Background

It is estimated that melanoma is responsible for 8,790 deaths in the US annually. There is significant cost associated with melanoma. These cancerous growths result from un-repaired DNA damage to skin cells, which triggers mutations that lead skin cells to multiply rapidly and form malignant tumors. While the incidence of melanoma is well documented in the scientific literature the associated inpatient cost is not well documented.

Study Design

The study was conducted using data from the National Inpatient Sample (NIS) which is part of the Healthcare Cost and Utilization Project (HCUP).

Methods

The 2012 Health Care Utilization Project Nationwide Inpatient Sample (HCUP-NIS) data was used to identify, track and analyze the national trend of those patients admitted with a diagnosis of melanoma. Inpatient stays for melanoma were identified by The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). A range of ICD-9 codes 172.-172.9 reflect those assigned to diagnoses and procedures associated with melanoma.

Results

In 2012, there were a total of 3,130 inpatient discharges with a diagnosis of melanoma in the US. The greatest associated mean cost was accrued by ICD 9 code 172.2, melanoma of the ear, which was closely followed by melanoma of the face. ICD 9 code 172.6, which represents melanoma of the arm, had the lowest associated mean cost.

Discussion

There is considerable resource utilization associated with melanoma in the United States. In our study we found that the overwhelming majority of patients admitted with a diagnosis of melanoma regardless of region were insured by a government-sponsored program. With the current focus on reducing government spending, the allocation of healthcare dollars is under constant review. Melanoma prevention and early detection may reduce the number of melanoma-related hospitalizations and may improve clinical outcomes and reduce costs. This review summarizes the economic burden associated with melanoma with a focus on the US healthcare system.

References

1. National Inpatient Sample (NIS) beginning with 2012 data: The study examined regional cost differences for melanoma using discharge data from the National Inpatient Sample (NIS), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality.