

OUR FATAL ATTRACTION



More can be done to prevent one of Australia's biggest killers.

Story: Claire McEvilly

We love a sunburnt country, but our craving for the sun is killing far too many of us.

We may be slipping, slopping and slapping more often, but Australia still has the highest recorded incidence of skin cancer in the world, with more than 12 times the global average rate of melanoma.

The good news is that in Australia the five-year survival rates from skin cancer are among the best in the world and we also have world-class research and treatment facilities.

However, with health department figures showing that two out of three Australians will be diagnosed with skin cancer by the age of 70, the disease continues to place an immense burden of suffering on victims and their families.

And the earlier and more frequently we are exposed, the higher the risk that we will end up as the next victim.

Susan Gregg, with a family history of skin cancer, worries about that risk for her fair skinned daughter.

What alarms her most is the time her daughter spends out in the burning heat of north Queensland during school hours.

She's concerned about sports classes and other activities, such as fire drills, being held in the middle of the day, and the likelihood of sunburn if children are allowed to spend lengthy periods in the midday heat.

"The schools all seem to have a 'no hat, no play' policy. However, with many of them, it appears that that is the beginning and end of what the school does in terms of protecting their students from harmful exposure to the sun," she says.

Ms Gregg is one of many people sharing their views with the House of Representatives Health Committee, which is investigating ways to improve prevention, early diagnosis and treatment of skin cancer, as well as options to increase awareness of the disease in the community and among health professionals.

The committee wants to know how to ensure a permanent and sustainable decrease in the frequency of what is, in many cases, suffering that could be prevented.

As almost all skin cancers are caused by exposure to ultraviolet radiation, and therefore preventable, Dr Caroline Millar, from the South Australian Health and Medical Research Institute, says the government's primary focus in the fight against skin cancer should be on public awareness campaigns.

"Mass media campaigning has, in my view, been underdone in skin cancer prevention. The most effective and cost-effective technique to increase community awareness and to motivate behaviour change is investment in quality mass media campaigns," she says.

Farmers have a 60 per cent higher death rate due to melanoma and other malignant skin cancers than the general population.



The federal health department reports that the most recent national skin cancer prevention campaign was demonstrably effective in raising awareness and changing behaviour. 'SunSmart' and 'Slip, slop, slap' have become known catchphrases throughout Australia.

And for the first time, a study led by Professor David Whiteman from the QIMR Berghofer Medical Research Institute has suggested skin cancer rates are falling among young Australians. Professor Whiteman says the results are significant, as these are the first Australians to have grown up with the SunSmart campaigns.

"They've had most of their lifetimes with some awareness of the harm that sunlight can do to the skin, so that's the most plausible explanation," he says.

"There are probably other lifestyle changes that have occurred to that generation as well, but we like to think that it's mostly due to the sun protection campaigns."

Despite such success, there has not been a federally run skin cancer prevention campaign since 2009-10. According to health officials, data shows that health campaigns need to be updated to retain their effectiveness, or else face reduced year-on-year impact.

"In tobacco control there has been the benefit of sustained intervention, and that sustained intervention has brought about big changes which have lasted. Skin cancer has not had the benefit of that sustained intervention. It has been a shorter-term investment with shorter-term results," Dr Millar says.

The Cancer Council is calling for the government to conduct a national mass media campaign to raise awareness of skin cancer risk and sun protection.



The council points to 2008 data showing that government spending in a SunSmart campaign of \$0.28 per capita returned \$2.30 for every dollar invested. The council says an effective mass media campaign would require investment of \$8 million per annum.

“We know it’s tough economic circumstances but the truth for the government is that if they don’t make a modest investment now, it’s going to cost a lot more down the track,” the council says.

The inquiry has also heard concerns that the prevention message may not be getting out to those who need it most.

“We are very concerned that health promotion campaigns across the board are almost certainly not working as well in rural areas as in the cities,” says Gordon Gregory from the National Rural Health Alliance.

The incidence of new cases of melanoma is higher in regional areas than in major cities. Farmers have a 60 per cent higher death rate due to melanoma and other malignant skin cancers than the general population.

Mr Gregory does not think these figures can simply be blamed on farmers spending more time in the sun. He would like to see more research on how to best target prevention campaigns to Australians living in rural areas.

“The nature of rural communications is different. People receive messages in a different way. Some of the standard ways in which we are spending our big money on health promotion campaigns

such as television ads, radio campaigns, billboards, clearly do not suit the means by which rural people tend to receive communications,” he says.

It’s not just rural Australians who might be missing out. Survivors of non-melanoma skin cancer also may not be receiving appropriate prevention messages, despite having a much higher risk of developing melanoma later in life than the general population.

“If you smoke a packet of cigarettes a day for 50 years your relative risk of getting a lung cancer is 40. If you have a Basal Cell Carcinoma [a non-melanoma skin cancer] at the age of 25, your risk of getting a melanoma is 99,” explains Rodney Sinclair, a dermatologist and academic. While stressing that those numbers may not be exact, he says this trend puts non-

melanoma skin cancer survivors in a high risk category.

While 400,000 cases of non-melanoma skin cancer are diagnosed in Australia each year, it is not compulsory for medical personnel to report these diagnoses.

Without better data, health practitioners and the government are in the dark about prevalence trends in non-melanoma skin cancer, and how best to address them.

A lack of accurate data is a key obstacle to designing effective prevention

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Sunburn prevention is the best option, but the message may not be getting to those who need it most

campaigns, says Lisa McGlynn from the Australian Institute of Health and Welfare.

“Australia currently has very high quality data for melanoma but not non-melanoma skin cancer. Only with appropriate data is it possible to determine whether there has been any real change in relation to outcomes for Australians,” she says.

There are a number of options which could improve government data, including regular national surveys, or

“It is incumbent on all of us to do what we can to stop this.”

making non-melanoma skin cancer a notifiable disease, which would require doctors to report diagnoses.

Health department representatives say that making non-melanoma skin cancer notifiable may be harder than it sounds. There are huge costs to consider, given the thousands of cases, as well as the administrative burden this would involve for the medical profession.

The Australian Institute of Health and Welfare says the feasibility of a national survey on the incidence of



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non-melanoma skin cancer should be explored further.

While prevention is clearly the best option, early diagnosis is also a priority and can mean the difference between life and death. Here too a city/country divide is evident.

The National Rural Health Alliance points to data which shows that the further from a major city patients with any form of cancer live, the more likely they are to die within five years of diagnosis.

In the case of skin cancer, difficulties accessing early diagnosis can lead to poorer outcomes. “Because of the difficulties experienced by rural people in accessing skin cancer diagnosis, their presentations are likely to be later, especially among men,” says Gordon Gregory.

As dermatology is one of the most poorly supported medical services in rural areas, patients can be forced to

travel hundreds of kilometres to access specialists to confirm a diagnosis, incurring significant costs and enduring major disruption to their lives.

But rather than recruiting more specialists, the National Rural Health Alliance believes priority should be given to enhancing the skills of existing health professionals in rural and remote areas.

“The best and most frequent good work in early intervention in spotting skin lesions and so on is done by the primary care workforce, by the GP,” Mr Gregory says.

The alliance would like to see better access for rural GPs to clinical decision-making support tools, such as telehealth and teledermatology programs, as well as improved continuing professional development for health professionals in rural and remote areas.

It also believes best-practice clinical guidelines for general practitioners should be reviewed, to take into



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account some of the challenges of practising in rural and regional areas.

“Where clinical guidelines are concerned, it is not one size fits all, because the nature of rural practice, as you well know, is quite distinct,” Mr Gregory says.

Professor Brendon Coventry from the Australian Melanoma Research Foundation agrees and thinks a web-based platform could be part of the answer.

“New data was coming through that we could not include in the guidelines because of the rules and regulations around writing the guidelines and the presentation of evidence,” he recalls.

In contrast, a Wikipedia-type platform would allow guidelines to be constantly updated in line with latest research, and include a separate rural focus.

Another, more radical, way to ensure everyone has access to early diagnosis would be to introduce population-wide screening for skin cancer.

Rodney Sinclair points to Germany, where an insurance company offered free melanoma screening to everyone in the German state of Schleswig-Holstein. There was a 50 per cent drop in mortality from melanoma within five years in that state.

“The incidence of melanoma in that area was 100 times lower than in Australia and they still saved lives and money. If you can do it there, you can do it in Australia,” Mr Sinclair says.

However the Cancer Council doesn't think it's that simple. It says whilst high-risk individuals will benefit from regular skin checks, there is insufficient evidence of a reduction in mortality caused by population-wide melanoma screening to justify the expense.

The council wants studies to be conducted to determine whether population-wide screening would be an effective use of government resources.

While the strategies suggested might differ, it is clear everyone presenting


evidence to the committee is passionate about helping Australians live longer and suffer less from the sun.


As the committee continues to hear suggestions for improving skin cancer prevention, diagnosis and treatment, back in north Queensland Susan Gregg hopes the committee's work will produce a real improvement in community awareness about the disease.

“I have been absolutely astounded and frustrated at the ignorance,” she says. “It is incumbent on all of us to do what we can to stop this.” ■

LINKS

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