.

The trend data reviewed above clearly indicate that Australia and New Zealand have some way to go before they have melanoma 'under control'. These new guidelines will make an important and timely contribution to ensuring that melanoma control in our two countries is informed to the greatest degree possible by research evidence. The trend data also point, as will the guidelines themselves, to areas where research is required if we are to observe more favourable trends in melanoma than we have seen over the past ten or so years and in particular, during the period since the first Australian guidelines were published.

**Table 1** Trends in five-year relative survival from melanoma diagnosed in New South Wales, Australia, from 1980 to 1998[6,7]

| Diagnosis interval* | Five-year relative survival %† |
|---|---|
| 1980–1984 | 87.4% |
| 1985–1988 | 89.2% |
| 1989–1992 | 90.6% |
| 1993–1996 | 90.9% |
| 1994–1998 | 91.0% |

* Survival percentages are adjusted for age, sex and extent of cancer at diagnosis.

† Those diagnosed from 1980–1984 to 1993–1996 were followed-up for survival until the end of 1998; those diagnosed in the interval 1994–1998 were followed-up until the end of 2000.

## References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