

# Melanoma Deaths

This factsheet presents information on deaths from melanoma in New Zealand. Most melanoma (80–96%) is caused by UV exposure (WHO 2006).

## Key facts

378

In 2015, 378 people died from melanoma in New Zealand, making melanoma the 6th most common cancer that people died from in 2015.



The mortality rate for melanoma has remained relatively stable since 2001.



In 2015, melanoma mortality rates were higher in males and older age groups, especially in 75+ years. Almost all melanoma deaths were in people of European/Other ethnicity (368 out of 378 deaths, 97%).



Melanoma mortality rates were relatively similar across socioeconomic deprivation quintiles (NZDep2013).



Melanoma mortality rates were somewhat higher in secondary urban areas, particularly for males. By district health board (DHB), the melanoma mortality rate was highest in Bay of Plenty and Taranaki DHBs, and lowest in Capital and Coast DHB.

## Melanoma in New Zealand

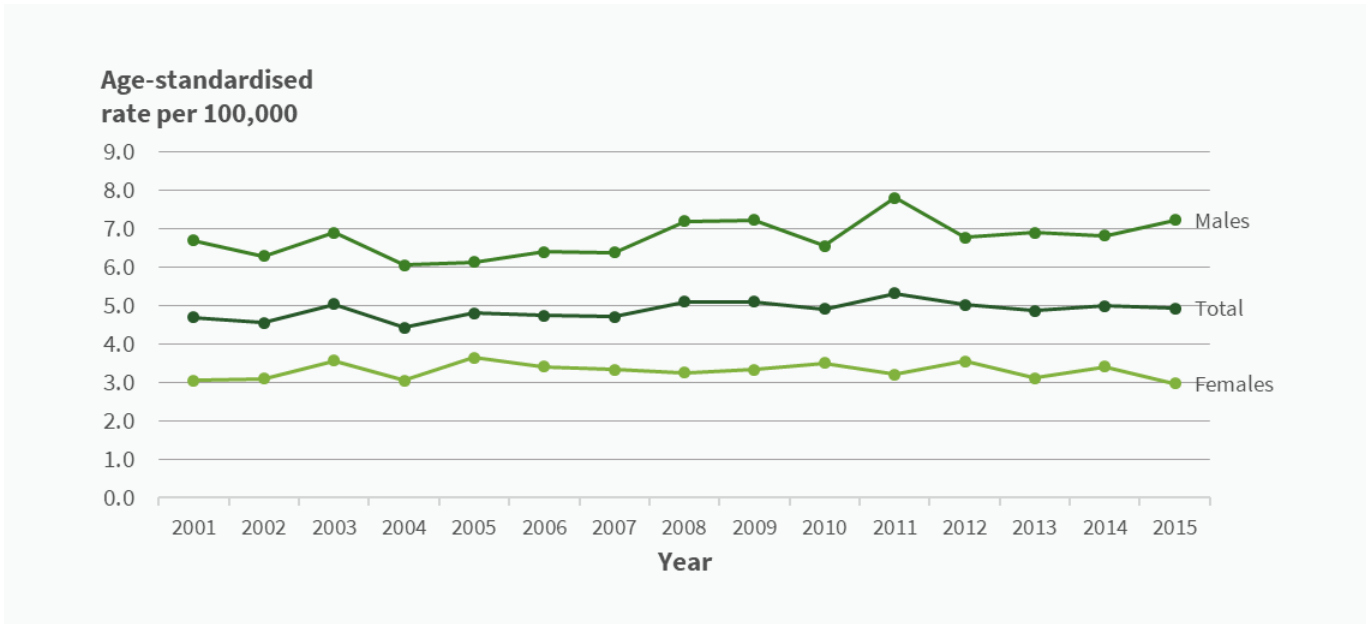
Melanoma is a type of skin cancer, and most melanoma (80–96%) is caused by UV exposure (WHO 2006). Risk factors for melanoma include sun exposure, fair skin, and childhood sun exposure/sunburns. Melanoma is one of the most common cancers in New Zealand. In 2018, New Zealand had the second highest melanoma incidence and mortality rates in the world, after Australia (IARC 2018).

## Melanoma mortality rates remained relatively stable

In 2015, 378 people died from melanoma in New Zealand. Melanoma was the 6th most common cancer that people died from in New Zealand in 2015, behind lung cancer, colon cancer, prostate cancer, breast cancer and pancreatic cancer. Males represented over two-thirds of the deaths from melanoma in 2015 (255 male deaths, compared with 123 female deaths).

The melanoma mortality rate has stayed relatively stable since 2001 (Figure 1). The melanoma mortality rate has been consistently higher for males than females over the last 15 years. In 2015, the rate of melanoma deaths for the total population was 4.9 per 100,000 (95% confidence interval 4.4–5.5). The rate for males, 7.2 per 100,000 (6.5–8.2) was significantly higher than that for females, 3.0 per 100,000 (2.4–3.6).

**Figure 1: Melanoma mortality rate, by sex, 2001–2015 (age-standardised rate per 100,000)**

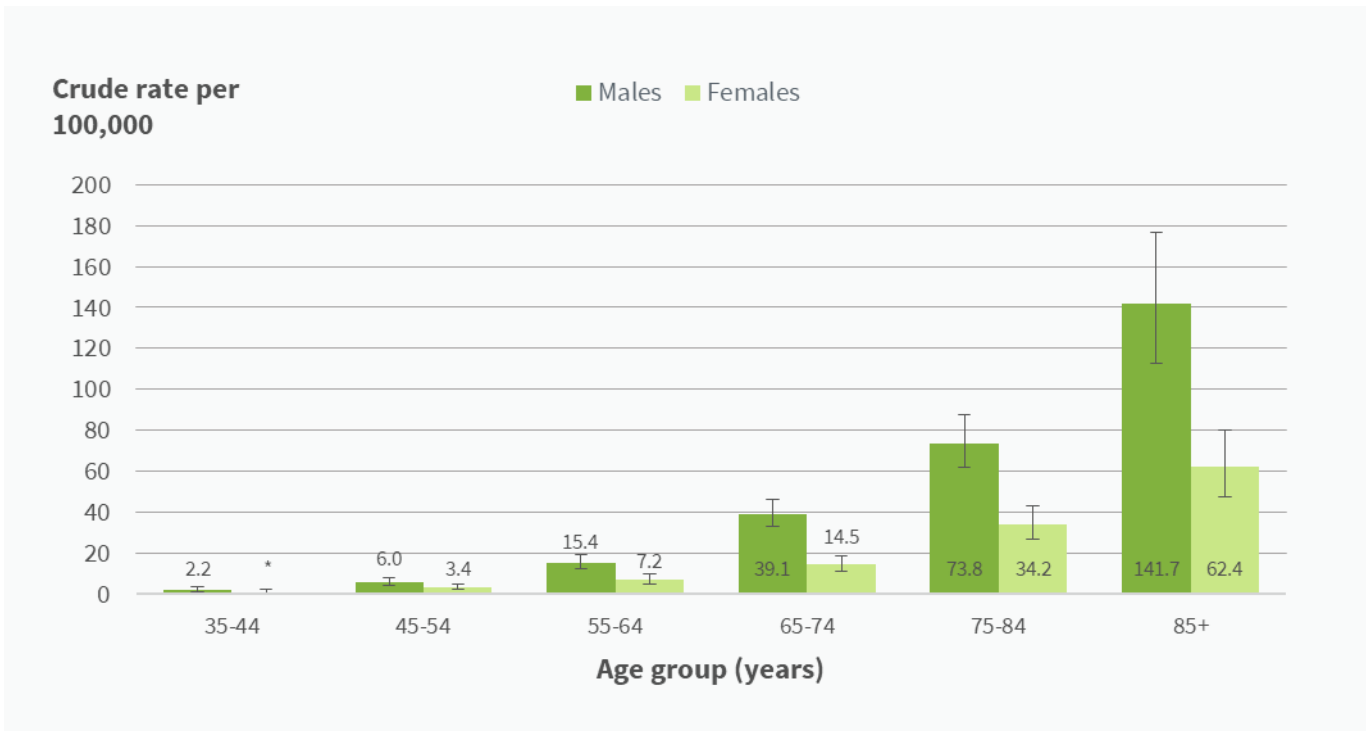


Source: New Zealand Mortality Collection

## Melanoma deaths were more common in the older age groups

In 2014–15, melanoma deaths were more common in the older age groups, particularly among people aged 85 years and over (Figure 2). Males had a much higher rate of melanoma cancer deaths than females in the age groups 65–74, 75–84 and 85+ years.

**Figure 2: Melanoma mortality rate, by age group and sex, 2014–15 (crude rate per 100,000)**



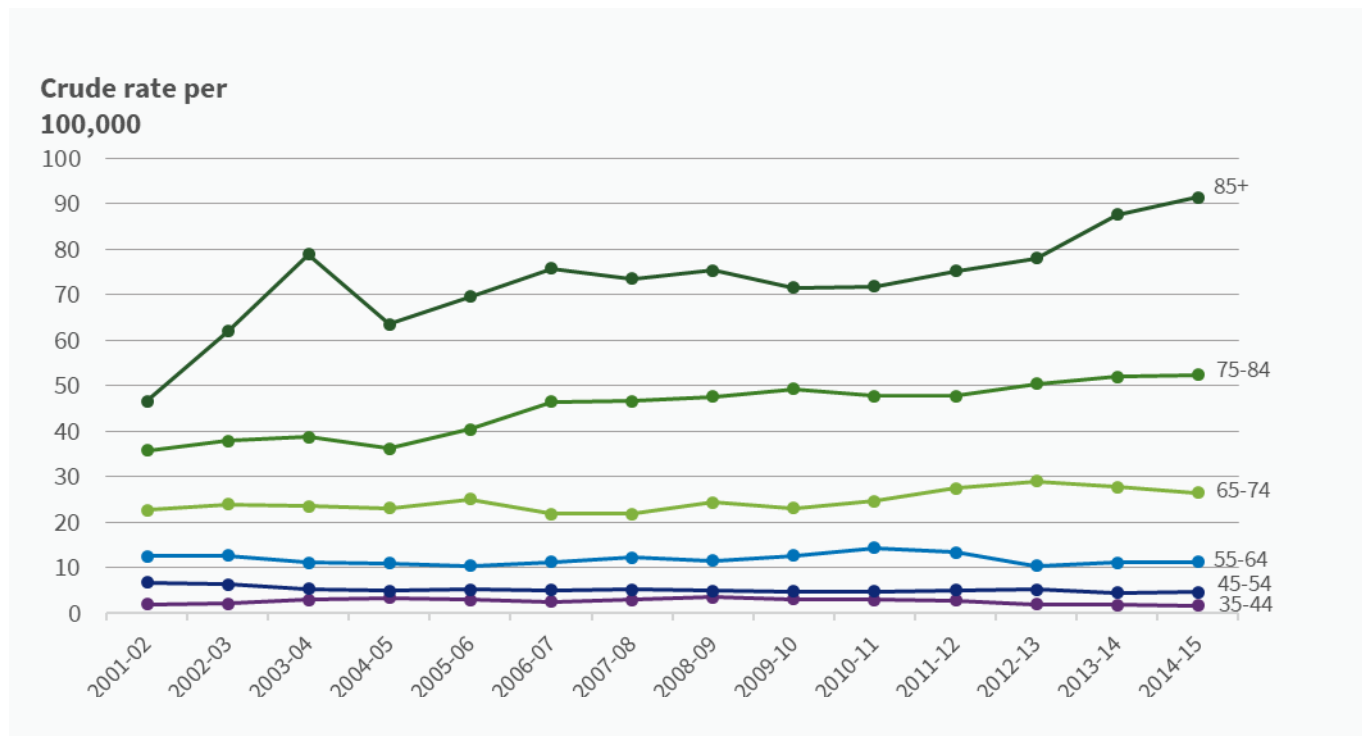
Note: Data presented is the two-year average

Source: New Zealand Mortality Collection

## Mortality rate increased in the older age groups

Since 2001, the melanoma mortality rate has increased substantially in the age groups 75–84 years and 85+ years (Figure 3). The mortality rates have remained relatively stable in the other age groups.

Figure 3: Melanoma mortality rate, by age group, 2001–2015 (crude rate per 100,000) (2-year moving average)



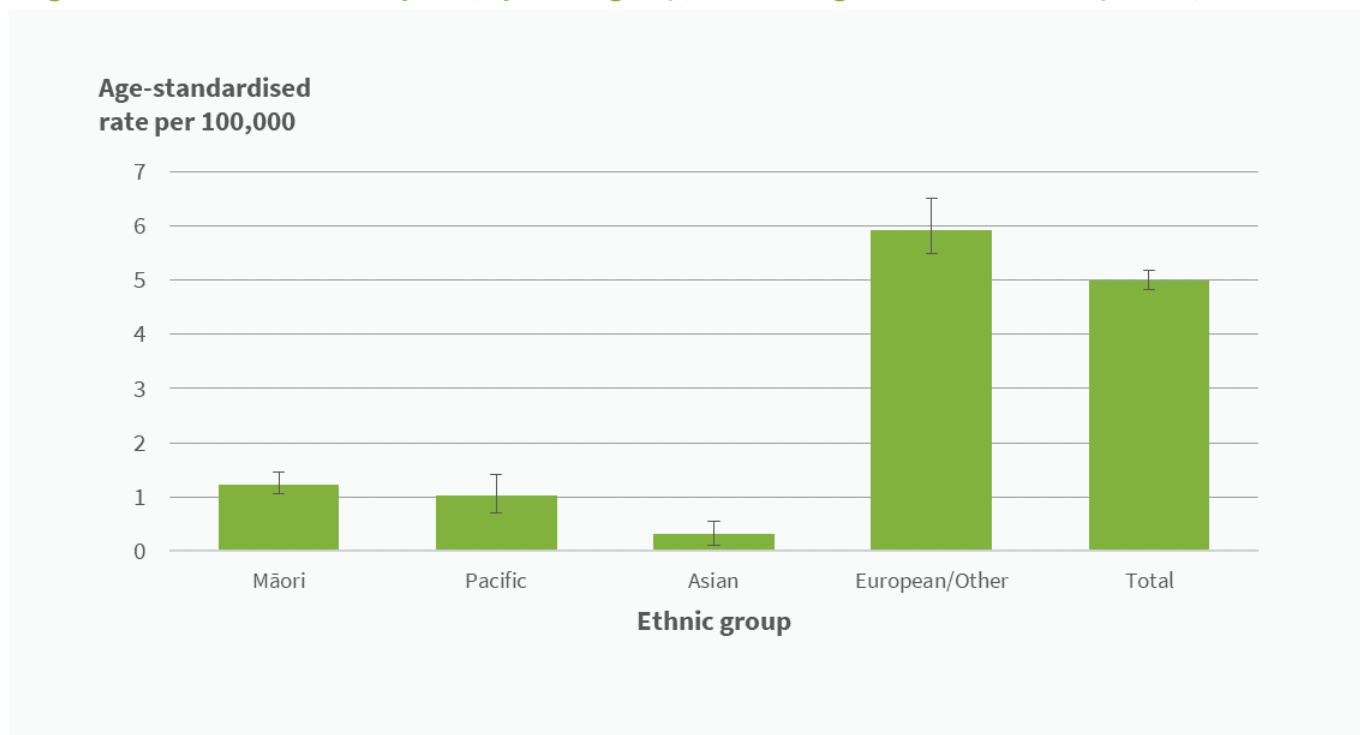
Source: New Zealand Mortality Collection

## Mostly people of European/Other ethnicity affected

In 2015, almost all melanoma deaths were for people of European/Other ethnicity (368 out of 378 deaths, 97%). Only a small number of melanoma deaths were among Māori (6 deaths), Pacific peoples (1 deaths) and Asian peoples (3 deaths).

Standardising for age, Māori, Pacific peoples and Asian peoples also had much lower mortality rates for melanoma than people of European/Other ethnicity in the ten-year period 2006–15 (Figure 4).

**Figure 4: Melanoma mortality rate, by ethnic group, 2006–15 (age-standardised rate per 100,000)**



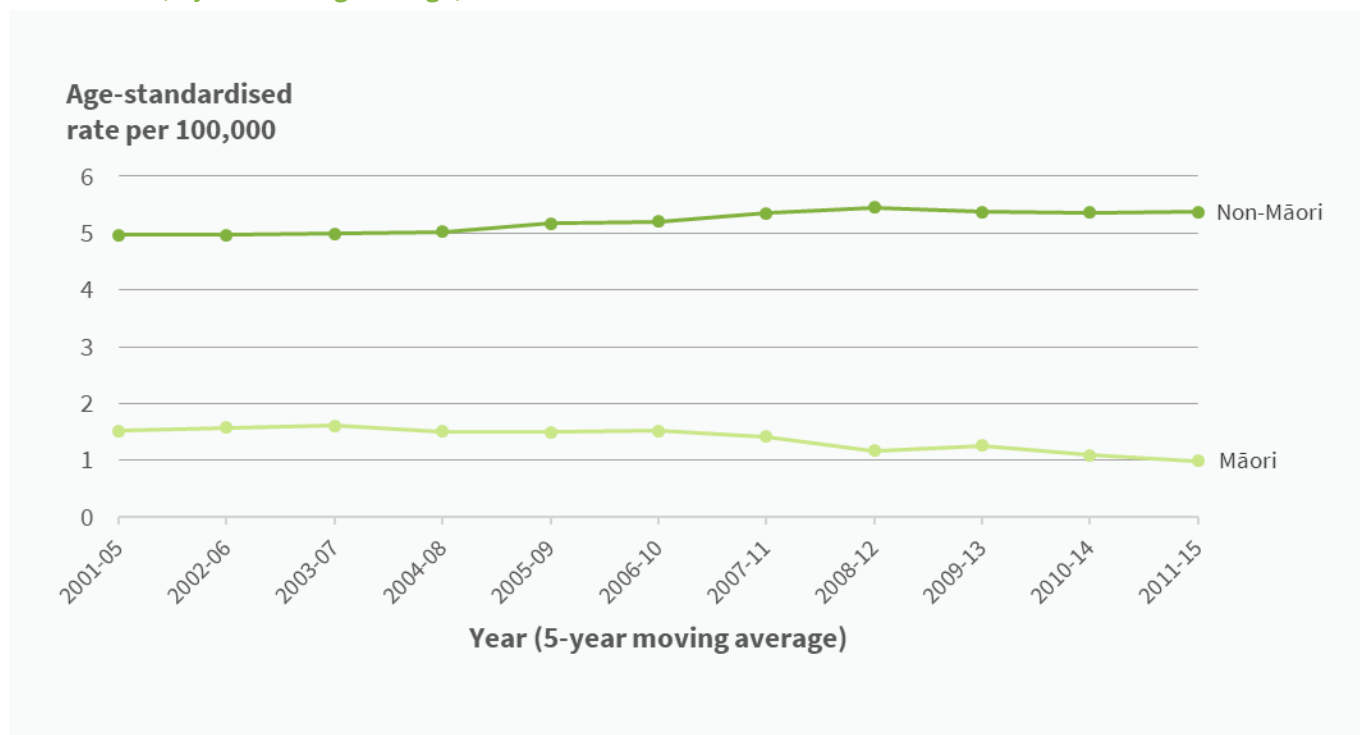
**Note:** Prioritised ethnicity has been used, whereby people reporting multiple ethnicities were prioritised to an ethnic group in the following order: Māori, Pacific, Asian, European/Other

**Source:** New Zealand Mortality Collection

## Relatively stable mortality rates for melanoma for Māori and non-Māori

The melanoma mortality rates for Māori and non-Māori have remained relatively consistent since 2001 (Figure 5). The rates for non-Māori have stayed much higher than the rates for Māori over this time period. In 2011–15, the age-standardised mortality rate for non-Māori was 5.4 per 100,000 (5.1–5.6), compared with 1.0 per 100,000 (0.6–1.5) for Māori.

**Figure 5: Melanoma mortality rate, by Māori/non-Māori, 2001–2015 (age-standardised rate per 100,000) (5-year moving average)**



Source: New Zealand Mortality Collection

## Melanoma mortality rates were relatively consistent across socioeconomic deprivation quintiles

The melanoma mortality rates were relatively similar across NZDep2013 quintiles in 2014–15, for both males and females (Figure 6).

**Figure 6: Melanoma mortality rate, by sex and NZ Index of Deprivation 2013 quintiles, 2014–15 (age-standardised rate per 100,000)**

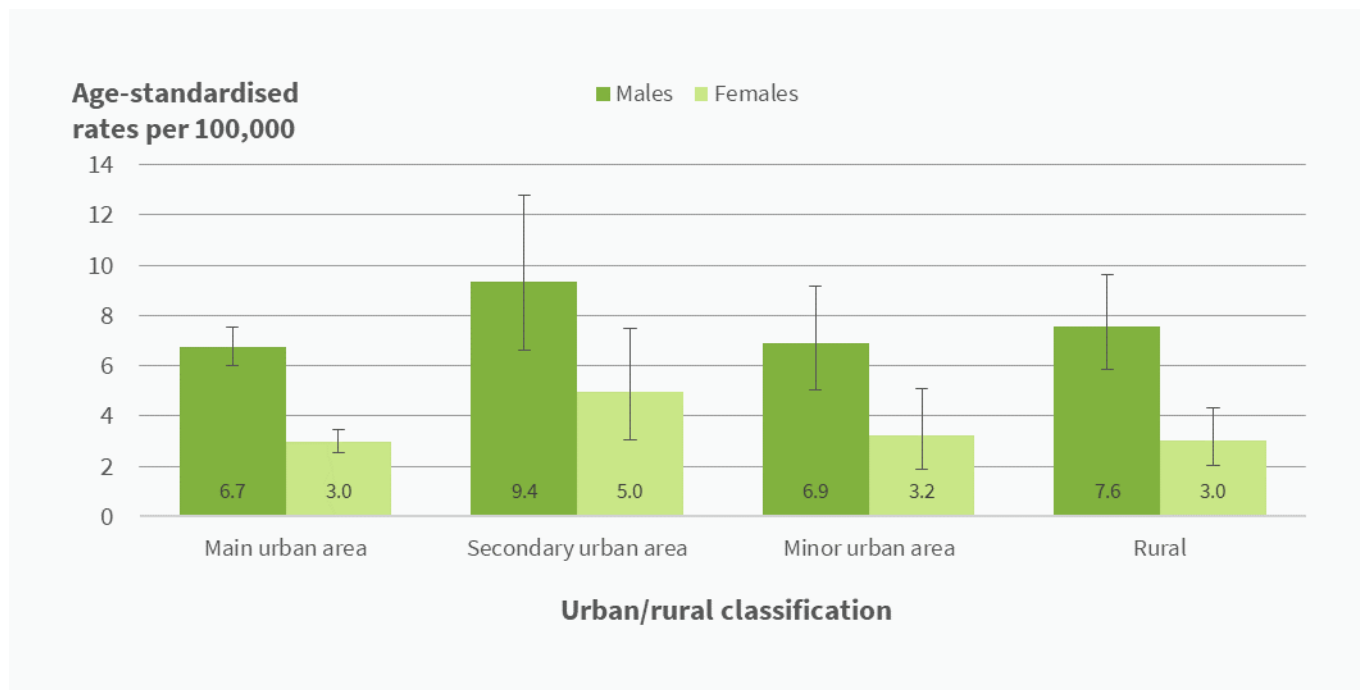


Source: New Zealand Mortality Collection

## People living in secondary urban areas had higher melanoma mortality rates

In 2014–15, the melanoma mortality rate was somewhat higher in secondary urban areas than other areas, particularly for males (Figure 7).

**Figure 7: Melanoma mortality rates, by sex and urban/rural classification, 2014–15 (age-standardised rate per 100,000)**



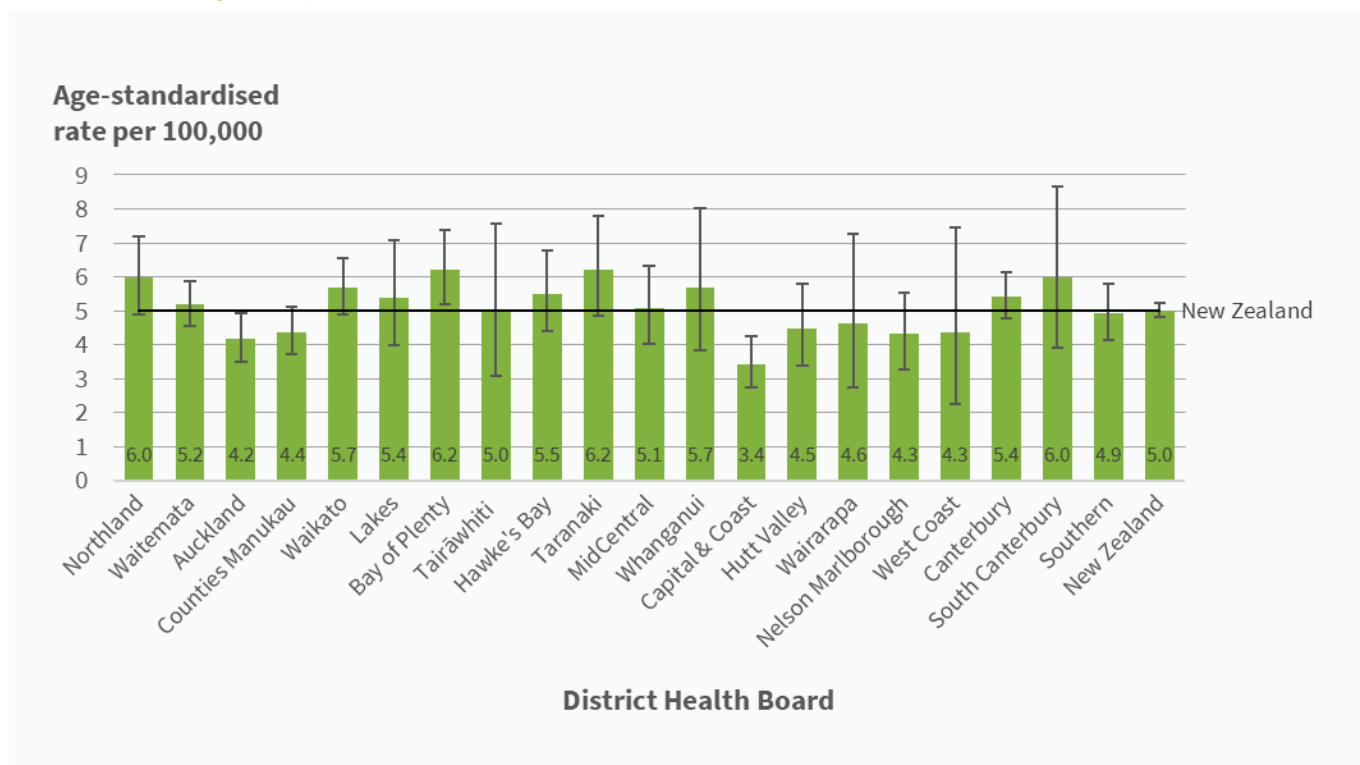
**Notes:** Urban/rural classification is for 2013. Main urban areas refer to major towns and cities with a population of 30,000 or more. Secondary urban areas are smaller towns with a population of 10,000–29,999 people. Minor urban areas are towns with a population of 1,000–9,999. Rural areas include rural centres, and rural areas outside of these.

**Source:** New Zealand Mortality Collection

## Highest melanoma mortality rate in Bay of Plenty and Taranaki DHBs

There were regional differences in the melanoma mortality rate by district health board (DHB) in the six-year period 2010-15 (Figure 8). The highest melanoma mortality rates were in Bay of Plenty and Taranaki DHBs. The lowest melanoma mortality rate was in Capital & Coast DHB.

**Figure 8: Melanoma mortality rate, by District Health Board, 2010–15 (age-standardised rate per 100,000)**



Source: New Zealand Mortality Collection



## Data for this indicator

The New Zealand Mortality Collection collects registrations of all deaths in New Zealand. This indicator reports melanoma deaths (ICD-10AM C43) from 2001 to 2014. Data have been pooled for some years to give sufficient numbers for analysis. Analyses have excluded overseas visitors.

## References

IARC. GLOBOCAN. 2018. *Estimated cancer incidence, mortality and prevalence worldwide in 2017*.

[http://globocan.iarc.fr/Pages/summary\\_table\\_site\\_prev\\_sel.aspx](http://globocan.iarc.fr/Pages/summary_table_site_prev_sel.aspx)

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Geneva: World Health Organization.

## Other recreational water topics include:

- [Daily UV levels](#)
- [Non-melanoma skin cancer](#)
- [Vitamin D deficiency](#)

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