



## **SKIN CANCER PREVENTION POLICY**

*The Public Health Association of Australia notes that:*

### **1. Skin Cancer in Australia:**

Skin cancer rates in Australia are the highest in the world and account for 80% of all new cancers diagnosed each year.<sup>1</sup> The latest available data suggest that on an annual basis, over 10,600 people<sup>2</sup> will develop a melanoma and more than 434,000<sup>3</sup> will develop a non-melanocytic skin cancer.<sup>2</sup>

Although non-melanocytic skin cancers (NMSC) are more common than melanomas their data is not routinely collected, resulting in the incidence being constantly underestimated. Most recent, conservative estimates suggest that 434,000 people<sup>3</sup> (253,000 males, 180,000 females) were diagnosed with one or more NMSC in 2008. Furthermore, nationally there were 410 deaths<sup>4</sup> from NMSC in 2006.

Treatment and diagnosis of skin cancer in Australia is estimated to cost around \$300 million each year,<sup>5</sup> which is the highest health care expenditure of all cancers. A recent study by Deakin University highlighted how the government can reduce these health care costs with a skin cancer awareness campaign.<sup>6</sup>

### **2. Risk Factors:**

There is sufficient evidence about the carcinogenicity of solar radiation in humans and sun exposure is a well-established major risk factor for the development of about 99% of non-melanoma skin cancer and 95% of melanoma in Australia.<sup>7,8</sup> An individual is prone to developing skin cancer if they spent their first 18 years in Australia, were sunburnt as a child<sup>9</sup>, have a family history of skin cancer, multi naevi (moles), fair skin,<sup>9,10</sup> and work outdoors or spend a lot of leisure time in the sun.<sup>11</sup> Exposure to artificial sources of ultraviolet (UV) radiation such as the use of solariums is also a major risk factor.<sup>12</sup>

### **3. Prevention:**

Skin cancer, a major public health problem, is largely preventable by using a combination of sun protection measures such as: wearing protective clothing; a broad brimmed, bucket or legionnaire style hat; sunglasses; SPF 30+ sunscreen; and utilising shade.

### **4. Early Detection:**

Early detection of skin cancer is also important as over 95% of skin cancers<sup>13</sup> can be treated successfully if found early. To increase the chance of finding skin cancer at an early and highly treatable stage the general public, particularly those aged 40 years and over, are encouraged to regularly check their own skin and look for a spot, mole or freckle that has

changed in size, shape or colour or a non-healing sore. Advice from a medical practitioner should be sought to address any concerns about skin cancer risk or skin changes.<sup>14</sup>

### **5. Tanning:**

In the past, tanning has been portrayed as a preventive health strategy, for example when treating psoriasis through heliotherapy.<sup>15</sup> A significant proportion of people still hold a “pro-tan” attitude.<sup>16</sup> This attitude is reflected in the 2006-07 National Sun Protection Survey data indicating that 11% of adults and 22% of adolescents attempted to get a tan.<sup>16</sup> People who use solariums before the age of 35 increase the risk of melanoma by 75%.<sup>17</sup> A recent review implied that the increased risk of melanoma could be as much as 98%.<sup>18</sup> The Cancer Council Australia, Cancer Society of New Zealand and the Australasian College of Dermatologists do not recommend the use of artificial UV radiation tanning devices for cosmetic purposes.<sup>19</sup>

The use of fake tan products raises concern if consumers mistakenly believe that the presence of a tan also provides sun protection. A survey conducted by Cancer Council South Australia identified that fake tan users were more likely to report being sunburnt more than once over summer than non-users.<sup>20</sup> Health information should inform consumers that fake tans darken the skin but do not protect against UV radiation. Tanning products containing sunscreen only provide protection for a few hours after application not for the duration of the ‘tan’.<sup>21</sup>

A “pro-tan” attitude has led to huge growth in the solarium industry. An audit of solariums advertised in the Yellow Pages business directories across Australia indicated a 400% increase since 1996.<sup>22</sup>

### **6. Environment:**

A major function of the ozone layer is the absorption of solar UV radiation reaching the earth’s surface. The World Health Organisation estimates that if there is a 10% decrease in stratospheric ozone, an additional 300,000 cases of non-melanocytic and 4,500 cases of melanoma and between 1.6 and 1.75 million cataracts could result world wide annually.<sup>23</sup>

### **7. Sunscreen:**

In Australia, the active ingredients and maximum concentrations permitted in sunscreens are regulated by the Therapeutic Goods Administration (TGA).<sup>24</sup> Two common ingredients in sunscreen – zinc oxide and titanium dioxide – give the skin a white appearance upon application therefore nanoparticles (micro-fine particles) of these substances may be used to reduce the visibility of sunscreens. TGA conducted a review of scientific literature<sup>25</sup> on the use of nanoparticles in sunscreens. They concluded that there is no evidence that sunscreens containing zinc oxide and/or titanium dioxide nanoparticles pose any health risk.<sup>26,27</sup> However, no sunscreen, regardless of its SPF rating, provides 100% protection against UV radiation<sup>26</sup> so a combination of sun protection measures should be used, such as, hat, clothing, glasses and shade. The Australian SunSmart campaign specifically promotes the use of SPF 30+ broad spectrum sunscreen as part of its ‘Slip! Slop! Slap! Seek! Slide!’ message, encompassing the use of a combination of sun protection measures<sup>30</sup>.

### **8. Vitamin D:**

A balance is required between achieving enough sun exposure to maintain adequate vitamin D levels (for protection against osteoporosis and other health conditions), while decreasing skin cancer risk. Recent research confirms that some Australians deliberately seek sun exposure because they are concerned about vitamin D.<sup>16</sup> Most people achieve adequate vitamin D levels from the sun exposure they receive from typical day-to-day outdoor

activities. Therefore, sun protection is still required, especially during peak ultraviolet radiation periods (10 am to 3 pm).<sup>28,29</sup>

Some groups in the community are at increased risk of vitamin D deficiency. They include naturally dark skinned people, those who cover their skin for religious or cultural reasons, the elderly, babies of vitamin D deficient mothers, and people who are housebound or are in institutional care. Advice from a medical practitioner should be sought to address any concerns about vitamin D as some people may benefit from dietary supplementation with vitamin D.<sup>28</sup>

***The Public Health Association of Australia affirms that:***

1. Reducing exposure to UV radiation, both solar and artificial, contributes to the reduction of the incidence of skin cancer. This should be achieved by using a combination of sun protection measures including protective clothing, hats, sunglasses, sunscreen and shade.
2. Many risk factors are associated with the development of skin cancer and a holistic approach to prevention and early detection is required. Such approaches need to consider cultural, socio-economic, environmental, political and legislative impacts.
3. In addition to individual actions prompted by health promotion campaigns that protect people from UV radiation, a comprehensive approach to skin cancer prevention should include an emphasis on the design and construction of adequate built or natural shade for recreation facilities, workplaces and schools. This requires town planners, developers and local government to develop policies to support these actions.<sup>15</sup> Outdoor events should be scheduled before 10 am or after 3 pm avoiding the time when UV radiation is at its highest.
4. There is a continued need to support high-level research in skin cancer, especially in the development and evaluation of health promotion programs to help prevent skin cancer.
5. A national skin cancer prevention framework and program should be established that is a partnership between all levels of government, non-government organisations, community and academic institutions. This will ensure Australia develops, implements and sustains a uniform comprehensive approach to skin cancer prevention.
6. There is a need to continue to develop efficacious, comprehensive and cost-effective approaches to the early detection of skin cancer.

***The Public Health Association of Australia recommends that:***

1. Comprehensive government regulation of the solarium industry should be enforced across Australia with an effective monitoring system and penalties for solarium operators failing to comply with the regulations.

2. Public guidelines are provided to reduce skin cancer risks associated with the use of solariums and tanning beds.
3. Funding continues to be allocated to implement and maintain comprehensive skin cancer prevention and early detection programs throughout Australia.
4. A uniform national skin cancer classification, reporting and detection system is developed, in addition to a nationally coordinated monitoring and surveillance system for evaluating the effectiveness of skin cancer prevention and early detection activities.

***The Public Health Association of Australia resolves that:***

1. The Health Promotion Special Interest Group will develop an alliance with academics, allied health professionals, relevant industry groups, interested non-government organisations and key stakeholders to work towards a national framework for Skin Cancer Health Promotion for action at Commonwealth and State levels.
2. The PHAA Board and National Office will promote the development of a coordinated national approach to prevention and early detection of skin cancer with the Commonwealth Department of Health and Ageing, State and Territory health portfolios, Local Government and The Cancer Council Australia.

**ADOPTED 1992, REVISED AND RE-ENDORSED 2000, 2002, 2006 AND 2009**  
***First adopted at the 1992 Annual General Meeting of the Public Health Association of Australia, amended in 2000, 2002 and revised at the 2006 PHAA Conference. Most recently revised by Cancer Council Western Australia in 2009 and re-endorsed as part of the 2009 policy review process.***

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