facts about: Skin Cancer

Hawaii

References

1. This statement is widely accepted, including by the American Cancer Society (ACS), National Cancer Institute, and Centers for Disease Control and Prevention (CDC).3-5
11. 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).
13. The rate of new melanoma diagnoses among Whites in Hawaii includes incidence in both Hispanic Whites and non-Hispanic Whites. The overall incidence is primarily due to the incidence among non-Hispanic Whites, which is more than double the rate among Hispanic Whites.


16. The death rate from melanoma among Whites in Hawaii includes mortality in both Hispanic Whites and non-Hispanic Whites. The data are primarily due to the death rate among non-Hispanic Whites, given the low number of deaths among Hispanic Whites (these data are suppressed given that there are 15 or fewer mortalities deaths).


29. 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.30-33 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.34 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.35


36. As recommended by the American Cancer Society, the American Academy of Dermatology and a National Institutes of Health Consensus Panel.3, 37-40


41. These sun safety behaviors include “covering up” or wearing protective clothing.


43. Data collected through student self-reporting forms the basis for this evaluation of the SunWise Program. Verbal reports are used most frequently in sun protection studies; for example, 76 of 81
skin cancer prevention studies cited in the CDC’s Guide to Community Services evidence review relied on verbal reports.42