

New Zealand Skin Cancer Control Steering Committee

Strategic Framework 2008-2011

Introduction

The New Zealand Skin Cancer Control Steering Committee is a group of national representatives of organisations working in skin cancer control who meet triennially to develop the strategic direction for skin cancer control in New Zealand.

This document outlines the Committee's strategic framework and approach for addressing skin cancer control in New Zealand from 2008-2011. It provides an overall framework to guide the sector's skin cancer control activities (see page 6). The context behind the development of the framework is also provided (see pages 4-5).

The New Zealand Cancer Control Strategy and te Tiriti o Waitangi were two documents used to guide the development of the framework. The framework is consistent with the New Zealand Cancer Control Strategy and is intended to encourage co-ordination in New Zealand work on skin cancer control, contributing to best outcomes. The New Zealand Cancer Control Strategy outlines two overall purposes, and one of these is to reduce inequalities with respect to cancer. This purpose is supported by the Steering Committee, and it acts as a guiding principle.

Background

- Over 300 New Zealanders die from skin cancer every year.¹
- Skin cancer is by far the most common cancer affecting New Zealanders.
- Of the three most common skin cancers, melanoma is the most serious.
- New Zealand has one of the highest melanoma death rates in the world. The most recent statistics are for 2002, showing 1,842 new cases of melanoma and 235 reported deaths from melanoma in that year. This represents an age-standardised rate of 4.1 deaths per 100,000.²
- Research published in 2000 estimated skin cancer costs the New Zealand health system about \$33 million a year, making skin cancer one of the most expensive cancers for the national health system.³
- It has been estimated that, for every death from skin cancer, an average of 17.4 potential years of life are lost.³
- The vast majority of skin cancers are preventable - it has been estimated that over 90% of melanomas in Australasia are attributable to sunlight exposure.⁴
- Excessive exposure to Ultraviolet Radiation (UVR) before the age of 20 years is a *particularly* strong risk factor for melanoma incidence.⁵

¹ New Zealand Health Information Service www.nzhis.govt.nz/stats/cancerstats.html

² Ministry of Health. 2006. *Cancer: New Registrations and Deaths 2002*. New Zealand Health Information Service. www.nzhis.govt.nz/stats/cancerstats.html

³ O'Dea, D. *The costs of skin cancer to New Zealand*. Cancer Update in Practice: Issue 2, 2000.

⁴ Armstrong BK, Kricger A. How much melanoma is caused by sun exposure? *Melanoma Research* 1993; 3: 395-401.

⁵ Weinstock, MA et al. Nonfamilial cutaneous melanoma incidence in women associated with sun exposure before 20 years of age. *Pediatrics* 1989; 84(2):199-204.

Meeting - April 2007

The third meeting of the New Zealand Skin Cancer Control Steering Committee took place in April 2007 to develop the strategic direction and priorities for the next three years. At the meeting, the Skin Cancer Control Strategic Framework was updated (see page 6). The previous frameworks, based on the meetings in 2001 and 2004, are provided in Appendices A and B respectively.

Members of the Skin Cancer Control Steering Committee who met in April 2007 included:

- Cancer Society of NZ –Dalton Kelly, Chris Atkinson, Betsy Marshall, Jan Pearson, Judith Galtry, Cath Chittenden, Raewyn Sutton, Adrian Knowles
- HSC – Iain Potter, Wendy Billingsley, Kiri Milne, Susie Greene, Rhiannon Newcombe, Stella McGough
- Social and Behavioural Research in Cancer Group, University of Otago - Tony Reeder
- NIWA – Richard McKenzie
- Ministry of Health –Marjan van Waardenderg, Laura Lambie
- Te Ohu Rata o Aotearoa – Tane Taylor
- School of Population Health, University of Auckland – Robert Scragg
- Dermatological Society – Kevin McKerrow*
- Hugh Adam Cancer Epidemiology Unit, University of Otago – Mary Jane Sneyd*
- Wellington School of Medicine, University of Otago - Donna Cormack**
- Royal NZ College of General Practitioners – Chris Boberg*
- Cancer Control Council – Craig Tamblyn*

* Advisory role

**Peer Review

On the basis of discussions at the 2007 Steering Committee meeting a draft Skin Cancer Control Strategic Framework for 2008-11 was developed. The draft was circulated to Committee members for comment before it was finalised.

Skin Cancer Control Steering Committee Strategic Framework 2008-2011

Specific considerations and context:

Reducing Inequalities

A guiding principle for the Framework is reducing inequalities, in line with the New Zealand Cancer Control Strategy, including a focus on reducing inequalities in skin cancer outcomes.

The Committee acknowledged that inequalities in skin cancer risk are complex. The Committee recognised the need to both reduce the proportion of those who develop, and die from, skin cancer and to reduce inequalities. The “inequalities lens” should be applied in the development of skin cancer policy, resources, and programmes. It was acknowledged that ethnicity should not be confused with skin type – one does not determine the other.

Mandate

The Committee agreed that the goal of the Framework is to reduce morbidity and mortality from skin cancer. The Committee decided that other areas (such as palliative care, support and rehabilitation) were not areas of focus for this Committee.

Guide for action

As in past years, the Framework is intended to be a guide for action rather than a blue print. Programme planners are expected to assess areas of organisational expertise in relation to this Framework and, in developing programmes, specifically identify how the programmes contribute to overall strategic skin cancer control outcomes. It is expected that each agency involved in skin cancer control will interpret and use the Framework from each organisational perspective.

Evidence base

A guiding principle of the Cancer Control Strategy is that initiatives should be evidence-based. Following this, it was agreed that the work of the Framework should be evidence-based. A strong evidence-base provides confidence that we have identified appropriate goals and intervention pathways in the Framework, and moreover, can direct our efforts at sectors of the population most affected by the risk factors.

Risks and Benefits of UVR exposure

The Committee acknowledged that there is growing evidence of both the risks and benefits of exposure to UVR, particularly the need to obtain adequate levels of Vitamin D. The group discussed the role of the Committee in advising on Vitamin D. It was decided that, although the Committee could not broaden the goals/mandate for the Committee, there was growing evidence that skin cancer control needed to be viewed as part of a wider discipline (i.e., UVR and health). That is, sun safety involves avoidance of both excess and insufficient UVR exposure. The Committee will continue to monitor developments in this field.

Audiences

There was discussion by the Committee about priority audiences, and it was acknowledged that priority audiences differed according to the prevention, detection or diagnosis/treatment pathways. For the prevention pathway, the Committee identified that primary audiences included those under the age of 20. However, within this group, it was agreed that the priority audiences needed to be broken down further. It was identified that the primary audience were young children (0 to 12-year-olds) and their parents and caregivers. In addition, adolescents (13 to 18-year-olds) were identified as a secondary audience. The importance of audience segmentation was also discussed.

Focus on “sunburn”

The Committee agreed that, within the Prevention pathway, there would be a new focus on raising awareness of the importance of avoiding “burning”, given the causal link between episodic sunburn and melanoma (Sneyd & Cox, 2006).

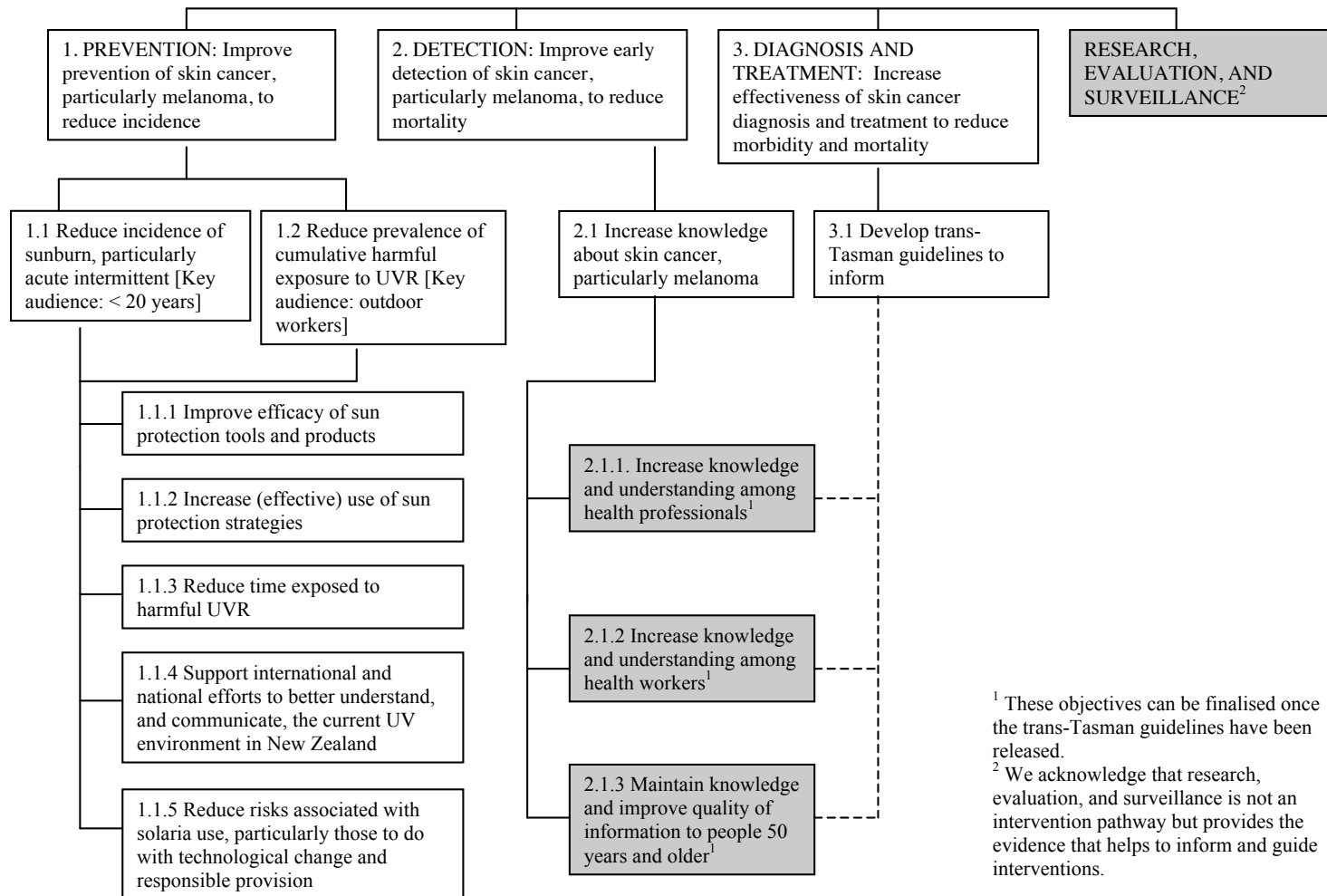
Early Detection

Objectives and sub-objectives have been proposed for the Early Detection intervention pathway. However, these will not be finalised until the trans-Tasman guidelines for Management of Melanoma have been released in mid-2008. They will provide guidelines for action and implementation for the Early Detection intervention pathway.

Research, Monitoring, and Evaluation

The Committee confirmed the importance of the three intervention pathways (Prevention, Early Detection, and Diagnosis and Treatment). Although not an intervention pathway, Research, Evaluation and Surveillance was retained in the Framework, to confirm the importance of investing in this area, to meet the goal of the Framework. Research, Evaluation and Surveillance also provides ongoing guidance for the measurement and development/refinement of programmes and initiatives in skin cancer control.

Goal of the New Zealand Skin Cancer Control Steering Committee Strategic Framework 2008-11
Reduce the proportion of New Zealanders who develop, and die from, skin cancer



¹ These objectives can be finalised once the trans-Tasman guidelines have been released.

² We acknowledge that research, evaluation, and surveillance is not an intervention pathway but provides the evidence that helps to inform and guide interventions.

Appendix A: Framework 2001-2004

2001-2004

In August 2001 the first Skin Cancer Control (SCC) Steering Committee meeting took place. This meeting brought together key stakeholders in skin cancer control in New Zealand, including representatives of the HSC, the Cancer Society, NIWA, Dr Tony Reeder of the Social and Behavioural Research in Cancer Group of Otago University, a GP and a dermatologist. A report by Dr Reeder⁶ underpinned the meeting. From this meeting came the 'Skin Cancer Prevention and Early Detection Action Plan 2001-2004'.

The plan set out five key objectives for skin cancer control work in New Zealand:

1. To promote the primary prevention of skin cancer
(*Target groups: children 0-12 years and their caregivers; adults 20-30 years old*)
2. To carry out research on ways to change the sun protective behaviour of 13-18 year olds
3. To promote the use of shade
4. To promote early detection awareness for adults 50 years and over
5. To strengthen skin cancer research and programme evaluation

On the basis of this Action Plan, HSC and Cancer Society National Office were able to develop a SunSmart programme plan that focused on primary prevention of skin cancer and had children 12 years and under and their caregivers as its priority audience.

⁶ Reeder, Anthony I. (Tony), *Skin cancer prevention in New Zealand: A discussion document to help guide future SunSmart programme directions* Social & Behavioural Research in Cancer Group, Department of Preventive & Social Medicine, University of Otago, August 2001

Appendix B: Framework 2005-2008

2005-2008

The second meeting of the Steering Committee took place in August 2004, with a view to reflecting on the previous three years and developing and identifying strategic direction for the next three years. Again the meeting was underpinned by a report from Dr Reeder⁷, and this time the Ministry of Health also attended.

Members of the Skin Cancer Control Steering Committee who met in August 2004 included:

- Cancer Society of NZ – Carolyn Watts, Judith Galtry, Sue Stuart, Laura Lambie, Betsy Marshall, Neil Chave, Cath Chittenden
- Health Sponsorship Council – Iain Potter, Wendy Billingsley, Kiri Milne, Susie Greene
- Social and Behavioural Research in Cancer Group, University of Otago - Tony Reeder, (Apologies from Rob McGee)
- NIWA – Richard McKenzie
- Victoria University School of Architecture and Design – Christina McKay
- Ministry of Health – Peter Kennerley, Marjan van Waardenderg
- Waikato District Health Board, Hon Assoc Professor with Auckland Medical School- Marius Rademaker
- Sunnybrae Family Health Care - Chris Boberg

On the basis of discussions at the 2004 Steering Committee meeting a draft Strategic Skin Cancer Control framework for 2005-08 was developed (see next section).

⁷ Reeder, Anthony I. (Tony), *Report to the Skin Cancer Steering committee to inform development of the Skin Cancer Control Programme Plan 2005* Social & Behavioural Research in Cancer Group, Department of Preventive & Social Medicine, University of Otago, July 2004

Skin Cancer Control Steering Committee Strategic Framework 2005-08

This framework is consistent with the National Cancer Control Strategy and is intended to encourage co-ordination in New Zealand work on skin cancer control, thereby contributing to best outcomes. As such it is intended to be a guide for action rather than a blue print. Programme planners would be expected to assess areas of organisational expertise in relation to this framework and, in developing programmes, specifically identify how the programmes contribute to overall strategic skin cancer control outcomes.

Specific considerations

Audiences

Maori are not specifically targeted in this strategic framework, reflecting their much lower rates of skin cancer. However, because many Maori have fair skin, there are questions around accuracy of ethnicity reporting in the Cancer Registry, Maori are over represented in outdoor workers' occupations, and as it is essential that skin cancer control work does not increase skin cancer health inequalities experienced by Maori, it is important that SCC strategies are as appropriate for Maori as for the general population.

In contrast with the 2001-2004 Action Plan 20-25 year olds are included as part of the general population rather than as a specific priority audience.

Vitamin D

Vitamin D deficiency is increasingly acknowledged in NZ as an issue that needs to be addressed through a coordinated, multidisciplinary approach. Exposure to sunlight helps the body manufacture Vitamin D and so, in some instances, sun safety programmes (which encourage people to protect themselves from harmful sunlight exposure) have been blamed for recent rises in deficiency. The SunSmart Partnership is facilitating work in this area.

Early Detection/Treatment

Early detection of skin cancers and effectiveness of skin cancer treatment are identified as core components of the SCC Steering Committee Draft Strategic Framework. The SunSmart Partnership is facilitating the establishment of an Expert Advisory Group to identify objectives and strategies for improved detection and treatment of skin cancers.

2005-2008

