

Melanoma cancer registrations

This report presents an analysis of the most recent data on melanoma registration rates in Aotearoa, New Zealand, available from the New Zealand Cancer Registry, provided to EHINZ by Health New Zealand – Te Whatu Ora (Health NZ) in November 2025.

Key facts

- In 2023, there were 3,401 registrations of melanoma in New Zealand. The age-standardised melanoma registration rate was 40.5 per 100,000 people, compared to 37.7 per 100,000 in 2022.
- Melanoma registration rates were highest in males, people of European/Other ethnicity, and older adults, especially for people aged 75 years and over.
- Melanoma registration rates continue to be lower in the most deprived areas (NZDep2023 quintile 5) than in the least deprived areas.
- Melanoma registration rates were higher in rural areas compared with urban areas.
- The Taranaki, West Coast, and Waitematā districts had high rates of melanoma in 2023.

Overexposure to UV radiation is the main environmental risk factor for melanoma

Melanoma is a serious form of skin cancer, and, together with Australia, New Zealand has the highest rates in the world (Wild et al 2020). In 2023, there were 3,401 registrations of melanoma in New Zealand.

Melanoma was the third most commonly registered cancer in 2020 for males (behind prostate cancer and colorectal cancer) and for females (behind breast and colorectal cancer) (Te Whatu Ora 2023).

Overexposure to UV radiation from the sun is the main environmental risk factor for melanoma. It has been estimated that more than 90% of all melanoma cases in New Zealand can be attributed to UV radiation exposure (Arnold 2018). The following factors increase the risk of melanoma:

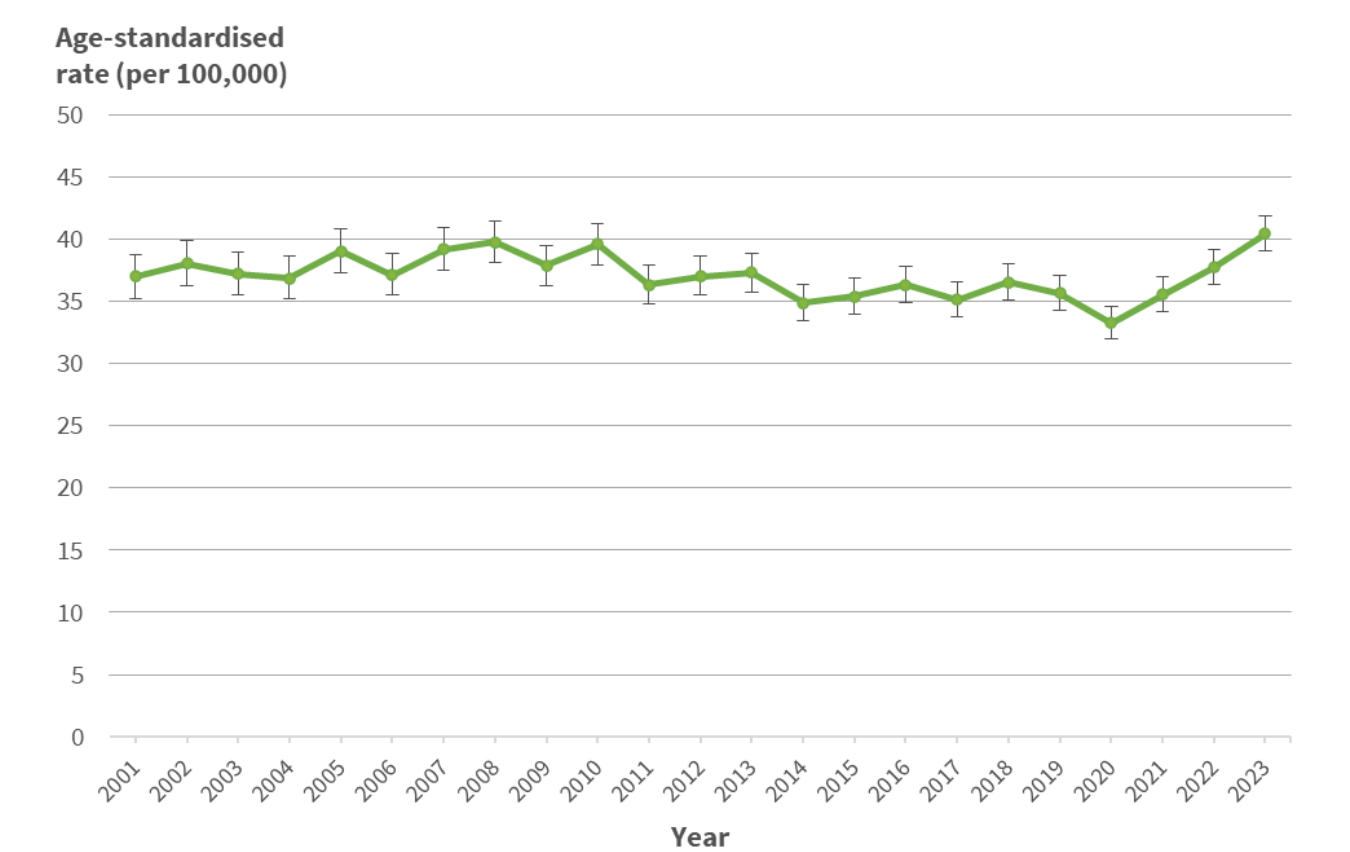
- Unprotected exposure to sunlight
- Sunburn at any age increases the risk of melanoma in later life (particularly risky for childhood sunburns)
- Family history of melanoma
- Fair skin and red, blonde or fair hair
- Use of sunbeds or sunlamps
- A skin type that burns or freckles easily
- Many moles or large moles (more than 50)
- Lowered immunity from some diseases or some medications.

Overall melanoma registration rates have increased since 2020

In 2023, the age-standardised melanoma registration rate was 40.5 per 100,000 (95%CI 39.1–41.9), compared to 37.7 per 100,000 (95%CI 36.4–39.2) in 2022. The melanoma registration rate has been largely stable since 2001 (37.0 per 100,000, 95%CI 35.3–38.8), but decreased in 2020 and returned to an increasing trend up to 2023 (Figure 1).

The lower number of melanoma registrations in 2020 might be due to the COVID-19 pandemic, during which healthcare systems worldwide faced disruptions from national lockdowns and restricted services that may have delayed access to care. Reduced diagnoses and disrupted follow-up in 2020 may have shifted more melanoma registrations into 2021 and subsequent years, in keeping with the pattern observed in other countries (Pellegrini et al 2024).

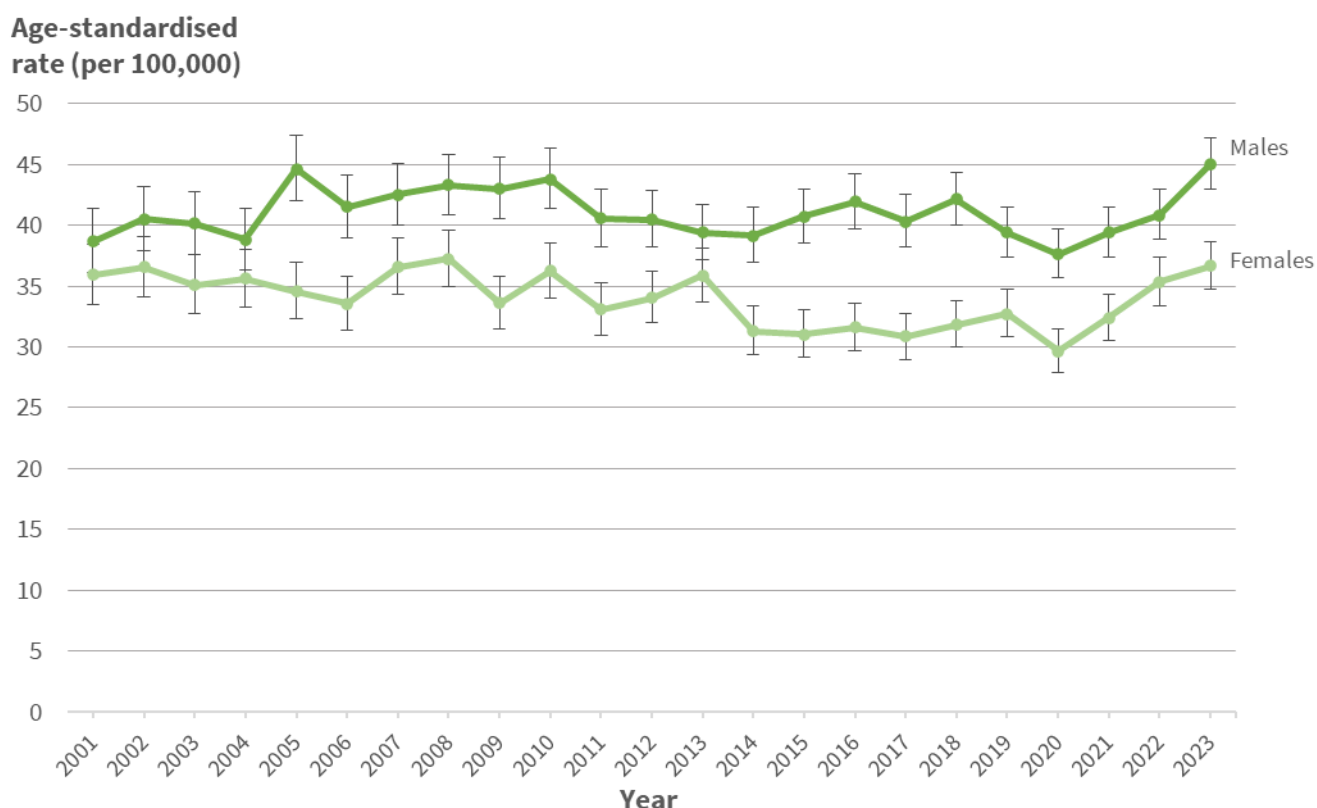
Figure 1: Melanoma registrations, 2001–2023 (age-standardised rate per 100,000)



Note: 95% confidence intervals have been presented as vertical bars.
Source: New Zealand Cancer Registry

Since 2001, the melanoma registration rate for males has been consistently high than for females (Figure 2). In 2023, the age-standardised melanoma registration rate was 45.1 per 100,000 (95%CI 43.0–47.2) for males, which was 18.6% higher than female rate of 36.7 per 100,000 (95%CI 34.7–38.7).

Figure 2: Melanoma registrations, by sex, 2001–2023 (age-standardised rate per 100,000)



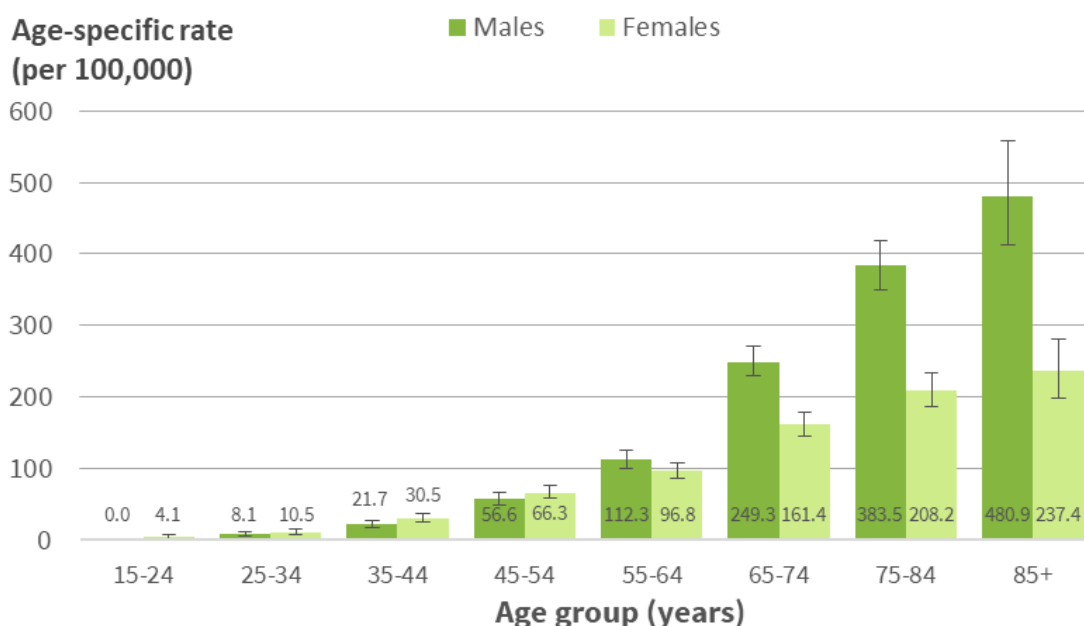
Note: 95% confidence intervals have been presented as vertical bars.

Source: New Zealand Cancer Registry

Males and older adults were most affected by melanoma

Melanoma is a type of skin cancer that predominantly affects older people. In keeping with this, melanoma registration rates are higher in the older age groups (Figure 3). In 2023, the age-specific rates for men and women were similar up to the 55–64 years age group. For older age groups, males were more likely than females to be diagnosed with melanoma. Among the two age groups, 75–84 years and 85+ years, males were nearly twice as likely as females to be diagnosed with melanoma. This difference is likely due to a combination of behavioural and biological factors (BPAC 2020).

Figure 3: Melanoma registrations, by age group and sex, 2023 (age-specific rate per 100,000)



Note: 95% confidence intervals have been presented as vertical bars.

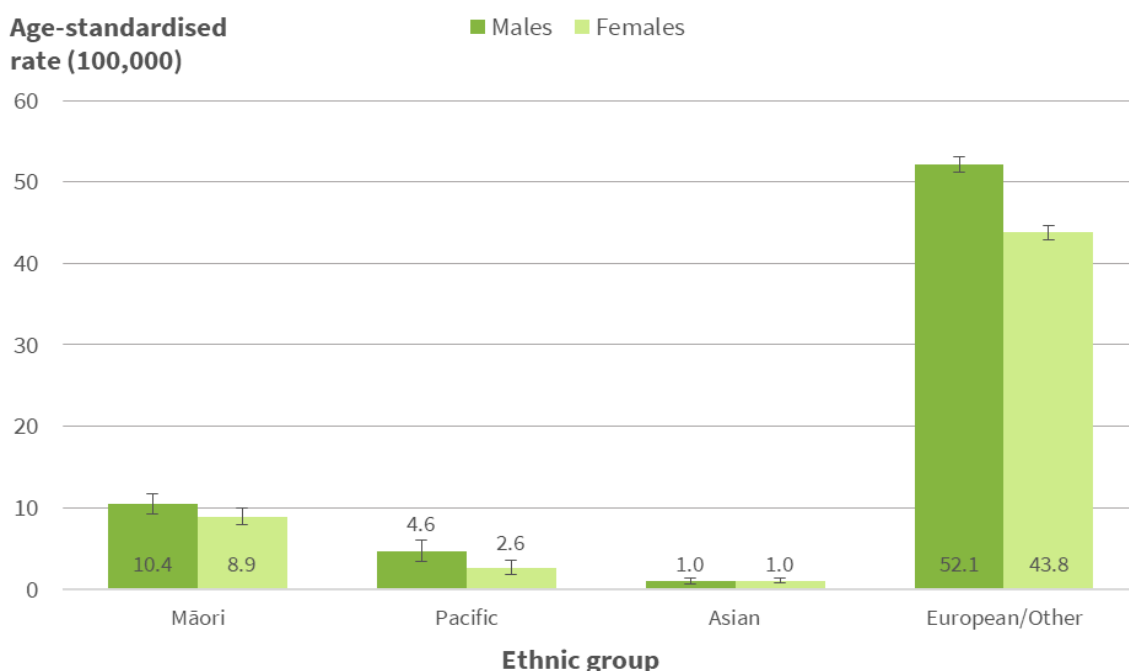
Source: New Zealand Cancer Registry

Melanoma registration rate among European/Other ethnic group was five times the rate among Māori

In 2023, almost all melanoma cancer registrations were for people of European/Other ethnicity (3,273 out of 3,401 registrations, or 96.2%). Only a small number of registrations were among Māori (89 registrations), Pacific people (16 registrations) and Asian (12 registrations) ethnic groups.

After standardising for age, the 10-year aggregated rate for European/Other ethnicity was 52.1 per 100,000 (95%CI 46.9–48.2) for males and 43.8 per 100,000 (95%CI 42.9–44.7) for females. These rates are many times higher than those of other ethnic groups (Figure 4). This difference in rates between ethnic groups has been consistent over time.

Figure 4: Melanoma registrations, by sex and ethnic group (prioritised), 10 years grouped 2014–23 (age-standardised rate per 100,000)



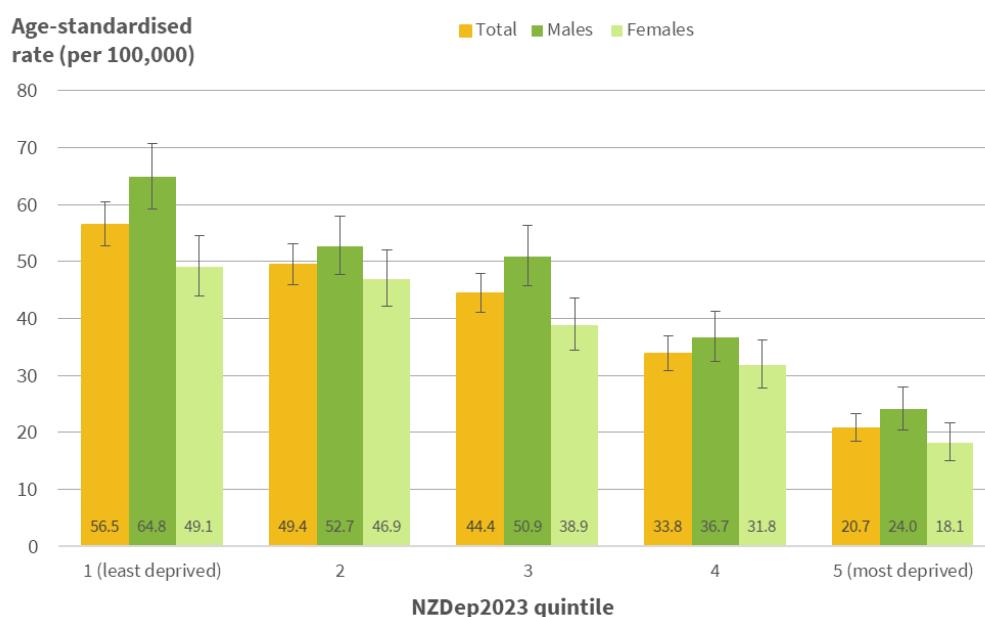
Note: 95% confidence intervals have been presented as vertical bars.

Source: New Zealand Cancer Registry

Lowest melanoma registration rates in the most deprived areas

In 2023, the melanoma registration rate was lowest in the most deprived NZDep2023 quintile (quintile 5) than in other quintiles, a consistent pattern since 2001. And this trend has been consistent since 2001 (Figure 5). After standardising for age, people in the least deprived areas (quintile 1) were nearly three times as likely to have been diagnosed with melanoma as those in the most deprived areas (quintile 5) (rate ratio 2.7, 95%CI 2.4–3.1).

Figure 5: Melanoma registrations, by area deprivation quintiles (NZDep2023), 2023 (age-standardised rate per 100,000)

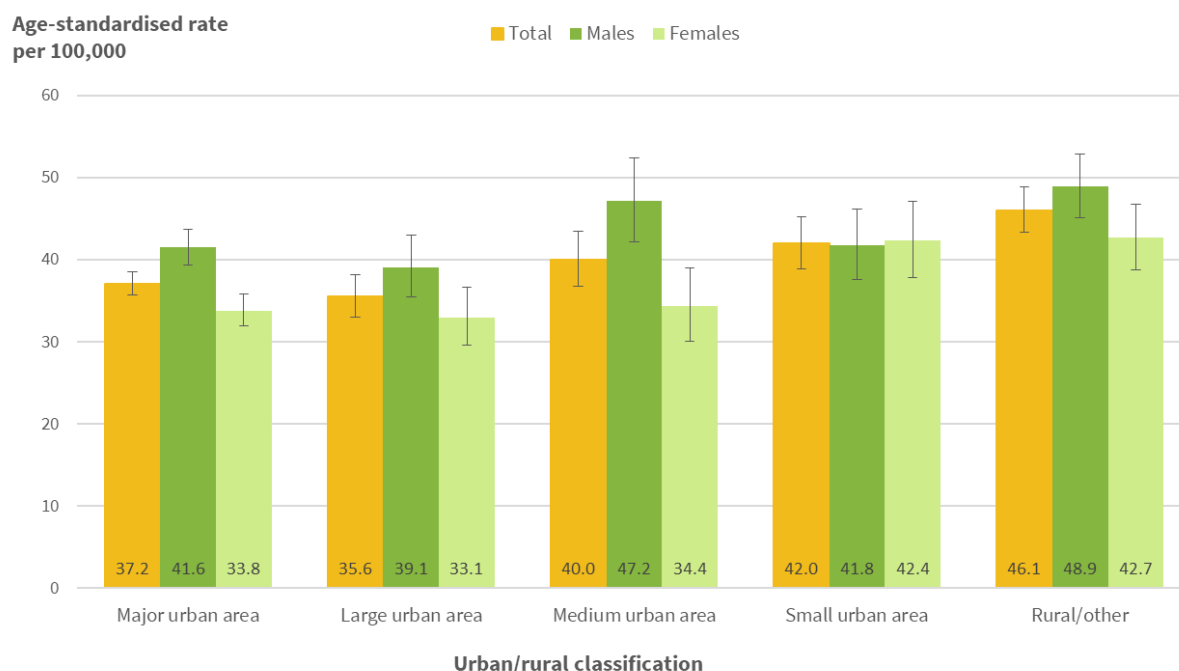


Note: 95% confidence intervals have been presented as vertical bars.
Source: New Zealand Cancer Registry

Melanoma registration rates were highest in rural areas

Total melanoma registration rates for 2022–23 were the highest in rural areas (46.1 per 100,000, 95%CI 43.4–48.9), similar across medium urban (40.0 per 100,000, 95%CI 36.8–43.5), small urban (42.0 per 100,000, 95%CI 38.9–45.3), and major urban areas (37.2 per 100,000, 95%CI 35.7–38.6), and lowest in large urban areas (35.6 per 100,000, 95%CI 33.1–38.2) (Figure 66). For all urban-rural area categories, males had higher melanoma registration rates than females. .

Figure 6: Melanoma registrations, by sex and urban/rural classification, 2 years grouped 2022-23 (age-standardised rate per 100,000)

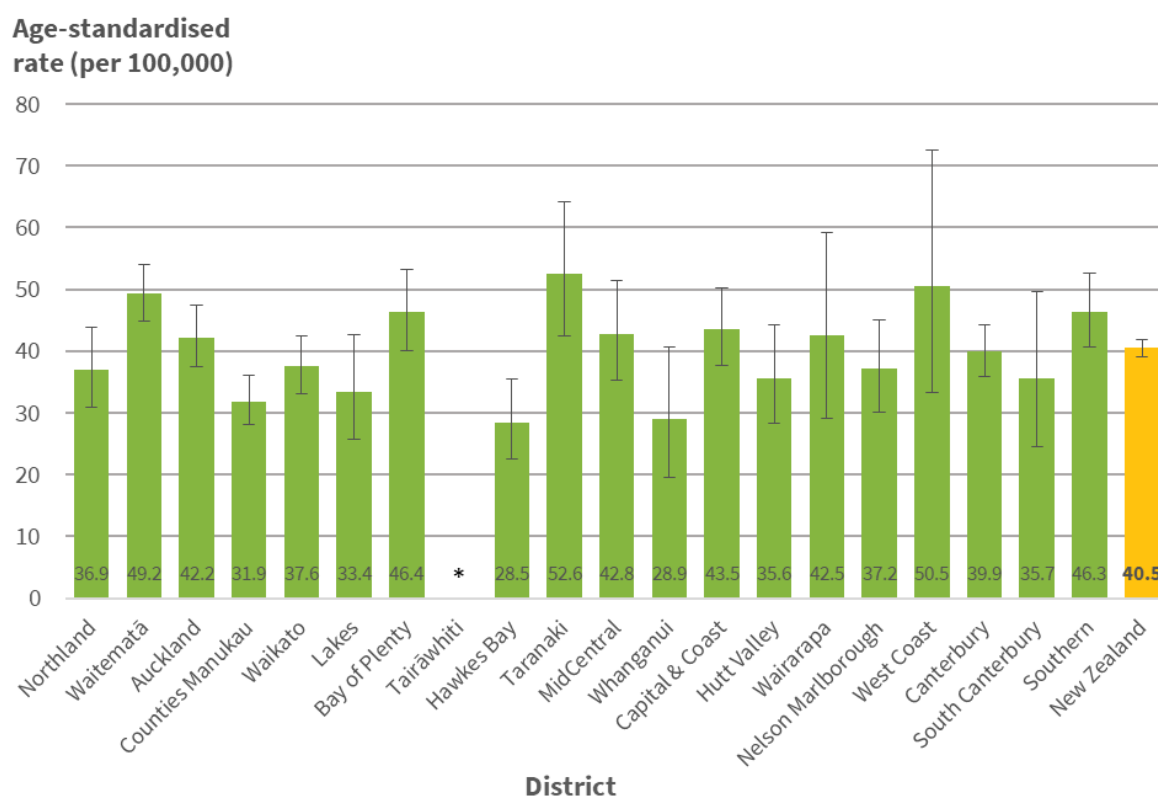


Note: 95% confidence intervals have been presented as vertical bars. The Statistics NZ urban-rural classification for 2023 has been used. Major urban areas are major towns and cities with a population of 100,000 or more. Large urban areas are smaller centres with a population of 30,000–99,999. Medium urban areas are towns with a population of 10,000–29,999. Small urban areas are towns with a population of 1,000–9,999. Rural areas include rural centres and surrounding rural areas.
Source: New Zealand Cancer Registry

Taranaki, West Coast and Waitematā districts had high rates of melanoma registrations

In 2023, the Taranaki, West Coast and Waitematā districts had a high rate of melanoma registrations (52.6 per 100,000, 95%CI 42.5–64.1 for Taranaki; 50.5 per 100,000, 95%CI 33.4–72.5 for West Coast; 49.2 per 100,000, 95%CI 44.9–53.9 for Waitematā). Hawkes Bay, Whanganui and Counties Manukau districts had low rates (28.5 per 100,000, 95%CI 22.6–35.4 for Hawkes Bay, 28.9 per 100,000, 95%CI 19.6–40.7 for Whanganui, and 31.9 per 100,000, 95%CI 28.1–36.1 for Counties Manukau) (Figure 7).

Figure 7: Melanoma registrations, by district, 2023 (age-standardised rate per 100,000)



Notes: 95% confidence intervals have been presented as vertical bars. Districts refer to areas formerly known as District Health Boards (DHBs).

The rate for West Coast has been suppressed due to counts less than 20.

Source: New Zealand Cancer Registry

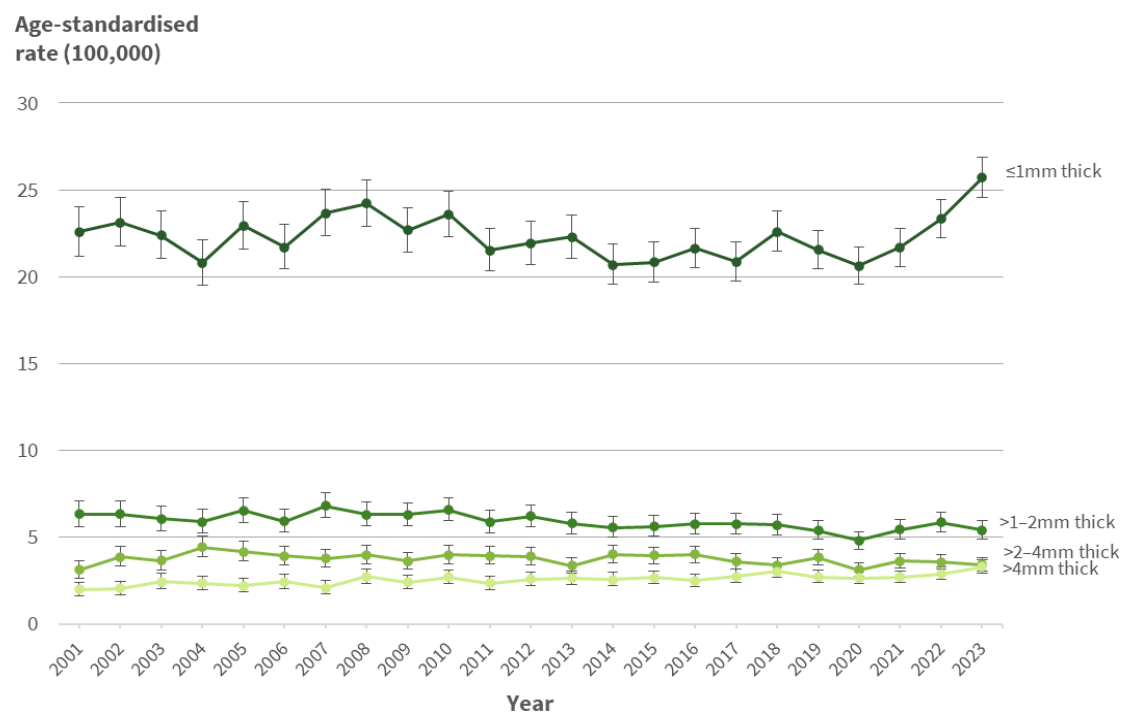
Significant increase in melanomas ≤1 mm thickness from 2022 to 2023

Melanoma lesion thickness is the strongest predictor of prognosis. In general, the thinner the lesion, the better the outcome for the patient (BPAC 2020).

In 2023, of the 3,166 melanomas with known thickness, 65.3% (2,066) were less than or equal to 1mm thick, 14.0% (442) were 1–2mm thick, 10.3% (327) were 2–4mm thick, and 10.5% (331) were greater than 4mm thick.

The rates for most melanoma thickness categories have remained fairly stable over time. However, there was a significant increase in melanomas ≤1 mm thick from 23.3 per 100,000 (95%CI 22.2–24.4) in 2022 to 25.7 per 100,000 (95%CI 24.6–26.9) in 2023 (Figure 8).

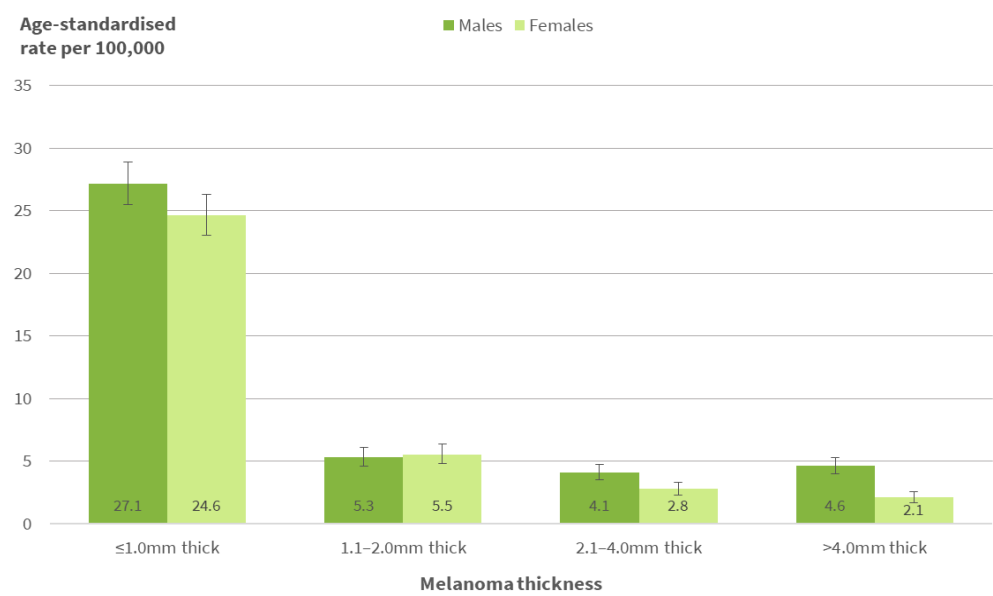
Figure 8: Melanoma registrations, by thickness, 2001–2023 (age-standardised rate per 100,000)



Note: 95% confidence intervals have been presented as vertical bars. Thickness is measured using Breslow's thickness.
Source: New Zealand Cancer Registry

The rate of >4.0mm thick for males in (4.6 per 100,000, 95%CI 4.0–5.3) than females (2.1 per 100,000, 95%CI 1.7–2.6) (Figure 9), a consistent disparity since 2001.

Figure 9: Melanoma registrations, by thickness and sex, 2023 (age-standardised rate per 100,000)



Note: 95% confidence intervals have been presented as vertical bars.
Source: New Zealand Cancer Registry

Data for this indicator

This indicator reports registrations of melanoma (ICD-10AM C43) from 2001–2023 using the most recent data available from the New Zealand Cancer Registry, provided to EHINZ by Health New Zealand – Te Whatu Ora (Health NZ) in December 2025.

Crude (age-specific) rates presented in this surveillance report do not take into account varying age distributions when comparing between populations.

Age-standardised rates presented in this surveillance report take into account varying age distributions when comparing between populations.

Standardised rate ratios are a type of descriptive analysis that illustrates differences between groups. They compare the rates of two groups by dividing the rate for the group of primary interest by the rate for the comparison group. A rate ratio above 1.0 means that whatever is being measured (eg, melanoma rates) is higher in the group of primary interest.

For additional information, see the [Metadata](#) sheet.

References

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