Public Health Association of Australia:
Policy-at-a-glance – Skin Cancer Prevention Policy

Key message: PHAA recommends -
1. A national ban on solariums be supported by relevant health bodies and key decision makers.
2. Funding continues to be allocated to implement, maintain and evaluate comprehensive skin cancer prevention and early detection programs throughout Australia.
3. Uniform national skin cancer classification and reporting processes continue to be supported in Australia, alongside nationally adopted surveillance guidelines relating to those at higher risk than the general population.

Summary: Skin cancer rates in Australia are amongst the highest in the world and account for 80% of all new cancers diagnosed each year. PHAA will 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. PHAA will promote the development of a coordinated national approach to prevention and early detection of skin cancer.


Responsibility: PHAA’s Health Promotion Special Interest Group (SIG)

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Skin Cancer Prevention Policy

The Public Health Association of Australia (PHAA) notes that:

1. Skin Cancer in Australia:
Skin cancer rates in Australia are amongst the highest in the world and account for 80% of all new cancers diagnosed each year. The latest available data suggest that on an annual basis, 11,057 Australians will develop a melanoma and approximately 434,000 Australians will develop a non-melanoma skin cancer (squamous cell carcinoma or basal cell carcinoma).

Although non-melanoma skin cancers (NMSC) are more common than melanomas, data on their occurrence is not routinely collected, resulting in the incidence being constantly underestimated. Most recent, conservative estimates suggest that 434,000 people (253,000 males, 180,000 females) were diagnosed with one or more NMSC in 2008. Furthermore, nationally there was an estimated 452 deaths from NMSC in 2009.

Treatment and diagnosis of skin cancer in Australia is estimated to cost around $300 million each year, which is the highest health care expenditure of all cancers. A 2009 study by Deakin University highlighted ways the government can reduce these health care costs with a skin cancer awareness campaign.

2. Risk Factors:
The International Agency for Research on Cancer (IARC) has classified solar radiation as a Group 1 carcinogen. Sun exposure is a well-established risk factor for the development of about 99% of NMSC and 95% of melanoma in Australia. An individual is at increased risk of developing skin cancer if they spent their first 18 years in Australia, were sunburnt as a child, have a family history of skin cancer, multiple naevi (moles), fair skin, work outdoors or spend a lot of leisure time in the sun. Exposure to artificial sources of ultraviolet (UV) radiation such as solariums is also a major risk factor.

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; maximum SPF sunscreen; and using shade – in line with Cancer Council recommendations.

4. Early Detection:
Early detection of skin cancer is also important. Survival from melanoma measured five years after the diagnosis is high if caught early with 96% if localised. 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 immediately to address any concerns about skin cancer risk or skin changes.  

5. Tanning:  
There is no such thing as a healthy tan. Tanned skin is damaged skin. In February 2012 the NSW State Government announced a state-wide ban on solariums, to come into effect after 31 December 2014. The PHAA and Cancer Councils around Australia support a complete ban on use of solaria for cosmetic purposes in Australia.

People who use solariums before the age of 35 increase their risk of melanoma by 75%. 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.

The use of fake tan products raises concern if consumers mistakenly believe that the presence of a tan also provides sun protection. Surveys conducted by Cancer Council South Australia and the University of Wollongong identified that fake tan users were more likely to report being sunburnt more often than non-users, while adolescents using fake tan were less likely to use sun protection measures. Health information should more clearly inform consumers that fake tans temporarily darken the outer layers of 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, and should not be used as a means of sun protection nor to prolong sun exposure.

6. Environment:  
A major function of the ozone layer is the absorption of solar UV radiation reaching the Earth’s surface. The World Health Organization estimates that if there is a 10% decrease in stratospheric ozone, an additional 300,000 cases of NMSC, 4,500 cases of melanoma and between 1.6 and 1.75 million cataracts could result world-wide annually.

7. Sunscreen:  
In Australia, the active ingredients and maximum concentrations permitted in sunscreens are regulated by the Therapeutic Goods Administration (TGA). Two common ingredients in sunscreen – zinc oxide and titanium dioxide – give the skin a white appearance upon application. Nanoparticles (micro-fine particles) of these substances may be used to reduce the visibility of these sunscreens and has raised some health concerns. The TGA has recently conducted a review of scientific literature 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.

No sunscreen, regardless of its SPF rating, provides 100% protection against UV radiation therefore a combination of sun protection measures should be used, such as sunscreen, hat, clothing, sunglasses 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, that encourages the use of a combination of sun protection measures.

8. Vitamin D:  
A balance is required between achieving enough sun exposure to maintain adequate vitamin D levels (for bone health 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 deficiency. 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 in most cases, when the UV Index reaches 3 or more. 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.

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.

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 (according to SunSmart criteria), and by avoiding solariums.

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. Outdoor events should be scheduled to occur when the UV Index level is below 3, wherever possible. Where this is not possible, sun protection requirements should be given careful consideration.

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, including education campaigns featuring melanoma pictures.

The Public Health Association of Australia recommends that:

1. A national ban on solariums be supported by relevant health bodies and key decision makers. Until such time that this ban occurs, comprehensive government regulation of the solarium industry should continue to be enforced across Australia with an effective monitoring system and penalties for solarium operators failing to comply with the regulations.

2. Funding continues to be allocated to implement, maintain and evaluate comprehensive skin cancer prevention and early detection programs throughout Australia. Programs should be varied and far reaching across various settings, including workplaces, schools,
recreational and other settings with the goal of making sun protection routine and socially acceptable throughout Australia.

3. Uniform national skin cancer classification and reporting processes continue to be supported in Australia, alongside nationally adopted surveillance guidelines relating to those at higher risk than the general population.

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

1. The Health Promotion Special Interest Group will 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.

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 Australian Government Department of Health and Ageing, State and Territory health portfolios, Local Government and Cancer Council Australia.

First adopted at the 1992 Annual General Meeting of the Public Health Association of Australia. Most recently revised by Cancer Council Western Australia in 2012 and re-endorsed as part of the 2012 policy review process.

**References:**


8. Armstrong BK, Kricker A. How much melanoma is caused by sun exposure? *Melanoma*


