Skin cancer in New Zealand

**About skin cancer**
- Commonly classified as cutaneous melanoma and keratinocytic cancers.
- 80% of all cancers diagnosed are skin cancers—melanoma is the 3rd most commonly registered cancer for both men and women.
- Occurs when skin cells are damaged—usually from over exposure to ultraviolet radiation (UVR) from the sun or sunbeds.

**The skin cancer burden**
- Each year skin cancer results in:
  - Approximately 500 deaths (356 from melanoma in 2013).
  - Over 90,000 cases of keratinocytic cancers.
- Compared to other countries, NZ & Australia have high rates of skin cancer.
- As many skin cancers are treated in the private sector, the total economic burden of treatment in NZ is currently not known. Australia, which has a proportionally similar burden of skin cancer (but 5 times the population) spends $904 million annually treating skin cancer.

**Prevention is the key**
- Scientific evidence suggests that more than 90% of skin cancers could potentially be prevented by reducing overexposure to UVR throughout life.
- Sun protection is required whenever the Ultraviolet Index is 3 or above (even when it is cloudy or cool).

**Investment in prevention in NZ**
- Prevention is cost effective. In the Australian comprehensive SunSmart programme every $1 invested in prevention returns $3.20 on treatment savings.
- NZ funding for skin cancer prevention is extremely limited - the Health Promotion Agency (tasked by the Ministry of Health to lead and support health promotion initiatives) has an annual budget for skin cancer prevention of only $600,000 (including salaries)—about 30% less than in 2012 and half the 2005-6 investment by the predecessor agency (Health Sponsorship Council).
- The Cancer Society of New Zealand (an NGO that does not receive any direct Government funding) resources and delivers the SunSmart schools programme. Currently approximately 35% of primary schools are enrolled in the programme.

**Interventions that work**
- The effectiveness of skin cancer prevention interventions delivered in the following settings has been scientifically demonstrated to reduce the target audiences’ exposure to UVR, thus reducing the risk of skin cancer later in life:
  - preschool & primary school educational settings
  - occupational settings
  - recreational settings
  - multi-component programmes
**What about vitamin D?**

- UVR from sunlight is the major cause of skin cancer, but also the main source of vitamin D for New Zealanders, so it is important to balance sensible sun protection against the risk of vitamin D deficiency.
- Vitamin D levels are increased by regular, short exposures. Extended exposure results in only small incremental increases, but greater skin cancer risk.

**The Australians are doing better in skin cancer control**

- Legislation bans commercial sunbeds
- Primary sunscreens are classed as therapeutic goods and compliance with the 2012 AS/NZ Standard (2604) is enforced
- Comprehensive SunSmart programmes (partially Government funded) are delivered state wide by Cancer Councils in workplace, sport and recreational, educational and community wide settings
- Annual state wide campaigns promoting SunSmart activities since 1983
- Some nationwide funding available for the provision of shade in schools
- Rates of skin cancer are declining — particularly in younger age groups that have benefited from SunSmart activities since childhood

**Equity issues in skin cancer treatment**

- The incidence of skin cancer is substantially lower in Māori than European populations, although Māori with skin cancer have a poorer prognosis than non-Māori.
- Given the NZ epidemic of skin cancer (over 90,000 cases per year) and the limited availability of public sector dermatologists (18 full time equivalents nationally) patients are forced into private sector treatment, which is an equity issue based on the ability to pay—a problem for many Māori.

**Australia**

- Commercial sunbed use by those under 18 years is banned, but compliance with the Standard is voluntary. Annual inspections of commercial operators are carried out by MOH funded Public Health Unit staff and Consumer NZ
- Sunscreens are classed as a cosmetic and compliance with the 2012 AS/NZ Standard (2604) is voluntary
- Most SunSmart initiatives are delivered by the Cancer Society, without government funding, and focus on primary & preschool educational settings
- No nationwide advertising campaign promoting SunSmart for over 10 years
- Some nationwide funding available for the provision of shade in schools
- No specific government funding available for purchase of shade in schools
- Rates of skin cancer are declining — particularly in younger age groups that have benefited from SunSmart activities since childhood

**NZ**

- No clear, sustained significant decline in skin cancer rates

**References**