

Melanoma is the most serious type of skin cancer that develops in the melanocyte cells that produce melanin—the pigment that gives skin its color. Melanoma can also form in the eyes and, rarely, inside the body, such as in the nose and throat. While melanoma is less common than other types of skin cancers, it is more likely to grow and spread quickly. There were 88,059 new melanoma diagnoses and 8,092 deaths related to melanoma in the United States in 2019, for a rate of 22.7 new cases and 2.0 deaths per 100,000 Americans.¹

Racial Disparities

The incidence of newly diagnosed melanomas in the United States is highest in Non-Hispanic White Americans (29.0 per 100k), compared to Native American/Alaska Natives (8.0), Hispanics (5.0), Asian Americans (1.0), and Non-Hispanic Blacks (1.0).¹ Despite this, minority patients comprise a higher proportion of more severe disease.

Compared to White patients, Black patients are more likely to present with late-stage melanomas that are deeper and have higher incidences of regionally advanced or distant disease. The percentage of melanoma cases diagnosed at Stage III and Stage IV at the time of diagnosis is twice as high for Black and Native American patients compared to White patients. Asian American and Pacific Islander Americans were found to have worse Breslow depth—the measurement of the depth of the melanoma from the surface of the skin down through to the deepest point of the tumor—more lymph node involvement, and higher stage at diagnosis.

Even when diagnosed at the same stage as White patients, Hispanic, Native American, Asian, and Black patients have a greater risk of mortality. These disparities have grown significantly since 2000 despite changes to screening guidelines and advancement in immunotherapies.²²

Sex/Gender Disparities

Men are significantly more likely to develop melanoma than Women, with an incidence rate of 28.7 in Men compared to 18.2 in Women. Survival rates are still high compared to other types of cancers, with Men dying from melanoma at a rate of 3.0 and Women at a rate of 1.0.¹

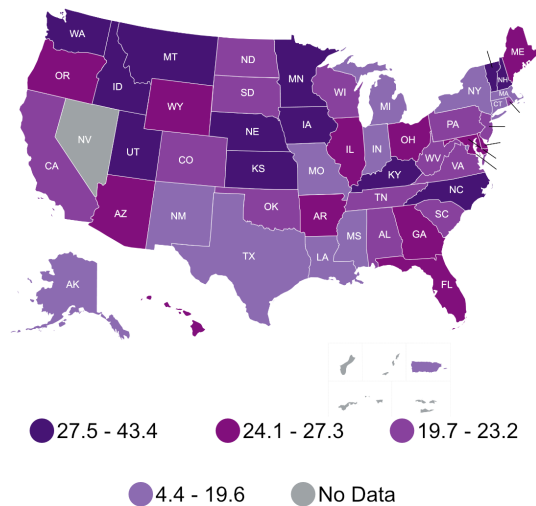
Epidemiological data confirm that Female patients have advantages over Male patients in both incidence and mortality across all Racial and Ethnic groups. This may be due to both behavioral differences and genetic or epigenetic differences between the sexes.³

Income Disparities

Americans with higher socioeconomic status and who are privately insured are more likely to be diagnosed with melanoma than Americans with lower socioeconomic status and those who are uninsured or rely on public insurance (e.g., Medicaid). While less likely to be diagnosed with melanoma than those with higher incomes, Americans with lower incomes are likelier to be diagnosed at a later stage and face worse health outcomes. This is likely because Americans who are uninsured or rely on public insurance are less likely to have access to providers who might identify melanoma early (i.e., dermatologists).⁴

Regional Disparities

New melanoma diagnoses are not evenly distributed across the U.S. Utah has the highest rate of new diagnoses, with a rate of 43.4, compared to the lowest rate of 9.0 in the District of Columbia. Puerto Rico also has a very low incidence rate of 4.4. In the continental U.S.,



Idaho has the highest rate of deaths related to melanoma, with a rate of 2.9, followed by Utah, with a rate of 2.8. Hawaii has the lowest mortality rate, at 0.9.

References

¹Centers for Disease Control and Prevention. (2022, November). U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019). <https://www.cdc.gov/cancer/dataviz>

²Shao, K., & Feng, H. (2022). Racial and Ethnic Healthcare Disparities in Skin Cancer in the United States: A Review of Existing Inequities, Contributing Factors, and Potential Solutions. *The Journal of clinical and aesthetic dermatology*, 15(7), 16–22. <https://pubmed.ncbi.nlm.nih.gov/35942012>

³Bellenghi, M., Puglisi, R., Pontecorvi, G., De Feo, A., Carè, A., & Mattia, G. (2020). Sex and Gender Disparities in Melanoma. *Cancers*, 12(7), 1819. <http://dx.doi.org/10.3390/cancers12071819>

⁴Rosenthal A, Reddy S, Cooper R, et al. (2023). Disparities in melanoma-specific mortality by race/ethnicity, socioeconomic status, and healthcare systems. *Journal of the American Academy of Dermatology*, 88(3), 560-567. <https://doi.org/10.1016/j.jaad.2022.10.004>