
The Parliament of the Commonwealth of Australia

Skin Cancer in Australia: Our National Cancer Report on the Inquiry into Skin Cancer in Australia

House of Representatives Standing Committee on Health

March 2015
Canberra

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978-1-74366-236-6 Printed version

978-1-74366-237-3 HTML version

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Chair's Foreword

Skin cancer is often referred to as Australia's 'national cancer'. Australia has the highest rate of skin cancer in the world, and current statistics indicate that two in three Australians will be diagnosed with skin cancer before the age of 70, yet 95 to 99 per cent of all skin cancers are preventable.

Statistics show that the primary campaigns are working, and a number of community organisations must be commended for their efforts. Since the iconic *Slip! Slop! Slap!* Campaign of the 1980s, primary prevention campaigns have promoted the use of sunscreen, protective clothing and limited exposure to damaging ultraviolet (UV) radiation. Current campaigns include use of new technologies to provide information about UV radiation forecasts and remind people to apply sunscreen or seek shade during certain times of the day.

A number of high profile Australians have also recently publicised their skin cancer diagnoses and treatments. Hugh Jackman and Ritchie Benaud are two of the most recent examples, with both speaking publically about the importance of primary prevention and the role of personal responsibility. Providing role models for such behaviour reinforces public awareness campaigns especially to young Australians.

However, there is still progress to be made to embed sun-smart behaviours in some sectors of the Australian population. Two notable examples raised during the Inquiry were the sun protection strategies for the outdoor workforce as well as young Australians, especially at the secondary school level. Indeed there remain pockets of the population which, although aware of the risk, have not translated this awareness into behavioural change.

Early diagnosis is critical for survival rates for skin cancer. For lesions thicker than four millimetres, the five-year survival rate is 55 per cent, but for melanomas of one millimetre or less, the five-year survival rate is almost 100 per cent.

Australia engages in population-based screening programs for breast, cervical, and bowel cancers, but relies on opportunistic screening for skin cancer. There is an opportunity for people at a high risk of skin cancer to be reminded to undertake regular skin checks as part of the notification process for bowel cancer.

This reminder approach specifically targets the age group which has also been found to be in the high risk category for skin cancer.

The Inquiry also highlighted the debate on how best to provide medical services for the diagnosis and treatment of skin cancer, whether through referrals to dermatologists or through skin cancer clinics. Skin cancer clinics have developed in response to the increased demand for skin checks, long waiting times to see dermatologists, as well as cost, distance, and time constraints. Greater assurance should be provided to the public that skin cancer clinics are staffed by general practitioners with a high level of relevant skills and experience. Accreditation for skin cancer clinics with the requirement for such clinics to be staffed by a minimum number of suitably qualified and experienced staff including dermatologists, should also be considered.

Rural and remote areas are at a particularly high risk of skin cancer due to demographics and occupation. This is compounded by the limited availability of specialist dermatologists in rural and remote areas as well as time and cost considerations. The Inquiry revealed that some of these challenges can be overcome by the use of new and emerging technologies.

Indeed, the use of new and existing technologies in diagnosing skin cancer is particularly promising. Of note are the teleconference and store and forward teledermatology. Further, the use of the dermatoscope is key to the early detection of skin cancers. However, these new and emerging technologies require sufficient training and experience to attain an appropriate level of proficiency.

Treatment and management of skin cancer involves any number of clinicians and specialists as well as a range of psycho-social and non-medical support services. For patients, navigating the multitude of clinicians and specialists can add to an already challenging and uncertain time in their lives. This is where multidisciplinary patient management becomes all the more important. Various locations around Australia have begun delivering multidisciplinary care across a range of diseases, including cancer, which draws these practitioners into a collaborative and centralised 'shared care' model. Such an approach has led to some promising treatment options for patients.

However, it is also important that Australia continues to lead global research into skin cancer and work to discover new and improved treatments. Australia has earned a global reputation for its medical research, particularly in the area of cancer research. Throughout the Inquiry, the vitality and energy of Australian medical researchers was clearly evident, and must be commended. In many fields, Australian medical researchers are leading the world's efforts to find better treatments and cures for a number of diseases. Their efforts, energy and experience should be encouraged by governments at all levels and industry alike.

Although an overall increase in the incidence of skin cancer in Australia's ageing population is likely, current trends indicate that mortality rates are likely to decrease. Australia has made great advances in preventing and treating skin cancers, but there is always room for improvement.

I thank the individuals, organisations and government agencies who contributed to this Inquiry. I also thank Committee Members for their contribution and participation throughout the Inquiry.

Steve Irons MP
Chair

Committee Membership

Chair Mr Steve Irons MP

Deputy Chair Mr Tim Watts MP (from 16 July 2014)

Hon Amanda Rishworth MP (until 15 July 2014)

Members Ms Lisa Chesters MP Ms Melissa Parke MP (until 17.03.2014)

Ms Jill Hall MP Dr Andrew Southcott MP

Ms Sarah Henderson MP Mrs Ann Sudmalis MP

Mr Stephen Jones MP (from 18.03.2014) Mr Ken Wyatt AM, MP

Mr Andrew Laming MP

Committee Secretariat

Secretary Ms Stephanie Mikac (from 10.04.2014)

Mr Peter Stephens (until 9.04.2014)

Inquiry Secretary Dr John Carter (from 22.9.14)

Mr James Nelson (until 18.7.14)

Research Officers Dr Phillip Hilton

Ms Lauren Wilson

Administrative Officers Ms Megan Peile

Ms Carissa Skinner

Terms of Reference

The Standing Committee on Health will inquire into melanoma and non-melanoma skin cancers and report on:

- options to improve implementation of evidence-based best practice treatment and management;
- strategies to enhance early diagnosis;
- effective strategies for prevention; and
- the need to increase levels of awareness in the community and among healthcare professionals.

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Abbreviations

AIHW	Australian Institute of Health and Welfare
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
BCC	Basal cell carcinoma
BoM	Bureau of Meteorology
GP	General Practitioner
GPwSI	General Practitioner with a Special Interest
MBS	Medicare Benefits Schedule
MDT	Multidisciplinary Team
MSAC	Medical Services Advisory Committee
NCMC	National Centre for Monitoring Cancer
NHMRC	National Health and Medical Research Council
NMSC	Non-melanoma skin cancer
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGA	Professional Golfers' Association of Australia
SCC	Squamous cell carcinoma
SDDI	Sequential digital dermoscopy imaging

SPF	Sun Protection Factor
TGA	Therapeutic Goods Administration
UPF	Ultraviolet protection factor
UVR	Ultraviolet radiation
WACA	Western Australian Cricket Association
WACHS-K	Western Australia Country Health Services – Kimberley
WHO	World Health Organization

Recommendations

2 Skin Cancer Prevention

Recommendation 1

The Committee recommends that national sporting bodies and associations which engage in outdoor activities adopt sun smart policies modelled on a similar template to that of Cricket Australia and Surf Life Saving Australia incorporating aspects relevant to their sport.

Recommendation 2

The Committee recommends that the Department of Education work with States and Territories to encourage the adoption of sun smart policies in Australia's secondary schools which would include:

- Expanding high school curricula to cover healthy sun-aware behaviours; and
- Providing more covered outdoor learning areas.

Recommendation 3

The Committee recommends that local governments give consideration to providing extended covered (shade) areas over swimming pools.

3 Early Diagnosis and Training

Recommendation 4

The Committee recommends that the Department of Health include information reminding people to seek a skin cancer check when letters are sent out as part of the National Bowel Cancer Screening Program and that information be provided by general practitioners at health assessments for people aged 75 years and older.

Recommendation 5

The Committee recommends that the Department of Health consider the effectiveness of public awareness campaigns to increase the awareness of the need for skin checks, especially strategies to target high risk groups.

Recommendation 6

The Committee recommends that the Royal Australian College of General Practitioners conduct an assessment of ways to provide firm assurance to the public concerning skin cancer clinics. The assessment should consider potential accreditation options as well as a requirement for such clinics to be staffed by a minimum number of suitably qualified and experienced staff including dermatologists.

Recommendation 7

The Committee recommends that store and forward teledermatology as used by registered medical providers be included on the Medicare Benefits Schedule.

Recommendation 8

The Committee recommends that:

- Dermatology components of the undergraduate medical curriculum be expanded; and
- Proficiency in the use of the dermatoscope be included in the practical component of all undergraduate medical courses and in rural nursing training courses.

Recommendation 9

The Committee recommends that all sun-exposed industries incorporate mandatory sun-safety education in their induction programs.

4 Treatment and Management

Recommendation 10

The Committee recommends the National Health and Medical Research Council:

- work with relevant stakeholder to urgently update the registered *Clinical practice guidelines for the management of melanoma in Australia and New Zealand (2008)* and *Basal cell carcinoma, squamous cell carcinoma (and related lesions) – a guide to clinical management in Australia (2008)*, and that these guidelines be updated:

- ⇒ shortly after each new treatment is approved by the Therapeutic Goods Administration; or
- ⇒ as frequently as recommended by the profession after relevant consultation; and

that the Department of Health undertake research and analysis of whether clinical guidelines relating to skin cancer treatments can be placed on a digital platform, thereby allowing regular updates and quick and easy distribution of updated best practice for clinicians and practitioners.

Recommendation 11

The Committee recommends that the Department of Health work with State and Territory counterparts to:

- establish a virtual platform for the multidisciplinary treatment of skin cancer for patients located in regional and remote Australia; and
- further develop and implement best practice models for multidisciplinary care for the treatment of skin cancer patients.

Recommendation 12

The Committee recommends that the Australian Government ensure that adequate funds are provided for the non-medical support services of skin cancer patients and their families, particularly support services for those rural patients who have to travel for treatment.

