

SKIN CANCER

Queensland¹

- 3404 Queenslanders were diagnosed with a melanoma, the least common but most dangerous type of skin cancer, in 2012 (the latest figures available), with 311 dying from the disease.
- Of the 3404 diagnosed, 1987 were male and 1417 were female. In 2012, melanoma was the second leading form of cancer diagnosed in men and women.
- In 2012, 37 Queenslanders died from other skin cancers, excluding BCC and SCC of the skin.
- Queensland has the highest rate of skin cancer in the world.
- The approximate lifetime risk for a Queensland male to be diagnosed with melanoma before the age of 85 is one in 10, and for females it is one in 17.
- Compared to the general population, 92.9 per cent of people diagnosed with melanoma will survive for at least five years (91.4 per cent of men and 94.9 per cent of women).
- Approximately 133,000 non-melanoma skin cancer cases are diagnosed in Queensland each year.²

Australia³

- Two in three Australians will be diagnosed with skin cancer by the time they are 70.
- Skin cancers account for 80 per cent of all new cancers diagnosed each year in Australia, making it by far the most common cancer diagnosed.
- Around 434,000 Australians are treated for non-melanoma skin cancer annually which is more than 1000 people every day.
- Mortality is low, with 448 Australians (305 males, 143 females) dying from nonmelanoma skin cancer in 2007.⁴
- More than 10,000 Australians are treated for melanoma each year and more than 1200 Australians die from melanoma each year.
- Skin cancer appears to be increasing rapidly in Australia.
- Nearly three quarters of a million suspected skin cancers are removed in Australia annually.²
- There were almost 80,000 non-melanoma skin cancers that required surgical removal in a hospital setting in the 2006-2007 financial year.

Types of skin cancer⁵

There are three main types of skin cancer:

1. Melanoma – Melanoma is the rarest, yet most dangerous form of skin cancer. It can appear at any age and on any area of the body, not only those areas of skin exposed to the sun. The first sign of a melanoma is usually a change in a freckle or mole, or the appearance of a new spot on normal skin. There may be a change in size, shape or colour of a spot and the surface texture may change. Early detection is vital.

Fact Sheet: Skin Cancer
Published : Updated February 2015

Fact Sheet



- 2. Squamous Cell Carcinoma (SCC) 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. SCCs predominantly occur on the head and neck, hands and forearms, trunk and lower limbs. These cancers may spread to other parts of the body if not treated.
- 3. Basal Cell Carcinoma (BCC) 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 small, rounded lump with a pearly edge and a few visible blood vessels. Other symptoms include bleeding and a sore which will not heal. BCCs occur mainly in exposed areas such as the head and neck, upper trunk and the limbs.

Prevention and early detection⁷

- Cancer Council Queensland recommends the use of all the following sun protection measures:
 - SLIP on suitable clothing that provides good sun protection. Clothes that are dark in colour and fabrics with a close weave provide the most effective form of sun protection;
 - SLOP on SPF30 or higher broad-spectrum water resistant sunscreen 20 minutes before going out in the sun. Reapply every two hours.
 - SLAP on a hat. Broad-brim, legionnaire or bucket style hats provide the best coverage for protecting the face, neck and ears. Hats should be of a dark colour under the brim to minimise reflection and a close fabric weave is also recommended;
 - SEEK shade provided by trees, buildings or temporary shade structures wherever possible;
 - SLIDE on sunglasses to minimise the risk of eye damage from ultraviolet radiation.
 Sunglasses sold in Australia must conform to the Australian Standard AS/NZ 1067:2003.
 - Where possible, try to plan your outdoor activities early in the morning or later in the afternoon to avoid peak UV periods during the day (between 10am and 3pm).
- It is important that Queenslanders regularly examine their skin for signs of skin cancer, especially if they are in the older age group and/or have sun-damaged skin or multiple moles and freckles.

Who is at risk?

Everyone is at risk of skin cancer, however those at a greater risk include:

- People with fair skin, fair or red hair and blue eyes;
- People with a large number of moles;
- People with a lot of outdoors exposure, such as those who work outdoors; Urban indoor workers who spend weekends or holidays in the sun;
- People who actively tan or use solariums, sunlamps and sun beds;

Fact Sheet



- Those with a previous history of skin cancer and/ or a family history of skin cancer;
- People who were sunburnt or had high levels of exposure to the sun as children (exposure to sun in childhood and adolescence does the most damage).

General Information

- Skin cancer occurs when the UV radiation in sunlight damages the DNA in skin, causing cells to mutate and grow into cancers.⁷
- Skin cancers (including melanomas) are predominantly caused by overexposure to ultraviolet radiation.
- The majority of skin cancer can be prevented by using adequate sun protection when outdoors.
- The most common form of skin cancer is basal cell carcinoma, which accounts for about 75 per cent of all skin cancers.
- Squamous cell carcinoma accounts for 20 per cent and melanoma less than five per cent.⁶

For more information about skin cancer, please call Cancer Council's 13 11 20.

References

- ¹ Queensland Cancer Registry. 2014. Cancer in Queensland: Incidence, Mortality, Survival and Prevalence 1982- 2012. Brisbane: QCR, Queensland Health and Cancer Council Queensland.
- ² NCCI Non-melanoma Skin Cancer Working Group 2003, The 2002 national non-melanoma skin cancer survey, Canberra.
- ³ Cancer Council Australia. Skin cancer statistics and issues. Retrieved January 2015 from http://wiki.cancer.org.au/skincancerstats/Skin Cancer Statistics and Issues
- ⁴ Australian Institute of Health & Welfare 2012. ACIM (Australian Cancer Incidence and Mortality) Books. AIHW: Canberra.
- ⁶ Cancer Council South Australia 2006, Skin Cancer. Retrieved September 2006 from http://www.cancersa.org.au.

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.

Cancer Council Queensland does not warrant that the information in this publication is correct, up to date or complete nor that it is suitable for any particular purpose. Your use of the information in this publication is at your own risk. To the fullest extent permitted by law, Cancer Council Queensland does not accept any liability for any reliance placed on information that is not correct, complete or up to date, or that is not suited to the purpose for which it was relied upon. If any warranty or guarantee cannot by law be excluded, then, to the extent permitted by law, Cancer Council Queensland's liability for such warranty or guarantee is limited, at Cancer Council Queensland's option, to supplying the information or materials again or paying the cost of having the information or materials supplied again.

Fact Sheet: Skin Cancer
Published ; Updated February 2015