Melanoma surveillance in the United States

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CME INSTRUCTIONS

Please note this is one article that is part of a 16-article CME supplement. CME credit should only be claimed after reading the entire supplement which can be accessed via the “Melanoma Supplement” tab under the “Collections By Type” pulldown menu on http://www.jaad.org.

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1. Reading of the CME Information (delineated below)
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CME INFORMATION AND DISCLOSURES

Statement of Need:
Healthcare providers continue to underreport melanoma even though cancer reporting requirements mandate such reporting. Additionally, providers may be unaware of recent trends and descriptive epidemiology regarding melanoma which includes the fact that nonwhites have a higher mortality rate from melanoma than do whites.

Target Audience:
Dermatologists, dermatopathologists, general physicians, and public health professionals.

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Learning Objectives
After completing this learning activity, participants should be able to describe recent trends in the epidemiologic patterns of melanoma, including ethnic disparities in melanoma mortality; identify when a private practice dermatologist is required to report melanoma cases to a cancer registry; locate and access central cancer reporting registries (http://apps.nccd.cdc.gov/cancers_contacts/; cse/cancer/factsheet.asp); and recognize and access national and state-based sources on surveillance systems for sun protection behaviors.

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Key words: cancer; cancer prevention; epidemiology; introduction; melanoma.

The Centers for Disease Control and Prevention (CDC), in collaboration with partners in the cancer research community and state health departments, is pleased to support this series of important articles on “Melanoma Surveillance in the United States.” This supplement represents advancements in our knowledge of melanoma incidence and trends and provides the most comprehensive, state-by-state examination of the status of melanoma cancer in the United States to date. A common and largely preventable disease, it is important to monitor and watch trends to identify opportunities for action. CDC’s National Program of Cancer Registries provides the foundation for melanoma surveillance and offers opportunities to ensure treatment quality and use cancer registry data to drive decision making on policy and systems change. These data can also be used to guide future prevention efforts and tailor early detection and primary prevention efforts to communities with the greatest needs.

CDC has been building the science base for chronic disease prevention and health promotion to improve the health of Americans. This series continues to enhance our knowledge of what works and what more needs to be done to lessen the burden of melanoma in the United States. The cost of cancer extends beyond the number of lives cut short and new diagnoses each year. Persons with melanoma, and their family members, friends, and caregivers, may face physical, emotional, social, and economic challenges as a result of their cancer diagnosis and treatment. New analyses conducted by CDC health economists in this supplement identify the costs associated with melanoma to understand the impact of the disease on society and allow us to make the business case for prevention and policy change. CDC’s Comprehensive Cancer Control Programs in states, territories, and tribal organizations provide opportunities to develop and implement policy, system, and environmental changes that can reduce exposure to ultraviolet radiation and thereby prevent skin cancer, increase access to quality treatment, and address the long-term needs of cancer survivors.

This series of articles is the result of several years’ work and thoughtful consideration of a wide range of issues involving many participants. The focus on melanoma is timely and appropriate as we press ahead to accelerate community transformation to translate scientific knowledge into effective public health efforts. We appreciate the in-kind support from all the contributors to this supplement. We are also grateful for the guidance provided by the project steering committee members: Umed Ajani, Appathurai Balamurugan, David Buller, Suephy Chen, Vivien Chen, Myles Cockburn, Alan Geller, Karen Glanz, Jeannette Jackson-Thompson, Ahmedin Jemal, Chris Johnson, Jessica King, Sue-Min Lai, Mary B. Lewis, Brian Pollack, Loria Pollack, Tom Richards, Sun Hee Rim, Mona Saraiya, Recinda Sherman, Simple Singh, Cheryll Thomas, Julie Townsend, Meg Watson, Hannah Weir, and Xiao-Cheng Wu. Our gratitude also goes to editorial and graphic services at the CDC, especially Fonda Martin and Rick Hull. We would like to give special thanks to Suephy Chen at Emory University for dermatologic consultation, editing, and review. The dedication and leadership from Meg Watson and Mona Saraiya of the Division of Cancer Prevention and Control is reflected in this informative and important supplement.

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