

## Introduction

### Background

- 1.1 Australia has the highest rate of skin cancer diagnosis globally.<sup>1</sup> Every year in Australia, skin cancers account for 80 per cent of all newly diagnosed cancers,<sup>2</sup> and more than 2000 Australians will die from this largely preventable disease.<sup>3</sup>
- 1.2 Two broad types of skin cancers can occur in humans, those being melanoma and non-melanoma.<sup>4</sup> While melanoma of the skin is 'the more serious and sometimes fatal type of skin cancer',<sup>5</sup> when found in its early stages it is 'very treatable'.<sup>6</sup>

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1 Melanoma Institute of Australia, *Melanoma Facts and Statistics*, [www.melanoma.org.au/about-melanoma/melanoma-skin-cancer-facts.html](http://www.melanoma.org.au/about-melanoma/melanoma-skin-cancer-facts.html), viewed November 2014; Department of Health, *Submission 12*, p. 4.

2 Cancer Council Australia, *Skin Cancer*, <http://www.cancer.org.au/about-cancer/types-of-cancer/skin-cancer.html>, viewed November 2014.

3 Cancer Council Australia and the Clinical Oncology Society of Australia, *Submission 26*, p. 1.

4 Melanoma Institute of Australia, *Melanoma Facts and Statistics*, [www.melanoma.org.au/about-melanoma/melanoma-skin-cancer-facts.html](http://www.melanoma.org.au/about-melanoma/melanoma-skin-cancer-facts.html), viewed November 2014.

5 Department of Health, *Submission 12*, p. 4.

6 Australian Institute of Health and Welfare, 2012, *Cancer Survival and Prevalence in Australia: period estimates from 1982 to 2010*, Cancer Series no. 69, Cat. No. CAN 65, Canberra, AIHW, p. 86.

## About the Inquiry

### Objectives and Scope

- 1.3 On 9 January 2014, the Minister for Health referred the Inquiry into Skin Cancer in Australia (the Inquiry) to the Standing Committee on Health (the Committee). A similar inquiry was referred to the Committee's predecessor Committee (the Standing Committee on Health and Ageing) in the 43<sup>rd</sup> Parliament, but lapsed with the prorogation of the Parliament in August 2013.
- 1.4 The previous inquiry titled *Inquiry into Skin Cancer in Australia: Awareness, Early Diagnosis and Management* included within its terms of reference the need to examine future projections of the estimated prevalence of both types of skin cancer (melanoma and non-melanoma). Within this inquiry the then Minister for Health also referred the need for consistency in solarium regulation across Australia, including consideration of a national ban.
- 1.5 The matter of solarium regulation and possible ban was removed from the current terms of reference as it is already being considered by the Standing Council on Health.
- 1.6 The Committee welcomed the Skin Cancer in Australia reference and wrote to the Minister for Health on 11 February 2014 seeking to expand the scope of the Inquiry to include *effective strategies for the prevention of skin cancer*. The expanded scope would ensure that the Inquiry maintained a focus on how best to meet the needs of the Australian community. The amendment to the terms of reference was formally endorsed by the Minister for Health on 3 March 2014.
- 1.7 The terms of reference for the Inquiry required the Committee to 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.

### Committee's Role

- 1.8 During the 43<sup>rd</sup> Parliament's skin cancer inquiry, the Standing Committee on Health and Ageing held a roundtable hearing on 21 June 2013 which was used to inform the 44<sup>th</sup> Parliament's Inquiry.

- 1.9 As part of its roundtable, the predecessor Committee invited contribution by a small, but relevant selection of individuals and organisations including: medical professionals, peak skin cancer bodies, and Government agencies such as the Department of Health, which included the Therapeutic Goods Administration.
- 1.10 Taking into consideration the information presented to the Committee on the incidence and prevalence of melanoma and non-melanoma skin cancer in Australia, and future projections, the 2013 roundtable canvassed issues including:
- statistics and data trends: susceptibility of males versus females in the population, age groups at high risk and mortality rates;
  - primary and secondary prevention and the need for and cost of a national awareness campaign and screening program;
  - cost of management and diagnosis taking into consideration the prevalence of melanoma and non-melanoma on older age groups (ie. pensioners), and the benefit and reduction in health care costs in treating people earlier;
  - accessibility and affordability of treatments for people with advanced melanoma of the skin generally and in rural and remote areas;
  - funding arrangements and responsibilities across jurisdictions;
  - continual review of melanoma management guidelines used by general practitioners to ensure they are: sound, contemporary, useable and used;
  - regulation and possible ban of solarium;
  - emerging new treatments, drug trials and medical research;
  - the costs involved and consideration of new drugs by the Pharmaceutical Benefits Advisory Committee and possible subsidisation of the price of drugs under the Pharmaceutical Benefits Scheme;
  - proportion of time spent training doctors in dermatology at the undergraduate and post graduate level and professional development;
  - new technology: the benefits and disadvantages of teledermatology and the transmission of still images for diagnostic purposes;
  - accuracy of diagnosis, identifying people at high risk, continued surveillance of people at high risk and related models of care;
  - opportunistic skin checks;
  - role and penetration of sun protection awareness education campaigns and related evaluation surveys; and

- mode of acquiring and acceptable levels of Vitamin D: sun exposure versus dietary supplementation.

1.11 The Committee has used the evidence gathered by its predecessor Committee to inform it during the course of this Inquiry.

## Inquiry Conduct

1.12 On 30 January 2014, the Inquiry was announced via media release, with submissions sought from relevant and interested individuals and organisations by 12 March 2014. The submissions due date was later extended to 28 March 2014. Following the closing date, and in an effort to capture as much evidence as possible for the duration of the Inquiry, the Committee agreed to receive submissions until the final hearing.

1.13 In total, the Committee received 81 submissions (including supplementary submissions) and 26 exhibits from a wide range of individuals including: medical practitioners, peak medical bodies, medical researchers, public health authorities, private companies, government agencies and patient support organisations. Submissions and exhibits received to the Inquiry are listed at Appendix A and B respectively.

1.14 The Committee held 13 public hearings across Australia as listed below. The witnesses who gave evidence at these hearings are listed at Appendix C.

<b>Skin Cancer Inquiry - Hearings 2014</b>	
<b>Date</b>	<b>Location</b>
25 and 28 March, 28 July	Canberra, ACT
14 April	Adelaide, SA
1 May	Perth, WA
2 May	Broome, WA
22 May	Brisbane, QLD
23 May	Cairns, QLD
6 June	Melbourne, VIC
29 July	Sydney, NSW
5 September	
30 July	Newcastle, NSW
8 August	Nowra, NSW

- 1.15 Copies of submissions received and transcripts of public hearings are available on the Committee's webpage at: [www.aph.gov.au/health](http://www.aph.gov.au/health).

## Report Structure

- 1.16 This report outlines the Committee's comments, findings and recommendations in relation to skin cancer in Australia. For reader ease recommendations are made at the end of each chapter and also listed at the front of the report.
- 1.17 Chapter 2 provides a background to the nature and prevalence of skin cancer in Australia and discusses the role of sun exposure in maintaining acceptable levels of Vitamin D in the body. The chapter also reviews the primary prevention of skin cancer including awareness campaigns capturing schools, workplaces, sports and other outdoor activities.
- 1.18 Chapter 3 examines the role and usefulness of initiatives to promote the early detection of skin cancer, including screening programs, affordability and geographic access to medical services. The chapter also examines the role of the different medical services involved in diagnosing skin cancer, as well as investigating new forms of technology to assist with diagnosis.
- 1.19 Chapter 4 considers issues relating to both existing treatments for skin cancer and new treatments coming onto the market. The chapter also examines different models for the management of patients with skin cancer, particularly advanced melanoma.