

GUIDANCE FOR SKIN CANCER PREVENTION AND EARLY DETECTION MESSAGING IN NEW ZEALAND

Skin Cancer Prevention and
Early Detection Strategy

2024 – 2028

October 2024



About this document

This document has been prepared by Skin Cancer New Zealand (formerly Melanoma Network of New Zealand – MelNet) on behalf of the national Skin Cancer Prevention and Early Detection Strategy Working Group, with funding support from Te Whatu Ora, Health New Zealand.

It contains guidance to support messaging around:

1. Skin cancer facts.....	3
2. Skin cancer protection	4
3. Skin risk factors.....	6
4. Sun protection and vitamin D.....	7
5. Skin cancer early detection.....	8

The purpose of this guidance is to facilitate consistency in the communication of skin cancer messaging to the general public and help organisations involved in skin cancer prevention and early detection shape messaging to their target audience.

The information contained in this resource has been developed in partnership with a range of sector experts and key stakeholders.

It is to be read in conjunction with:

1. The Skin Cancer Prevention and Early Detection Strategy 2024 - 2028
2. Supplementary information to the Skin Cancer Prevention and Early Detection Strategy 2024 – 2028.

Copies of these documents can be downloaded from the [Skin Cancer New Zealand website](#).

1. Skin cancer facts

- Skin cancer is by far the most common cancer in New Zealand, with eight out of every ten cancers being diagnosed as skin cancer.
- There are more non-melanoma skin cancers diagnosed in New Zealand each year than all other cancers combined. Although they are rarely fatal, they contribute a considerable health and cost burden to New Zealanders and the health system.
- The vast majority of skin cancers are preventable (around 90%).
- Most skin cancers are caused by too much ultraviolet radiation (UVR), either from the sun or artificial sources such as sunbeds.
- UVR can't be seen or felt and can be harmful even on cool and cloudy days.
- Exposure to the sun that causes harm at any age increases the risk of skin cancer.
- The chances of developing skin cancer, including melanoma, increase with age.
- Skin cancers are very common among people aged 50 years or older.
- Melanoma is the 4th most common cancer among people aged 25 to 39 years in New Zealand.
- UVR exposure during a person's first 18 years of life is the most critical for cancer-causing skin damage.
- Melanoma is less common than non-melanoma skin cancers but is responsible for the most deaths from skin cancer.
- New Zealand and Australia have the highest rates of melanoma in the world.
- New Zealand has the highest mortality rate from melanoma in the world.

2. Skin cancer protection

Protect your skin [or, Be SunSmart]:

- when the ultraviolet index (UVI) is forecast to be 3 or above
- near water as reflections from water and sand can increase UVR
- at high altitudes, especially near snow, which strongly reflects UVR.

There are three ways to know when UVI levels are 3 or above:

- Sun Protection Alert (www.sunsmart.org.nz)
- UVNZ free smartphone app (<https://www.sunsmart.org.nz/resources/uvnz-app/>)
- NIWA website UVI forecast for specific sites (<http://www.niwa.co.nz/UV-forecasts>).

How to protect your skin [or, How to be SunSmart]:

- Slip into [or Seek] the shade or indoors
- Slip on clothing that covers as much of your skin as possible
- Slop on sunscreen that is at least SPF 30, broad-spectrum and water-resistant
- Slap on a broad-brimmed hat that shades your face, head, neck and ears
- Wrap [or Slide] on close-fitting sunglasses
- Select the best combination of protection to suit the occasion and location
- Don't sunbathe or use sunbeds.

Clothing

- If you can see skin, UVR can get in and do damage.
- Clothing should cover as much skin as possible, such as a top with long sleeves and a collar, and long pants, skirt or lavalava. The more skin you cover, the more protected you are from the sun.
- Fabrics with a tighter weave give better protection from the sun – if the fabric doesn't let much light through, it won't let much UVR through either.
- Some clothing uses UV protective fabrics known as Ultraviolet Protection Factor or UPF. A UPF of at least 30 offers good protection and UPF50+ offers excellent protection.

Shade

- Leafy trees, buildings, verandahs, shade sails, large umbrellas and portable sunshades all provide shade from the sun. Look for shade that gives minimal views of the sky.
- On hot days, enjoy green leafy tree shade, as it can be 3-5 degrees cooler.
- Plan outdoor activities for early or later in the day when UVR levels are lower. Avoid scheduling outdoor activities between 10 am and 4 pm when UVI levels are at their highest.
- If you are moving in and out of the shade, it's important to still use a hat, sunglasses, clothing and sunscreen.

Sunscreen

- When applied correctly and used regularly, sunscreen is effective in reducing the incidence of skin cancer.
- Sunscreens sold in New Zealand must meet standards that ensure their safety and efficacy (AS/NZS 2604:2012).
- When the UVI is forecast to reach 3 or above, sunscreen that is at least SPF 30, broad-spectrum and water-resistant should be applied to the face, ears, scalp if uncovered, neck and all parts of the body not covered by clothing. Ideally, this would form part of the morning routine. This protects the skin from the harmful effects of everyday sun exposure.
- The higher the SPF number, the greater the protection.
- Sunscreen should be applied 20 minutes before going outside and re-applied every 2 hours or more frequently if swimming, sweating or towel drying.
- An average-sized adult should apply at least one teaspoon of sunscreen to each of the following areas:
 - Head and neck
 - Each arm
 - Each leg
 - The front of the torso
 - The back of the torso

In total, you'll need between seven and nine teaspoons of sunscreen to cover your entire body properly.

- Sunscreen should be used as one strategy to reduce exposure to harmful UVR (along with shade, hats, clothing, sunglasses).
- Sunscreen is not recommended for babies under six months of age. Babies should be kept out of direct sun when UVI is 3 or higher and covered with clothing.

Hat

- Hats should have a wide brim or flaps covering the ears and neck.
- Caps and visors leave large parts of the face, neck and ears exposed to UVR so do not provide adequate sun protection.

Sunglasses

- Close-fitting wrap-around style sunglasses are best for protecting eyes from harmful UVR.
- Not all sunglasses protect from UVR - always check the label for sunglasses that comply with the Australian standard AS 1067:2016 and choose a lens category 2 or greater.

3. Skin risk factors

Anyone in New Zealand can develop skin cancer though it is most common in people with the fairest skin types.

The main risk factor for skin cancer is regular unprotected sun exposure.

Other factors that may contribute to skin cancer, including melanoma, include:

- family or personal history of skin cancer
- fair skin
- red, blonde or fair hair
- skin type that burns easily
- skin damage due to sunburn
- sunbed use
- many moles and larger moles
- immunosuppression.

Māori and Pacific people have a much lower chance of developing melanoma, but often have more serious melanomas. It is skin type, not ethnicity that predicts risk.

Primary care practitioners can help determine a person's skin cancer risk using clinical risk predictor tools.

4. Sun protection and vitamin D

- It is important to balance the risks of skin cancer from sun exposure with maintaining adequate vitamin D levels. This is not the same for all New Zealanders.
- The amount of sun exposure an individual needs to make vitamin D depends on UVR level, skin type, amount of skin exposed, and lifestyle.
- Vitamin D levels are increased by regular small sun exposures - greater exposures result in only small additional increases.
- Adults who are unable to maintain adequate vitamin D levels should speak with their doctor about supplementation.

For adults who have pale skin that burns easily and never tans are at high risk of skin cancer:

- Sun protection should always be used when UVI levels are forecast to reach 3 or above and time outdoors should be avoided when UVI levels are high.
- When UVI levels are between 1 and 2, sun protection should be used when time spent outdoors exceeds two hours across the day.
- Anyone with a history of skin cancer is automatically considered high risk.

For adults who have light brown or olive skin that tans and minimally burns are at intermediate risk of skin cancer:

- Sun protection remains important and should be used when UVI levels are forecast to reach 3 or above.
- A small amount of time spent outdoors most days will maintain adequate levels of vitamin D.
- When UVI levels are between 1 and 2, sun protection should be used when time spent outdoors exceeds two hours across the day.

For adults who have darker skin that rarely or never burns are at low risk of skin cancer and greater risk of developing vitamin D deficiency:

- Spend time outdoors on most days of the week with some skin uncovered.
- Sun protection should be used for extended periods outdoors when the UVI is 3 or above.

Please refer to the Australian Skin and Skin Cancer Research Centre [Position Statement on Balancing the Harms and Benefits of Sun Exposure](#) for more information.

5. Skin cancer early detection

- Early detection of skin cancer can lead to earlier and more effective treatment.
- If left untreated, melanoma can spread rapidly to other parts of the body.
- Check your skin regularly so you will be aware of any changes.
- Check your entire body, including skin not normally exposed to the sun, along with the soles of your feet and under your toenails.
- Ask someone else to check difficult-to-see areas like the back, neck and scalp.
- Look for a spot, freckle or mole that is new or existing and:
 - has changed in colour, shape, or size
 - looks different from others (an ‘ugly duckling’)
 - is sore, itchy or bleeds
 - is firm, growing or becomes raised quickly.
- If you have such a spot, freckle or mole, you should consult a health care practitioner trained in the early detection and diagnosis of melanoma, including the use of a dermatoscope (a skin surface microscope). This could be a GP, a nurse, or a specialist such as a dermatologist, surgeon, or plastic surgeon.