Wood County Health Department
Health Promotion & Prevention

Melanoma Health Profile

May 2026

Skin cancer is the most common cancer in the US. Melanoma, a type of skin cancer, is the fifth most common cancer diagnosis in the US, Ohio, and Wood County. Rates of new melanoma diagnoses are higher in Wood County compared to Ohio and the US. Incidence rates have been increasing in all three regions since 2000. Limiting sun exposure, using protection against UV rays, and monitoring for the development of abnormal moles can reduce the risk of melanoma.

Data retrieved from CDC National Center for Health Statistics on CDC WONDER Online Database and Ohio Department of Health Ohio Cancer Surveillance System and Bureau of Vital Statistics.

For questions, please contact:

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Terms

Age-adjusted rate: a weighted average of the rates of cases in each age group; uses the distribution of ages in the local population and US population over time so rates are comparable

Basal cell: round cells in the lower layer of the epidermis; these turn into squamous cells as they divide and move up to the top

Carcinoma: a type of cancer that originates in cells like skin or the lining of lungs and intestines

Epidermis: the top, outer layer of skin; made up of squamous cells, basal cells, and melanocytes

Incidence/rate: the number of new cases/diagnoses over time, age-adjusted per 100,000 per year or five-year average

Melanocyte: cells in the lower layer of the epidermis that make skin's pigment called melanin and protect deeper layers of skin

Melanoma: skin cancer that begins in melanocytes and is more likely to spread to other areas of the body than basal cell and squamous cell carcinomas

Mortality/mortality rate: the number of deaths over time, age-adjusted per 100,000 per year or five-year average

Squamous cells: flat cells in the top layer of the epidermis

Ultraviolet (UV) rays: a type of energy produced from the sun or from artificial sources like tanning beds that are "invisible" and are not seen or felt; cause sunburn, premature aging, and skin cancer

Background

Skin cancer begins in the epidermis, or the outer layer of skin. There are three kinds of cells in the epidermal layer: squamous, basal, and melanocyte. These three types of cells correspond to the three most common skin cancers: squamous cell carcinoma, basal cell carcinoma, and melanoma.

Basal cell and squamous cell carcinomas are the two most common types of skin cancer and they are both very treatable. Because these two types are so prevalent they are not typically reported in cancer registries. The third type of skin cancer, melanoma, is the deadliest and will be the focus of this report.

There are many potential reasons for the increase in melanoma incidence. Awareness about melanoma and skin cancer has increased over time, meaning more people know to seek care for suspicious moles and providers are more aware of diagnosing melanoma or referring patients to dermatologists. Risk is compounded over a person's life as they are exposed to more UV rays from the sun or experience more sunburns, meaning it is more common as people age. Tanning beds have become more popular over time and increase someone's risk for developing melanoma. Researchers continue to study why incidence rates of melanoma are rising.

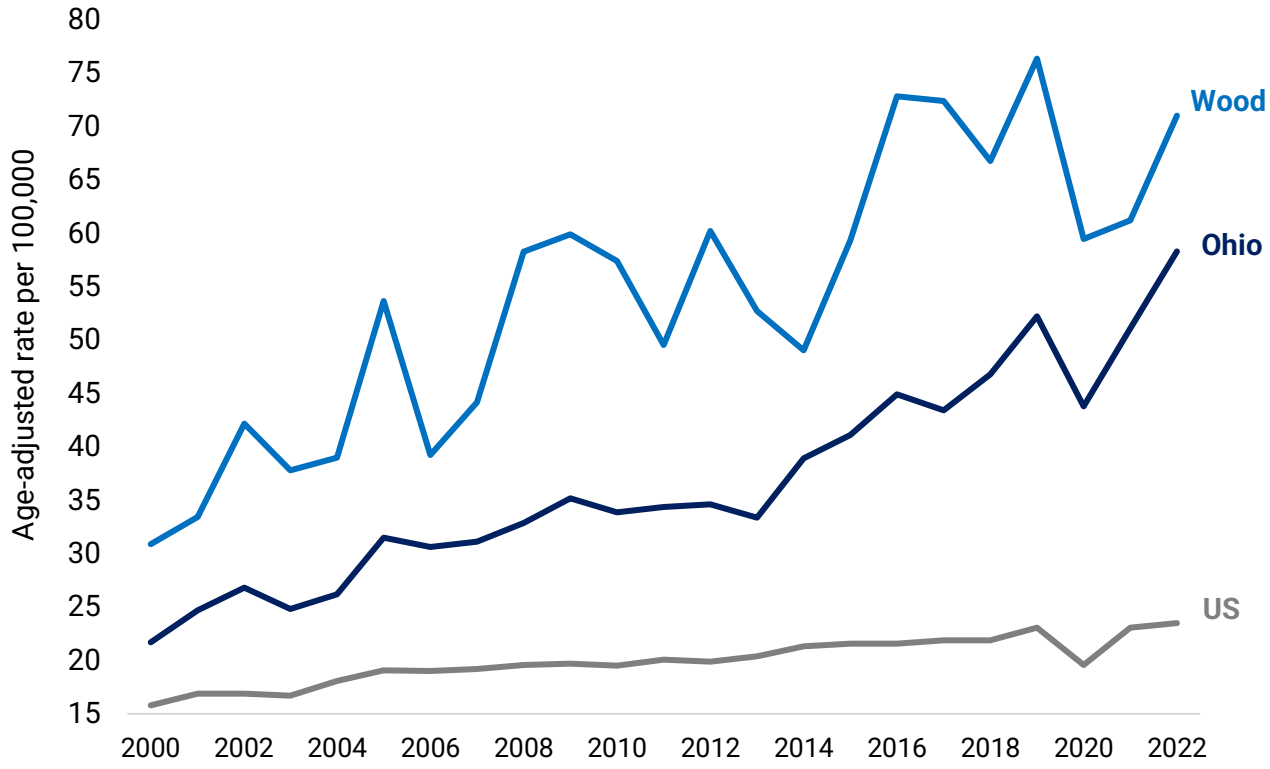
Certain risk factors for melanoma are not preventable. Older age, family history of melanoma, a weakened immune system, or lighter colored hair, skin, and eyes are all risk factors for melanoma that someone cannot control. However, someone can reduce their risk by limiting exposure to UV rays through broad-spectrum sunscreen, staying in the shade, or wearing protective layers in the sun.

Dermatologists are skin doctors than can determine if moles are cancerous and if biopsy or treatment is necessary. If you are concerned about a new mole or if a previous mole is changing, talk to your dermatologist or ask your primary care provider if you do not have a dermatologist.

Melanoma Data

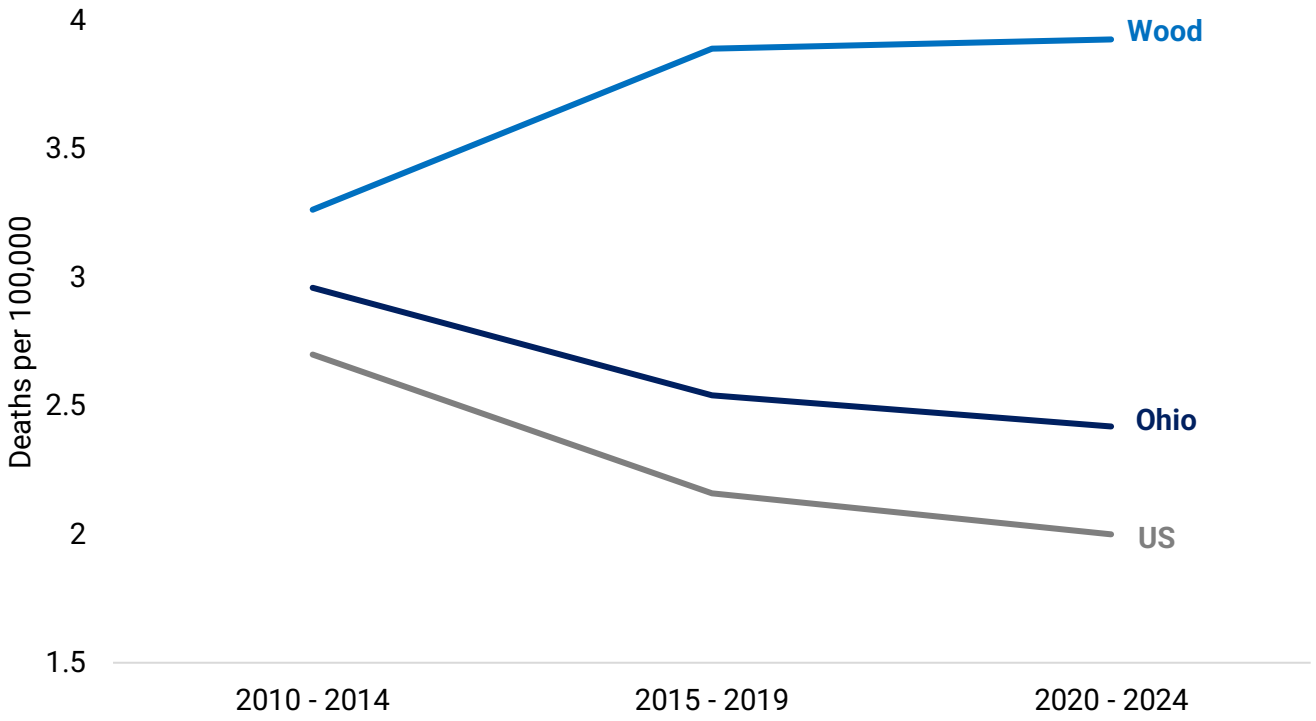
Melanoma incidence rates in Wood County, Ohio, and the US have been **increasing since 2000**. Incidence rates are higher in Wood County than Ohio and the US. In 2025, **Wood County's** melanoma incidence rate was **73.2 cases per 100,000** people, **over twice** the rate seen in 2000 (30.8 per 100,000).

Wood County has **higher** rates of new melanoma cases than **Ohio** and the **US**.

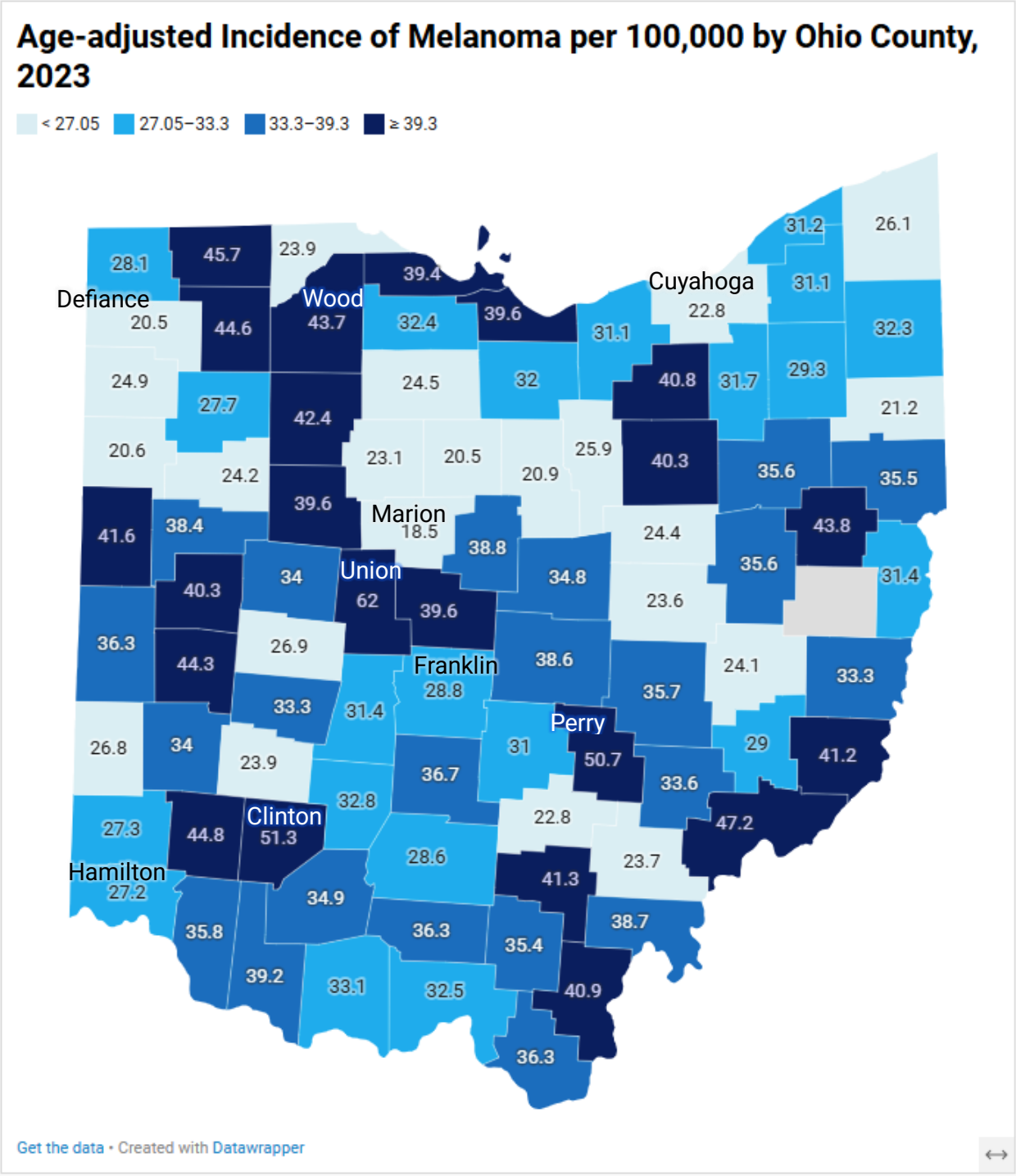


Although new diagnoses of melanoma are on the rise across the county, state, and country, the mortality rate is **low**. In Ohio and the US, deaths from melanoma have decreased since 2010. However, Wood County melanoma deaths have slightly **increased** and remained just below 4 deaths per 100,000.

Mortality from melanoma is low. However, rates are **higher** in **Wood County** than in **Ohio** and the **US**.



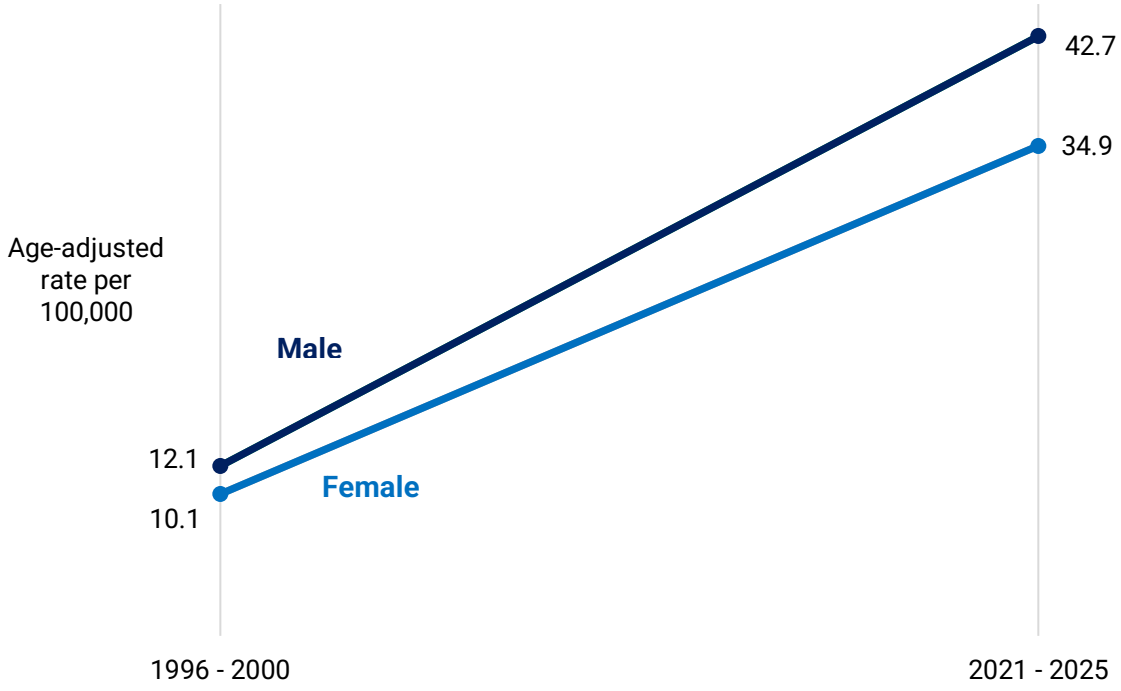
In 2023, Wood County had the **10th highest rate** of melanoma incidence in Ohio. Union County had the highest with 62 per 100,000 new cases and Marion County had the lowest with 18.5 per 100,000 new cases.



Local Population Trends

Melanoma does not affect all populations equally in Wood County. Men are more likely than women to be diagnosed with melanoma and to die from it in Wood County, Ohio, and the US.

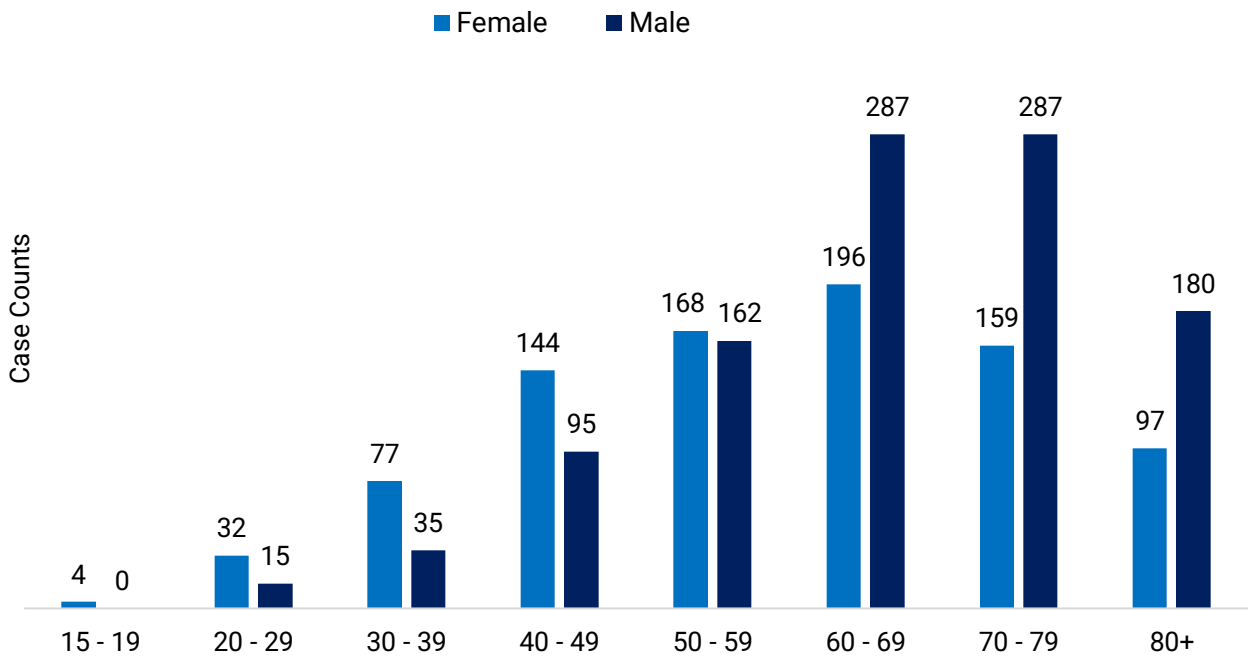
Incidence rates of melanoma are **higher** among **males** than **females** in Wood County. Rates have **increased in both** since 1996.



Overall, men have higher rates of melanoma in Wood County. But among younger people, more women than men are diagnosed. After age 50, men have higher rates than women. This trend is also seen in Ohio and the US.

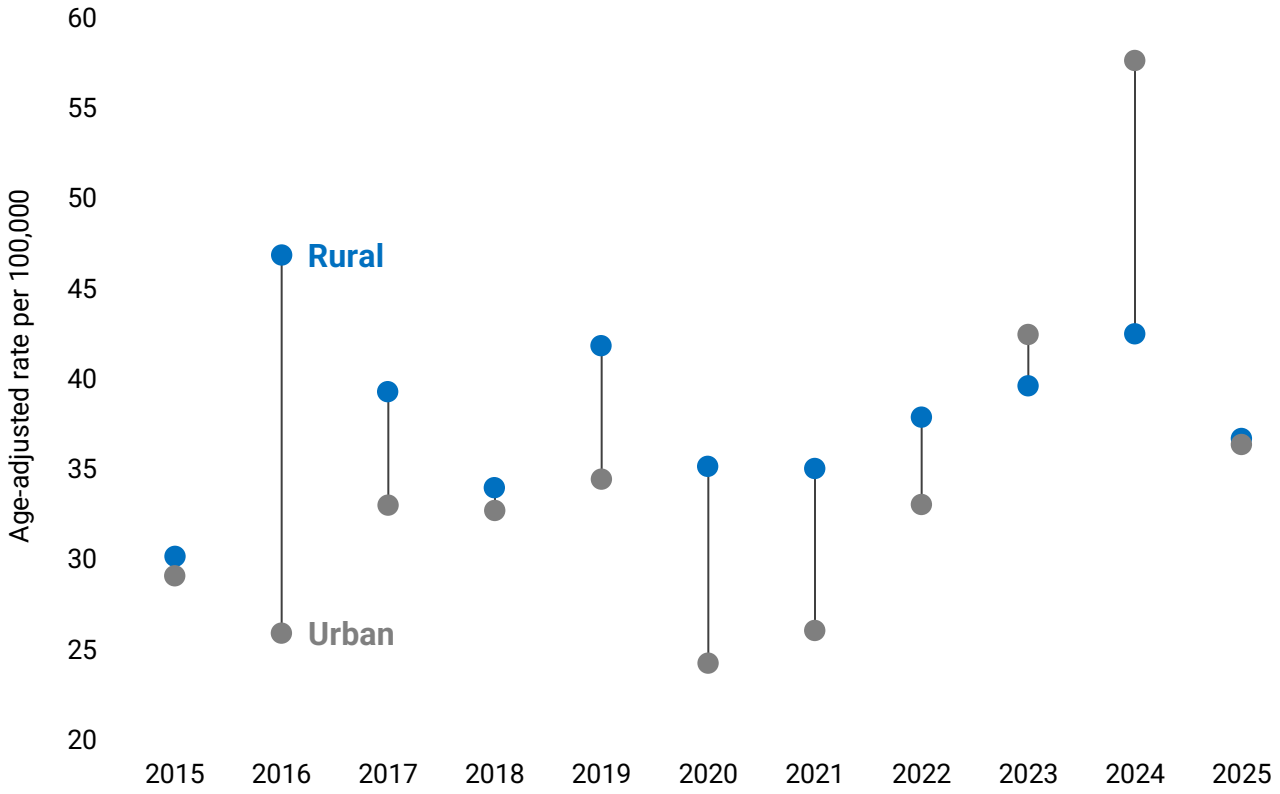
Melanoma is more common in older adults than in young adults because of lifetime UV exposure. As adults are exposed to more UV rays and more sunburns as they age, their risk of melanoma increases.

From 2000 - 2025, melanoma was more common among young **females** than young **males** in Wood County, but became more common in **males** after ages 50-59.



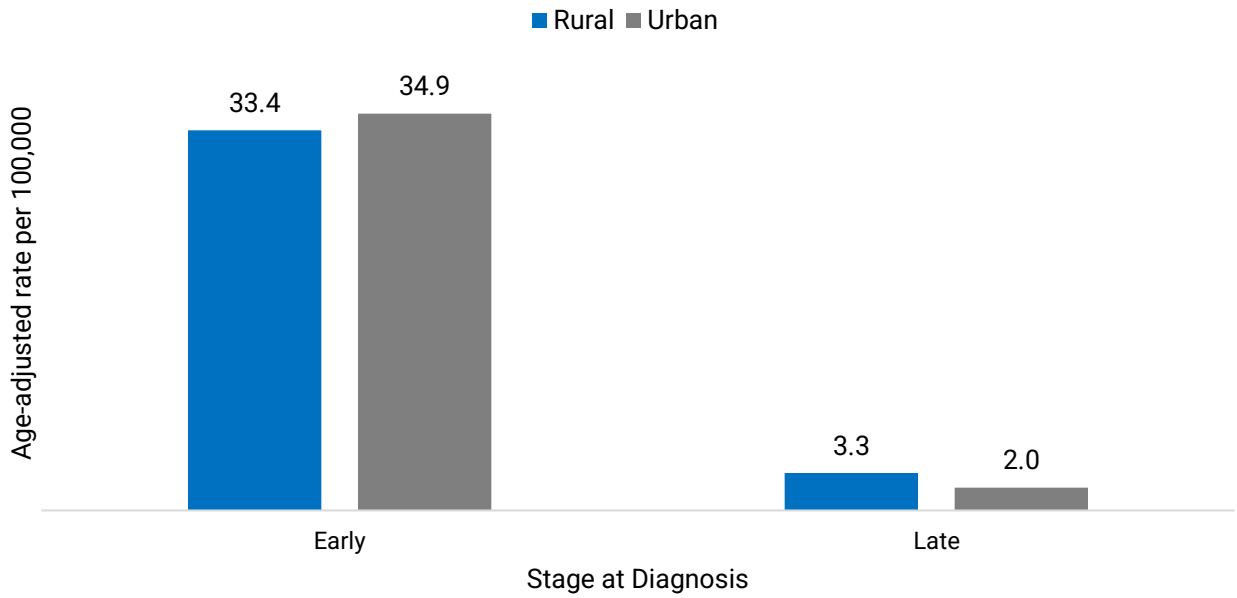
Rural residents have historically had **higher rates** of new melanoma cases in Wood County. In 2023 and 2024, urban residents had higher incidence rates. Access to care and availability of dermatologists are usually limited in rural areas which impact the diagnosis of melanoma.

Incidence rates of melanoma are typically **higher** among **rural** Wood County residents than **urban** residents.



Early-stage diagnoses were more common than late-stage diagnoses in both rural and urban residents of Wood County. The similarities in stage-at-diagnosis indicate rural residents are still catching melanoma early despite having higher incidence rates.

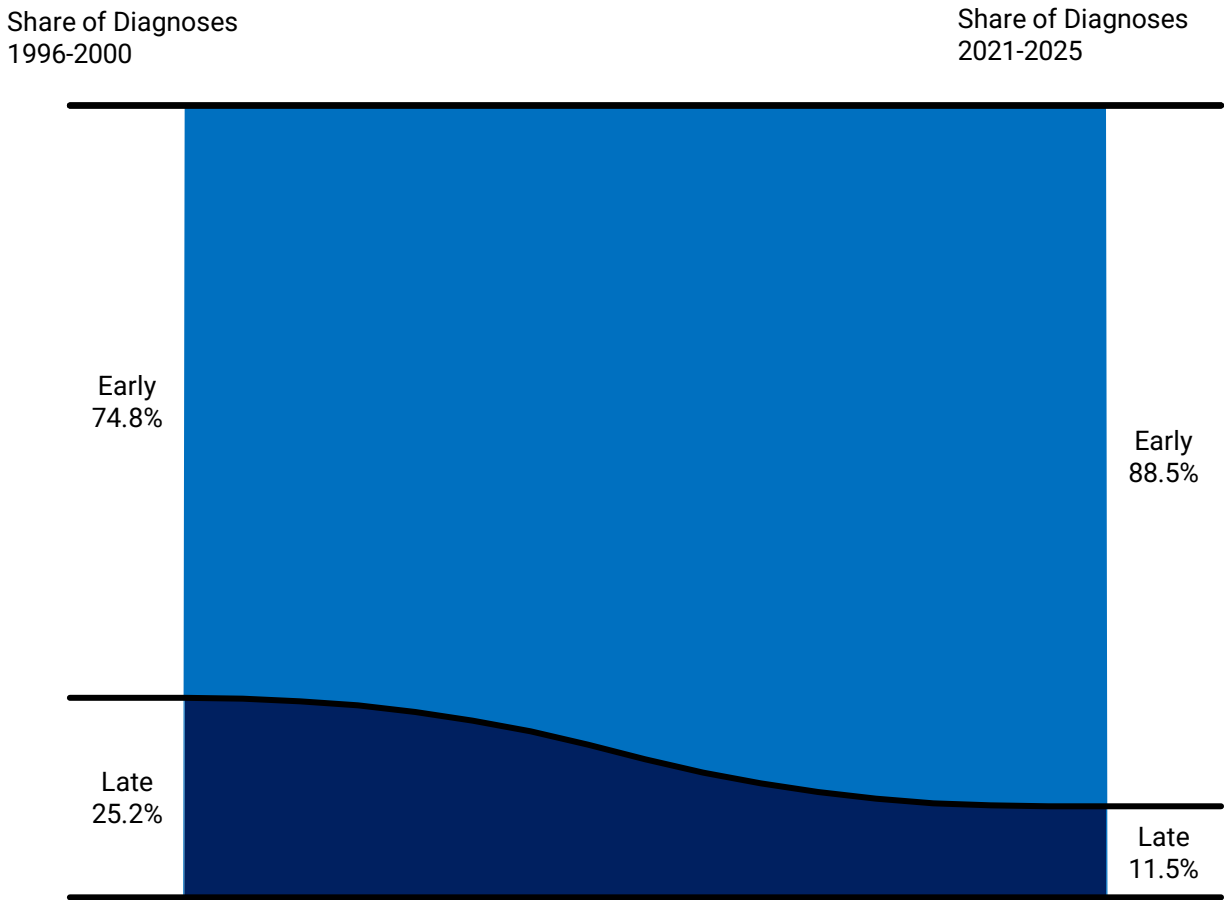
From 2020 - 2025, **rural** and **urban** residents had **similar** rates of early- or late-stage melanoma diagnoses. **Early-stage diagnoses** were **more common** among both residents.



In Wood County, most cases of melanoma are diagnosed at **early stages.** From 2021-2025, **88.5%** of new cases were early stages, up from 75% in 1996-2000.

The national five-year survival rate of early-stage melanoma was estimated to be **100%** in 2018 compared to 36%-76% for late-stage diagnoses.

Most melanoma cases in Wood County continue to be diagnosed in **early** stages. Almost **90%** of cases were caught **early** in 2021 - 2025 compared to **75%** in 1996 - 2000.



Resources

Wood County Community Health Center

Primary care providers are available at the Wood County Community Health Center. Providers offer all recommended physical and preventative health screenings for many conditions, and also offer dietary recommendations and lifestyle counseling.

https://woodcountyhealth.org/health-center/services/primary-preventative-care/

American Academy of Dermatology

The American Academy of Dermatology Association offers free tools on self-examining for skin cancer and understanding results.

https://www.aad.org/public/diseases/skin-cancer/find/check-skin

ABCDEs of Melanoma

Cancerous moles look different than normal ones. You can easily spot moles than might need provider follow-up by using ABCDE:

A is for Asymmetry: One half does not match the other half.

B is for Border: It has an irregular or ragged border.

C is for Color: It can be varying colors such as black, brown, or tan with areas of red or white.

D is for Diameter: It increases in size and is larger than 6mm or about ¼ inch (but can be smaller).

E is Evolving: It has changed size, shape, or color.

For additional information and example pictures, please visit the National Cancer Institute:

https://moles-melanoma-tool.cancer.gov/#/

Ohio Department of Health, 2022 Melanoma Report:

https://odh.ohio.gov/wps/wcm/connect/gov/41555086-2230-4f48-9f49-706032b2db81/Melanoma+of+the+Skin+in+Ohio+2022.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-41555086-2230-4f48-9f49-706032b2db81-okho8Gt