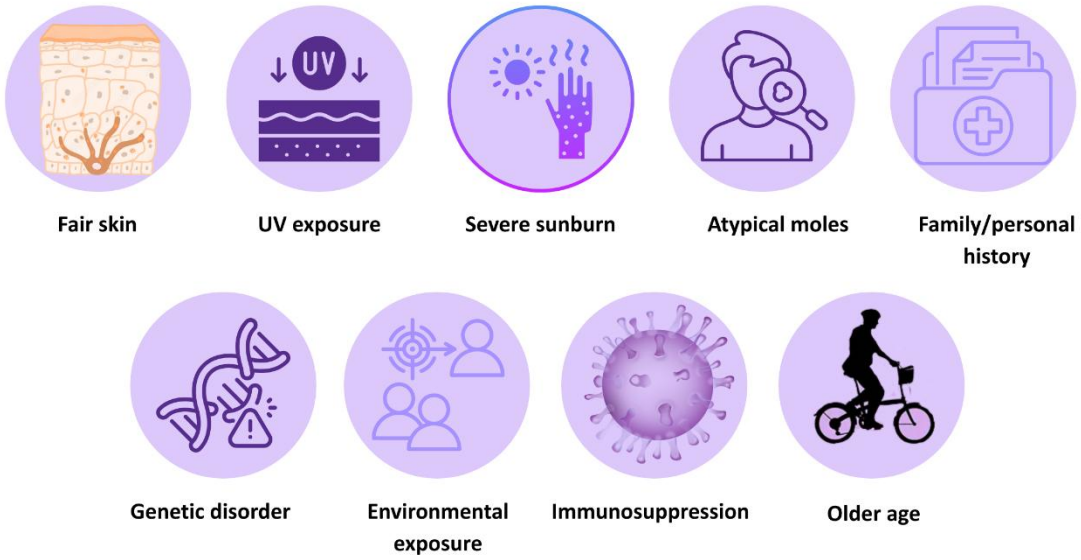
Melanoma of skin
ACT statistics

Results in brief

Melanoma incidence in the ACT has increased over time, with recent trends driven predominantly by older age groups and characterised by rising rates of thin (early-stage) tumours and localised disease at diagnosis. These patterns are consistent with national trends, and despite rising incidence, melanoma mortality in Australia has remained stable or declined in recent years.

Melanoma is the deadliest form of skin cancer and ranks among the five most common cancers in the ACT. It begins in the skin's pigment cells, known as melanocytes, and can spread through the blood and lymphatic system to distant organs like the lungs, liver and brain. While prognosis is excellent when melanoma is detected early, thicker melanoma, or melanoma that has spread to surrounding tissue has a high risk of metastasis and contributes substantially to cancer morbidity and mortality.

Figure 1: Risk factors for melanoma of skin



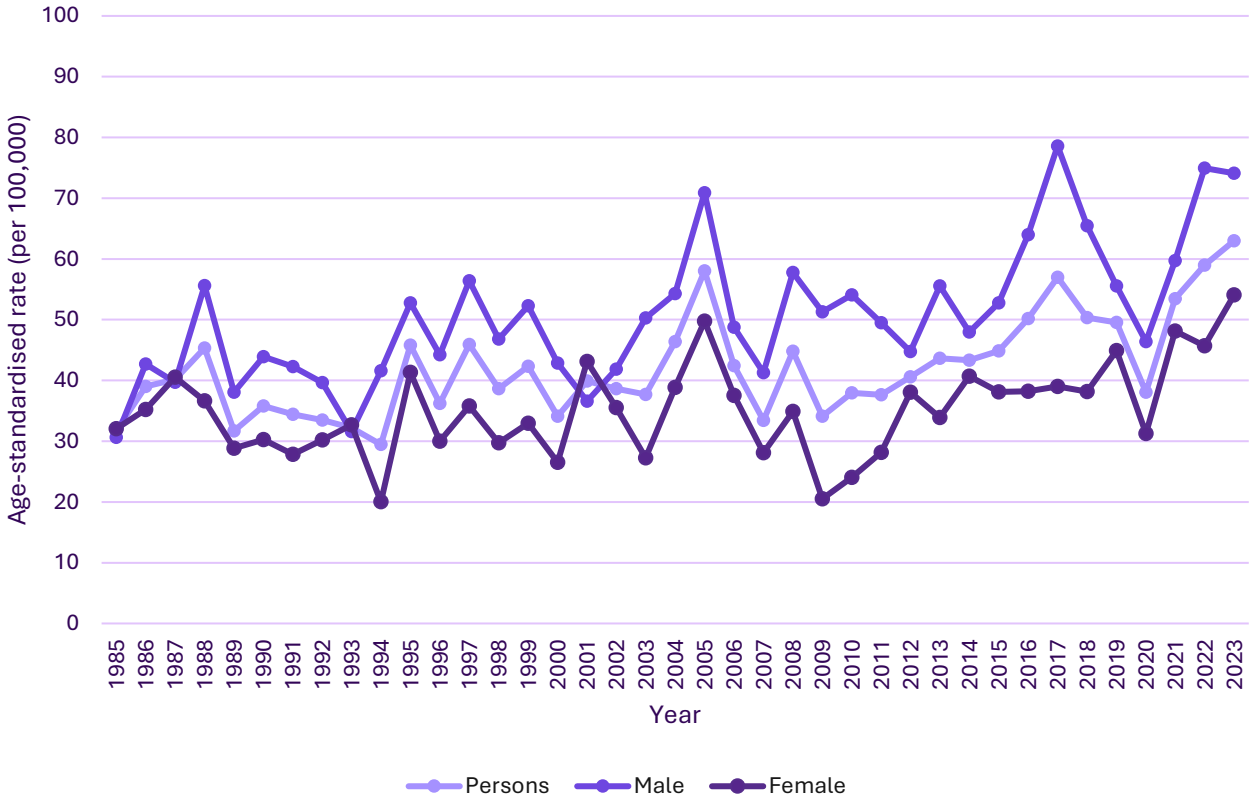
Source: Cancer Australia: What are the risk factors for melanoma?

Incidence

In 2023, 302 new melanoma cases were diagnosed among ACT residents. Over the past decade, melanoma incidence in the ACT has increased, with age-standardised rates rising from 43.6 per 100,000 population in 2013 to 63.0 per 100,000 in 2023 (Figure 2). This upward trend mirrors national patterns, where melanoma incidence has increased substantially over recent decades, particularly among older age groups[1].

Consistent with national data, melanoma incidence in the ACT is generally higher among males than females. Sex differences in melanoma incidence are thought to reflect a combination of factors, including differences in lifetime ultraviolet exposure, occupational and recreational sun exposure, and use of sun protection[1,2].

Figure 2: Melanoma (C43) incidence, age-standardised rate (per 100,000), ACT residents, 1985–2023



Source: ACT Cancer Registry
Note: Rates were age-standardised to the 2001 Australian standard population.

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[1] Australian Institute of Health and Welfare (AIHW). *Cancer data in Australia.* Canberra: AIHW; latest update 2025.

[2] Cancer Council Australia. *National Cancer Prevention Policy – UV Radiation: Workplace setting.*

Incidence by age group

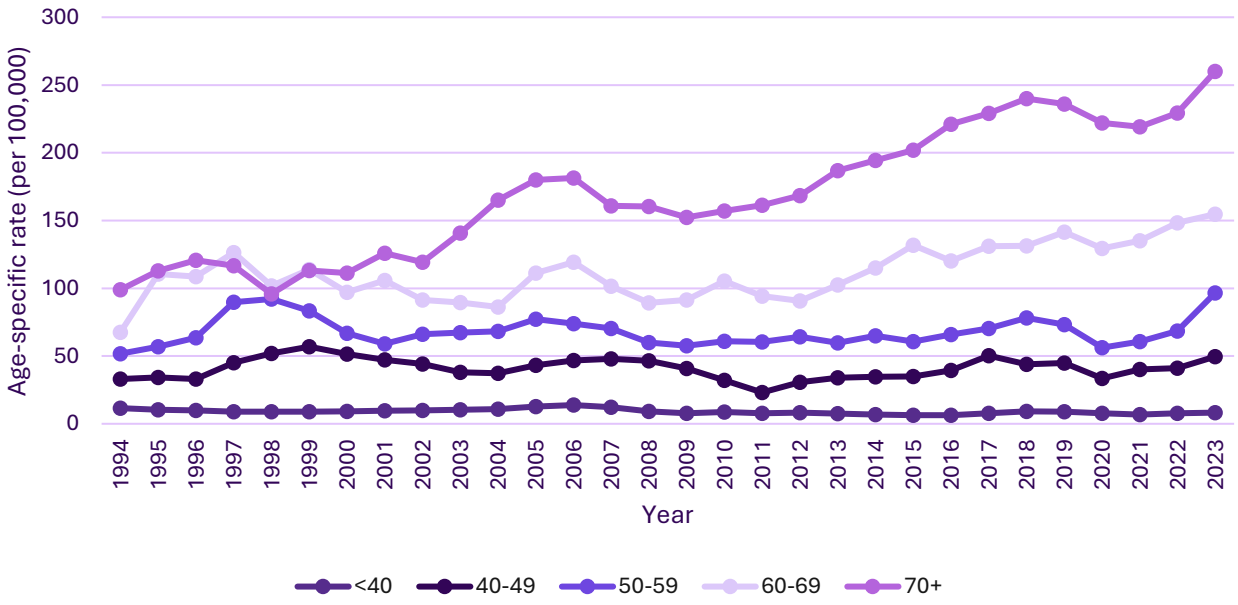
Melanoma incidence in the ACT shows a clear age gradient, with rates increasing markedly with age (Figure 3). This age-specific pattern is consistent with national data, which show declining melanoma incidence among younger Australians and increasing incidence at older ages.

Incidence among older age groups continues to rise, with several age groups reaching new highs in recent years. In 2023, age-specific rates reached their highest observed levels for those aged 50–59 years (96.6 per 100,000), 60–69 years (154.7 per 100,000) and 70 years and over (260.1 per 100,000). These increases indicate a growing burden of melanoma among ACT residents over 50 years of age, which is consistent with the national trend.

The strongest relative increases over time have occurred in the 60–69 and 70+ age groups. Since 1994, incidence more than doubled among people aged 60–69 years and increased almost threefold among those aged 70 years and over. Over the past decade, rates among these older age groups have continued to rise, albeit more gradually, with recent years marking new peaks rather than plateauing trends.

Although melanoma incidence among people aged under 40 years remains low, it still ranks among the five most commonly diagnosed cancers in this age group. Overall, these patterns indicate that recent increases in melanoma incidence in the ACT are driven predominantly by older age groups.

Figure 3: Melanoma (C43) incidence, age-specific rate (per 100,000), by age group, ACT residents, 1994–2023



Source: ACT Cancer Registry
Note: Rates are shown as three-year rolling averages, with each data point representing the average of the current year and the two preceding years.

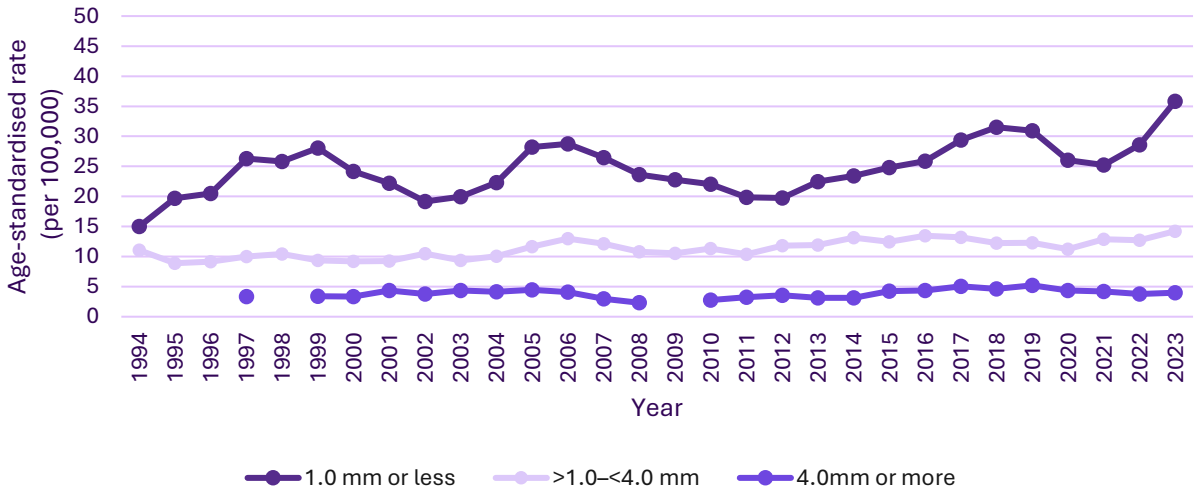
Incidence by melanoma thickness

Breslow thickness refers to the depth a melanoma has grown into the skin, measured in millimetres. It is one of the most important predictors of melanoma outcomes: thinner melanomas (1.0 mm or less) have typically been detected earlier and have a much higher chance of successful treatment, while thicker melanomas (4.0 mm or more) are associated with a greater risk of spread and poorer prognosis.[3] Monitoring melanoma incidence by thickness at population-level helps identify whether increases in diagnosis are occurring in earlier, more treatable stages or in more advanced disease.

Recent increases in melanoma incidence in the ACT are largely driven by thin tumours (1.0 mm or less), consistent with national estimates (Figure 4). Incidence of thin melanomas increased steadily over time and reached 35.8 per 100,000 in 2023, the highest rate observed in the reporting period. Incidence for intermediate-thickness melanomas (>1.0–<4.0 mm) increased very slightly from 11.1 per 100,000 in 1994 to 14.2 per 100,000 in 2023. In contrast, incidence of thick melanomas (4.0 mm or more) remained low throughout the period, with no sustained upward trend and a rate of 4.0 per 100,000 in 2023.

Overall, these findings indicate that recent increases in melanoma incidence in the ACT reflect rising rates of thin melanomas, while rates of intermediate-thickness and thick melanomas have remained comparatively stable.

Figure 4: Melanoma (C43) incidence, age-standardised rates (per 100,000), by thickness of size, ACT residents, 1994-–2023



Source: ACT Cancer Registry
Notes: (a) Rates are shown as three-year rolling averages, with each data point representing the average of the current year and the two preceding years. Cases with unknown thickness were excluded.
(b) Rates were age-standardised to the 2001 Australian standard population.

[3] Serigne N Lo, Gabrielle J Williams, Anne E Cust, Alexander H R Varey, Sydney Ch'ng, Richard A Scolyer, John F Thompson, Long-term survival across Breslow thickness categories: findings from a population-based study of 210 042 Australian melanoma patients, *JNCI: Journal of the National Cancer Institute*, Volume 117, Issue 1, January 2025, Pages 152–156, https://doi.org/10.1093/jnci/djae198

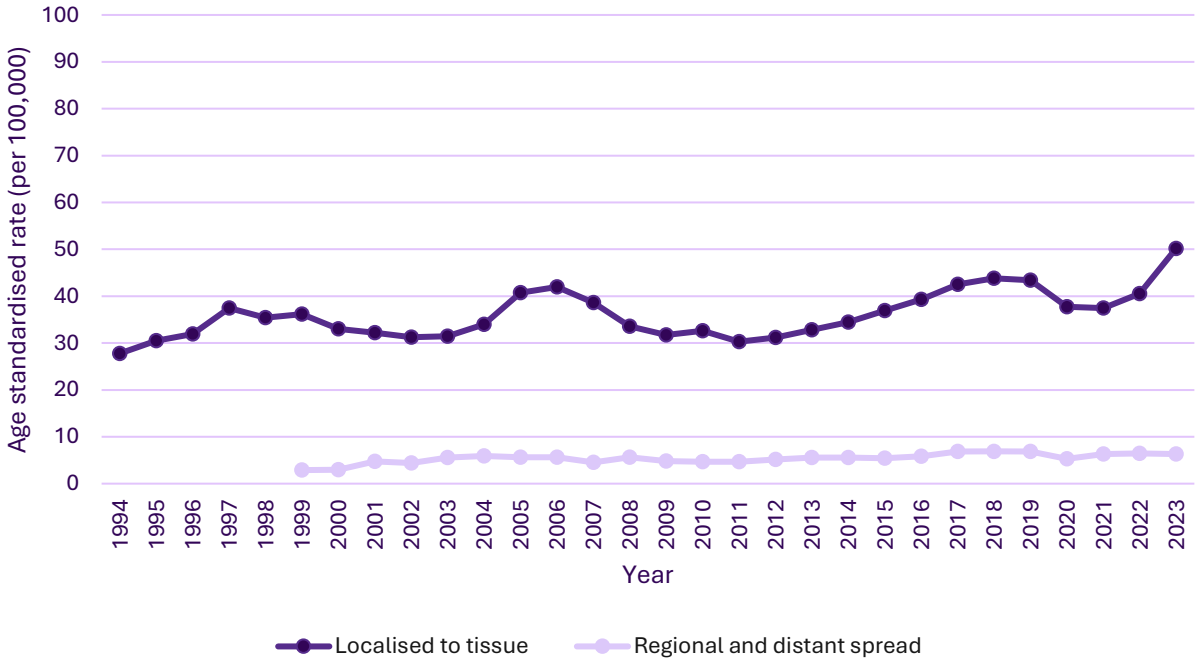
Incidence by extent of spread

Extent of spread describes how far a melanoma has grown at the time it is diagnosed. Localised melanomas are confined to the original skin site, while regional spread means the cancer has reached nearby lymph nodes or tissue. Distant spread indicates the melanoma has travelled to other parts of the body. This information is important because melanomas detected at a localised stage have significantly better survival outcomes than those diagnosed after they have spread.[4,5]

Most melanomas diagnosed among ACT residents were localised to the primary site where the cancer first developed (approximately 90% of cases in 2023). The incidence rate of localised melanoma increased steadily across the reporting period, rising from 27.8 per 100,000 in 1994 to a peak rate of 50.2 per 100,000 in 2023 (Figure 5).

In contrast, incidence of melanomas diagnosed with regional or distant spread has remained low and steady throughout the period, at around 6–7 per 100,000 since the mid-2010s and 6.3 per 100,000 in 2023 (about 12% in mid-2010s and 11% in 2023).

Figure 5: Melanoma (C43) incidence, age-standardised rates (per 100,000), by extent of spread, ACT residents, 1994–2023



Source: ACT Cancer Registry
Notes: (a) Rates are shown as three-year rolling averages, with each data point representing the average of the current year and the two preceding years. Cases with unknown thickness of size were excluded.
(b) Rates were age-standardised to the 2001 Australian standard population.

[4] **Cancer Australia.** *Relative survival by stage at diagnosis (melanoma).* Canberra: Cancer Australia; 2019.
[5] **Cancer Council Australia.** *Staging and prognosis for melanoma.* Sydney: Cancer Council Australia; latest update 2025.

What this means

Melanoma incidence in the ACT has continued to rise over recent decades, driven largely by increases in thin (≤1.0 mm) and localised tumours. This pattern closely aligns with national trends and suggests greater diagnosis at earlier stages of the disease.

A range of initiatives likely underpin improvements in early detection. Australia's long-running SunSmart program, including the 'Slip, Slop, Slap, Seek, Slide' campaign, has led to substantial increases in sun protection behaviours and is recognised as contributing to reductions in melanoma among younger cohorts.[6] Increased awareness may help prompt earlier presentation for changing skin lesions, contributing to the observed rise in thin melanomas. Within the health system, general practitioners play a central role in early melanoma detection; skin cancer is among the most common issues managed in Australian primary care, and GPs routinely identify high-risk patients and diagnose early-stage disease.[7] Professional education programs—such as SunSmart dermoscopy training—further support early clinical recognition.

At the same time, demographic change remains an important contextual factor. The ACT population is growing, and the age structure is changing with increasingly higher proportions of people in older age groups.[8] Because melanoma incidence rises markedly with age, this shift contributes to increasing rates in the ACT.

Overall, the ACT's rising melanoma incidence appears to be shaped by earlier detection and a growing older population, with increasing diagnoses of thin, localised tumours.

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[6] Tabbakh T, Volkov A, Wakefield M, Dobbinson S (2019) Implementation of the SunSmart program and population sun protection behaviour in Melbourne, Australia: Results from cross-sectional summer surveys from 1987 to 2017. PLoS Med 16(10): e1002932. https://doi.org/10.1371/journal.pmed.1002932

[7] **Johns M, O'Bryen J, Banney L, Neale R.** *Skin cancer prevention in Australia.* **Australian Journal of General Practice.** 2024;53(8). doi: **10.31128/AJGP-11-23-7010** Available at: https://www1.racgp.org.au/ajgp/2024/august/skin-cancer-prevention-in-australia-1

[8] Australian Bureau of Statistics (ABS) (2025). Population clock and pyramid. Canberra: ABS. Available at: https://www.abs.gov.au/statistics/people/population/population-clock-pyramid