Health statistics

Atlas on mortality in the European Union

Chapter 18
Malignant melanoma of the skin

Data 1994-96









Europe Direct is a service to help you find answers to your questions about the European Union

New freephone number: 00 800 6 7 8 9 10 11

A great deal of additional information on the European Union is available on the Internet. It can be accessed through the Europa server (http://europa.eu.int).

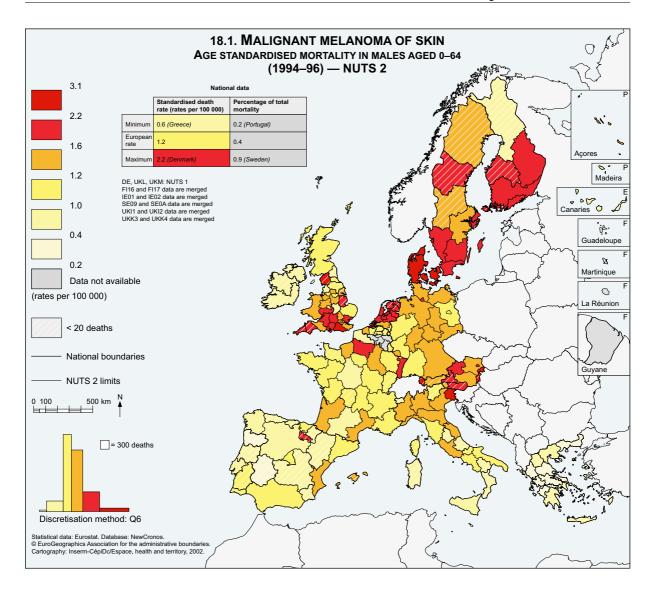
Luxembourg: Office for Official Publications of the European Communities, 2002

ISBN 92-894-3727-8

© European Communities, 2002

ATLAS — Contents

1.	Introduction	9
2.	Methodology	11
3.	General mortality	15
4.	'Premature' mortality	23
5.	Mortality by age group	27
6.	Typologies of mortality by age	43
7.	Typologies of mortality by cause	49
8.	Cardiovascular diseases	53
9.	Respiratory diseases	59
10.	Respiratory cancers	65
11.	Intestinal cancers (colon, rectum and anus)	71
12.	Stomach cancers	75
13.	Breast cancers	79
14.	Cancers of the uterus.	81
15.	Prostate cancer	83
16.	Cancer of the pancreas	85
17.	Cancer of the bladder	89
18.	Malignant melanoma of the skin	93
19.	Mortality associated with alcoholism	97
20.	Violent deaths	101
21.	AIDS	111
Anr	nex 1 — Standard European population	115 116



18. Malignant melanoma of the skin

Malignant melanoma of the skin is a relatively rare tumour in the EU. Its impact on the general mortality of Europeans is low. It is responsible each year for only three deaths out of 1 000, half of which occur before 65 years.

It affects men more often than women, but excess mortality is less marked than for other types of cancer and is not present in all the regions of Europe, since some exceptionally have higher female rates.

Excess male mortality might partly be explained by the fact that survival rates for this cancer, which depend mainly on how advanced the disease is, are more favourable for women.

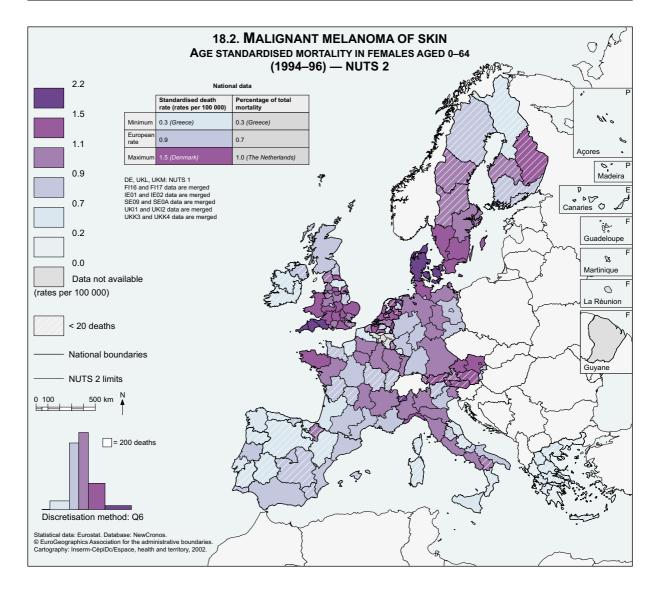
Major regional contrasts

While the impact of this cancer is low throughout the EU, it displays a very uneven pattern across the European regions. Both female and male mortality rates vary considerably.

On the whole, the northern countries of the EU except Ireland and, for men, Belgium have higher rates than the southern countries. The situation of the southernmost countries contrasts with that of the northern countries, since most of the lowest regional rates are to be found in Greece, Portugal and Spain.

Denmark has considerable excess mortality. The male rates in the southern regions of Sweden are also high. More generally, all the Scandinavian regions except for Pohjois-Suomi have excess mortality. The Netherlands, the southern United Kingdom, particularly Cornwall, and the Austrian

94



Länder also stand out from the rest of the EU by virtue of their relatively high rates.

In Germany and northern Italy, most of the regions have intermediate rates. However, the German and Italian regions which border on Austria (Bayern, Friuli-Venezia-Julia) have higher rates which are closer to those of the Austrian *Länder*.

In some French regions, mainly in the north, the impact of melanoma is greater. For men, Alsace stands out clearly, while for women the western regions (Bretagne, Pays de la Loire) are the most affected.

A clearly identified risk factor

Ultraviolet radiation is the main risk factor for this cancer, but the determining factor is the sensitivity of skin type. People with fair skin who are exposed to sunlight are most at risk. This probably explains

why the populations in the north of the EU are the most affected.

Mortality from melanoma has increased in most European countries over the past decades. Intermittent exposure to strong sunlight, for example during leisure activities, would seem to be more dangerous than prolonged exposure (outdoor jobs). The increase in this type of activity may partly explain the rise in mortality. Regional differences within the northern countries might also be due to the variable frequency of such practices.

The reduction in the ozone layer, with the resulting increase in exposure to ultraviolet rays, is also thought to increase the risk of melanoma.

However, it is likely that the mortality situation will improve, since the risks and vulnerable populations are well identified and the possibilities of prevention are therefore favourable.

