Tēnā koutou katoa

A working group of skin cancer experts, with support from the Melanoma Network of New Zealand (MelNet) and Te Whatu Ora – Health New Zealand, have developed a draft strategy to guide the prevention and early detection of skin cancer in New Zealand.

The Strategy describes a set of recommendations that will help reduce the incidence and impact of skin cancer in New Zealand. These are supported by research on the epidemiology of skin cancer in New Zealand and the effectiveness of prevention and early detection interventions globally.

We are now seeking feedback on the strategy from the wider health and disability care sector and others with an interest in skin cancer prevention and early detection.

This includes:

- health care professionals
- professional bodies representing healthcare professionals
- national and local government agencies
- non-governmental organisations (NGOs)
- sporting bodies
- schools
- community groups
- academics
- individuals

Feedback can be provided in writing via email to **melnet@melnet.org.nz**. Submissions close 12.00 noon Wednesday 31 July 2024.

For more details, please see the **MelNet website.**

The aim is to release the finalised document by 9 August 2024.

NEW ZEALAND SKIN CANCER PRIMARY PREVENTION AND EARLY DETECTION STRATEGY

2024 – 2027

DRAFT FOR CONSULTATION
JULY 2024

INTRODUCTION

New Zealand has one of the highest skin cancer incidence and mortality rates in the world, with eight out of every ten cancers being diagnosed as skin cancer[1].

This isn't just a statistic; it's a stark reality that affects individuals, families, and the healthcare system alike.

Every year, tens of thousands of lives are altered, hundreds of loved ones are lost and millions of dollars are spent treating these cancers that are almost entirely preventable and highly survivable.

Research shows the most effective ways to reduce the incidence and impact of skin cancer are by minimizing exposure to ultraviolet radiation and detecting it early before it can spread.

But achieving this requires urgent and sustained action, and the collective effort of many - local and central government, non-Government organisations, healthcare professionals, workplaces, schools, communities, and individuals all have a role to play.

This Strategy has been developed as a roadmap to steer us towards a healthier future. Its recommendations align with the objectives of broader Government health plans and other national organisations, and draw on learnings from the very successful Australian SunSmart programme which has been operating for over 40 years.

With the burden of skin cancer in New Zealand rising each year, the implementation of this Strategy is both timely and essential.

Together, we can make a difference.

1 The most common types of skin cancer are basal cell carcinoma, squamous cell carcinoma and melanoma

SUMMARY OF RECOMMENDATIONS

1. Establish a comprehensive, multi-sectoral, nationally co-ordinated skin cancer prevention and early detection programme.
2. Provide all health professionals working in New Zealand with structured training in the prevention and early detection of skin cancer.
3. Develop a nationally consistent triage and audit service for the early detection and management of skin cancer that involves both primary and secondary care.
4. Plan and deliver public education campaigns that promote sun safety and early detection, and evaluate their reach and impact.
5. Adopt World Health Organisation recommended sun protection guidelines in all education settings.
6. Mandate and enforce sun protection policies for all workplaces with outdoor workers.
7. Adopt sun protection policies in sports where participants are exposed to high levels of solar UVR.
8. Integrate sun protection into planning for outdoor recreation areas where people congregate.
9. Increase access to high quality, affordable sun protection products.
10. Implement an outright ban on the importation, manufacture, sale and rental of sunbeds for commercial or private use.
11. Ensure all skin cancer prevention and early detection interventions are informed by robust research and quality data.

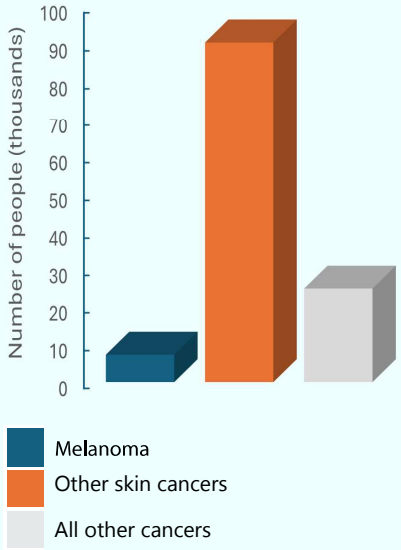
"Dad died of melanoma
at age 62.
It was just devastating
and the impact on our whole
family has been huge.
He was taken too young, and
he and our family are missing
out on so much."

- Simon McLean

STATE OF THE NATION

Skin cancer is common...

Each year nearly **100,000** New Zealander's are diagnosed with skin cancer - more than all other cancers combined.



2 in 3 New Zealanders will be diagnosed with some form of non-melanoma skin cancer in their lifetime.*

* Extrapolated from Australian data

It can affect anyone...

Over **95%** of melanomas are diagnosed in those who identify as Pākehā, however unprotected sun exposure increases the risk for anyone.

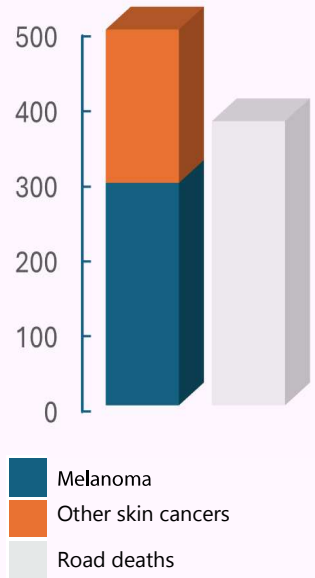
Around **90%** of melanoma cases in New Zealand can be attributed to sun exposure .

For more than **3 months** of the year, the entire country experiences UV levels of 6 or above, when the risk of skin damage is high.

It's costing people their lives...

In 2018, **500** people lost their lives to skin cancer.

That's more than road deaths for the same year.

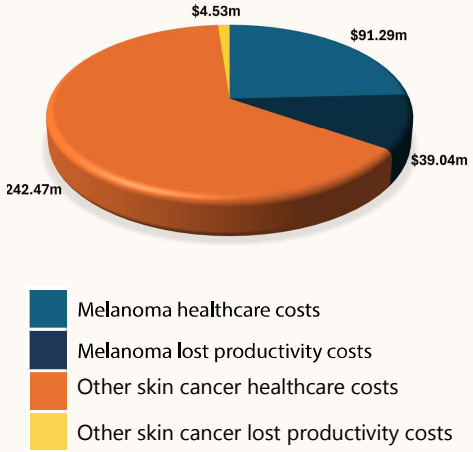


New Zealand has the **highest** melanoma death rate in the world.

It's costing the country...

In 2024, the cost of skin cancer in New Zealand was estimated at **$377.33 million**.

This included $333.76 million of direct healthcare costs (88.5%) and $43.57 million of lost productivity from mortality (11.5%)*.



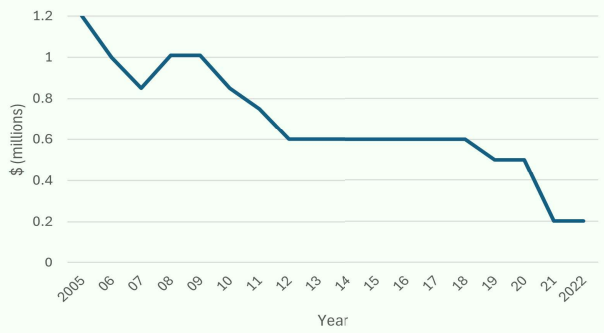
* Based on ongoing research - numbers are conservative and subject to change

... and it's up to 90% preventable, and if caught early, almost 100% survivable

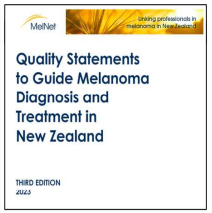
STATE OF THE NATION

Declining Government investment

Investment by Health New Zealand in skin cancer prevention and early detection has decreased from $1.2m in 2005 to $200k in 2023 (including salaries).



To reduce exposure to harmful UVR, the Cancer Prevention Report recommends creating healthy outdoor, school and work environments and increasing access to affordable high-quality sunscreen (Te Aho o Te Kahu, 2022).



The Quality Statements includes good practice points on prevention and early detection strategies, training of primary healthcare professionals and management of people at high risk of melanoma (MelNet, 2023).

PUBLIC EDUCATION CAMPAIGNS

- Government funding for skin cancer public education campaigns is less than $200k per year. For the past two years, the Cancer Society has been contracted to deliver a prevention social media campaign on behalf of Health NZ.
- In recent years Melanoma NZ has delivered several campaigns on the importance of early detection and self-skin examinations.
- UVI information is promoted on the Metservice website and app from September to April.
- There is lmited routine monitoring of sun protection behaviours on which campaigns could be based.
- There is very little recent New Zealand data on UVI awareness or early detection practices.

WORKPLACES

- The Health and Safety in Work Act 2015 requires employers to keep workers safe, including from exposure to UVR.
- WorkSafe, Melanoma NZ, and Cancer Society provide resources for workplaces relating to sun protection.
- Employers can claim sun protective products as tax-deductible; employees cannot.
- Individuals cannot legally seek compensation for cancers caused by work-related sun exposure, as they can in Australia.
- There is limited recent research on sun protection policies and practices of New Zealand workplaces with outdoor workers.

EDUCATION

- Sun protective behaviours in primary, intermediate and secondary schools are inconsistent.
- Schools do not receive public funding to support sun protection policies or provide shade structures.
- 2000 of 2500 schools have a SchoolDocs sun protection policy, but quality and implementation is not assessed.
- The Cancer Society funds and delivers the SunSmart Schools programme to primary and intermediate schools - 30% of eligible schools are enrolled.
- SunSmart Schools have better sun protection policies and practices than schools not enrolled.
- The Cancer Society provides online education resources for ECE teachers.

SPORT AND RECREATION

- Sun protective behaviours of adults and children during sports and recreation activities are poor.
- Five of 67 local councils (7%) have a sun protection policy. There is no legislative requirement for this.
- 12 of 71 relevant National Sporting Organisations (17%) reference sun protection in policy documents. Only two (3%) have a comprehensive sun protection policy.
- 90% of school outdoor swimming pools have no shade over water or spectator zones.
- A national project is mapping shade and facilities at council playgrounds and outdoor areas.
- The SunSmart website has comprehensive guidelines for councils and sporting organisations on sun protection policies and shade provision.

STATE OF THE NATION

SUN PROTECTION PRODUCTS AND GUIDELINES

- Sunscreen is regulated by Sunscreen Standard AS/NZS 2604:2021 and the Sunscreen (Product Safety Standard) Act 2022. The Therapeutic Products Act 2023 which was due to come into effect in 2026, will be repealed in 2024. This would have classified sunscreen as a therapeutic good (as it is in Australia).
- Sunscreen is the primary form of sun protection for most New Zealanders, although use, application and knowledge varies.
- The price of sunscreen varies significantly between brands and retailers. It is available on prescription for those with particular immune-suppression diseases and is tax deductible for some employers.
- There is limited information on the public's knowledge and understanding of the UV index and sun protection messages.
- There are voluntary standards for sunglasses, and sun protective clothing and hats (AS/NZS 1067.1 and 1067.2 and AS/NZS 4399). Both are mandatory in Australia. There is no standard in New Zealand for shade cloth.
- Resources and information on sun protective behaviours are available from many sources - there are some inconsistencies in messaging across these platforms. Information on the UV index is freely available on the NZ UVI app and Sun Protection Alert.

EARLY DETECTION

- Patient information and resources on early detection and self-skin examination are available from Melanoma NZ and the Cancer Society, as well as private skin service providers.
- The quality of, and access to, early detection in New Zealand is inconsistent and in some areas limited. There is a growing shortage of dermatologists nationally.
- Services and funding for skin cancer detection and management differ significantly around the country.
- Skin examinations are carried out by a range of providers including GPs, nurses, dermoscopists, dermatologists and surgeons, with costs of a full body skin check varying significantly. Some providers offer spot checks.
- GPs are on the front line of skin cancer detection and management - 80% of skin cancer excisions are performed by GPs.
- There is limited training for medical students, GP registrars and internationally trained GPs in skin cancer, including the use of the dermatoscope.
- There are several training providers who offer entry level and advanced training in dermoscopy and minor surgery.

SOLARIA

- The Health (Protection) Amendment Act 2016 restricts access to commercial sunbeds to those aged 18 years or older.
- Two of 67 local councils (3%) have regulations for commercial sunbed operation, with both requiring licensure.
- Nationwide, 55 establishments have sunbeds commercially available. Seven of these exclusively offer 'tanning services' and account for 70% of the sessions.
- Very few New Zealanders use sunbeds, and almost all understand that using a sunbed increases the risk of developing cancer (McNoe 2016, Richards 2017).
- The Ministry of Health conducts visits to commercial sunbed operators to assess compliance with voluntary Standard AS/NZS 2635:2008 Solaria for Cosmetic Purposes. These checks demonstrate that many establishments are permitting use by customers with high-risk skin types (Castles, 2022).

“Being Māori and young, I thought the chances of me having melanoma were low.
But just because we don’t fit the mould of a typical skin cancer patient, doesn’t mean we’re protected from getting it.”

- Briar Avatea

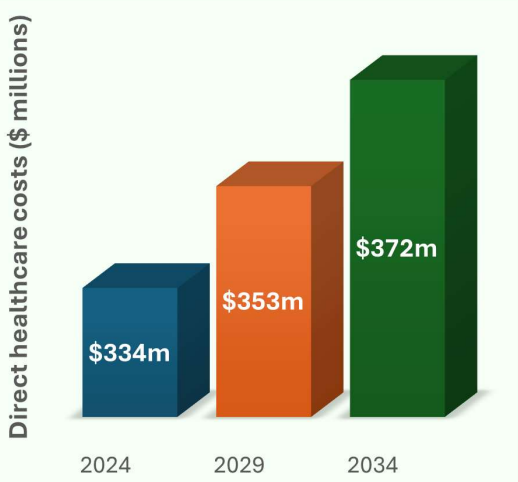
THE CASE FOR ACTION

The cost of taking no action is significant

The burden of skin cancer in New Zealand is massive and growing.

- Cases of melanoma in situ have **quadrupled** since 2000, with an average increase of 7.7% per year.
- Cases of invasive melanoma have increased by over **70%** since 2000.
- Based on Australian data, keratinocyte cancers have likely been increasing by **2 - 6%** each year over the past 30 years (Olsen, 2022).

Skin cancer is costing the country a huge amount to treat - and with increasing case numbers, population growth and demographic shifts, we can expect to see treatment costs continue to rise*.



*Based on ongoing research. Numbers are conservative and subject to change.

We know what causes skin cancer and how to prevent it

Skin cancer has one major modifiable risk factor - excessive exposure to UV radiation.

There is a considerable body of evidence to support the effectiveness of prevention interventions in reducing population exposure to UV radiation.

New Zealand currently spends over 1600 times more treating skin cancer than preventing it

THE CASE FOR ACTION

Investing in skin cancer prevention and early detection will save lives and money now and into the future

International studies have shown that investing in skin cancer prevention has resulted in fewer cases of skin cancer, longer lives, better quality of life and savings for society (Collins, 2024).

Investing in skin cancer prevention is also highly cost effective, with efforts in Australia estimated to return $3.20 for every $1 invested (Walker, 2022).

Although no economic evaluations of skin cancer prevention have been published in New Zealand, our high rates of skin cancer and historically low investment in prevention suggest substantial benefits can be achieved through primary prevention initiatives.

When detected in its earliest stages, long term survival rates for melanoma can approach 100 per cent, and treatment costs are substantially less. A 2017 Australian study (Melanoma Institute Australia, 2022) estimated the average annual treatment cost per patient by stage of melanoma diagnosis as:

- In situ, Stage I and Stage II melanoma: AUD $1,681
- Stage III resectable melanoma: AUD $37,729
- Stage III unresectable and Stage IV melanoma: AUD $187,720

Consistent investment in skin cancer prevention in New Zealand will make a significant difference

Initial estimates suggest that investing $1 million per year in a multi-faceted skin cancer prevention programme (similar to the Australian SunSmart programme) from now until 2050 has the potential to:*

Prevent **22,777** melanomas

Prevent **1,822** melanoma deaths

Save **2,450** years of life

Save **$169.62 million** in treatment costs

Save **$90.48 million** in lost productivity

Return up to **$10.38** for every $1 invested**

*Based on ongoing research. Numbers are conservative as they exclude non-melanoma skin cancers. Subject to change.
** Includes both health system costs and lost productivty.

RECOMMENDATIONS

SUNSMART PROGRAMME

The Australian SunSmart program is globally recognised as the gold standard for skin cancer prevention (Melanoma Institute, 2022).

Established in 1988, this comprehensive evidence-based prevention and early detection program uses a multi-faceted approach to generate individual, policy, legislation and environmental change across settings such as schools, workplaces, sports and recreation, and health.

The Program has contributed to a decline in melanoma incidence in younger cohorts of Australians (Walker, 2022), increased sun protective behaviours, reduced total sun exposure (Melanoma Institute, 2022) and caused a considerable shift in social norms around sun protection for pre- and primary-school-age children (Walker, 2022).

Furthermore, economic evaluations indicate a return of $3.20 in health care costs for every $1 invested (Walker, 2022)

RECOMMENDATION 1

A comprehensive, multi-sectoral, nationally co-ordinated skin cancer prevention and early detection programme is established

This should incorporate the recommendations within this document, with the aim to:

AIM: Reduce exposure to harmful UVR

TO ACHIEVE THIS WE NEED:

- Skin cancer universally recognised as a serious public health issue in New Zealand
- Healthy outdoor environments and settings that help protect from excessive UVR
- Comprehensive UVR protection policies and practices in high-risk settings
- New Zealanders proactively and consistently using individual sun protection behaviours

AIM: Detect skin cancers, particularly melanoma, earlier

TO ACHIEVE THIS WE NEED:

- All health professionals following best practice relating to skin cancer
- New Zealanders to understand their level of skin cancer risk and know how to examine their skin for changes
- Easy access for high-risk individuals to full body skin checks by a trained professional
- Professionals that come into contact with people's skin to be capable of recognising suspicious lesions and recommending those clients seek advice from a trained health professional

AIM: Underpin all activities with robust research, evaluation and surveillance

HEALTH PROFESSIONALS

Full-body skin checks performed by a health professional trained in dermoscopy are considered international best practice for detecting lesions suspicious of cancer (MelNet, 2023). When used by trained professionals, dermoscopy improves diagnostic accuracy and allows the detection of melanoma at the early, survivable, non-invasive stage.

Health professionals play a crucial role in promoting public awareness about the prevention and early detection of skin cancer, and are the cornerstone of early and accurate diagnosis. With a worldwide shortage of dermatologists, GPs trained in skin cancer diagnosis and management have been shown to improve patient outcomes and create efficiencies within the health system (Brown, 2022). In New Zealand, services for skin cancer detection vary around the country and adequate training to support the early detection of skin cancer is often not provided.

Several studies have also demonstrated that other health professionals, such as nurses, can be trained to successfully perform skin checks with the use of diagnostic aids (Melanoma Institute Australia, 2022). Training programmes for non-medical professionals like massage therapists, cosmetologists, and hairdressers on the clinical presentation of skin cancer have proven beneficial.

RECOMMENDATION 2

All health professionals working in New Zealand are provided structured training in the prevention and early detection of skin cancer

This includes:

a. mandatory training and education for GPs and GP registrars on skin cancer prevention, early detection, dermoscopy and minor surgery

b. prevention and early detection education for other health professionals (including relevant allied health professionals) and related personal service industries (such as hairdressers and tattooists)

c. the inclusion of dermoscopy in medical school undergraduate and post-graduate training

RECOMMENDATION 3

A nationally consistent triage and audit service for the early detection and management of skin cancer is developed that involves both primary and secondary care

SHORT TERM

- [ ] Scope the development of a national pathway for the early detection and management of skin cancer based on current high-functioning models

MEDIUM TERM

- [ ] Explore the establishment of a coordinated training programme similar to the Dermoscopy for Victorian General Practice Program (Jones, 2022)

LONG TERM

- [ ] Work to incorporate dermoscopy in undergraduate and post-graduate medical training curriculum

RECOMMENDATIONS

PUBLIC EDUCATION CAMPAIGNS

Mass media and social marketing public education campaigns have been shown to effectively contribute to skin cancer prevention and early detection efforts (Wakefield 2010).

Research shows the effectiveness of campaigns improves when messages are disseminated over multiple media channels, efforts are sustained over an extensive period of time and they are integrated into a comprehensive sun protection programme that seeks change at individual, environmental and policy levels (The Community Guide, 2022).

Evaluating the effectiveness of public education campaigns is essential to understanding their impact.

RECOMMENDATION 4

Public education campaigns that promote sun safety and early detection are planned and delivered, and their reach and impact evaluated

These should aim to:

a. improve awareness of sun protection strategies, UVR and the UV index

b. shift social norms and attitudes to more accurately reflect the risks of UVR exposure

c. raise awarenesss about skin cancer risk and promote the importance of early detection

d. provide targeted messages to those most at risk, including outdoor workers, and children and adolescents

SHORT TERM

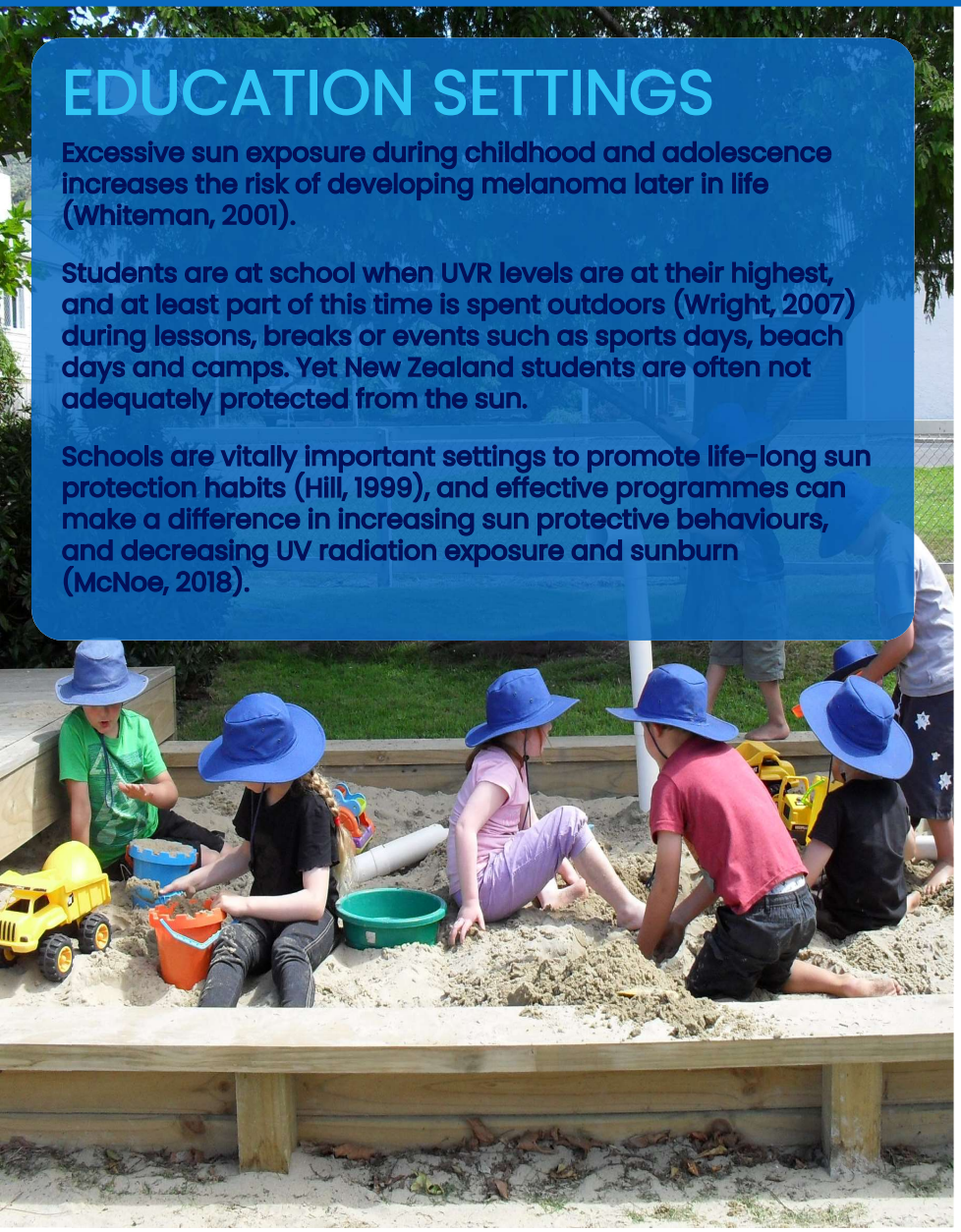
- [ ] Research is conducted to determine public knowledge of SLIP, SLOP, SLAP and WRAP and the UV Index, which underpins current messaging

MEDIUM TERM

- [ ] Options for comprehensive and regular monitoring of sun-related behaviors and attitudes (similar to the sun observation survey conducted in Australia) are explored

LONG TERM

- [ ] Consistent and sustainable funding is identified for the delivery of long term public education campaigns



EDUCATION SETTINGS

Excessive sun exposure during childhood and adolescence increases the risk of developing melanoma later in life (Whiteman, 2001).

Students are at school when UVR levels are at their highest, and at least part of this time is spent outdoors (Wright, 2007) during lessons, breaks or events such as sports days, beach days and camps. Yet New Zealand students are often not adequately protected from the sun.

Schools are vitally important settings to promote life-long sun protection habits (Hill, 1999), and effective programmes can make a difference in increasing sun protective behaviours, and decreasing UV radiation exposure and sunburn (McNoe, 2018).

RECOMMENDATION 5

World Health Organisation recommended sun protection guidelines are adopted for all education settings

This requires:

a. the implementation of comprehensive written sun protection policies based on SunSmart Schools guidelines

b. incorporating quality shade in all school outdoor areas

c. the use of sun protective clothing, hats and sunscreen

d. scheduling outdoor activities outside of peak solar UVR hours

e. encouraging parents and staff to role model appropriate sun protective behaviours

SHORT TERM

- [ ] Shade is included as a mandatory element in school design guidelines
- [ ] The Ministry of Education's position on shade sails is reviewed
- [ ] The feasibility of including sun protection measures in regular school-based surveys for children and adolescents is explored
- [ ] Sun protection policies are made a mandatory requirement for all schools and ECEs
- [ ] ERO Evaluation Partners are provided education on sun protective practices in school environments

MEDIUM TERM

- [ ] An audit is undertaken to assess pre-existing shade availability and use, and sun protection policies and practices in all education settings
- [ ] A grant programme for quality built and natural shade in outdoor school areas is explored

LONG TERM

- [ ] SunSmart Schools is transitioned into a school delivered and ERO-assessed programme

RECOMMENDATIONS

WORKPLACE SETTINGS

Workers in outdoor occupations are exposed to high levels of UVR while at work, receiving up to 10 times more UV exposure than those who work indoors (Godar, 2005).

Research conclusively shows a link between occupational sun exposure and the development of non-melanoma skin cancers (Mathieu, 2021). Research also suggests a connection between occupational sun exposure and the development of melanoma on sun exposed sites such as the head and neck (Juzeniene, 2012).

Interventions in outdoor occupational settings are effective in preventing skin cancer (The Community Guide, 2022). Sun protection education, mandatory policy, the provision of sun protective products and shade, and work systems that minimise the amount of time workers spend in the sun have been shown to be most successful in encouraging and enforcing sun protective behaviours in workers (Hammond, 2008).

RECOMMENDATION 6

Sun protection policies are mandated and enforced for all workplaces with outdoor workers

SHORT TERM

- [ ] UV protection for workplaces with outdoor workers is adopted as a focus area of WorkSafe New Zealand
- [ ] Workplaces are provided education on sun protection and early detection, with a particular focus on those workplaces who have outdoor workers

MEDIUM TERM

- [ ] Research is conducted to gather current, pertinent information about workplace sun protection policies and practices
- [ ] Sun protection policies and the inclusion of UV radiation in hazard registers are made mandatory for all workplaces with outdoor workers
- [ ] Methods to improve monitoring of compliance with legislative requirements relating to sun protection policies and practices in workplaces are explored

LONG TERM

- [ ] Feasible methods of monitoring workplace exposure and compliance with sun protection policies are implemented

RECOMMENDATIONS

SPORT AND RECREATION SETTINGS

Individuals participating in outdoor sports or recreational activities are at increased risk of skin cancer due to experiencing high levels of UVR and high rates of sunburn during their time outdoors (Moehrle 2008, Snyder 2020). New Zealanders are often not adequately protected from the sun when engaging in outdoor recreational activities.

Shade is one of the primary strategies for sun protection and skin cancer prevention as it provides a physical barrier between the sun and the skin. Good-quality shade fabrics can reduce UVR by up to 75% and trees with heavy dense canopy can provide up to 90% UVR protection (Te Aho o Te Kahu, 2022).

The Community Preventive Services Task Force also recommends educational and policy approaches for outdoor recreational settings (The Community Guide, 2022).

RECOMMENDATION 7

Sun protection policies are adopted by sports where participants are exposed to high levels of solar UVR

The should include uniform guidelines, provision of sun protective products and shade, and the inclusion of sun protection education in coaching programmes.

RECOMMENDATION 8

Sun protection is integrated into planning for outdoor recreation areas where people congregate

SHORT TERM

- [ ] Best practice sun protection guidelines for sports organisations are developed by Sport New Zealand
- [ ] Local councils, sports organisations and community groups are supported to incorporate sun protection into existing relevant policies and plans (such as playground, urban design and health and safety)

MEDIUM TERM

- [ ] An audit of pre-existing shade in recreational and sporting areas (not covered by existing research) is conducted to identify areas that require additional shade installation
- [ ] Playground Standard NZS5828:2015 is updated to include the provision of shade

LONG TERM

- [ ] A funded shade scheme, similar to that in Australia is explored to help facilitate the installation of appropriate shade at sports grounds and places of recreation
- [ ] Feasible methods of monitoring sun protection policies and practices of agencies responsible for recreational areas and facilities are explored.

SUN PROTECTION PRODUCTS AND GUIDELINES

There are several personal protective behaviours that reduce skin cancer risk by limiting or minimising UVR exposure that causes harm. These are using sunscreen, wearing sun protective hats, clothing, and wrap around sunglasses, seeking shade, and avoiding outdoor activities during periods of extreme UVR.

When used regularly and applied correctly, sunscreen has been shown to be effective in reducing the risk of skin cancer (Autier 2009, Green 2011, Iannacone 2014).

Evidence based guidelines recommend the use of sun protection when the UV Index (UVI) reaches 3.

RECOMMENDATION 9

Access to high quality, affordable sun protection products is increased

SHORT TERM

- [ ] Consider recommendations around aerosol sunscreen, given Australian research showing that most sunscreen fails to reach the skin when sprayed from an aerosol

MEDIUM TERM

- [ ] Explore supportive tax policies for sun protection products or broadening the criteria for eligibility for obtaining sunscreen by prescription
- [ ] Sunscreens are classified as a therapeutic good, as is the case in Australia

SOLARIA

UVR from sunbeds is classified as a group 1 carcinogen to humans (El Ghissassi, 2009), with scientific evidence clearly showing there is no safe level of sunbed use for individuals of any age (Cust 2011, Boniol 2012).

The total ban implemented on commercial sunbeds in Australia has been highly effective, with approximately 4% of melanomas and 4% of keratinocyte cancers expected to be averted, and over A$64 million in health care costs saved (Janda, 2022).

RECOMMENDATION 10

An outright ban on on the importation, manufacture, sale and rental of sunbeds for commercial or private use is implemented

RESEARCH, EVALUATION AND SURVEILLANCE

Effective cancer control requires three key elements: fundamental research into the causes and impact of cancer, evaluation of intervention efficacy and the robust collection of quality cancer-related data (Minister of Health, 2003).

This information provides evidence-based justification for interventions, helping to ensure their effectiveness, guide resource allocation for maximum impact, and facilitate continuous improvement through ongoing monitoring.

RECOMMENDATION 11

All skin cancer prevention and early detection interventions are informed by robust research and quality data

This includes:

a. Monitoring and analysing the prevalence, trends and impact of skin cancer in New Zealand through robust incidence, mortality and other epidemiological data

b. Monitoring and analysing knowledge, attitudes and behaviours relating to skin cancer through consistent and routine population monitoring surveys

c. Capturing pertinent baseline data on skin cancer prevention and early detection-related policies, practices and environments in high-risk settings

d. Ensuring comprehensive evaluation mechanisms are built into the development of any skin cancer related intervention

e. Undertaking other research as required to support the implementation of the recommendations outlined in this Strategy

ABOUT THIS DOCUMENT

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

It is to be read in conjunction with:

1. Supplementary information to the NZ Skin Cancer Primary Prevention and Early Detection Strategy

2. Key messages for skin cancer prevention and early detection

Special thanks must go to to those who have provided considerable thought and expertise to this document:

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MelNet

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