

Skin Cancer Prevention

Policy Position Statement

- Key messages:**
- Skin cancer rates in Australia are the highest in the world and account for 80% of all new cancers diagnosed each year.
- Skin cancer, both melanoma and non-melanoma types, is responsible for the highest cancer-related health system expenditure at over \$1.1billion.
- Skin cancer is almost entirely preventable.
- Key policy positions:**
1. Appropriate funding to develop, implement, maintain, and evaluate comprehensive skin cancer prevention and early detection programs throughout Australia is required.
 2. Uniform national skin cancer classification and reporting processes should continue to be supported in Australia, alongside nationally adopted surveillance guidelines relating to those at higher risk than the general population.
 3. A coordinated national approach to prevention and early detection of skin cancer should be developed, including ongoing and frequent national behavioural data collection.
 4. A national framework for Skin Cancer Health Promotion should be developed for action at all levels of Government.
- Audience:** Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
- Responsibility:** PHAA Health Promotion Special Interest Group
- Date adopted:** 23 September 2021

Skin Cancer Prevention

Policy position statement

PHAA affirms the following principles:

1. Reducing exposure to ultraviolet (UV) radiation, both solar and artificial, contributes to the reduction of the incidence of skin cancer. This requires a combination of sun protection measures: wearing protective clothing, wearing a hat, wearing sunglasses, wearing sunscreen, and staying in the shade (according to Cancer Council's SunSmart criteria) whenever the UV Index is 3 or above and avoiding solariums and other artificial sources of UV radiation.
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 educate people about overexposure to 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 public spaces, recreation facilities, workplaces, and schools. This requires town planners, developers, and local and state governments to develop policies to support these actions. Outdoor events should be scheduled to occur when the UV Index level is below 3 wherever possible. Otherwise, sun protection requirements should be given careful consideration.
4. There is a continued need to support high-level research into 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, and community and academic institutions. This will ensure Australia develops, implements, and sustains a uniform and 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.¹

PHAA notes the following evidence:

Skin Cancer in Australia:

7. Skin cancer rates in Australia the highest in the world and account for 80% of all new cancers diagnosed each year.² The latest available data shows that 14,485 Australians developed a melanoma in 2016³ and there were 959,243 paid Medicare services related to Non-Melanoma Skin Cancers (NMSC) in 2014. There were 1,415 deaths from melanoma and 678 deaths from NMSC in 2019.⁴
8. In 2015/16, health system expenditure for melanoma and NMSC was \$160.8 million and more than \$1 billion, respectively.⁵ This means that skin cancer costs the health system over \$1.1 billion annually, making it the most expensive cancer – more than breast, prostate, or lung.⁵

Risk Factors

9. Unprotected sun exposure is a well-established risk factor for the development of about 95% of melanoma and 99% of NMSC in Australia.^{6,7} An individual is at increased risk of developing skin cancer if they (1) spent their first 18 years in Australia, (2) were sunburnt as a child,⁸ (3) have multiple naevi (moles), (4) have fair skin,^{8,9} (5) have reduced immunity, (6) have previously had skin cancer, and (7) 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.¹⁰⁻¹² Having a first degree relative with skin cancer increases your risk of both melanoma and NMSC.

Prevention

10. 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 1067.1:2016; wearing SPF 30 or higher broad-spectrum sunscreen; and using shade – in line with Cancer Council recommendations. Use of multiple forms of sun protection is recommended when the UV level is 3 or above.
11. 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

12. Early detection of skin cancer is critical, with survival from melanoma five years after diagnosis high if caught early.¹³ 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.¹⁴

Tanning

13. Despite the associated health risk, 38% of adolescents and 30% of adults in Australia desired a suntan in 2016/17.¹⁵ Due to evidence that solarium use increases skin cancer risk,¹⁶ people who use solariums before the age of 35 have a 59% greater risk of melanoma than those who do not use them.¹⁶ 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.¹⁷
14. All state and territory governments have banned commercial solariums (except the Northern Territory where there are no commercial solarium). Since January 2016 it has been illegal for any business or individual to offer UV tanning services for a fee.
15. The use of fake tan products raises concern if consumers mistakenly believe that the presence of a tan also provides sun protection. Health information should clearly inform consumers that fake tan 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.¹⁷

Environment

16. 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.¹⁸

Sunscreen

17. 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 safe for human use.
18. Two common ingredients in sunscreen – zinc oxide and titanium dioxide – give the skin a white appearance upon application. Nanoparticles of these substances may be used to reduce the visibility of these sunscreens and this has raised some health concerns. The TGA reviewed the scientific literature on the use of nanoparticles in sunscreens and concluded that based on current evidence, neither TiO₂ nor ZnO nanoparticles are likely to cause harm when used as ingredients in sunscreens and when sunscreens are used as directed.¹⁹
19. No sunscreen, regardless of its SPF rating, provides 100% protection against UV radiation.²⁰ As such, a combination of sun protection measures should be used, such as sunscreen, hat, clothing, sunglasses, and shade. The Australian SunSmart messaging specifically promotes a combination of sun protection measures as part of its 'Slip! Slop! Slap! Seek! Slide!' message.

Vitamin D

20. 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.²¹ Therefore, sun protection is still required in most cases when the UV Index reaches 3 or more.²² 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.
21. 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.²¹
22. 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.

PHAA seeks the following actions:

23. Funding to develop, implement, maintain, and evaluate 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. Continue to support uniform national skin cancer classification and reporting processes, alongside nationally adopted surveillance guidelines relating to those at higher risk than the general population.
25. Continue to support the Montreal Protocol and maintain ban on the use of chlorofluorocarbons (CFCs).

PHAA resolves to:

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

26. 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 Health Promotion for action at Australian Government and State levels.
27. Promote the development of a coordinated national approach to prevention and early detection of skin cancer with the Australian Government Department of Health, State and Territory health portfolios, Local Government, and Cancer Council Australia.

(First adopted 1992, revised and reindorsed in 2000, 2002, 2006, 2009, 2012,2015, 2018 and 2021)

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