

3.11 Malignant melanoma of the skin

Table 3.11.1
Overview of key epidemiological parameters for Germany, ICD-10 C43

	2009		2010		Prediction for 2014	
	Men	Women	Men	Women	Men	Women
Incident cases	9,640	9,660	9,640	9,580	10,100	9,600
Crude incidence rate ¹	24,0	23,1	24,0	23,0	25,4	23,4
Standardised incidence rate ^{1,2}	18,2	17,9	18,0	17,8	18,0	17,8
Median age at diagnosis	66	59	66	58		
Deaths	1,454	1,203	1,568	1,143		
Crude mortality rate ¹	3,6	2,9	3,9	2,7		
Standardised mortality rate ^{1,2}	2,6	1,7	2,8	1,6		
5-year prevalence	35,900	38,800	38,200	40,700		
Absolute 5-year survival rate (2009-2010) ³			78 (70-83)	86 (80-90)		
Relative 5-year survival rate (2009-2010) ³			89 (83-95)	94 (88-98)		

¹ per 100,000 persons ² age-standardised (European standard) ³ in percentages (lowest and highest value of the included German federal states)

Epidemiology

The introduction of clinical screening for skin cancer in 2008 led to a marked increase in the incidence of malignant melanoma that year. Since then the incidence has been approximately 20 % higher than the previous level. Approximately 9,600 men and a similar number of women were diagnosed with a malignant melanoma of the skin in 2010. In addition, about 6,000 in situ melanomas were detected even earlier predominantly in women.

The median age of women at diagnosis is currently 58 years, which is lower than previously. The median age of men at diagnosis is eight years later. This corresponds to a higher risk of developing the disease and to significantly higher incidence rates among younger women (under 55 years) and older men (over 55 years).

Since the 1980s, the age-standardised incidence rates have risen significantly in western industrialised nations and in some cases have more than tripled. The highest incidence rates in Europe are currently found in Denmark, and within Germany a clear geographical pattern is evident. Since 1990 mortality rates in Germany have remained nearly constant.

Currently, the relative 5-year survival rate in Germany for women with malignant melanoma of the skin is 94 % and for men is 89 %. These favourable survival rates are due in part to the fact that more than half of the melanomas were discovered at an early stage (T1). This proportion has risen markedly since 2008.

Risk factors and early detection

People with a light skin type, which tans poorly or not at all, and people with a large number of skin pigmentations (acquired, congenital, and dysplastic naevi) have a higher risk of developing a melanoma, and genetic factors can therefore also play a part. High-risk genes have been identified, which are linked to rare familial clusters of melanoma, as well as medium-risk genes and hereditary dispositions, which increase the likelihood of “spontaneously” developing malignant melanomas as a result of other risk factors.

The most important exogenous risk factor is exposure to natural sunlight or artificial UV-radiation during childhood and youth. Particularly recurrent, intense exposure to UV-radiation, such as during summer holidays, increases the risk of developing a melanoma. A further risk factor is the exposure to ultraviolet radiation at the workplace, e.g. during welding.

In mid-2008, new screening regulations were introduced in Germany for all forms of skin cancer within the framework of legislation on the early detection of cancer. Men and women above 35 years of age with statutory health insurance are entitled to a skin examination every two years by a suitably trained doctor (dermatologist, general practitioner, etc.).

Figure 3.11.1a
Age-standardised incidence and mortality rates, by sex,
ICD-10 C43, Germany 1999 – 2010
per 100,000 (European standard)

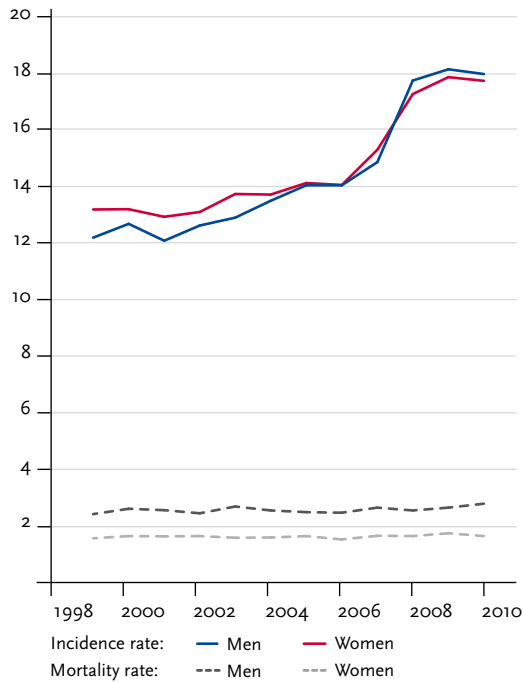


Figure 3.11.1b
Absolute numbers of incident cases and deaths, by sex,
ICD-10 C43, Germany 1999 – 2010

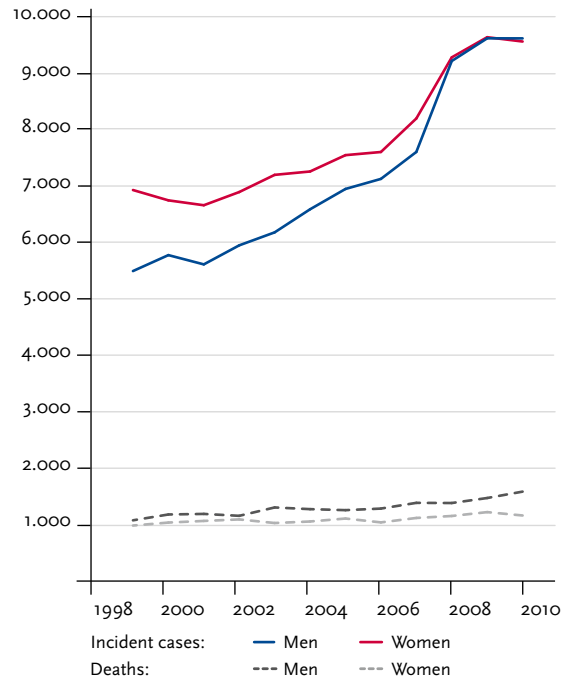


Figure 3.11.2
Age-specific incidence rates by sex, ICD-10 C43, Germany 2009 – 2010
per 100,000

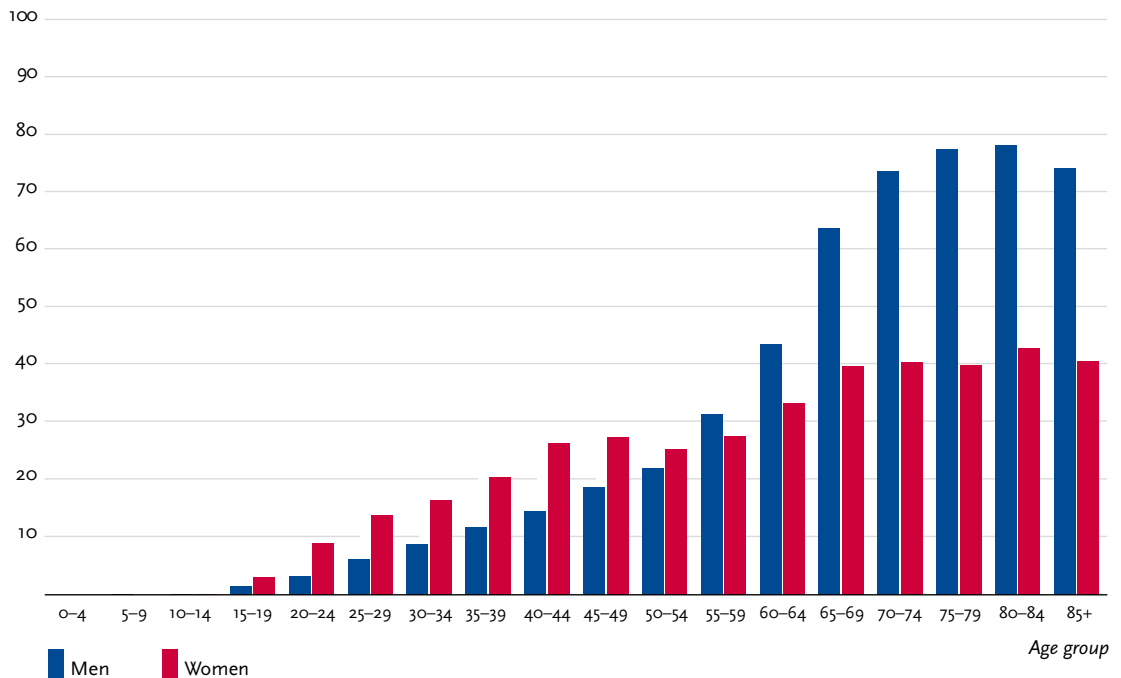


Table 3.11.2
Cancer incidence and mortality risks in Germany by age and sex, ICD-10 C43, database 2010

Men aged	Risk of developing cancer				Mortality risk			
	in the next ten years		ever		in the next ten years		ever	
35 years	0.1%	(1 in 760)	1.8%	(1 in 57)	<0.1%	(1 in 8,000)	0.3%	(1 in 310)
45 years	0.2%	(1 in 490)	1.7%	(1 in 60)	<0.1%	(1 in 3,600)	0.3%	(1 in 320)
55 years	0.4%	(1 in 270)	1.5%	(1 in 66)	0.1%	(1 in 1,900)	0.3%	(1 in 330)
65 years	0.6%	(1 in 160)	1.3%	(1 in 78)	0.1%	(1 in 1,100)	0.3%	(1 in 360)
75 years	0.6%	(1 in 160)	0.9%	(1 in 120)	0.2%	(1 in 670)	0.2%	(1 in 440)
Lifetime risk			1.8%	(1 in 54)			0.3%	(1 in 310)
Women aged	in the next ten years		ever		in the next ten years		ever	
35 years	0.2%	(1 in 440)	1.6%	(1 in 64)	<0.1%	(1 in 8,800)	0.2%	(1 in 450)
45 years	0.3%	(1 in 370)	1.3%	(1 in 75)	<0.1%	(1 in 5,100)	0.2%	(1 in 470)
55 years	0.3%	(1 in 340)	1.1%	(1 in 91)	<0.1%	(1 in 3,300)	0.2%	(1 in 510)
65 years	0.4%	(1 in 260)	0.8%	(1 in 120)	<0.1%	(1 in 2,100)	0.2%	(1 in 570)
75 years	0.4%	(1 in 280)	0.5%	(1 in 190)	0.1%	(1 in 1,300)	0.1%	(1 in 690)
Lifetime risk			1.8%	(1 in 57)			0.2%	(1 in 450)

Figure 3.11.3
Distribution of T-stages at first diagnosis by sex (top: all cases; bottom: only valid reports)
ICD-10 C43, Germany 2009 – 2010

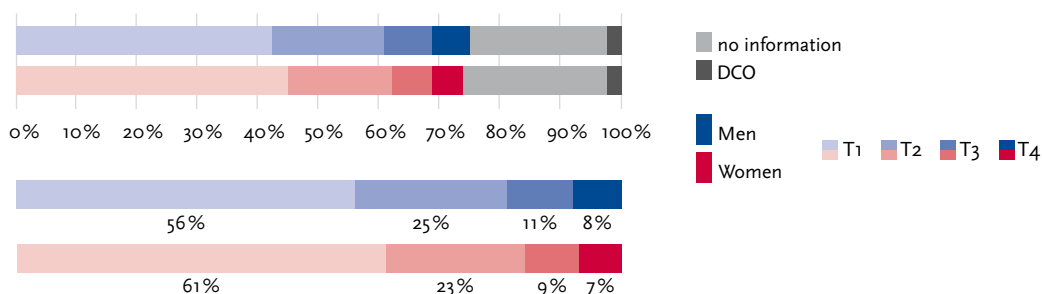


Figure 3.11.4a
Absolute survival rates up to 5 years after first diagnosis,
by sex, ICD-10 C43, Germany 2009 – 2010

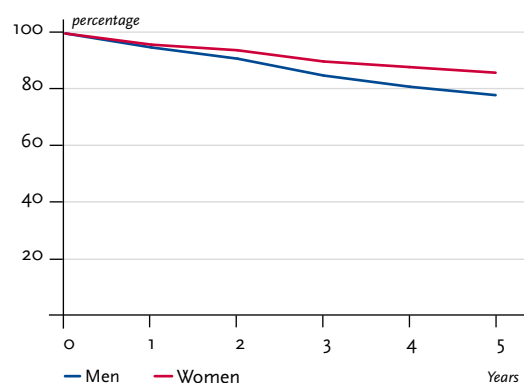


Figure 3.11.4b
Relative survival rates up to 5 years after first diagnosis,
by sex, ICD-10 C43, Germany 2009 – 2010

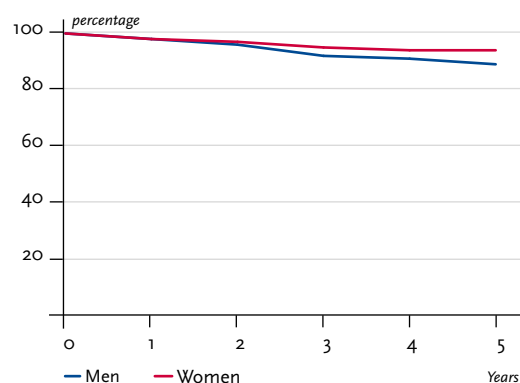


Figure 3.11.5
Registered age-standardised incidence and mortality rates in German federal states, by sex,
ICD-10 C43, 2009 – 2010
per 100,000 (European standard)

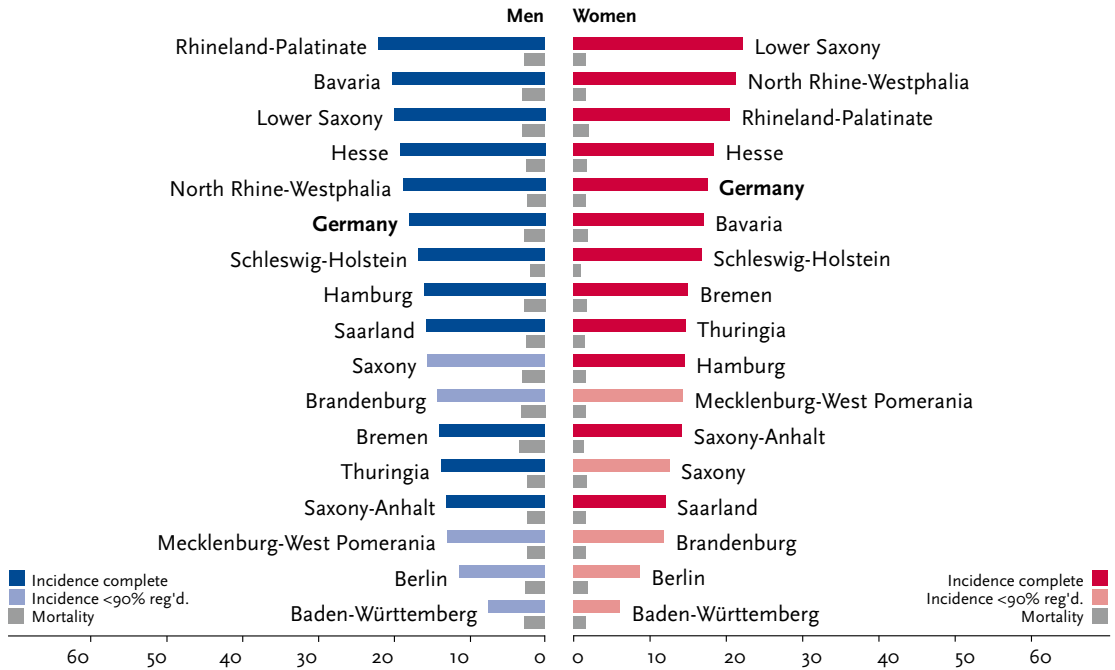


Figure 3.11.6
International comparison of age-standardised incidence and mortality rates, by sex,
ICD-10 C43, 2009 – 2010 or latest available year (details and sources, see appendix)
per 100,000 (European standard)

