

# Skin Cancer Prevention

## Policy Position Statement

<b>Key messages:</b>	<p>Australia has one of the highest rates of skin cancer in the world. About 2 out of 3 Australians will be diagnosed with some form of skin cancer before the age of 70.</p> <p>Melanoma and non-melanoma skin cancers are responsible for the highest cancer-related health system expenditure at over \$1.9 billion.</p> <p>The majority of skin cancers are preventable.</p>
<b>Key policy positions:</b>	<ol style="list-style-type: none"><li>1. Development of a national framework for skin cancer prevention and early detection to drive action at all levels of public sector, private sector, community and academia.</li><li>2. Dedicated funding to develop, implement, maintain, evaluate and research comprehensive skin cancer prevention and early detection programs throughout Australia.</li><li>3. Continued support for uniform national skin cancer classification and reporting processes in Australia, alongside nationally adopted surveillance guidelines relating to those at higher risk than the general population, supplemented with ongoing and regular national data collection on skin cancer related behaviours.</li></ol>
<b>Audience:</b>	Federal, State and Territory Governments, policymakers, program managers, PHAA members and media.
<b>Responsibility:</b>	PHAA Health Promotion Special Interest Group
<b>Date adopted:</b>	September 2024
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# Skin Cancer Prevention

## Policy position statement

### PHAA affirms the following principles:

1. **Reduction of exposure to ultraviolet (UV) radiation**, both solar and artificial, reduces the incidence of skin cancer. At an individual behavioural level, a combination of measures including wearing protective clothing, wearing a hat, wearing sunglasses, applying high SPF broad-spectrum sunscreen, staying in the shade and avoiding solariums and other artificial sources of UV radiation is needed. Local and state governments, town planners and developers need to be guided by healthy built environment policies which support adequate built or natural shade in public spaces, recreational facilities, workplaces and schools. Outdoor events should be timed appropriately to minimize exposure to UV radiation.
2. **Early detection**. Efficacious, comprehensive and cost-effective approaches to early detection of skin cancer are required, including regular self-checks and knowing when to consult with a health practitioner.
3. **Framework**. A national skin cancer prevention framework and program should be established to ensure a uniform and comprehensive approach to skin cancer prevention, involving partnership between all levels of government, non-government organisations, the community and academic institutions, and with consideration for cultural, socioeconomic, environmental, political and legislative impacts.
4. **Awareness**. On-going educational health promotion campaigns about skin cancer prevention and early detection are needed.
5. **Research**. Continued research in skin cancer prevention and early detection must be supported to ensure cutting-edge evidence is used to reduce the high skin cancer rates in Australia.

### PHAA notes the following evidence:

#### *Skin Cancer in Australia:*

6. Australia has one of the highest rates of skin cancer in the world. About 2 out of 3 Australians will be diagnosed with some form of skin cancer before the age of 70<sup>1</sup>. The latest available data shows that 16,878 Australians developed a melanoma in 2021<sup>2</sup> and there were 1,100,000 paid Medicare services related to non-melanoma skin cancers (NMSC), now referred to as keratinocyte cancers, in 2023. There were 1,455 deaths from melanoma and 765 deaths from NMSC in 2021.<sup>3</sup>
7. In 2020/21, health system expenditure for melanoma and NMSC was \$407 million and more than \$1.5 billion, respectively.<sup>4</sup> This means that skin cancer costs the health system over \$1.9 billion annually, making it the most expensive cancer – more than breast, prostate or lung cancer.<sup>4</sup>

#### *Risk Factors*

8. Unprotected sun exposure is a well-established risk factor estimated to cause up to 95% of melanomas and 99% of NMSC in Australia.<sup>5,6</sup> An individual is at increased risk of developing skin cancer if they (i) spent their first 18 years in Australia, (ii) were sunburnt as a child,<sup>7</sup> (iii) have multiple naevi (moles),<sup>7</sup> (iv) have fair skin,<sup>7,8</sup> (v) have reduced immunity, (vi) have previously had skin cancer, and (vii) work outdoors or spend a lot of leisure time in the sun. Exposure to artificial sources of UV radiation, such as solariums, is also a major risk factor.<sup>9-11</sup> Having a first-degree relative with skin cancer increases your risk of both melanoma and NMSC.

### Prevention

9. Skin cancer, a major public health problem, is preventable by using a combination of sun protection measures such as, wearing protective clothing; wearing a broad-brimmed, bucket or legionnaire-style hat; wearing sunglasses that meet the Australian/New Zealand Standard AS/NZS 1067:2016; wearing SPF 30+ broad-spectrum sunscreen; and using shade – in line with Cancer Council recommendations. The Australian SunSmart messaging specifically promotes a combination of sun protection measures as part of its 'Slip! Slop! Slap! Seek! Slide!' message.<sup>12</sup> The use of multiple forms of sun protection is recommended when the UV level is 3 or above. Outdoor workers are exposed to cumulatively more UV radiation, and therefore use of multiple forms of sun protection is recommended even when the UV level is below 3.

### Early Detection

10. Early detection of skin cancer is critical, with survival from melanoma five years after diagnosis being high if caught early.<sup>13</sup> To increase the chance of finding skin cancer at an early and highly treatable stage, people are encouraged to regularly check their own skin (i.e., at least every three months) and consult a medical practitioner about any skin changes.<sup>14</sup>

### Tanning

11. **Indoor tanning.** The World Health Organization (WHO) has classified indoor tanning as a first-group carcinogen.<sup>15</sup> Cancer Council Australia, the Cancer Society of New Zealand, and the Australasian College of Dermatologists strongly advise against the use of artificial UV radiation tanning devices for cosmetic purposes.
12. **Commercial solariums.** All state and territory governments have banned commercial solariums (except the Northern Territory where there are no commercial solariums). Since January 2016 it has been illegal for any business or individual to offer UV tanning services for a fee.
13. **Fake tans.** Consumers may mistakenly believe that the presence of a fake tan provides sun protection. Health education is required to inform consumers that fake tan only temporarily darkens the outer layers of the skin but does not protect against UV radiation. Tanning products containing sunscreen only provide protection for a few hours after application, not the duration of the tan, and should not be used for sun protection nor to prolong sun exposure.<sup>16</sup>

### Environment

14. A major function of the ozone layer is the absorption of solar UV radiation reaching the Earth's atmosphere. The World Health Organization estimates that if there is a 10% decrease in stratospheric ozone, an additional (i) 300,000 cases of NMSC, (ii) 4,500 cases of melanoma, and (iii) between 1.6 and 1.75 million cataracts could result world-wide annually.<sup>17</sup>
15. Australia acceded to the Vienna Convention for the Protection of the Ozone Layer in 1987 and ratified the Montreal Protocol on Substances that Deplete the Ozone Layer originally in 1989, and then again for each of the six amendments agreed between 1990 and 2016, resulting in the phasing out of ozone depleting substances, including chlorofluorocarbons (CFCs)<sup>18</sup>.

### Sunscreen

16. In Australia, the active ingredients and maximum concentrations permitted in sunscreens are regulated by the Therapeutic Goods Administration (TGA). Sunscreens that are TGA-approved are deemed safe for human use. Compliance with the Australian/New Zealand Sunscreen Standard AS/NZS 2604:2012 is currently required for all sunscreens.<sup>19</sup>

17. Two common ingredients in sunscreen – zinc oxide and titanium dioxide – give the skin a white appearance upon application. To reduce the visibility of sunscreens, some sunscreens use nanoparticles of these, the updated 2017 TGA evidence statement concludes there is minimal penetration of nanoparticles across the stratum corneum of the skin, and that sunscreen products are unlikely to cause harm as a result.<sup>19</sup>

#### Vitamin D

18. A balance is required between achieving enough sun exposure to maintain adequate vitamin D levels and decreasing skin cancer risk. Most people achieve adequate vitamin D levels from the sun exposure they receive from typical day-to-day outdoor activities.<sup>20</sup> Therefore, sun protection is still required in most cases when the UV Index reaches 3 or more.<sup>12</sup> Due to the variability in UV intensity across various latitudes of Australia, Cancer Councils in each state provide advice on the amount of sun exposure required to maintain adequate vitamin D levels according to geographical location.
19. 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 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>21</sup>
20. It remains the position of all Cancer Councils that deliberate sun exposure for the purpose of boosting vitamin D levels is not recommended if the local UV index is 3 or higher.<sup>12</sup>
21. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goal 3 – Good Health and Wellbeing](#).

#### PHAA seeks the following actions:

22. Development of a national framework for skin cancer prevention and early detection to drive coordinated action at all levels of public sector, private sector, community and academia.
23. Dedicated funding to develop, implement, maintain, evaluate and research comprehensive skin cancer prevention and early detection programs at best practice levels throughout Australia. Programs should be far reaching and match the setting in which they are being conducted, with the goal of making sun protection routine and socially acceptable.
24. Continued support for uniform national skin cancer classification and reporting processes in Australia, alongside nationally adopted surveillance guidelines relating to those at higher risk than the general population, supplemented with ongoing and regular national data collection on skin cancer related behaviours.

#### PHAA resolves that:

The Board and Branches, with advice from the Health Promotion Special Interest Group, will:

25. Continue to consult with an alliance of academics, allied health professionals, relevant industry groups, interested non-government organisations, and key stakeholders to work towards a national framework for skin cancer prevention and early detection.

**(Adopted 1992 and revised 2000, 2002, 2006, 2009, 2012, 2015, 2018, 2021 and 2024)**

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