

SKIN CANCER

Queensland^{2,3,4}

- ✦ Australia has the highest age-standardised rate for melanoma in the world¹ with Queensland having the highest rates in Australia².
- ✦ 3962 Queenslanders were diagnosed with a melanoma of the skin in 2016 (the latest figures available), with 319 dying from the disease.
- ✦ Of the 3962 diagnosed with melanoma, 2331 were male and 1631 were female.
- ✦ In 2016, melanoma was the second leading form of cancer diagnosed in males and females, excluding non-melanoma* skin cancers.
- ✦ The approximate lifetime risk of a Queensland male to be diagnosed with melanoma before the age of 85 is one in nine, and for females it is one in 16.
- ✦ On average, people diagnosed with melanoma were 94 per cent as likely to live for another five years compared to the general population (92 per cent for males and 96 per cent for females).
- ✦ The number of non-melanoma skin cancers (such as basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) in 2015 has been estimated as 362,809 (37 per cent of Australian total).

Trends in Queensland³

- ✦ Between 1997 and 2016, melanoma incidence rates in males have significantly increased by 0.8 per cent per year. This followed an increase in rates by 3 per cent each year between 1982 and 1996. For females the melanoma incidence rates increased by 1.4 per cent every year from 2006-2016. Prior to that the rates were increasing by 5 per cent per year from 1993-1996 and 4.6 per cent per year from 1982-1986. The melanoma incidence rates were stable during the time periods 1987-1992 and 1997-2005.
- ✦ Mortality rates due to melanoma among males decreased by 3.7 per cent per year between 2011 and 2016. This followed a 1.6 per cent per year increase between 1982 and 2010. For females the melanoma mortality rates significantly decreased by 4.7 per cent annually between 2011 and 2016. The melanoma mortality rates in females were stable between 1982 and 2010.

Australia⁵

- ✦ Skin cancers are the most commonly diagnosed cancer in Australia.
- ✦ An estimated 981,767 non-melanoma skin cancers were treated in 2015, corresponding to around 2,690 non-melanoma skin cancers every day⁶.

* Includes Basal and Squamous Cell Carcinoma. Excludes other skin cancers such as Merkel Cell Carcinomas

¹ Olsen CM et al. 2019. *Trends in melanoma incidence rates in eight susceptible populations through 2015*. J Invest Dermatol; article in press.

² Australian Institute of Health and Welfare 2016. Skin cancer in Australia. Cat. no. CAN 96. Canberra: AIHW.

³ Queensland Cancer Statistics On-Line, 2019. Viertel Cancer Research Centre, Cancer Council Queensland (qcsol.cancerqld.org.au). Based on data released by the Queensland Cancer Register (1982-2016; released July 2019).

⁴ Queensland Cancer Register, 2019. Unpublished data (1982-2016).

⁵ Australian Institute of Health and Welfare (AIHW) 2019 Cancer Data in Australia; Australian Cancer Incidence and Mortality (ACIM) books: melanoma of the skin Canberra: AIHW. <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/>.

⁶ Fransen M, Karahalios A, Sharma N, English DR, Giles GG, Sinclair RD, 2012. Non-melanoma skin cancer in Australia. Med J Aust 2012; 197: 565-568. doi: 10.5694/mja12.10654 (https://www.mja.com.au/sites/default/files/issues/197_10_191112/fra10654_appendix.pdf)

- ✦ Mortality from non-melanoma skin cancer is relatively low. There were 679 (451 males, 228 females) deaths from non-melanoma skin cancer reported in 2016 which included BCC and SCCs.
- ✦ There were about 109,060 hospital separations due to non-melanoma skin cancer in Australia during 2014-2015.
- ✦ Approximately 13,700 Australians are diagnosed with melanoma each year (2015 data).
- ✦ Almost 1500 Australians die from melanoma each year (2016 data).
- ✦ The number of Australians diagnosed with both melanoma and non-melanoma skin cancer is increasing except for those aged <40 years⁷.

General Information^{8,9,10}

- ✦ Skin cancer occurs when skin cells are damaged, for example, by overexposure to ultraviolet (UV) radiation from the sun⁸.
- ✦ We don't feel UV radiation. It is the invisible part of sunlight that causes tanning, sunburn and skin damage.
- ✦ Solariums are an artificial source of UV radiation, however these are now banned for commercial use in all states and territories of Australia. Solariums can emit UV radiation equivalent to an extreme UV index of 12, similar to the midday summer sun in the tropics⁹.
- ✦ Anyone can be at risk of developing skin cancer, though the risk increases as you get older due to cumulative UV radiation exposure¹⁰.

Types of skin cancer

There are three main types of skin cancer:

1. **Melanoma**¹¹ – Melanoma is one of the rarest and most dangerous form of skin cancer. It can appear at any age and on any area of the body, not only those exposed to the sun. Often melanoma has no symptoms, however, the first sign is generally a change in an existing mole, or the appearance of a new spot. There may be a change in size, shape, colour, elevation, itching or bleeding of a spot. Other symptoms can include dark areas under nails or on membranes lining the mouth, vagina or anus. It is important to note that new moles and spots will appear and change during childhood, adolescence and during pregnancy and this is normal. However, adults who develop new spots, or who notice changes to existing spots, should have them examined by a doctor. Early detection is vital.
2. **Squamous Cell Carcinoma (SCC)**¹² – SCCs arise from the cells above the basal layer of the epidermis. They grow more rapidly than BCCs and may become larger over a number of months. SCCs usually appear as a flat, scaly area that gradually thickens. Bleeding and ulceration may occur and the area could feel tender.

⁷ Australian Institute of Health & Welfare 2017. Cancer in Australia 2017. Cancer series no 101, Cat. No. CAN 100. Canberra: AIHW (<https://www.aihw.gov.au/getmedia/3da1f3c2-30f0-4475-8aed-1f19f8e16d48/20066-cancer-2017.pdf.aspx?inline=true>)

⁸ Cancer Council. *Skin Cancer*: <http://www.cancer.org.au/preventing-cancer/sun-protection/about-skin-cancer.html>

⁹ Cancer Council. *UV radiation*: http://wiki.cancer.org.au/skincancerstats/UV_radiation. In: Cancer Council Australia. *Skin Cancer Statistics and Issues*. Sydney: Last modified October 2016 [cited 2017 Mar 28].

¹⁰ Cancer Council. *Skin Cancer Stats & Issues – Risk factors/epidemiology*. http://wiki.cancer.org.au/skincancerstats/Risk_factors/epidemiology.

¹¹ Cancer Council. *Skin Cancer – Melanoma*. <http://www.cancer.org.au/about-cancer/types-of-cancer/skin-cancer/melanoma.html>

¹² Cancer Council Queensland. *Skin Cancer – Information and symptoms of skin cancer*. <https://cancerqld.org.au/cancer-information/types-of-cancer/skin-cancer/>

SCCs predominantly occur on parts of the body most often exposed to the sun, such as the head, neck, hands, forearms and lower limbs. These cancers may spread to other parts of the body if not treated.

3. **Basal Cell Carcinoma (BCC)**¹² – BCCs are the most common but least dangerous form of skin cancer, and the most easily treated. They are a malignant tumour formed in the basal cell layer of the skin. They usually appear as a pearly lump or a scaly, dry area that is pale or bright pink in colour and shiny. They may bleed and become inflamed, and dead tissue may ulcerate. Some heal and then break down again. BCCs occur mainly in exposed areas such as the head and neck and upper body.

Detection and symptoms⁸

The sooner a skin cancer is identified and treated, the better your chance of avoiding surgery or, in the case of a serious melanoma or other skin cancer, potential disfigurement or even death.

It is also a good idea to talk to your doctor about your level of risk and for advice on early detection.

Become familiar with the look of your skin, so you pick up any changes that might suggest a skin cancer. Look for:

- ✦ Any crusty, non-healing sores.
- ✦ Small lumps that are red, pale or pearly in colour.
- ✦ New spots, freckles or any moles changing in colour, thickness or shape over a period of weeks to months.

Risk factors¹²

Anyone can develop skin cancer, but it's more common the older you are. The risk is also higher for people who have:

- ✦ Fair or freckled skin, especially if it burns easily and doesn't tan.
- ✦ Red or fair hair and light-coloured eyes (blue or green).
- ✦ Experienced short, intense periods of exposure to UV radiation, e.g. on weekends or holidays or when playing sport, especially if it caused sunburn.
- ✦ Actively tanned or used solariums/sunbeds.
- ✦ Worked outdoors.
- ✦ A weakened immune system, which could be caused by taking certain medications after an organ transplant (immunosuppressants) or being HIV positive.
- ✦ Lots of moles on their body.
- ✦ Moles with an irregular shape and uneven colour (dysplastic naevi).
- ✦ A previous or family history of skin cancer.

- ✦ Certain conditions such as sunspots.

People with olive or very dark skin naturally have more protection against skin cancer because their skin produces more melanin than fair-skinned people. However, they can still develop skin cancer.

It is important that Queenslanders become familiar with their skin and talk to a doctor immediately about any changes.

Prevention ^{9,10,13}

- ✦ Sun protection is required whenever the UV index is 3 or above.
- ✦ In Queensland, the UV index is typically 3 or higher throughout the year, even in cooler weather. Queenslanders should protect their skin from the sun all year round.
- ✦ Cancer Council Queensland recommends the use of a combination of sun protection measures:
 - Slip on protective clothing that covers as much skin as possible, for example, shirts with long sleeves and high necks/collars. Clothes that are dark in colour and fabrics with a close weave provide the most protection. If used for swimming, use clothing that is made from materials such as lycra, which stays sun protective when wet.
 - Slap on SPF30+ or higher broad-spectrum water-resistant sunscreen. This should be applied liberally 20 minutes before going out in the sun and reapplied every two hours, or more frequently if swimming, sweating or towel drying.
 - Slap on a hat with a broad-brim or in a legionnaire or bucket style, as they provide the best protection for the face, neck and ears. Hats should be of a dark colour under the brim to minimise reflection and a close fabric weave.
 - Seek shade provided by trees, built structures or temporary shade structures wherever possible, or bring own pop-up tent or umbrella.
 - Slide on sunglasses that are a close-fitting wrap-around style that meet the Australian Standard AS1067 in category 2 or higher, and where possible those with a marked Eye Protection Factor (EPF) of 9 or above. Wearing appropriate sunglasses minimises the risk of eye damage from ultraviolet radiation, including cataracts and cancer of the eye.

¹³Cancer Council Queensland. *Sun Protection*. <https://cancerqld.org.au/cancer-prevention/understanding-risk/sun-protection/#UV>

Information and Support

Cancer Council 13 11 20

Being diagnosed with cancer or supporting a loved one can leave you with many questions. We want to help you find the answers. Call Cancer Council 13 11 20 Information and Support line to talk with one of the team.

Our team can provide you with cancer information, emotional and practical support. We can also refer you to Cancer Council Queensland's support programs and services.

This confidential service is available Monday to Friday 9am-5pm (excluding public holidays).

Cancer Connect

Cancer Connect is a confidential telephone-based peer support service that connects you, your carer or loved ones with a peer support volunteer who has had a similar cancer experience. You can be matched with a Cancer Connect volunteer based on cancer diagnosis, treatment, family or work issues.

Cancer Counselling Service

Living with a cancer diagnosis, or supporting someone along the way, is rarely easy. Talking things through with a counsellor or psychologist can help you manage your cancer related concerns.

Our Cancer Counselling Service is available for anyone distressed by cancer at any stage. We are a telephone-based counselling service, with face to face appointments available in some regional offices. Our team included nurse counsellors and psychologists trained and experienced in helping people affected by cancer.

For further information and support, please call Cancer Council 13 11 20

Disclaimer: The information in this publication should not be used as a substitute for advice from a properly qualified medical professional who can advise you about your own individual medical needs. It is not intended to constitute medical advice and is provided for general information purposes only. Information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community.

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