

Non-melanoma skin cancer deaths

This factsheet presents an indicator of deaths from non-melanoma skin cancer in New Zealand in 2015. Skin cancer occurrence is a persisting issue due to higher than average UV levels in New Zealand, compared to other countries at similar latitudes.

Key facts

157

In 2015, 157 people died from non-melanoma skin cancer (NMSC).



The mortality rate for non-melanoma skin cancer has remained relatively stable since 2001.



In 2015, NMSC mortality rates were higher in males, and in older age groups, especially in 85+ years. Almost all NMSC deaths were in people of European/Other ethnicity (153 out of 157 deaths, 97.5%).



NMSC mortality rates were higher in more socioeconomically deprived areas (NZDep2013 quintiles 3-5) than in the least deprived areas (quintile 1). NMSC mortality rates were also higher in secondary urban areas than other areas, particularly for males.



The district health board (DHBs) with the highest rate of NMSC mortality was Wairarapa DHB, while the lowest rate was in Waitemata DHB.

Types of skin cancer

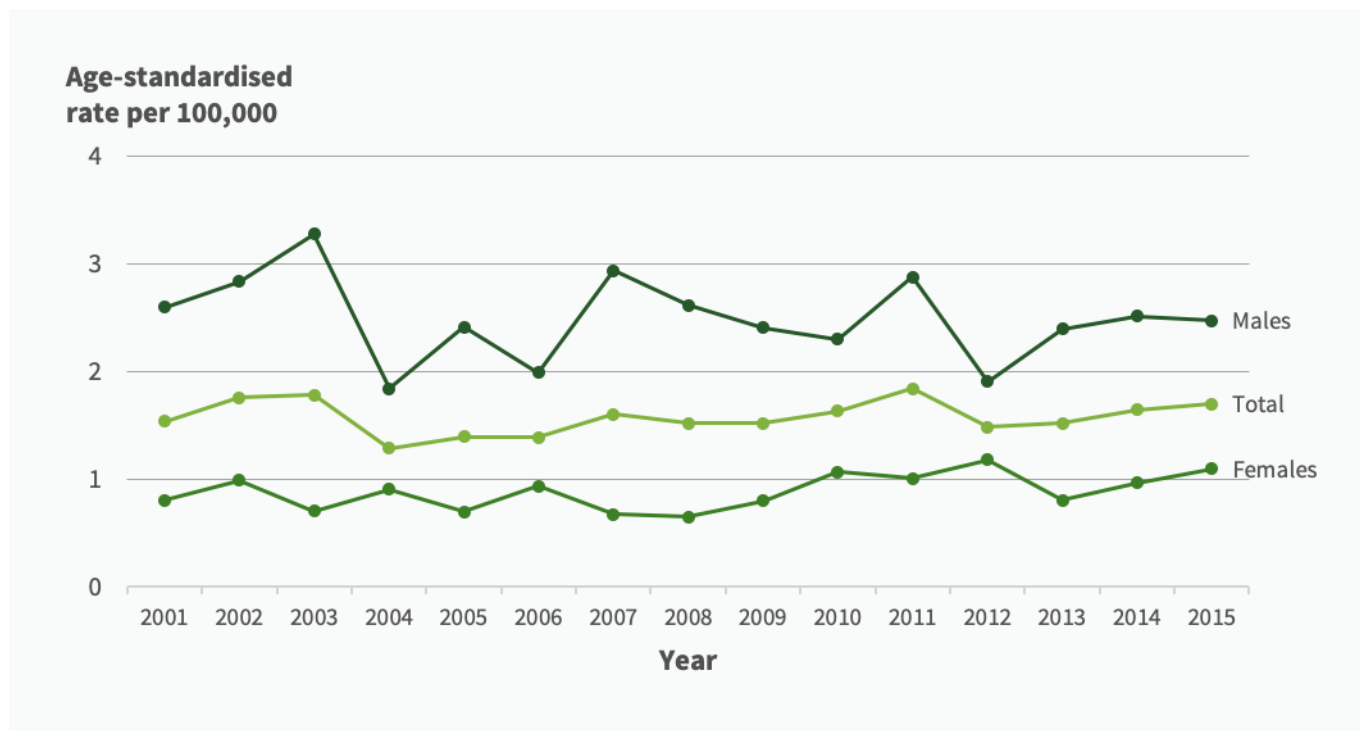
Non-melanoma skin cancer refers to all types of skin cancer that are not melanoma. There are two main types of non-melanoma skin cancer: basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). There is strong evidence that excessive UV exposure is a risk factor for these types of skin cancer (WHO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

Non-melanoma skin cancer mortality rates stay relatively stable

In 2015, 157 people died from NMSC in New Zealand, which was a rate of 1.7 per 100,000 (95% confidence interval 1.4–2.0). Males represented about two-thirds of the deaths from NMSC in 2015 (97 male deaths, compared with 60 female deaths).

Since 2001, the age-standardised rate of NMSC deaths has been relatively stable (Figure 1). In 2015, the mortality rate for non-melanoma skin cancer was much higher for males (2.5 per 100,000, 2.0–3.0) than females (1.1 per 100,000, 0.8–1.4).

Figure 1: Non-melanoma skin cancer mortality rate, by sex, 2001–2015 (age-standardised rate per 100,000)

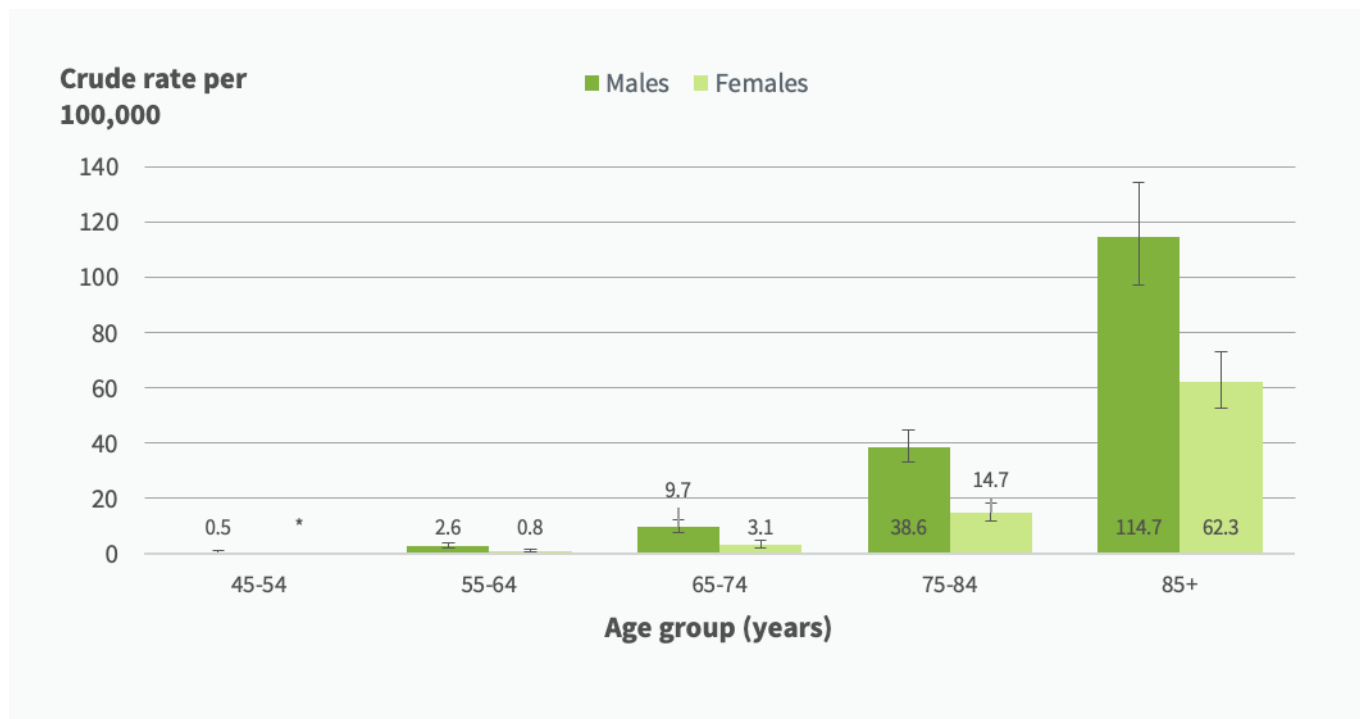


Source: New Zealand Mortality Collection

Non-melanoma skin cancer deaths were more common in the older age groups

In 2011–15 NMSC deaths were much more common in the older age groups, particularly among people aged 85 years and over (Figure 2). Males had a much higher mortality rate for NMSC than females in all age groups, but particularly in the age groups 65–74, 75–84 and 85+ years.

Figure 2: Non-melanoma skin cancer mortality rate, by age group and sex, 2011–14 (crude rate per 100,000)



Source: New Zealand Mortality Collection

Mostly people of European/Other ethnicity were affected

In 2015, almost all NMSC deaths were among people of European/Other ethnicity (153 out of 157 deaths, 97.5%).

Standardising for age, Māori and Pacific peoples had much lower mortality rates for NMSC than people of European/Other ethnicity in the ten-year period 2006–15 (Table 1).

Table 1: Non-melanoma skin cancer mortality, by ethnic group, 2006–15

Ethnic group	Number of deaths
Māori	18
Pacific	6
Asian	5
European/Other	1271
Total	1300

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

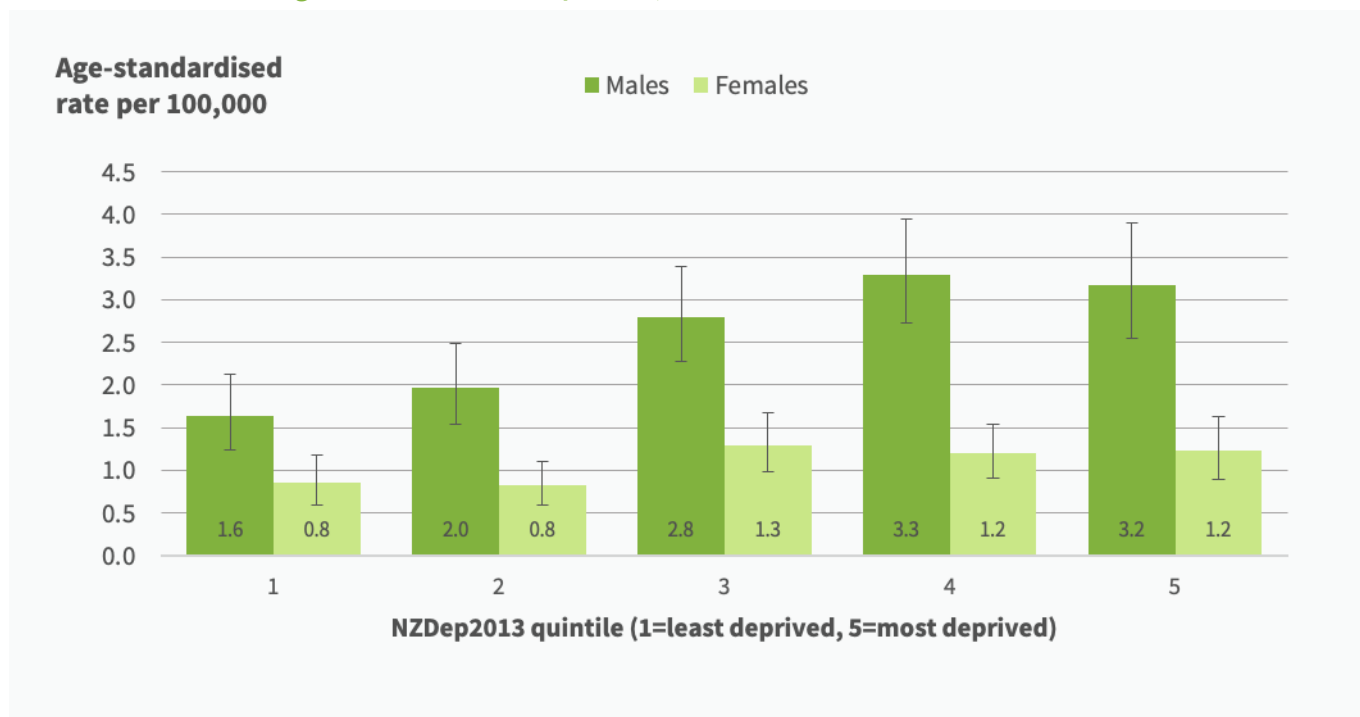
Source: New Zealand Mortality Collection

Higher non-melanoma skin cancer mortality rates in more deprived areas

Non-melanoma skin cancer mortality rates were higher in more deprived areas (NZDep2013 quintiles 3–5) than in the least deprived areas (quintile 1) in 2011–2015, for both males and females (Figure 4).

Standardising for age, people living in the most deprived areas (NZDep2013 quintile 5) were 1.7 times as likely to die from non-melanoma skin cancer than those living in the least deprived areas (quintile 1, 95% confidence interval 1.3 – 2.2).

Figure 3: Non-melanoma skin cancer mortality rate, by sex and NZ Index of Deprivation 2013 quintiles, 2011–15 (age-standardised rate per 100,000)

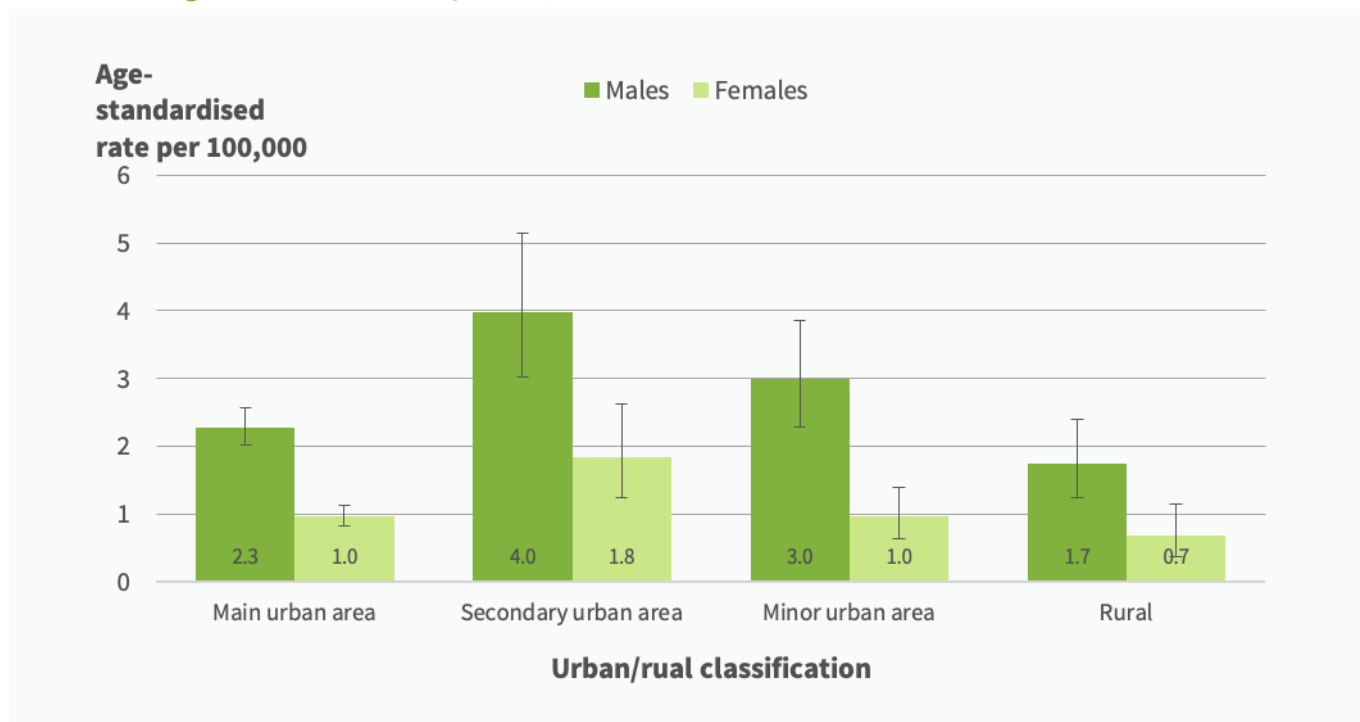


Source: New Zealand Mortality Collection

People living in secondary urban areas have higher mortality rates for non-melanoma skin cancer

In 2011–15, the NMSC mortality rate was higher in secondary urban areas than other areas, for both males and females (Figure 5).

Figure 4: Non-melanoma skin cancer mortality rates, by sex and urban/rural classification, 2011–15 (age-standardised rate per 100,000)



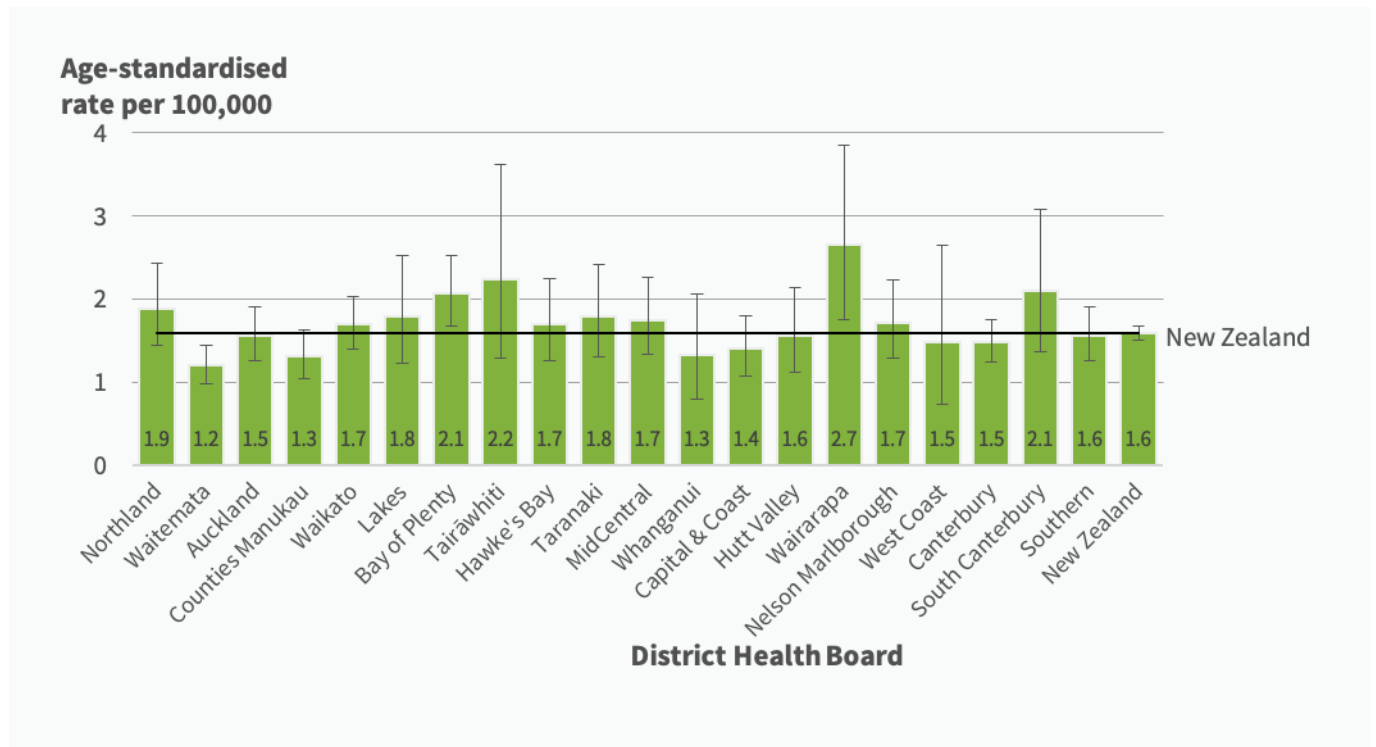
Notes: Urban/rural classification is for 2013. Main urban areas refer to major towns and cities with a population of 30,000 or more. Secondary urban areas are smaller towns with a population of 10,000–29,999 people. Minor urban areas are towns with a population of 1,000–9,999. Rural areas include rural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

Source: New Zealand Mortality Collection

Highest non-melanoma skin cancer mortality rate in Wairarapa DHB

There were substantial regional differences in the non-melanoma skin cancer mortality rate by district health board (DHB) in the ten-year period 2006–15 (Figure 6). The highest NMSC mortality rate was in Wairarapa DHB. The lowest mortality rate was in Waitemata DHB.

Figure 5: Non-melanoma skin cancer mortality rate, by District Health Board, 2006–15 (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

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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Citation

Environmental Health Indicators. 2019. *Non-melanoma skin cancer deaths*. [Factsheet]. Wellington: Environmental Health Indicators Programme, Massey University.

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