

Non-melanoma skin cancer deaths

This factsheet presents statistics about deaths from skin cancers other than melanoma in New Zealand. Skin cancer is a persisting issue in New Zealand, as New Zealand has higher than average UV levels compared with other countries at similar latitudes.

Key facts

159

In 2016, 159 people (108 males and 51 females) died from non-melanoma skin cancer (NMSC). Rates of NMSC have stayed fairly stable over time.



In 2012–2016, NMSC mortality rates were significantly higher among males and all persons aged 75 years and over.



People of European/Other ethnicity had much higher mortality rates than other ethnicities and represented 97.3% of all NMSC deaths between 2007–2016.



In 2012–2016, NMSC mortality rates were highest in secondary urban areas.



NMSC mortality rates were similar across all District Health Boards in the country.

Types of skin cancer

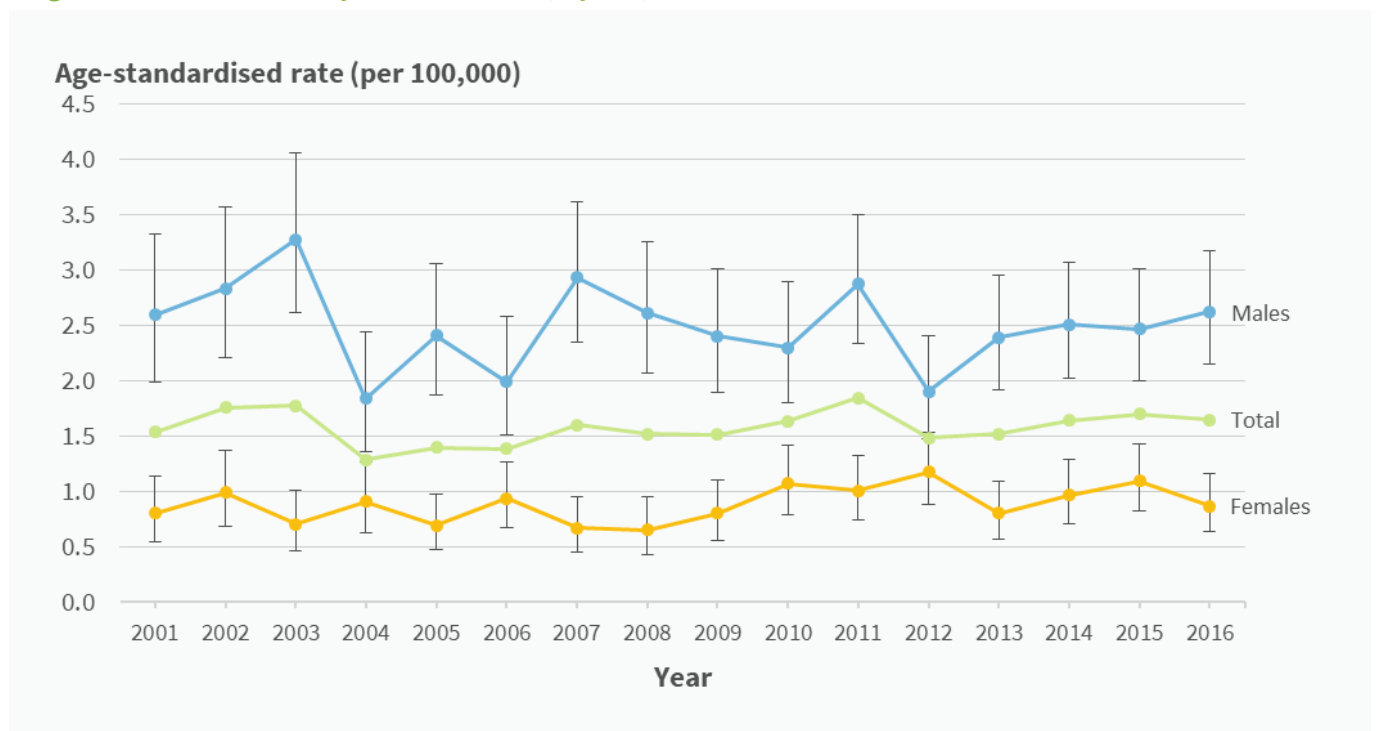
Non-melanoma skin cancer refers to all types of skin cancer that are not melanoma. The two most common varieties of non-melanoma skin cancer are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). There is strong evidence that excessive UV exposure is a risk factor for both types (WHO 2010). Although both BCC and SCC are common, BCC is rarely fatal (BPAC 2013).

The mortality rate for males has consistently been higher than the rate for females

In 2016, 159 people died from NMSC in New Zealand, which was a rate of 1.6 deaths per 100,000 people. This is fewer than half as many deaths as there were from melanoma in the same year (362, with a rate of 4.5 per 100,000). Males represented about two thirds of the total number of NMSC deaths – 108 male deaths compared to 51 female deaths.

From 2001 to 2016, the overall mortality rate for NMSC was relatively stable. The rate for males was consistently higher and more volatile than that for females (Figure 1).

Figure 1: NMSC mortality rates over time, by sex, 2001–2016

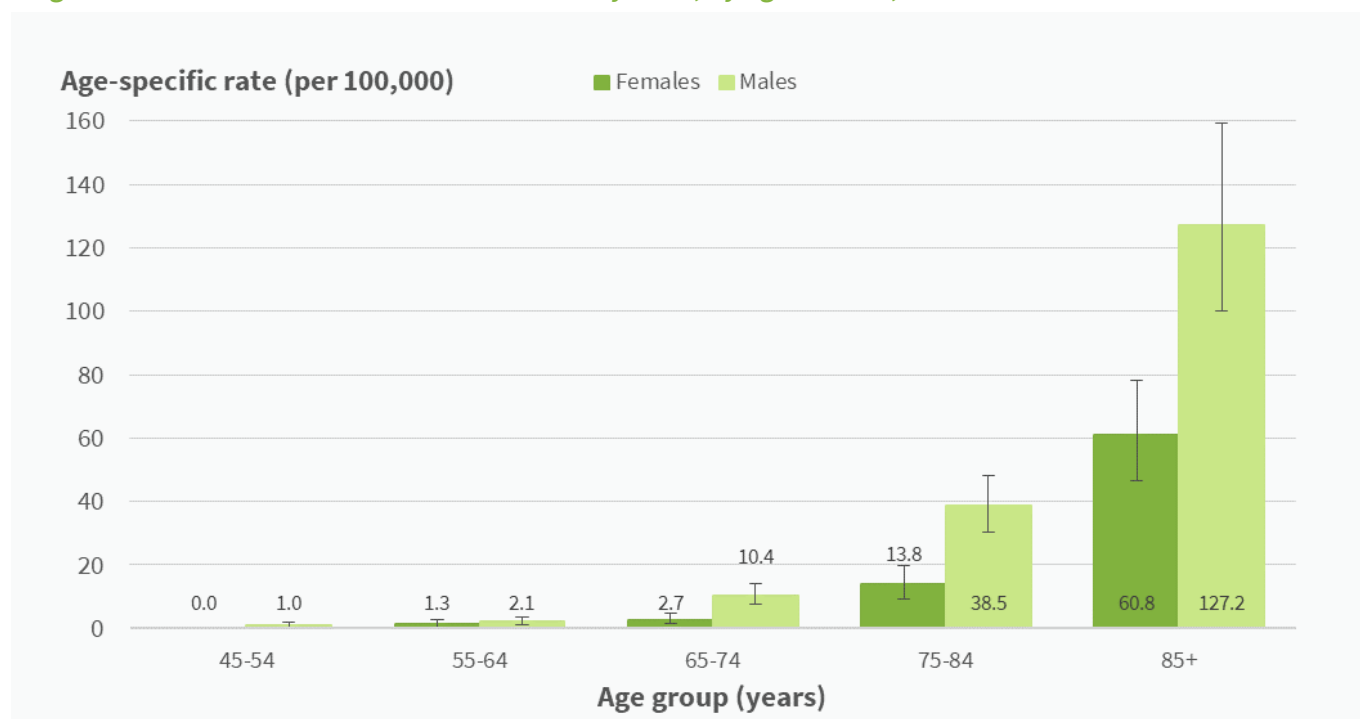


Source: New Zealand Mortality Collection

Non-melanoma skin cancer mortality rates were more common in older age groups

In 2015–16, NMSC deaths were more common in the older age groups, with significant differences between groups becoming apparent over the age of 75. Males of all ages had a higher rate than females, especially in all groups from 65 years of age and above (Figure 2).

Figure 2: Non-melanoma skin cancer mortality rates, by age and sex, 2015–2016



Source: New Zealand Mortality Collection

People of European/Other ethnicity were most affected

In 2016, almost all NMSC deaths were among people of European/Other ethnicity (150 out of 159 deaths, 94% of the total). In the ten-year period 2007–2016, the NMSC mortality rates among the Māori, Pacific and Asian prioritised ethnic groups were considerably lower than the rate among the European/Other group (Table 1).

Table 1: Non-melanoma skin cancer mortality, by ethnic group, 2007–2016

Ethnic group	Number of deaths	Proportion of NMSC deaths	Age-standardised rate (per 100,000)
European/Other	1,320	97.3%	1.8 (1.7-1.9)
Māori	25	1.9%	0.6 (0.4-0.9)
Pacific	6	0.4%	0.4 (0.1-0.8)
Asian	6	0.4%	0.2 (0.1-0.4)
Total	1,357		

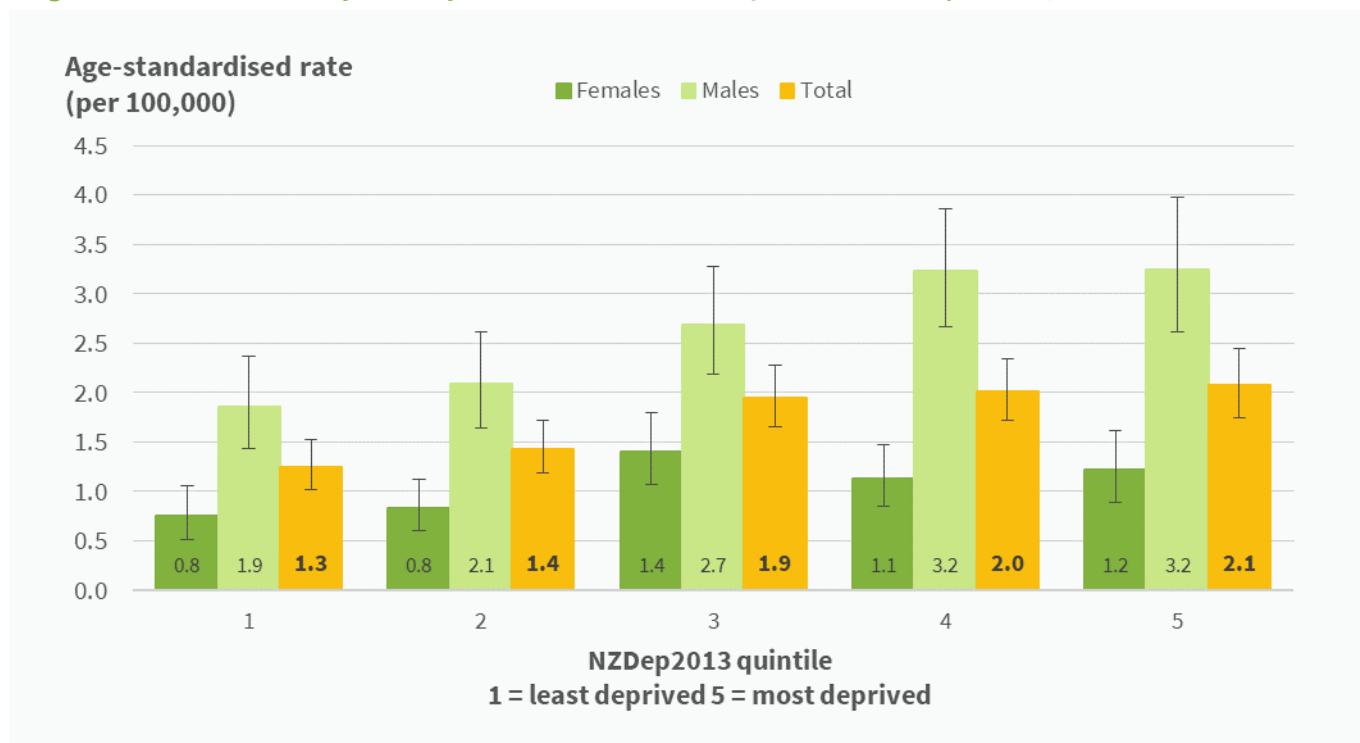
Note: Prioritised ethnicity has been used, whereby people reporting multiple ethnicities were prioritised to an ethnic group in the following order: Māori, Pacific, Asian, European/Other. Rates for the Pacific and Asian groups are based on a low number of deaths and caution should be taken when interpreting these results.

Source: New Zealand Mortality Collection

Higher rates occurred in more deprived areas

In 2012–2016, the NMSC mortality rates for males were significantly higher for males than for females in all quintiles.

Figure 3: NMSC mortality rates by sex and NZ Index of Deprivation 2013 quintiles, 2012–2016

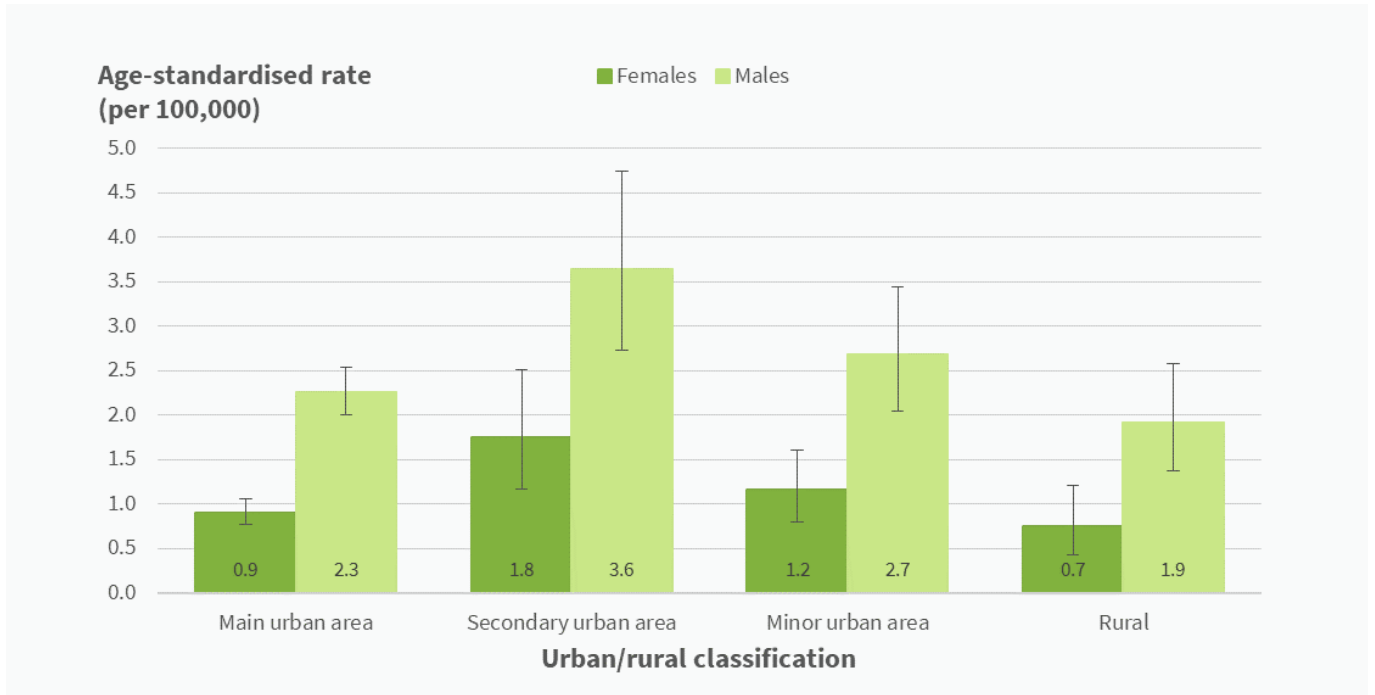


Source: New Zealand Mortality Collection

People in secondary urban areas were most affected

In 2012–2016, the NMSC mortality rate for males was highest in secondary urban areas and males had significantly higher rates than females in all areas (Figure 4).

Figure 4: NMSC mortality rates by sex and urban/rural classification, 2012–2016

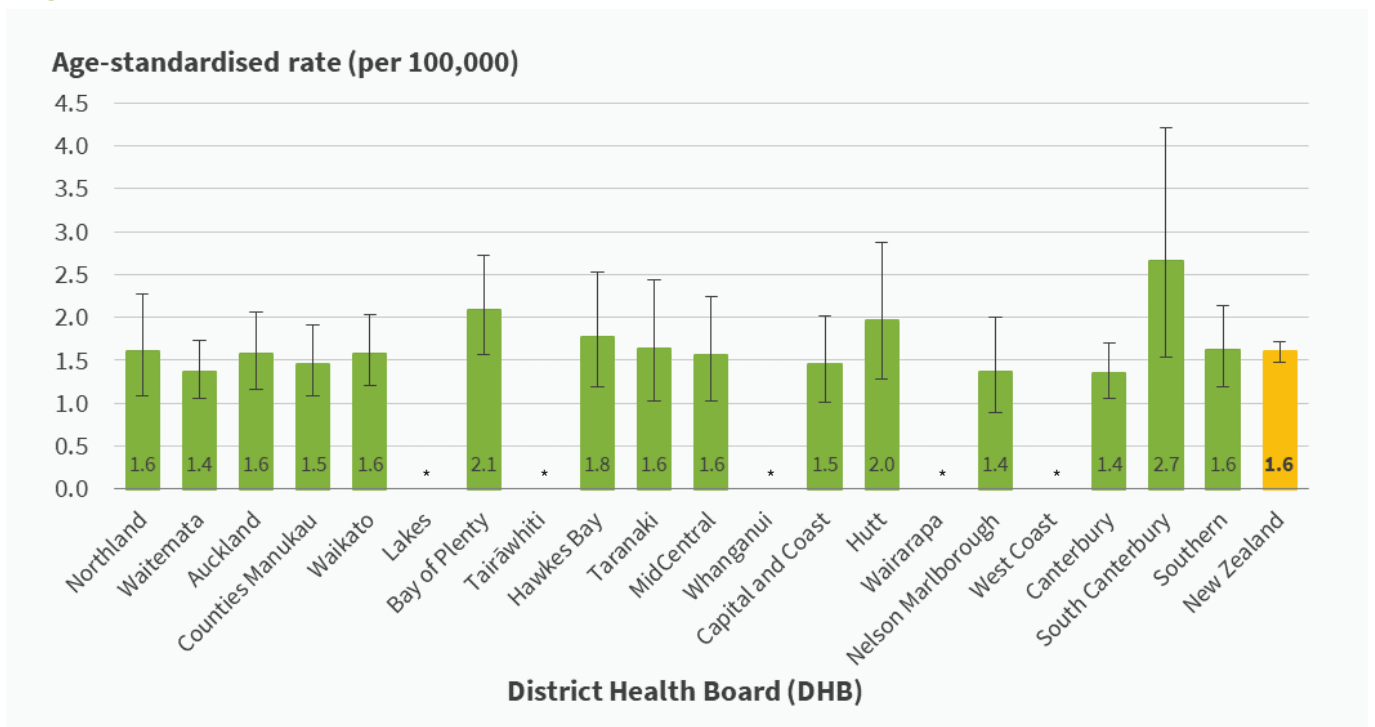


Notes: The Statistics New Zealand urban-rural classification for 2013 has been used. Main urban areas are major towns and cities with a population of 30,000 or more. Secondary urban areas are smaller towns with a population of 10,000–29,999 people. Minor urban areas are towns with a population of 1,000–9,999. Rural areas include rural centres, and rural areas outside of these.

Source: New Zealand Mortality Collection

NMSC mortality rates were similar across all District Health Boards in the country

Figure 5: NMSC mortality rates by District Health Board (DHB), 2012–2016



Notes: * = rates suppressed due to low counts

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 deaths from skin cancer types other than melanoma (ICD-10 AM C44), from 2001 to 2016. Data has been pooled for some years to give sufficient numbers for analysis. Analyses excluded overseas visitors. Unless otherwise stated, all differences mentioned in the text between two values are statistically significant at the 5% level or less.

For additional information, see the metadata link below.

References

BPAC. 2013. *Managing non-melanoma skin cancer in primary care*. BPJ 57: 4–16. Accessed online (March 2019): <http://www.bpac.org.nz/BPJ/2013/December/docs/BPJ57-non-melanoma.pdf>

WHO. 2010. *Solar Ultraviolet Radiation: Assessing the environmental burden of disease at national and local levels*. Geneva: World Health Organization.

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