

# Melanoma Surveillance in the US: The Economic Burden of Melanoma

*[Announcer] This program is presented by the Centers for Disease Control and Prevention.*

[Meg Watson] Hi. I'm Meg Watson, an epidemiologist with CDC's Division of Cancer Prevention and Control. I'm excited to announce the publication of a series of important articles on melanoma surveillance in the United States. The articles are available in a supplement to the November edition of the *Journal of the American Academy of Dermatology*, published October 21, 2011.

Dr. Gery Guy, a post-doctoral fellow and colleague of mine in the cancer division, worked on one of the articles. He's here with me today to talk about his project, as well as some ongoing work related to the economic burden of melanoma. Gery, tell me about your analysis.

[Dr. Gery Guy] Meg, I worked with a team of researchers led by Dr. Donatus Ekwueme, who was the lead author of the study. We used data on melanoma deaths and life expectancy tables to estimate the years of life lost due to melanoma. Years of potential life lost is a way of measuring the impact to society of death from a particular illness or injury. We then used this information to estimate the costs of melanoma deaths.

[Meg Watson] And what did you find?

[Dr. Gery Guy] We found that the years of potential life lost due to melanoma are higher than for other cancers. An American dying from melanoma loses about 20 years of life, compared to an average of about 17 years for other cancers.

[Meg Watson] And what about costs?

[Dr. Gery Guy] We found that someone dying from melanoma was estimated to lose about \$413,000 in future earnings. This translated to a total loss of \$3.5 billion attributed to melanoma deaths. This estimate only accounts for lost earnings as a result of death, and doesn't include cost of medical treatment, missing work while seeking care, or pain and suffering.

[Meg Watson] \$3.5 billion a year, not including medical costs, that sounds like a lot. How can we help reduce those costs?

[Dr. Gery Guy] An example of a successful skin cancer prevention program is the Environmental Protection Agency's SunWise program. This is a school-based program that teaches children how to protect themselves from overexposure to the sun. It's a cost-effective program that saves about two to four dollars for every dollar invested, and has been shown to prevent skin cancer cases and avert premature deaths. Other prevention programs aimed at changes in personal behavior and policies designed to reduce exposure to ultraviolet radiation from the sun and artificial sources could also help reduce the burden of melanoma. For example, policies aimed at reducing the use of indoor tanning devices may help reduce the melanoma burden.

[Meg Watson] Recent studies have shown that indoor tanning *is* linked to melanoma. What's being done about indoor tanning?

[Dr. Gery Guy] We just published a study looking at the use of indoor tanning devices among high school students in the United States, using data from the 2009 Youth Risk Behavior Survey. These devices include sunlamps, tanning beds, and tanning booths. Overall, about 16 percent of students reported using an indoor tanning device in the past year, with a quarter of girls reporting indoor tanning. We also found that many students are using these devices frequently, with nearly half reporting that they did so 10 or more times in the year.

[Meg Watson] Are there any restrictions on indoor tanning in the US?

[Dr. Gery Guy] Well, some states have regulations limiting access to indoor tanning facilities by age, but states vary in their ability to enforce these regulations. The Affordable Care Act includes a 10 percent federal tax on indoor tanning device use. This new tax could reduce the use of indoor tanning devices, especially among younger people who may be more sensitive to price increases. We know from a systematic review of studies that a 10 percent increase in the price of tobacco led to a reduction in tobacco use of about four percent among adolescents. Thus, the new tax has the potential to reduce indoor tanning, which is a known risk factor for melanoma. Also, the Food and Drug Administration is considering revising some requirements for tanning beds, including strengthening the warning labels to make consumers more aware of the risks.

[Meg Watson] What other efforts are underway to further examine the economic burden of melanoma?

[Dr. Gery Guy] We're currently conducting a review of the medical costs associated with melanoma. The data from these studies will give us a more complete picture of the economic burden of melanoma. Additionally, it'll be important to examine and monitor the health and economic impact of policies aimed at reducing the prevalence of melanoma.

[Meg Watson] Thanks, Gery. I've been talking with CDC's Dr. Gery Guy about the economic burden of melanoma. For more information on this topic, please visit [www.cdc.gov/cancer/skin](http://www.cdc.gov/cancer/skin).

*[Announcer] For the most accurate health information, visit [www.cdc.gov](http://www.cdc.gov) or call 1-800-CDC-INFO.*