

Skin cancer: a significant gap in the National Preventive Health Strategy



- Australia has the highest skin cancer rates in the world and these are increasing at significant cost to individuals and the health system
- A high proportion of skin cancers are preventable through appropriate sun protection but improvements in sun protective behaviours are stalling
- Prevention and early detection substantially reduce morbidity and mortality associated with advanced skin cancer
- Public health programs aimed at preventing excessive exposure to UV are effective in changing sun protection behaviour
- Education programs that support GPs in skin cancer risk, early detection and appropriate specialist referral are a key complement
- However there has been no significant Government investment in skin cancer prevention at a national level since 2007

Skin cancer prevention is stalling. Declining investment due to the absence of skin cancer prevention the National Preventive Health Strategy threatens to reverse the advances of recent decades and expose a new generation of Australians to the scourge of skin cancer.

Escalating skin cancer incidence in Australia intensifies the need for renewed focus and investment in proven, evidence-based preventive and early detection strategies starting with skin cancer's inclusion in the National Preventive Health Strategy.

ABOUT THE ACD

The Australasian College of Dermatologists (ACD) is the sole medical college accredited by the Australian Medical Council for the training and continuing professional development of medical practitioners in the speciality of dermatology. As the national peak membership organisation, we represent over 550 dermatologist Fellows (FACD) and 100 trainees.

Dermatologists specialise in the diagnosis, treatment and management of all skin diseases and conditions, including skin cancer. They are extensively trained over four years to differentiate in changes in the skin that may indicate cancer and have expertise in skin surgery techniques and the specific treatment approaches for different tumour types, resulting in improved skin cancer outcomes.

SKIN CANCER IS A PREVENTION PRIORITY

In Australia, melanoma is the 3rd most commonly diagnosed cancer – in 2020, over 16,000 new diagnoses of melanoma are estimated, comprising 11% of all cancer diagnoses.¹ That is close to one diagnosis every half hour. Almost 1,400 people in Australia are estimated to die from melanoma in 2020.¹

Keratinocyte cancers (KCs) such as basal cell carcinoma and squamous cell carcinoma are the most common cancer in Australia. While most KCs are easily treated, some can spread to other parts of the body. In 2016, there were 679 deaths from KC in Australia². Due to their very high incidence and chronic nature, the estimated cost of treatment for keratinocyte cancers (KCs) in 2015 was \$703 million³.

The number of melanoma cases diagnosed in Australia each year continues to rise. The incidence rate of melanoma doubled between 1982 and 2020, increasing from 27 to 54 cases for every 100,000 people.¹ This increase applies to older age groups – for people under 40, the rate dropped from 13 in 2002 to 9 cases of melanoma for every 100,000 in 2016.⁴

Taking account of the time lag between preventive action and incidence, the incidence rate for people under 40 is arguably testament to the success of the Cancer Council's Slip Slop Slap campaign – these were the first generation of Australian children to have their parents slap on sunscreen. And yet, these incidence figures give no cause for complacency. Today, we see these sun protective behaviours stalling and without renewed focus and investment, we cannot expect to see skin cancer incidence decline in future generations.

Skin cancer is primarily a preventable risk cancer. With the highest rates of skin cancer in the world, the absence of skin cancer prevention from Australia's National Preventive Health Strategy is a significant and unacceptable gap.

SKIN CANCER PREVENTION REQUIRES ONGOING FOCUS

Skin cancer is primarily a preventable cancer. Sun exposure has been estimated to cause around 95% of melanoma cases in areas of high UV exposure, such as Australia, and around 99% of KCs in Australia (Cancer Australia 2015)⁵. Using a combination of sun protection measures, Australians can take positive steps every day to reduce their risk of skin cancer.

Public awareness campaigns improve sun protection behaviour. The ACD has been donating to and partnering with the Cancer Council Australia to hold National Skin Cancer Action Week for many years highlighting the importance of sun protection by reinforcing from the doctor's perspective the downstream negative consequences of poor sun protective and skin checking behaviours.

A national skin cancer prevention campaign has been shown to be one of the most cost-effective public health investments available to government. Campaigns have been shown to reduce skin cancer morbidity, mortality, and contribute to reducing the economic burden of skin cancer. A cost-benefit analysis of three campaigns implemented in New South Wales found for every \$1 invested a return of \$3.85 is achieved⁶.

However, there has been no significant Government investment in skin cancer prevention at a national level since 2007. The lack of Federal Government funding has put the onus on States and Territories, and charities such as the Cancer Council have had to pick up the slack.

While sun protective behaviours and sunburn in the population showed substantial improvement between 2003-2010 they have stalled in recent years⁷.

This highlights the need for investment in mass media skin cancer prevention campaigns to maintain progress and reduce the nation's skin cancer burden. Renewed and adequate investment is essential as sun protective behaviours are amenable to change and increased exposure to campaigns is associated with increased sun protective behaviours⁸.

Even our ability to measure this crucial lead indicator of skin cancer is faltering due to insufficient investment and there is an urgent need for government-funded data collection, for example through the ABS National Health Survey.

After more than 30 years of work, we also do not want to lose Australia's reputation as having the most extensive, comprehensive and longest standing skin cancer prevention programs in the world. Many programs have been based on and modified by extensive research and evaluation⁹. If the Australian Government is to maintain Australia's position as a world leader in skin cancer prevention and extend what we have learned to other areas, renewed support and investment is critical.

Skin cancer prevention is stalling. It must be included as a NPHS focus area to enable a renewed focus and prevent a reversal of the health gains made in recent decades and the loss of Australia's world-leading position in skin cancer prevention policies and programs.

ENHANCING PREVENTION ACTION: INCREASING HEALTH WORKFORCE CAPABILITY AND CAPACITY

Early detection key to survival rates

Survival rates for skin cancer have improved with earlier detection and better treatment options; however, survival rates remain low for skin cancers that are diagnosed at an advanced stage.

For patients with thin tumours and localised disease at diagnosis (Stage I), the five-year relative survival rate is 99%; this reduces to 61% for regional disease (Stage III) and 26% for metastatic disease (Stage IV). Fortunately, approximately 90% of melanomas are diagnosed at an early stage (Stage I or II) (AIHW 2019)³.

Improvements in detection and treatment continue to be needed to reduce the substantial morbidity and mortality associated with advanced disease.

Awareness of skin cancer risk factors

Early detection is critical and knowing an individual's skin cancer risk is a key factor. While the single greatest risk factor for skin cancer is excessive exposure to ultraviolet (UV) radiation from the sun or from solariums, other risk factors include fair skin and hair; a high number of common or unusual moles; a weakened immune system; a family history of melanoma; and previous personal diagnosis of melanoma or keratinocyte cancer.

Multipronged public health campaigns and education initiatives that target both consumers, communities and health professionals are crucially important in increasing awareness of the importance of knowing your personal skin cancer risk and what the risk factors are.

Ensuring a highly skilled primary care workforce

We agree - every consultation should be an opportunity for a preventive health discussion. For most Australians, GPs remain at the front line of skin cancer prevention and detection.

It is critical that GPs and other health professionals can access high quality, accredited professional development and education to maintain and develop their skills in skin cancer risk assessment, detection and management and appropriate referral for specialist dermatology care. This requires continued and increased investment in continued awareness raising and educational strategies.

Governments' support for such initiatives is contingent on them continuing to recognise skin cancer as a prevention priority.

The role of dermatologists in prevention

Knowing risk signs and when to refer is important. As specialists, dermatologists have expertise in early detection and are trained to recognise and differentiate between changes in the skin that may indicate cancer.

Dermatologists play a critical role in advising patients about prevention, with practical skin care advice that people can incorporate into their everyday routines tailored to each person's needs, taking into account their individual risk factors.

This is important for patients with chronic skin cancer conditions who require frequent follow up and continual care, but also for a range of other patients who may have photosensitivity due to their skin condition or their medication; who may have a higher risk factor due to a genetic condition or because they are on immunosuppressants, such as transplant patients.

Studies show dermatologists have greater skin cancer diagnostic accuracy than non-dermatologists.¹⁰ This translates to a greater efficiency in skin cancer diagnosis and a reduction in the number of unnecessary biopsies and excisions, and as a result fewer adverse effects associated with excision and wound repair.¹¹

The earlier that skin cancer is detected, diagnosed and treated, the greater the chance of survival. Dermatologists' four-year training program means they have expertise in skin surgery techniques and the specific treatment approaches for different tumour types resulting in improved skin cancer outcomes.

Dermatologists also have a key role in supporting the capability building of other health professionals in skin cancer risk assessment, screening, early detection and diagnosis.

Absence from NPHS impacts on efforts to improve access and equity

Despite the significant need for specialist dermatology care in Australia, the dermatology workforce remains in severe shortage (just 550 practising in Australia) and maldistributed (just 10% live and practice outside major metropolitan centres). This means many Australians, particularly those in regional, rural and remote Australia, face unacceptable delays in accessing the safe, timely, geographically convenient care they need.

Obtaining Federal and jurisdictional investment to increase the number of consultant and registrar positions in public hospitals and in expanded settings such as rural and private practice continues to be highly challenging.

A failure to recognise skin cancer in the NPHS means investment in expanding the dermatology workforce to meet the significant skin cancer needs of Australians and build the capacity of the primary care workforce will continue to be deprioritised, putting the lives of too many Australians at unnecessary risk and with significant downstream costs for individuals and the health system.

The earlier that skin cancer is detected, diagnosed and treated, the greater the chance of survival. Failure to include skin cancer prevention and early detection in the National Preventive Health Strategy undermines efforts to build workforce capability and capacity to respond to Australia's most prevalent cancer in Australia.

CONCLUSION

We strongly support the goals of the draft National Preventive Health Strategy. We agree it is critical that different sectors, including across all governments at all levels work together. We agree prevention must be embedded in the health system and environments must support health and healthy living.

We agree communities must be engaged in prevention and enabled to make the best possible decisions about their health. We agree prevention efforts must adapt to emerging issues and new science.

However, we will not have the investment to implement these goals and achieve the vision and aims of the National Preventive Health Strategy if we Australia's national cancer continues to be absent from that strategy.

As noted in the draft strategy, as we pivot to address new threats, we should not forget old threats. Skin cancer was forgotten in the last National Preventive Health Strategy and we are starting to lose the gains we have made.

We strongly urge that skin cancer prevention and early detection be included as a focus area in the new National Preventive Health Strategy.

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