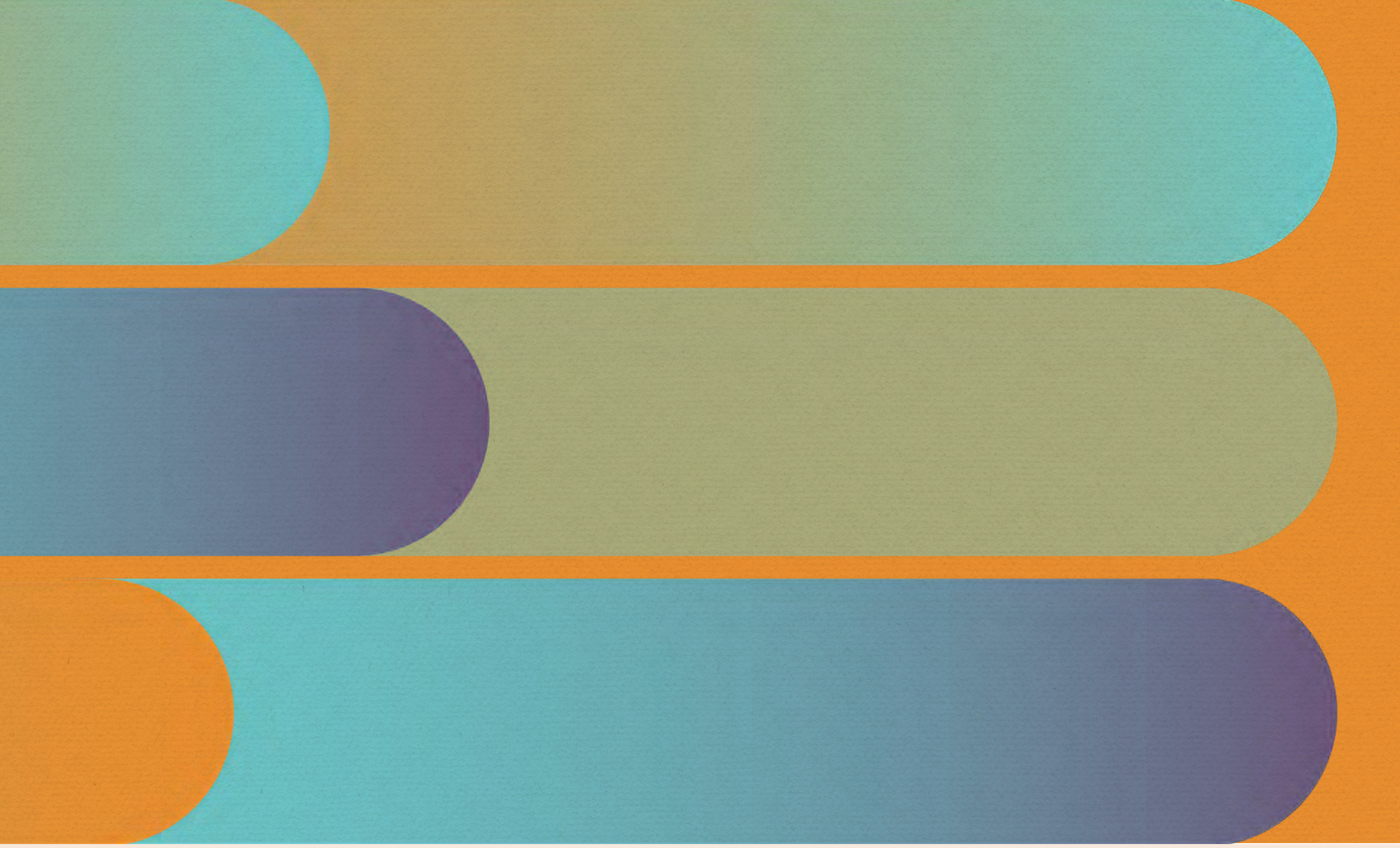

Australia's National Skin Cancer Scorecard 2025

Full Report

MSCAN
MELANOMA & SKIN CANCER
ADVOCACY NETWORK

THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

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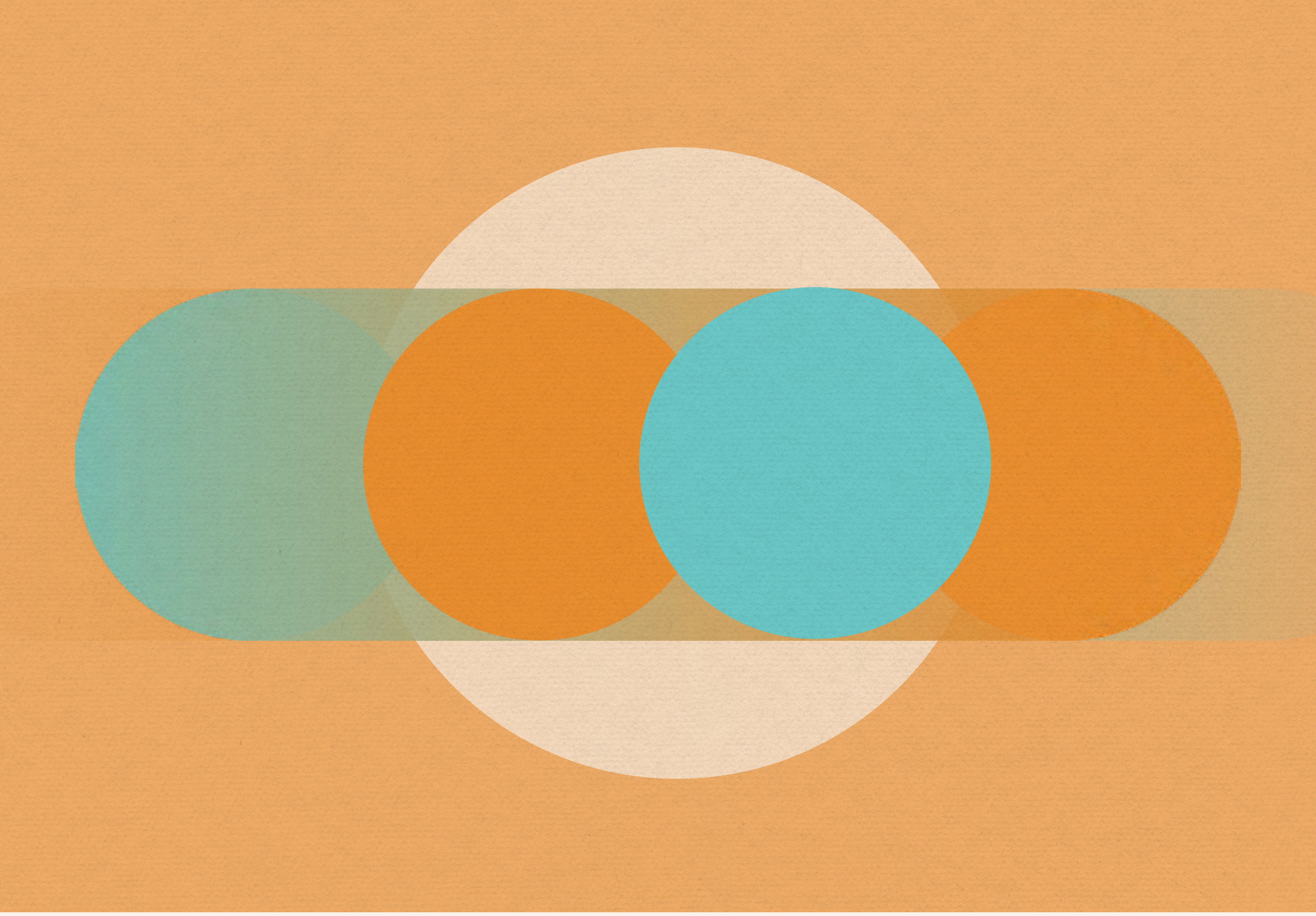

Acknowledgement of Lived Experience

We acknowledge the individual and collective expertise of those with lived experience of skin cancer. We recognise their contribution and value the courage of those who share this perspective for the purpose of learning and growing to support better outcomes for all.

Acknowledgement of Country

The Melanoma and Skin Cancer Advocacy Network and the Australasian College of Dermatologists acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of Country throughout Australia. We acknowledge the wisdom of Elders, both past and present, and pay respect to Aboriginal and Torres Strait Islander communities of today. We recognise that the health, healing and wellbeing of Aboriginal and Torres Strait Islander peoples are grounded in continued connection to Country, culture, language and community.

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Executive Summary

Why does Australia need a Skin Cancer Scorecard?

Skin cancer is Australia's national cancer. In 2023/24, skin cancer cost the Australian health system more than $2.47 billion, including diagnosis, treatment and pathology.[1] To reduce the burden of the disease in Australia, it is important that the wide range of stakeholders committed to tackling skin cancer unite and collaborate on an effective and measurable approach.

The Skin Cancer Scorecard provides this opportunity. Together we can focus on the strategic and accountable actions in the Skin Cancer Scorecard to ensure skin cancer remains on the national agenda.

Developed by the Melanoma and Skin Cancer Advocacy Network (MSCAN) and the Australasian College of Dermatologists (ACD), the Skin Cancer Scorecard will highlight achievements that need to be celebrated and flag gaps in efforts that need to be addressed. It is informed by published evidence and identifies where further evidence should be collected to better inform our important work as a sector.

The Scorecard builds on the important work of the 2015 Parliamentary Inquiry report *Skin Cancer in Australia: Our National Cancer*[2] and the *2022 State of the Nation Report – A Report into Melanoma, a National Health Priority.*[3] The Skin Cancer Scorecard identifies 16 scorecard items for action. These actions will help the sector address all types of skin cancer across the cancer care continuum.

There are 5 foundational scorecard items to support efforts across all areas of the cancer continuum:

1. Implement the Australian Cancer Plan and the Aboriginal and Torres Strait Islander Cancer Plan for all types of skin cancer.
2. Invest in Australia's world-leading research.
3. Require meaningful patient and community engagement in skin cancer research, policy development and advocacy work.
4. Develop a national surveillance strategy for melanoma and keratinocyte cancers.
5. Improve the supply and distribution of a skilled skin cancer workforce to ensure equitable access to care, particularly for regional, rural and remote communities.

The remaining 11 scorecard items are grouped by:

- **Prevention of skin cancer** (Items 1-4)
- **Early detection of skin cancer** (Items 5-6)
- **Treatment of skin cancer** (Items 7-9)
- **Support and care after diagnosis** (Items 10-11).

While not all actions are within the scope of all the sector stakeholders, it is important that we all understand how the various actions are being considered and addressed to identify opportunities for collaboration, leverage, capacity building, investment and future planning.

The Skin Cancer Scorecard is designed to prompt much needed conversations at the national, state, community and household levels. It is an evidence-based tool to drive government, industry, clinicians, researchers, people with lived experience and advocates on the priority actions to effectively tackle skin cancer in Australia. In developing the Skin Cancer Scorecard, MSCAN and ACD collaborated with a group of highly engaged sector stakeholders including people with lived experience, clinicians, researchers, advocates and organisations. Together these experts identified the priorities for the sector to drive advocacy, policy and action to address skin cancer in Australia, reflected in the Skin Cancer Scorecard.

To inform the second version of the Skin Cancer Scorecard, to be published in 2030, MSCAN and ACD will over the next five years:

- welcome feedback and advice from the sector on the scorecard
- host collaborative planning sessions to discuss the next steps for each scorecard item
- update data for each scorecard item and action
- conduct a scorecard review in 2030 to measure, evaluate and renew the scorecard items.

The Skin Cancer Scorecard will be publicly available on the websites of MSCAN and ACD. Sector stakeholders are welcome to endorse the Skin Cancer Scorecard and use it to inform and support their own work and their stakeholders.

The Australian Cancer Plan[4] and the Aboriginal and Torres Strait Islander Cancer Plan[5] are important foundations for a renewed focus on strategic action, advocacy and accountability. Now is an opportune time to consolidate the skin cancer sector's needs, leverage the momentum of the Cancer Plans and unite our efforts in a targeted, equitable, accessible, data-driven, collaborative and measurable way. Together we can meaningfully reduce the burden of skin cancer in Australia, and the Skin Cancer Scorecard will guide and track our progress.

Skin cancer in Australia

What is skin cancer?

Skin cancer is the most common cancer in Australia, accounting for nearly one third of all cancers.[6] Skin cancers can be grouped into:

- melanoma, including cutaneous melanoma, mucosal melanoma, acral melanoma and uveal melanoma
- keratinocyte cancers (also known as non-melanoma skin cancers), and
- other less common types of skin cancer such as Merkel cell carcinoma.

Melanoma develops in melanocytes, which are skin cells that produce melanin pigment to colour the skin. Melanoma is rarer than keratinocyte cancer but is more deadly. Melanoma is most likely to develop on the skin, however it can develop anywhere melanocytes are found including in areas of the body which receive little sun exposure, such as the soles of feet or in between toes.[7] If not detected early, melanoma can spread to other organs.

Keratinocyte cancers develop in keratinocytes, which are the main cells in the outermost layer of the skin. The main types of keratinocyte cancers are basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (cSCC).[8]

- **BCC** is the most common form of skin cancer. It rarely spreads to other parts of the body and typically develops on areas of the body that have been chronically exposed to the sun.
- **cSCC** is the second most common form of skin cancer and is most frequently seen on sun-exposed areas such as the head, neck and back of the hands. It is possible to get cSCC on any part of the body, including the inside of the mouth, lips and genitals.

Note on terminology for keratinocyte cancers: There has been much debate in the development of the Skin Cancer Scorecard about the term used for keratinocyte cancers. Clinicians and researchers prefer the term keratinocyte cancers, while people with lived experience noted that this term is not widely known or understood in the community. As there was agreement that the term 'non-melanoma skin cancer' was not appropriate – as it describes what it is not, rather than what it is – keratinocyte cancers is used in this report and accompanying Skin Cancer Scorecard. However, further discussion on this topic is warranted.

Other less common types of skin cancer can occur in different parts of the body and can be aggressive. They are varied in their presentation and can be mistaken for noncancerous conditions, delaying diagnosis and treatment.

There is a glossary of terms used in this report on Page 49.

What are the risk factors for skin cancer in Australia?

Ultraviolet radiation (UVR) exposure is the primary risk factor for skin cancer with UVR exposure in Australia contributing to the development of up to 99% of keratinocyte cancers and 95% of melanoma.[6,9,14]

Additional factors that may increase the risk of developing skin cancer include:

- A personal or family history of melanoma and/or other skin cancers

- Having many moles (or naevi)
- Having light skin that burns easily
- Frequent sunburn as a child, especially if the sunburn led to blistering
- Exposure to artificial UVR (e.g., solariums)

In 2020, Australia had the highest age-standardised melanoma incidence rate and the equal sixth highest mortality rate of melanoma in the world.[10] Australia's high incidence of skin cancer is often attributed to its predominantly fair-skinned population and high levels of solar UVR due to proximity to the equator. However, increased screening in more recent years may also be contributing to overdiagnosis, explaining some of the increased incidence rates.[11]

What are the economic impacts of skin cancer in Australia?

Skin cancer is the most costly cancer to treat in Australia. In 2023/24, skin cancer cost the Australian health system $2.47 billion, including diagnosis, treatment and pathology.[1] Of this, $1.87 billion was attributed to keratinocyte cancers and $596 million to melanoma.[1]

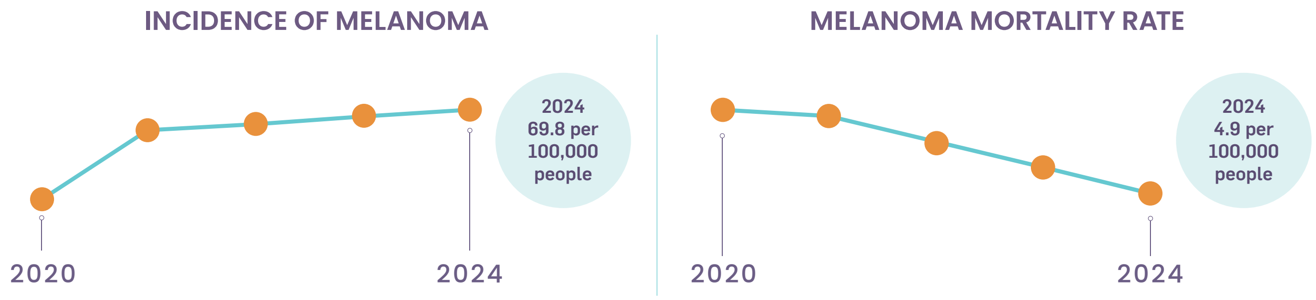
Overexposure to solar UVR accounts for 31% of the cancer-related health spending that is linked to a modifiable risk factor – the highest of any modifiable risk factor.[12] Overexposure to solar UVR is also the most preventable risk factor and can be addressed through improved public education and awareness and appropriate sun protection behaviours.[13,14] Recognising the largely preventable nature of the disease, this national Skin Cancer Scorecard will help unite Australia's skin cancer sector stakeholders to collaborate on an effective and measurable approach to prevention.

Incidence and mortality rates of melanoma in Australia

In 2020, there were 24,686 cases of melanoma diagnosed and 1,424 deaths due to melanoma in Australia.[15] Between 2000-2020, the age-standardised incidence rate of melanoma has increased from 53 cases to 59.1 cases diagnosed per 100,000 people (Figure 1).[15] This is projected to increase to 69.8 cases per 100,000 people diagnosed in 2024.[15] The increasing incidence rate is likely due to better diagnostic methods, higher levels of screening (which may lead to overdiagnosis) and Australia's ageing population, with an increasing proportion of people living to ages when melanoma is generally more common.[15]

While incidence is increasing, melanoma mortality rates have decreased (Figure 1). Between 2007-2020, the age-standardised mortality rate has decreased from 7.5 to 5.9 deaths per 100,000 people. Projections estimate a further decrease to 4.9 deaths per 100,000 people in 2024.[15] The decreasing mortality rate is likely due to more effective and earlier treatments.[16]

The Skin Cancer Scorecard will track these data as key outcomes of the scorecard actions.


INCIDENCE OF MELANOMA

MELANOMA MORTALITY RATE

Figure 1: Incidence and mortality rates of melanoma in Australia between 2020 - 2024

Younger people

While the overall population incidence of melanoma has increased since 2000, the incidence of melanoma among people under 30 years has decreased.[17] The risk of being diagnosed with melanoma by the age of 30 has declined from a high in 1997 of 1 in 427 people to 1 in 1,116 people in 2023.[17] This decline is partially explained by an increasing proportion of migrants to Australia who are at a lower risk of melanoma, primarily because of skin pigmentation.[18] Younger Australians have also lived most of their life in times when public awareness of skin cancer is high, built environments are more sun-protective and indoor-lifestyles are more common.[16,19]

The Skin Cancer Scorecard includes actions that focus on younger people to sustain and build on these improvements in incidence rates, specifically in items 1, 2 and 4.

People living in regional areas of Australia

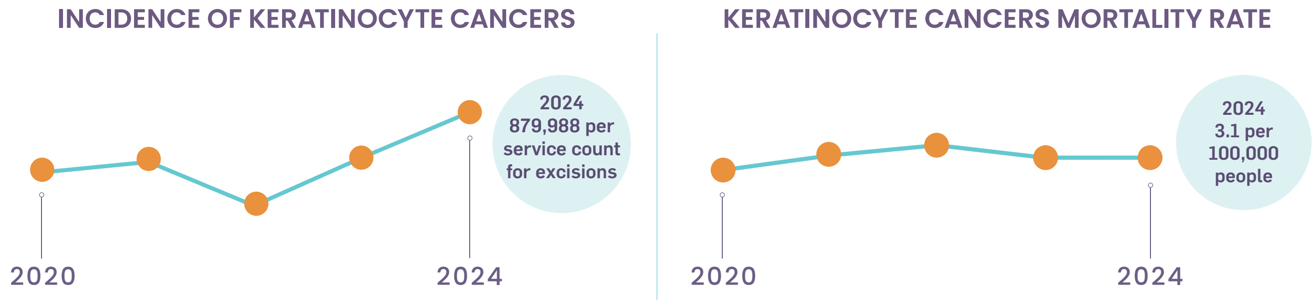
The burden of melanoma is higher for people in regional areas of Australia.[20,21] Between 2012-2016, those living in 'Inner Regional' areas had the highest age-standardised incidence rate of melanoma (62 cases per 100,000 people)[22] and those living in 'Very Remote' areas had the lowest (34 cases per 100,000 people). Between 2009 and 2013, age-standardised melanoma mortality rates were highest in 'Inner Regional' areas (7.2 deaths per 100,000 people), lower in 'Major Cities' (5.7 deaths per 100,000 people) and the lowest in 'Very Remote' areas of Australia (3.6 deaths per 100,000 people).[23] Areas of 'Very Remote' Australia may have lower rates of melanoma due to lower rates of skin cancer experienced in Aboriginal and Torres Strait Islander populations.[21,22]

The Skin Cancer Scorecard includes actions that aim to improve incidence and mortality rates of skin cancer for people living in regional areas through items 1, 5, 6, 8 and 10; and in foundational items 3 and 5.

Incidence and mortality rates of keratinocyte cancers in Australia

Data on the incidence of keratinocyte cancers is not regularly collected, however Medicare Benefits Schedule (MBS) treatment count data for BCC and cSCC (i.e., excisions) is available as an indirect way of measuring incidence.* Over the last five years there was an upward trend (Figure 2) in the count of excisions (i.e. surgical procedure to remove tissue). The age-standardised keratinocyte mortality rate has remained stable over the last five years and is lower for keratinocyte cancers than that of melanoma.[8]

The Skin Cancer Scorecard champions the collection of data for keratinocyte cancers to ensure there is a clearer picture of the incidence of the disease.



INCIDENCE OF KERATINOCYTE CANCERS

2024
879,988 per service count for excisions

KERATINOCYTE CANCERS MORTALITY RATE

2024
3.1 per 100,000 people

Figure 2: Incidence and mortality rates of keratinocyte cancers in Australia between 2020-2024

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*MBS item numbers: 31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369

Younger people

Although overall treatment rates for keratinocyte cancers increased substantially between 2000 and 2011, excision rates declined in younger Australians (aged under 40 years).[24] This declining incidence rate is likely due to the same factors responsible for the declining rate of melanoma in younger people discussed above. This group is a particular focus of the Skin Cancer Scorecard because patients diagnosed with keratinocyte cancers before the age of 25 have a much higher risk of developing melanoma and 29 other cancer types in their lifetime when compared with individuals who do not have the disease.[25]

The Skin Cancer Scorecard considers these factors for young people in items 1, 2 and 4.

People living in regional areas of Australia

Keratinocyte cancer rates are highest in regional areas of Queensland and South Australia likely due to greater UVR exposure of outdoor workers and suboptimal sun protection practices.[26,27] There may also be social factors that are barriers to early detection and treatment for people living in regional Australia; for example, minimising the problem, wanting to be in control, reluctance to show emotion, stoicism and concerns about privacy.[28] Accessibility to the appropriate skin cancer workforce to help identify and manage keratinocyte cancers also continues to be a barrier.[28]

The Skin Cancer Scorecard works to address these factors and improve skin cancer diagnosis, care and treatment for this population through scorecard items 1, 5, 6, 8 and 10; and in foundational items 3 and 5.

Incidence and mortality rates of other rare skin cancers

In Australia, rarer skin cancers, including Merkel cell carcinoma, are tracked. The age-standardised incidence rate of these rare skin cancers has remained stable from 2020 (4.1 cases per 100,000 people) to 2024 (4.5 cases per 100,000 people).[15] The mortality rate has remained stable during this period at 0.6 deaths per 100,000 people.[15] While the rates are stable, it is important that rare skin cancers are included in the scorecard to improve awareness, detection and treatment.

The Skin Cancer Scorecard includes considerations for rare skin cancers in items 7 and 10.

Quality of life for people experiencing skin cancer in Australia

Quality of life is an important population outcome to monitor people's experience after they receive a skin cancer diagnosis. This can tell us how well Australia's health system is treating and caring for people post-diagnosis. However, in Australia this outcome is not systemically tracked for skin cancer.

The Skin Cancer Scorecard raises this lack of data as an issue to address in items 10 and 11.

> **"We have to keep rare skin cancers on the agenda too. Just because fewer people get them, doesn't mean they deserve less advocacy - it's the opposite!"**
>
> - PERSON WITH LIVED EXPERIENCE OF SKIN CANCER

Purpose of the Skin Cancer Scorecard

This is Australia's first National Skin Cancer Scorecard. It was developed by the Melanoma and Skin Cancer Advocacy Network (MSCAN) in partnership with the Australasian College of Dermatologists (ACD) to renew the focus on reducing the burden of all skin cancers and measure the progress made by the wide range of stakeholders working in this sector in Australia.

The Skin Cancer Scorecard aims to:

- provide an agenda for progressing advocacy on skin cancer in Australia
- effectively measure and track progress over time, with formal reviews and updates every five years
- support opportunities for collaboration, capacity building and partnerships
- highlight and celebrate important progress made in reducing the burden of skin cancer
- collaboratively incorporate the expertise of lived experience, clinicians, researchers and advocates
- drive strategic actions to ensure skin cancer remains on the national agenda.

The Skin Cancer Scorecard was informed by published evidence and expert advice. Further information about how the Skin Cancer Scorecard was created, including process, scope and contributors is provided in Appendix A.

Why now?

In 2014, the House of Representatives Standing Committee on Health held a parliamentary inquiry into skin cancer. The 2015 report "Skin Cancer in Australia: Our National Cancer"[2] outlined 12 recommendations across the cancer care continuum to address skin cancer. Progress is mixed and some recommendations are now outdated.

In 2022, the "State of the Nation: A Report into Melanoma, a National Health Priority"[3] proposed 21 recommendations to achieve zero deaths from melanoma by 2030. The report was instrumental in prompting renewed investment from the Australian Government in public awareness campaigns and screening for skin cancer, however general progress on the 21 recommendations is mixed.

In 2023, the Australian Government launched the Australian Cancer Plan[4] aimed at achieving equity in cancer outcomes and designed to guide joint efforts across the national cancer control sector. The Australian Cancer Plan complements the National Aboriginal Community Controlled Health Organisation's Aboriginal and Torres Strait Islander Cancer Plan[5] launched in the same year.

> **"We want to be bold in our work. We want to elevate the voice of people with lived experience. We want to collaborate with other organisations, industry, government and the talented researchers and clinicians working in this space. We know that by working together we can reduce the burden of melanoma and skin cancer on all Australians and keep melanoma and skin cancer on the national agenda."**
>
> TAMARA DAWSON, FOUNDER AND CEO OF MSCAN

Collectively, this work creates an important foundation for skin cancer sector stakeholders to unite and collaborate to plan, leverage and consolidate our actions in addressing the burden of the disease. The Skin Cancer Scorecard aims to build further momentum in the skin cancer sector especially for keratinocyte cancers and rarer cancers, and inform a renewed focus on strategic action, advocacy and accountability.

Structure of the scorecard

The Skin Cancer Scorecard has been developed as an evidence-based tool to direct government, industry, clinicians, researchers, people with lived experience and advocates on the priority actions to reduce the burden of skin cancer in Australia. The Skin Cancer Scorecard is designed for sector stakeholders to leverage in delivering their own strategic priorities aligning with the national Cancer Plans and driving efficiencies in service delivery, advocacy, research and education.

This report presents 16 scorecard items for action to support national efforts across all areas of the cancer care continuum:

- Prevention of skin cancer (Items 1-4)
- Early detection of skin cancer (Items 5-6)
- Treatment of skin cancer (Items 7-9)
- Support and care after diagnosis (Items 10-11)
- Foundational scorecard items (Foundational Items 1-5).

For each scorecard item, this report addresses:

- What the scorecard item is asking for
- Why the scorecard item is important
- The indicators which can be used to measure progress for the scorecard item
- A rating for the scorecard item.

Throughout the report, the symbols shown below are used to indicate where a scorecard item was recommended (in part or whole) by the relevant publication. This indicates that an issue has been advocated for repeatedly over time and action is still needed:

The Skin Cancer in Australia: Our National Cancer Parliamentary Inquiry in 2015[2]

The State of the Nation Report - A Report into Melanoma, a National Health Priority in 2022[3]

Indicators of Action

Each scorecard item has at least one Indicator of Action to monitor progress. These indicators are measures of whether action has been taken. The Indicators of Action were chosen from data sources that are publicly available or with permission can be publicly available. Where possible, they are also indicators that are planned to be collected in an ongoing manner so that the Skin Cancer Scorecard can track progress over time. Progress for the Indicators of Action is assessed by comparing a previous report of the indicator with the most recent report.

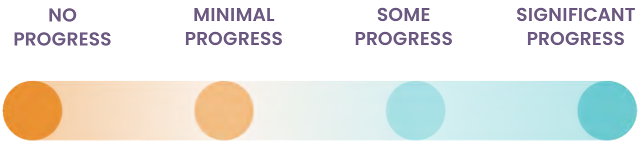
The assessment of the indicator is:

● **IMPROVED OR ON TRACK**	• The Indicator of Action has improved meaningfully or significantly between the previous report and the most recent report. • OR is judged to be on track for the required level of action.
● **NO CHANGE**	• The Indicator of Action has not meaningfully or significantly changed between the previous report and the most recent report.
● **NEEDS ATTENTION**	• The Indicator of Action has declined meaningfully or significantly between the previous report and the most recent report. • OR is judged to be well below the required level of action.
● **NO DATA AVAILABLE**	• There is no data available on the Indicator of Action.

The Indicators of Action will be updated systematically as more data becomes available to ensure the Skin Cancer Scorecard is a quality and reliable tool for monitoring progress over time.

Scorecard Ratings

Each item in the Skin Cancer Scorecard has a Scorecard Rating which indicates the level of progress made in Australia to date. These ratings were made by experts involved in the development of the scorecard (Appendix A) and are informed by the Indicators of Action.

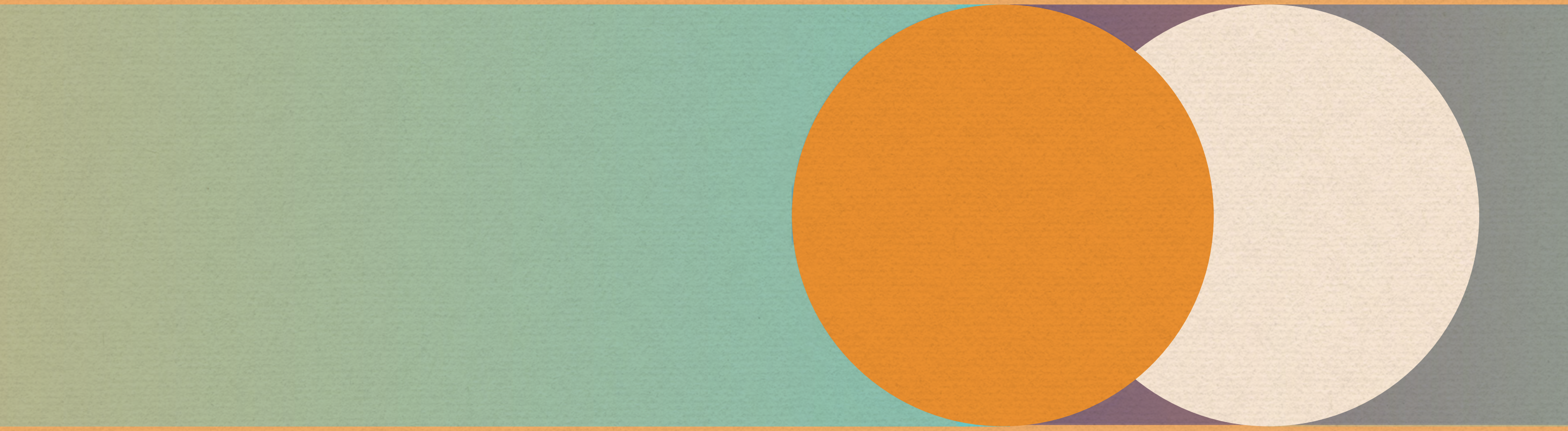


Future Skin Cancer Scorecards

MSCAN and ACD have committed to continue to work with the group of sector stakeholders involved in the development of the scorecard to ensure feedback and advice from the sector, new measures and information and updated data inform the review of the scorecard for 2030.

If you have feedback on the Skin Cancer Scorecard or want to be involved in an ongoing capacity, please contact: info@mscan.org.au.

> **"We have brought together the collective knowledge and experience of consumers, clinicians, researchers and organisations to create the Skin Cancer Scorecard - a valuable resource co-designed to unite the sector and drive meaningful progress in skin cancer outcomes."**
>
> DR ADRIAN LIM FACD
> ACD PRESIDENT



Prevention of skin cancer

Australia has the highest incidence of skin cancer in the world.[29] Skin cancer is the most expensive cancer to treat in Australia.[30] As a largely preventable cancer, ongoing skin cancer prevention campaigns and other targeted initiatives are essential and cost-effective. Every dollar invested in skin cancer prevention is estimated to produce a $3.20 return on investment in economic and healthcare savings.[31]

Skin cancer prevention requires actions at multiple levels of the community, including education and awareness of environmental and individual-level risk factors, creating protective environments in which people live and work, and tackling social and cultural expectations and acceptance of sun protective behaviours.

Current national sun protection guidelines call for: (i) sunscreen to be applied on all days when the UV index is forecast to reach 3 or more at any time during the day[32]; and (ii) 5 forms of sun protection when outdoors if the UV index is 3 or more.[33] This includes:

- Slip! on sun-protective clothing (e.g., long sleeve shirts, long pants etc)
- Slop! on SPF50 or SPF50+ broad-spectrum, water-resistant sunscreen
- Slap! on a broad-brimmed hat
- Seek! shade
- Slide! on wraparound sunglasses.

Whilst some state governments in Australia are taking action on skin cancer prevention, the national Cancer Plans[4,5] support and add to these state-level efforts.[34,35,36] These cumulative efforts are needed because investing in prevention strategies that reduce exposure to UVR and prevent skin cancers shows strong health and economic benefits to society.[37]

Scorecard Item 1: Consistently invest in targeted and mass media campaigns to drive behavioural change

This scorecard item is asking for:

- Sustained national investment in mass media public awareness campaigns to prevent skin cancer.
- Modern communication strategies using digital and social platforms to promote sun protective behaviours and combat misinformation.
- Tailored messaging and communication approaches for priority audiences – specifically young people and people in regional and remote areas.
- Education components that empower Australians to understand their skin, recognise warning signs and seek timely professional skin checks when necessary.
- Robust campaign evaluations that measure engagement and behaviour change and inform and improve future campaigns.
- Stronger media standards with clear guidelines for depicting sun protection in advertising and public content.

This scorecard item is important because:

Public education and awareness campaigns are a cost-effective way to address modifiable risk factors related to skin cancer.

Australia is recognised globally for its historical success in creating mass media campaigns to positively influence the sun-protective behaviours of our population.[9] However, there has been a significant gap in this messaging mainly due to a lack of consistent government investment since the 1990s.[38]

Between 2022-2024, Cancer Council Australia received $25 million from the Australian Government to develop a number of successful national targeted skin cancer prevention campaigns, including:

- End the Trend targeted at 18-24 year olds
- SunSmart Tradie Toolbox targeted at outdoor workers, and
- Save your Skin targeted at men.

Sustaining investment in public education and awareness campaigns is critically important to continuously drive behaviour change to directly influence the sun protective behaviours of Australians.

This scorecard item is in line with the Australian Cancer Plan's[4] key focus of maximising prevention and early detection of cancer (see Foundational Item 1).

> **"Campaigns are important since how you treat your skin when you are younger is directly related to your skin health later in life."**
>
> - PERSON WITH LIVED EXPERIENCE OF SKIN CANCER

Indicators to measure progress for this scorecard item

To measure the consistency in investment in targeted and mass media public awareness campaigns, the following indicators have been used to track progress to date:

- The amount of investment directed to campaigns
- Whether the campaigns are being evaluated
- Whether the campaigns are having a positive impact on behaviour change.

> **“Evaluating public campaigns is important otherwise how do we know we are making an impact and those messages are absorbed by younger people?”**
>
> - PERSON WITH LIVED EXPERIENCE OF SKIN CANCER

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
$ investment by Australian Government	No national investment since 2009[9]	$10 million in 2022 and $15 million in 2024∧	● IMPROVED
# national campaigns (% targeted at priority audiences)	No national investment since 2009[9]	3 national campaigns between 2020-2025 (100% targeted)∧∧	● IMPROVED
# national evaluations	>12 published evaluations of impacts of national mass media campaigns	Evaluations of current campaigns planned but not yet available	● ON TRACK
% adults doing >2 sun-protective behaviours*	47% in 2016/17[39]	53.9% in 2023/24[40]	● IMPROVED

∧ Audit of media releases conducted as at August 2025

∧∧ Audit of campaigns conducted as at August 2025 to check targeting towards a specific population group

* % of adults engaging in sun-protective behaviours comes from two different sources. The past % is reported as engaging in >2 sun-protective behaviours.[39] The latest % is reported as engaging in >3 sun-protective behaviours.[40]

Rating for this scorecard item

SOME PROGRESS

While there has been significant recent investment in national public awareness campaigns, ongoing and sustained investment in awareness campaigns is essential. Evidence shows that the skin cancer sector needs to consistently educate and influence behaviour change for younger generations, new Australians and those not touched by previous awareness campaigns given the variety of avenues to access media in the present day. There is also a strong need to combat misinformation.

Future scorecards may be able to incorporate additional indicators of action to measure progress against this scorecard item.

A rating of “Some progress” recognises the recent efforts but highlights the need for consistent investment and ongoing action in this area.

Scorecard Item 2: Implement evidence-based policies and practices in secondary schools to improve uptake of sun-protective behaviours

This scorecard item is asking for:

- Secondary schools to implement comprehensive sun protection policies that are activated when UV levels are above 3, based on the Cancer Council's national SunSmart Schools program.
- State and territory governments to support secondary schools to take a multicomponent approach to sun protection, including:
  - Environmental design (e.g., shade coverage)
  - Sun-protective uniform requirements
  - Curriculum-integrated educational content
  - Clear behavioural expectations.
- Consistent monitoring, evaluation and updating of these policies and practices.

This scorecard item is important because:

Australian students are generally at school during the times of the day when the UV levels are most harmful (i.e. above 3[41]). The Cancer Council's SunSmart Schools program has had significant success in primary schools and early childcare services. It is important that secondary school communities across Australia also have sun protection policies and practices in place to protect students and staff from UVR.

In 1994, the Cancer Council launched the SunSmart Schools program for primary schools. Today the program extends across all Australian states and territories and includes early childcare education and care services. Australian secondary schools are encouraged to develop and implement their own sun protection plan or policies to create a sun safe environment and promote sun protective behaviours among students and staff.

It is well known that adolescents engage in less sun-protective behaviours compared with adults[39] and the teenage years are a particularly sensitive time-period for preventing skin damage.[42] This period is also an important developmental phase when an individual's beliefs are changing and influence on a person's behaviour shifts from care providers to peers.

Recognising the challenges in addressing these factors, secondary schools can still play an important role in influencing sun protection behaviours of students and staff by, at a minimum, having sun protection policies in place. A consistent approach to sun safe policies in Australian schools was also a key prevention recommendation in the State of the Nation report.[3]

> **"Sun safety and sun safety advocacy seems to stop when kids reach high school. We need schools to better understand the importance of sun safety so they can implement sun safe policies to get the kids while they are young."**
>
> - PERSON WITH LIVED EXPERIENCE OF SKIN CANCER

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
# jurisdictions conducted audits of sun protection policies in secondary schools	Not available	4/8 jurisdictions conducted audits between 2020-2025^	● NEEDS ATTENTION
% secondary schools with a sun protection policy	Not available	8%-19% of schools^^	● NEEDS ATTENTION
% young people engaging in >2 sun-protective behaviours*	33% in 2016/17[39]	39.4% in 2023/24[40]	● IMPROVED

^Personal communications from the National SunSmart School and Early Childhood Working Group after liaising with the jurisdictions. All audits were conducted for internal purposes only, not publicly available.

^^Personal communications from the National SunSmart School and Early Childhood Working Group. Data available from three audits. Jurisdictions used varying audit methodologies, therefore varying criteria for quality are not able to be interpreted across regions.

*This indicator draws from two different sources. The past report is >2 sun-protective behaviours in 12-17 year olds on summer weekends[39], whereas the latest report is >3 sun-protective behaviours in 15-24 year olds.[40]

Indicators to measure progress for this scorecard item

There is limited data to date to effectively measure the implementation of sun protective evidence-based policies and practices in Australian secondary schools.

In advocating for sun protection policies in their jurisdiction, some states and territories have conducted audits on the number of secondary schools with a sun protection policy and assessed the quality of these policies. These indicators are included as baseline data for the 2025 Skin Cancer Scorecard.

The final indicator in the table above compares sun-protective behaviours between different age groups of young people (Past: 12-17 years, Latest: 15-24 years).

Rating for this scorecard item

MINIMAL PROGRESS

A rating of "Minimal progress" for this scorecard item reflects the minimal data available to measure this scorecard item. Ongoing monitoring of indicators that measure both the quality and implementation of sun protection policies in secondary schools should be developed to inform future scorecards.

Scorecard Item 3: Improve and track availability of shade in high-risk public areas

This scorecard item is asking for:

- Local government to:
  - Prioritise shade provision in their infrastructure planning.
  - Collect data on shade provision in their community and regularly update data.
  - Create formalised ‘Shade Plans’ in consultation with the community.
- Consideration of high quality natural, built and portable shade options for public facilities.
- Targeted shade provision in high-risk public areas that will result in the greatest benefit to the community for sun protection.

While local government authorities have a responsibility to provide adequate shade in public areas, the Australian, state and territory governments can support local governments through national and state-based policies, advocacy and funding opportunities for shade provision in public areas.

Key high-risk public areas for targeted shade provision include:

- public parks and playgrounds
- bikeways and skate parks
- public pools and sporting grounds
- school pick-up zones and early learning centres.

This scorecard item is important because:

Provision of shade in public spaces is an important complement to national public awareness campaigns which encourage people to seek shade. Quality shade can reduce UVR exposure by up to 75 per cent. Unlike applying sunscreen or wearing sun-protective clothing, seeking shade depends on both individual behaviour and infrastructure availability. This shared responsibility supports more equitable access to sun protection, which makes it especially important in regional and remote local government areas or lower socioeconomic regions.

> **“We know if shade is available people will use it. This is an important action.”**
>
> - RESEARCHER

Indicators to measure progress for this scorecard item

To date there is no national coordination of shade requirements and no required reporting of public shade coverage in Australia to effectively measure the availability of shade in high-risk public areas.

The National State of the Assets Report, conducted every three years by the Australian Local Government Association (ALGA), is currently the best available measure of local assets, however it does not track shade provision.

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
Inclusion of shade provision in the National State of the Assets report[43]	Not included in 2021	Not included in 2024	● NEEDS ATTENTION

Rating for this scorecard item

MINIMAL PROGRESS

Some state and local governments are working to improve public shade through policies and infrastructure. To measure progress against this indicator, a practical first step would be to approach the ALGA to include both built and natural shade coverage in future National State of the Assets Reports. This would establish a national baseline and drive consistent improvements.

A rating of "Minimal progress" reflects that there exists some focus at the local level to improve the availability of shade in public areas, however a national approach to improve and track action would be beneficial.

Scorecard Item 4: Embed and monitor sun-protective practices in organisations involved in outdoor sports

This scorecard item is asking for:

- National sporting organisations to develop and implement sun protection policies and provide supportive education resources about how to implement sun protection practices.
- Leaders of sporting organisations to create a positive sun protection culture through role modelling and ensuring availability of sun protective measures (e.g., sunscreen, shade).
- Sporting organisations to provide sun protective uniforms.

These priorities align with the Australian Institute of Sport's Sun Safe Sports Position Statement.[44]

This scorecard item is important because:

People involved in outdoor sport – including athletes, coaches, officials, volunteers and spectators – spend extended time in the sun, increasing their exposure to harmful UVR and the risk of skin cancer. This makes outdoor sports a key setting for targeted sun protection advocacy.

The Australian Institute of Sport's Sun Safe Sports Position Statement outlines recommendations for national sun protective practices.[44] While evidence shows sun protection policies in sport improves sun protective behaviours, a systematic review found poor compliance across most outdoor sports in Australia and called for standardised evaluation tools to support effective recommendations.[45]

> **"My children's cricket team is good at sun safe practices, but not their athletics club… It's inconsistent."**
>
> - PERSON WITH LIVED EXPERIENCE

Indicators to measure progress for this scorecard item

The extent to which sun-protective practices are integrated and monitored within organisations involved in outdoor sports can be assessed by examining the availability of high-quality guidance that helps these organisations develop effective sun protection policies and practices.

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
Guidance for sun protection policies in sporting organisations	Not available	Adequate guidance available[44, 46, 47]	● ON TRACK
% sporting organisations with sun-protective policies	Not available	Not available	● NO DATA AVAILABLE

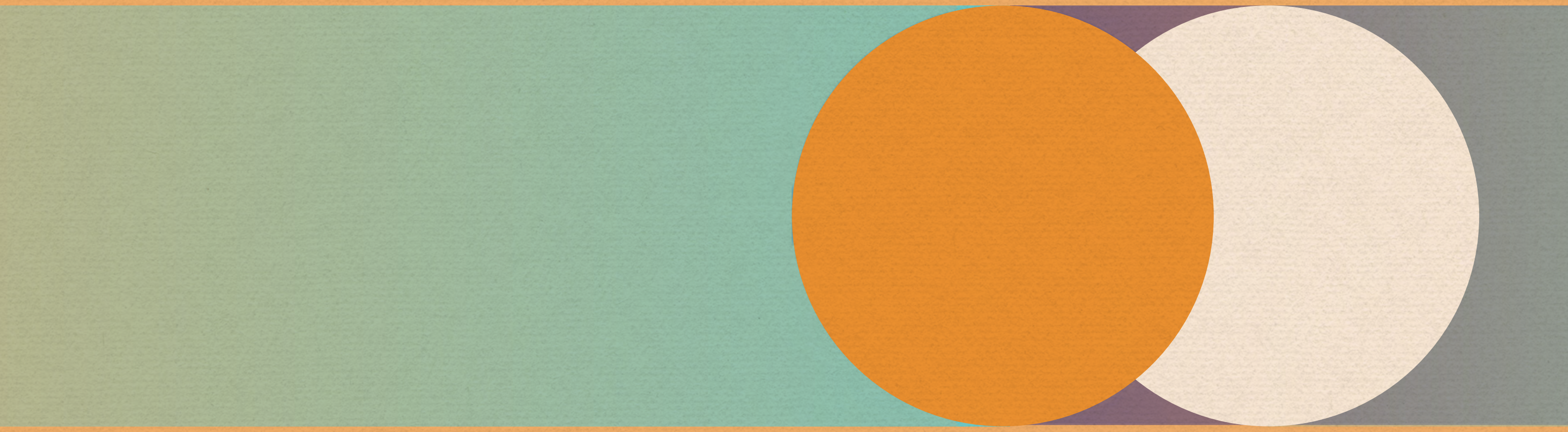
Researchers at the University of Queensland and Queensland Health are leading a review of sun protection policies in sporting organisations, including national, state-based and community level organisations. The data from this project will include the proportion of organisations with a sun protection policy and a rating of the quality of the policy which will create a baseline for indicating progress against this scorecard item.

Rating for this scorecard item

MINIMAL PROGRESS

The scorecard item recognises the value of the Australian Institute of Sport's commitment to assist sporting organisations to acknowledge the inherent risk of UVR exposure in outdoor sports. It also provides guidance on how to implement sun safe practices as a significant foundation to embed and monitor sun protective practices in sporting organisations. However, current available evidence demonstrates low compliance in sun protection behaviours across most outdoor sports in Australia.

A rating of "Minimal progress" reflects this lack of compliance and recognises that future scorecards will work to include the findings from the research underway in Queensland and identify indicators on the quality and implementation of sun protection policies in sporting organisations.



Early detection of skin cancer

The early detection of melanoma and keratinocyte cancers is important because when a lesion is detected at an earlier stage, the outcomes for the person are likely to be better.[48]

However, detecting lesions can be challenging.[48] There are many benign and age-related lesions that can mimic skin cancer and sometimes melanomas are subtle or featureless.

It is estimated that up to half of melanoma diagnoses are over-diagnosed. That is, if left undetected, the melanoma would not have caused morbidity or mortality within a person's lifetime.[49]

Therefore, it is important that advice is carefully considered in recommending who needs a skin check, how often they need a skin check and by whom a skin check is undertaken. Unfortunately the current evidence to inform these considerations is not robust enough to be absolutely confident in determining the appropriate course of action, particularly for keratinocyte cancers.[48] The scorecard is focused on working towards "the right skin check for the right person at the right time".

Scorecard Item 5: Establish a National Targeted Skin Cancer Screening Program that is equitable, accessible and evidence-driven

This scorecard item is asking for:

- Collaborative work among skin cancer sector stakeholders, including a diverse range of community members, to establish the Roadmap for a new National Targeted Skin Cancer Screening Program in Australia (the Roadmap).
- Commitment from the Australian Government to fund and action the recommendations made in the Roadmap to establish the National Targeted Skin Cancer Screening Program.

In October 2024, the Australian Government announced $10.3 million to develop the Roadmap which involves:

- Melanoma Institute Australia gathering evidence and developing recommendations for the screening program
- the Australian Institute of Health and Welfare developing the data collection and monitoring needs to support implementation (including the addition of relevant MBS items to track screening).

This scorecard item celebrates the development of the Roadmap and aims to support its delivery.

The Roadmap is scheduled to be delivered to the Australian Government in September 2028. The Roadmap will set out an evidence-based program for screening that will:

- target high risk groups
- be equitable in its reach
- be trustworthy for patients and clinicians
- be cost-effective for the community and healthcare system.[48]

The development of the Roadmap builds on the world's largest clinical trial in skin imaging and total body photography which has been run by Australian Centre of Excellence in Melanoma Imaging & Diagnosis since 2018.

This scorecard item is important because:

The current approach to skin cancer screening in Australia is ad hoc and inequitable in its reach.[48] It relies on individuals or their doctors to identify who is at risk and initiate skin checks. This has led to individuals who would benefit from having regular skin checks not having them, and other people having skin checks despite little potential benefit or leading to overdiagnosis.[48]

The recent investment from the Australian Government for the Roadmap is groundbreaking. This scorecard item is important to track progress and to advocate for implementation of the recommendations from the Roadmap.

> **"Establishment of a national, evidence-based, targeted screening program would provide clear clinical pathways, define eligibility and streamline delivery."**
>
> - CLINICIAN

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
Roadmap Project funded and established[50]	No previous investment in national screening program	$10.3 million in 2025	● ON TRACK

Indicators to measure progress for this scorecard item

Melanoma Institute Australia will release annual Roadmap Progress Reports as part of its funding agreement which will indicate progress in the assessment of the costs and benefits of a potential National Targeted Skin Cancer Screening Program. It will make recommendations on the feasibility and possible design of a program that is equitable, accessible and evidence-driven.

Rating for this scorecard item

SIGNIFICANT PROGRESS

Work to develop the Roadmap is in its infancy however future scorecards will aim to report on the:

- Percentage of actions achieved in the Roadmap Project
- Progress in adding MBS items for screening activities (as recommended by the Roadmap Project)
- Percentage of the eligible population being screened through the National Screening Program (reported by regionality to explore equitable access and uptake).

A rating of "Significant progress" for this scorecard item recognises the investment by the Australian Government in the development of the Roadmap, the range of skin cancer sector stakeholders involved in the project and the progress to date in establishing workstreams to inform the project outcomes.

> **"A national screening program has the potential to improve early detection outcomes at scale while optimising resource allocation."**
>
> - CLINICIAN

Scorecard Item 6: Strengthen funding and regulation to support safe, optimal use of virtual care models and digital technologies

This scorecard item is asking for:

- System-wide funding of store-and-forward (asynchronous) teledermatology models. These models enable non-dermatologists to remotely send high-quality images of a patient's suspicious skin lesions to dermatologists for triage, assessment and advice. Store-and-forward teledermatology improves timely access to specialist expertise, particularly in regional, rural and remote communities.
- National leadership and collaboration on standards, regulation and workforce education of rapidly evolving artificial intelligence (AI) based software apps and tools for detection and diagnosis of skin cancer. This is to ensure the apps and tools are developed and used ethically and effectively.
- Effective regulation of public-facing skin check apps – specifically that these apps are appropriately classified and meet safety and quality standards to protect users and support informed decision-making.
- Co-designed educational resources to improve health literacy and digital literacy for the effective and ethical use of public-facing skin check apps.

This scorecard item is important because:

Australia's vast geography and health workforce shortages contribute to inequitable access to dermatologists, general practitioners and other cancer health workforce, particularly in regional, rural and remote areas. Virtual care models (e.g., store-and-forward teledermatology) and digital technologies, including rapidly evolving AI-based tools, can help bridge this gap through earlier, more efficient skin cancer detection and diagnosis. They also have the potential to ease pressure on Australia's healthcare system.

The scorecard recognises the work being led through the Australian Government's National Digital Health Strategy 2023-2028. It is important that to realise the full potential of the innovations coming to market and minimise risks such as underdiagnosis or overdiagnosis, these innovations are supported by system-wide funding and robust regulation, as well as clear standards, guidelines and education for clinicians, community and software developers.

Despite multiple calls for action, there is still no national funding mechanism for store-and-forward teledermatology. In 2020, the Medicare Benefits Schedule (MBS) Review Taskforce recognised the clinical efficacy and value of asynchronous

> **" Consumer-directed apps will play a very important role in the future of skin cancer- we have to get ahead of the game."**
>
> - CLINICIAN

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
Funding for store-and-forward teledermatology	Sector-wide calls for store-and-forward teledermatology funding	No system-wide funding[51]	● NEEDS ATTENTION
# publicly-available apps that self-assess against TGA regulations	Not available	Not available	● NO DATA AVAILABLE
% publicly-available apps that meet TGA regulations	Not available	Not available	● NO DATA AVAILABLE

telehealth models and suggested that they would be best supported by alternative funding models beyond MBS fee-for-service.[52]

Over the past decade, the number of public-facing skin check apps has increased significantly, many lacking clinician input or evidence of safety and effectiveness.[53,54] While the Therapeutic Goods Administration (TGA) regulates apps that diagnose, prevent, monitor or treat diseases,[55] many skin cancer apps self-classify as educational or lifestyle tools, avoiding regulation and posing potential risks to users.[56] To ensure ethical and effective use of these technologies, including AI, ongoing efforts to strengthen regulation must be supported by collaboration with clinicians and industry, alongside efforts to strengthen health literacy and digital literacy in the community.[57,58]

Indicators to measure progress for this scorecard item

To monitor investment in store-and-forward teledermatology and to track the ongoing efforts to strengthen regulations for public-facing tools, including AI-based tools, the scorecard proposes using the following measures:

- Funding for store-and-forward teledermatology
- The number of publicly available apps that self assess against the TGA's regulations
- The percentage of publicly available apps that meet the TGA's regulations.

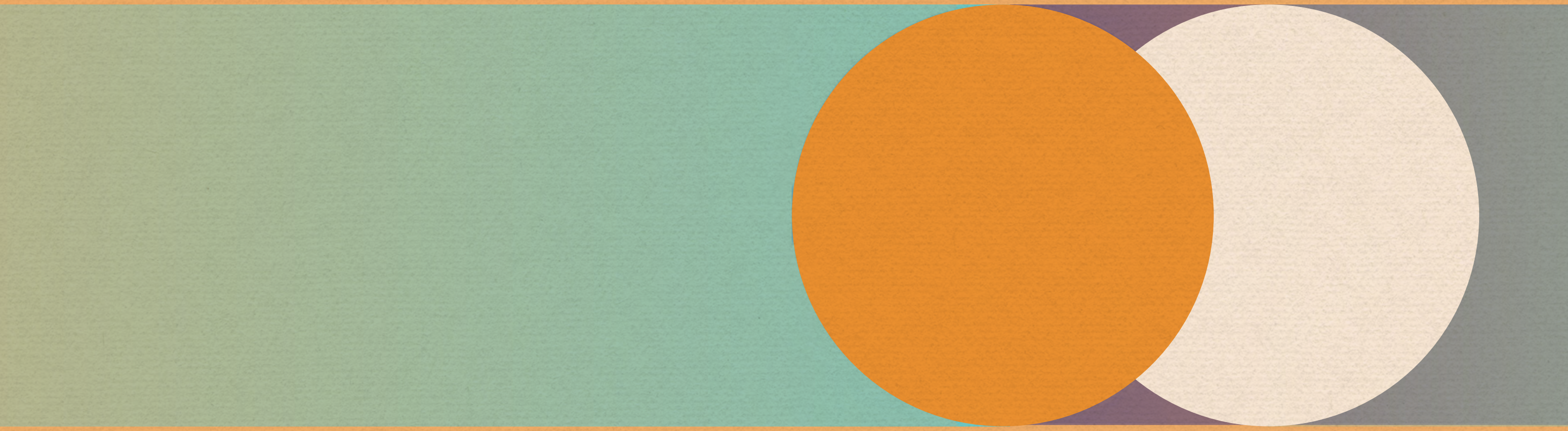
Rating for this scorecard item

MINIMAL PROGRESS

While there is currently no public data available on the volume of skin check apps that meet TGA regulations, there is work underway to review the process of assessing apps on the market and their compliance with regulations.

In future scorecards, additional actions that may be tracked to indicate progress against this scorecard item could include the reporting of:

- Rate of use of store-and-forward teledermatology (reported by regionality to explore equitable access and uptake)
- Inclusion of AI-based software applications and tools into skin cancer workforce education and training
- Uptake of community education resources for health literacy and digital literacy.



Treatment of skin cancer

Since the early 2010s, the treatment of advanced skin cancer has evolved rapidly resulting in decreased mortality rates for people diagnosed with advanced melanoma or keratinocyte cancers. These improvements in treatment options are the result of innovative research and clinical trial efforts specifically in immunotherapy and targeted therapies.

Specific treatments for a person diagnosed with a skin cancer are based on the:

- type and stage of skin cancer
- where the skin cancer is
- what other treatments have been tried
- the person’s health.

Australia has a robust, universal healthcare system and a clear mandate to provide high quality, equitable healthcare for all people experiencing cancer. There is also a clear understanding that a multidisciplinary team of professionals offers the best form of treatment and care for patients. However, there is ongoing need for advocacy to ensure all patients are able to access new and innovative treatments when needed.

Scorecard Item 7: Invest in clinical practice guidelines for the management of all skin cancers

This scorecard item is asking for:

- Investment in the frequent review (every 5-years) of clinical practice guidelines to keep them up to date with rapidly evolving research and practice.
- Refinement of clinical practice guidelines for follow-up surveillance protocols for people treated for keratinocyte cancers.
- Specific guidance on rarer forms of melanoma and other types of skin cancer to be a consistent feature of clinical practice guidelines.

Clinical practice guidelines provide clinicians with the best-available evidence on how to manage people with a skin cancer diagnosis. Australia has clinical practice guidelines for the management of melanoma (including rarer types of melanoma)[59] and keratinocyte cancer.[60] There are currently no clinical practice guidelines for Merkel cell carcinoma in Australia.[61]

This scorecard item is important because:

Clinical practice guidelines are developed by multidisciplinary committees of experts from across the sector that follow a rigorous evidence-based approach to review the available evidence. These guidelines inform how skin cancer is diagnosed, treated and managed in Australia. It is vital the guidelines are regularly reviewed to reflect the best-available evidence.

In Australia, clinical practice guidelines are generally commissioned by government authorities, however funding to review and update these guidelines often falls to peak bodies in the skin cancer sector. Without standardised government investment in clinical practice guidelines, multiple organisations and stakeholders are pooling resources to conduct reviews on an ad hoc basis.

Indicators to measure progress for this scorecard item

The indicators in the table below track whether the clinical practice guidelines for skin cancer are reviewed every 5-years, noting the need for clinical guidelines for Merkel cell carcinoma.

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
Clinical guidelines for melanoma reviewed	Last approved by NHMRC in 2008	Under review in 2025[59]	● ON TRACK
Clinical guidelines for keratinocyte cancer reviewed	Last approved by NHMRC in 2008	Last approved by NHMRC in 2019, overdue for 5-year review[60]	● NEEDS ATTENTION
Clinical guidelines for Merkel cell carcinoma created	Not available	No guidelines created	● NEEDS ATTENTION

Rating for this scorecard item

SOME PROGRESS

A rating of “Some progress” for this scorecard item reflects the efforts by skin cancer sector stakeholders to fund and resource the review of existing clinical practice guidelines, however sustained investment would enable a more robust, reliable and up to date set of clinical practice guidelines for the management of all skin cancers.

Scorecard Item 8: Enable equitable access to multidisciplinary team management for skin cancers

This scorecard item is asking for:

- Investment in the systems that are needed for virtual multidisciplinary teams (MDTs) to deliver care to patients and care coordinators located in regional and remote areas (similar to the clinical cancer platform QOOL - see box).
- Establishment of a Skin Cancer MDT database (similar to the Lung Foundation Australia MDT database - see box) where care coordinators can search by location for MDT details (i.e. name, location and frequency of MDT, email address for referring patients into MDT).

MDTs bring together specialists from multiple disciplines via in-person or virtual meetings to offer coordinated care, often including a specific cancer care coordinator role.[62] While MDTs are generally located in metropolitan-based treatment facilities in Australia, virtual access enables regional or remote patients to benefit from this best-practice model ensuring quality care regardless of remoteness or institution size.[63]

QOOL is Queensland Cancer Alliance supported web-based centralised platform of patient data from over 60 sources.

MDTs can use QOOL to help with meeting preparation, communication and documentation of clinical information such as diagnosis, cancer stage and treatment plan.

MDTs are endorsed as the most effective model of care in the Optimal Care Pathways (see Scorecard Item 11) for:

- **Keratinocyte cancers**: for patients with advanced stage keratinocyte cancer, lymph node metastases and keratinocyte cancer in unusual sites.
- **Melanoma**: for patients with advanced stage melanoma, lymph node involvement or melanoma in unusual sites (e.g. mucosal and disseminated melanoma).

Lung Foundation Australia hosts a web-based, public-facing database for clinicians and patients to search for lung cancer MDTs. The database is searchable by postcode and includes details on how to make referrals, when MDTs meet and their scope of practice.

This scorecard item is important because:

A 2021 Melanoma Patient and Carer Survey showed patients had different levels of access to MDT care.[3] Equitable access to MDTs in Australia is essential as people living in regional and remote Australia deserve the same quality of care as those living in metropolitan Australia.

Australia has the technological infrastructure available to support remote access to MDTs which is why the Scorecard is advocating for the systematic resourcing and reach of MDT care in Australia.

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
# jurisdictions with a virtual platform for managing skin cancer MDTs	Not available	2/8 live platforms (Queensland, Victoria) 2/8 platforms under development (South Australia, Western Australia)∧	● NEEDS ATTENTION
Creation of a national skin cancer MDT database	No database	No database	● NEEDS ATTENTION

∧ Audit conducted by desktop search as at August 2025

Indicators to measure progress for this scorecard item

To measure improvements in access to MDTs for patients with a skin cancer diagnosis, the scorecard considers the number of Australian state and territories with virtual platforms to manage and support skin cancer MDTs.

The scorecard is calling for a national skin cancer MDT database to enable care coordinators to search for MDTs and refer patients into an MDT. Therefore, this is included as an indicator of action against this scorecard item.

Rating for this scorecard item

MINIMAL PROGRESS

Ideally, progress against improving access to MDTs for skin cancer patients would be measured by the proportion of patients meeting the criteria listed in the Optimal Care Pathways who are referred to an MDT before treatment, and more specifically by metropolitan and regional or remote areas. These data are currently not routinely collected for skin cancers.

There are important efforts underway to standardise and monitor a Cancer Quality Index in Queensland[64] and in Victoria[65] which includes reports on the proportion of patients who received MDT reviews in their cancer management. The Cancer Quality Index does not include skin cancer, so for now the scorecard is tracking the steps required to increase the reach of MDTs.

For these reasons, a rating of "Minimal progress" is provided for this scorecard item. Future scorecards will aim to report on:

- Investment in resourcing and training for MDTs to use virtual platforms for outreach support
- Percentage of patients meeting the Optimal Care Pathways criteria who were reviewed by an MDT (reported by regionality to explore equitable access and uptake).

> **"Metro clinicians and experts can provide valuable support, guidance to health care professionals in regional and remote Australia. MDT access is essential to fill an unmet need and build capacity in the field."**
>
> - CLINICIAN

Scorecard Item 9: Ensure patients have timely and equitable access to the best evidence-based treatment options

This scorecard item is asking for:

- Minimising delays in evidence-based medicines being listed on the Australian Pharmaceutical Benefits Scheme (PBS).
- Enabling the best evidence-based medicines from across the globe to be available in Australia in a timely manner.
- Increased access for Australian patients to participate in clinical trials of skin cancer treatments through advocating for accessible recruitment processes (e.g. minimising language barriers) and raising awareness of these opportunities.

This scorecard item is important because:

Timely access to treatment options for people with a diagnosis of skin cancer remains a challenge.

In Australia, access to new treatments depends on clinical trial outcomes and approval by government bodies such as the Therapeutic Goods Administration (TGA), which licenses medicines for use in Australia, and the PBS, which subsidises the cost of certain medicines for patients.

There are two focus areas for timely and equitable access:

- Ensuring medicines in the global market become available in Australia through the TGA in a timely manner, and
- Ensuring that these medicines are listed on the PBS to enable equitable access for all Australians.

There are many factors that influence the likelihood of innovative medicines being brought to Australia by manufacturers:

- Australia is a relatively smaller market.
- The order in which manufacturers launch medicines around the globe.
- The regulatory environment.
- Reimbursement and access pathways, which can be a barrier for high-cost or innovative medicines evaluated with cost effectiveness models.

Additionally, patients in Australia from culturally and linguistically diverse (CALD) backgrounds are underrepresented in clinical trials of cancer treatments[66] primarily due to language barriers.[67] Ensuring equitable, timely access to the best-available treatment is critical for all Australians living with skin cancer.

Indicators to measure progress for this scorecard item

The PBS collects data on the uptake of listed medicines and sporadically releases reports grouped by the medicine's intended use (i.e. treatment of melanoma). This data provides information on the volume of melanoma treatment options available through the PBS and enables the tracking of changes over time in equitable access to medicines in Australia, therefore it is included in the scorecard.

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
# medicines listed on PBS for melanoma	8 medicines as at May 2018[68]	16 medicines as at August 2025[69]	● IMPROVED
# medicines listed on US FDA and Australian TGA for melanoma	Not available	9 medicines on US FDA as at January 2025[70] 8 medicines on Australian TGA as at August 2025[71]	● ON TRACK
# clinical trials recruiting in Australia for skin cancer medicines with ethics clearance	Not available	99 trials (68 melanoma; 31 keratinocyte cancers) as at Sept 2025[72]	● NO DATA AVAILABLE

Comparing the scope of medicines available through the United States' Food and Drug Administration (FDA) to the scope available through the Australian TGA is also a way to track the timeliness of availability of evidence-based medicines, with the United States' market often leading the release of new medicines globally.

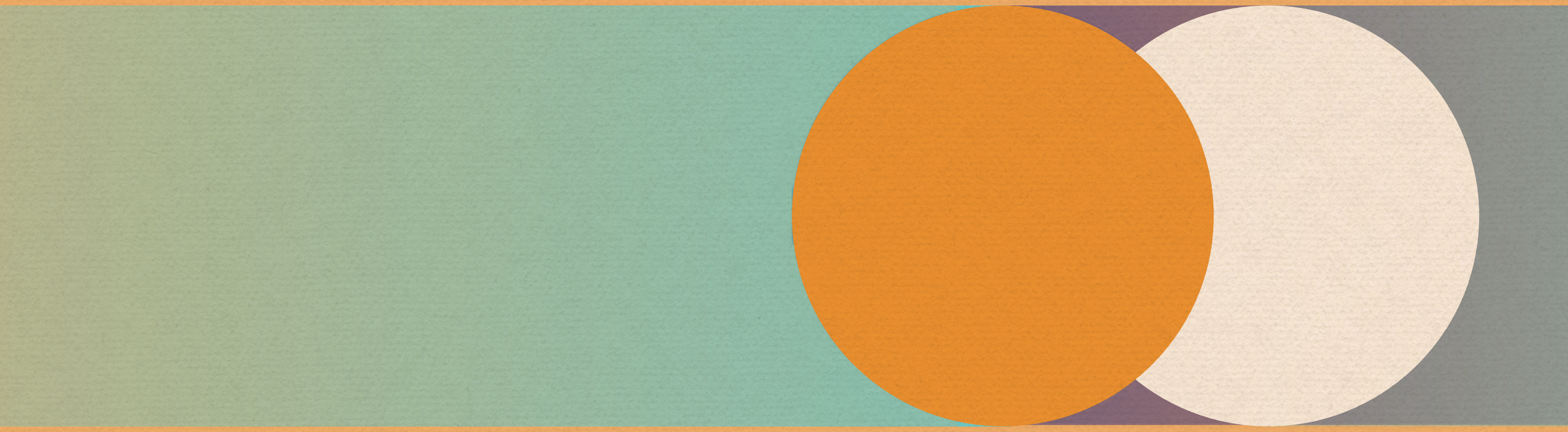
The scorecard is also tracking the number of clinical trials of skin cancer treatments that are recruiting in Australia via the Australia and New Zealand Clinical Trials Registry (the Registry). Future scorecards will be able to repeat the audit search of the Registry and track changes over time in the number of trials available for Australian patients to participate in. However, tracking only to the Registry means the scorecard is not tracking clinical trials that are taking place in other countries that are open to Australian patients.

Rating for this scorecard item

SIGNIFICANT PROGRESS

A rating of "Significant progress" recognises the quality and range of medicines available in Australian for skin cancer treatment, particularly the improvement in treatment options for advanced skin cancers.

Future scorecards will aim to report on the number of Australian patients participating in clinical trials for skin cancer treatments (reported by CALD status and by regionality to explore equitable access and uptake).



Support and care after diagnosis

Advances in early detection and treatment of melanoma and keratinocyte cancers have improved survival rates. This means that more Australians are living with a diagnosis and require long-term support. This includes:

- **Clinical care:** ongoing screening and monitoring for recurrence and management of treatment side effects.
- **Psychosocial support and care**: psychological care, peer support and access to lifestyle supports.
- **Palliative care**: when needed.

The 2022 State of the Nation Report into melanoma reported that support and care after diagnosis was rated the lowest performing area across the cancer care continuum.[3]

Scorecard Item 10: Ensure people with a skin cancer diagnosis and their carers have equitable access to psychosocial support and care at every stage of the disease

This scorecard item is asking for:

- The workforce to be adequately trained and supported to screen for psychosocial needs regardless of skin cancer type or stage.
- Carers to be included in psychosocial supports and care.
- More equitable access to psychosocial support and care by:
  - Improving workforce distribution and upskilling (see Foundational Item 5).
  - Diversifying delivery methods to better support people in regional and remote areas through services such as telehealth and online support groups.
  - Co-designing psychosocial support and care resources dedicated to the needs of people living with rare types of the disease (e.g., mucosal and ocular).

Psychosocial: refers to the intersection of psychological and social factors, which together influence a person's mental, emotional and physical well-being.

Types of services: psycho-oncologists, peer support groups, community-based nurses, social workers and dietitians.

Support addresses: anxiety, trauma, fear of recurrence, distress, relationships with family and friends and other psychological factors.

This scorecard item is important because:

The psychosocial needs of people living with cancer, or the needs of their carers, is not always adequately addressed or supported.

People with lived experience who contributed to the development of the scorecard spoke about not always feeling that they had their psychosocial needs met throughout their cancer journey. In some cases, it was because they were not made aware of the services and supports that were available. In other cases, accessing psychosocial supports was not financially viable for people or not available where they lived. While there is some important investment in this area of care, there are still many people whose needs are not being met.

> **"I don't think people understand the constant presence of worry once you've had a skin cancer. It's always with you."**
>
> - PERSON WITH LIVED EXPERIENCE

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
National registry of patient-reported measures for skin cancer	No national registry	No national registry∧	● NEEDS ATTENTION

∧ Audit conducted by desktop search as at August 2025

Indicators to measure progress for this scorecard item

There are currently no suitable national measures available for tracking progress on ensuring people with a skin cancer diagnosis and their carers have equitable access to psychosocial support and care at every stage of the disease.

Patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) involve the systematic collection of data through questionnaires to help assess patient satisfaction and quality of life after treatment, understand patient need and guide improvements in care. The Australian Commission on Safety and Quality in Health Care maintains a list of validated PROMs, however none are currently skin cancer-specific.

To improve support to people after a diagnosis of skin cancer, PROMs and PREMs could be integrated into the national clinical quality registries for melanoma and keratinocyte cancers to measure and improve the quality of care and estimate the cost-effectiveness of different models of care.[73,74]

Rating for this scorecard item

MINIMAL PROGRESS

The future focus for this scorecard item is the inclusion of PROMs and PREMs in the national clinical melanoma and keratinocyte cancer registries (see Foundational Item 4: development of a national surveillance strategy). This focus on patient-reported measures is also being called for in the Australian Cancer Plan[4] and by the Pan Cancer Initiative.[75]

The recently released National Cancer Data Framework, which sets the direction for the collection, management and use of cancer data across Australia, identifies priorities and actions that seek to define the appropriate collection of nationally consistent PROMs and PREMs, including for Aboriginal and Torres Strait Islander peoples and other priority populations. The data generated from this work could inform future scorecard indicators.

Therefore, this scorecard item is rated as "Minimal progress". Future scorecards will aim to report on patient-reported measures by skin cancer types and by regionality to explore equity of outcomes.

> **"Psychosocial needs are not on the radar of primary care or specialist care unless advocated by the patient. It is not part of routine practice at all."**
>
> - PERSON WITH LIVED EXPERIENCE

Scorecard Item 11: Embed Optimal Care Pathways for skin cancers into practice

This scorecard item is asking for:

- People with lived experience to be meaningfully engaged to inform implementation models of the Optimal Care Pathways (see Foundational Item 3: meaningful engagement).
- Co-designed, targeted resources for patients and carers covering diagnosis, treatment, survivorship plans and palliation.
- Aligning workforce education and training with Optimal Care Pathway recommendations (see Foundational Item 5).

Optimal Care Pathways are evidence based and best-practice recommendations for specific cancer types that are developed to address variation and improve quality of cancer care and patient experience.[76]

In Australia, the Optimal Care Pathways for melanoma and keratinocyte cancers set out key principles for ideal cancer care at each step of the patient journey, including a focus on support and care after diagnosis.[77,78]

The Optimal Care Pathways for both melanoma and keratinocyte cancers recommend:

- A written treatment and follow-up summary provided to the patient/carer, including follow-up and screening recommendations and lifestyle advice
- Education on skin self-examination and sun-protective behaviours for patients
- Screening for support needs and providing referrals to appropriate health professionals or organisations as needed (e.g., psychosocial counselling, pain management)
- Completing patient-reported outcome measures along the pathway.

This scorecard item is important because:

There are many Australians living with a melanoma or keratinocyte cancer diagnosis who may need support to improve their quality of life.

People with lived experience who contributed to the development of the scorecard identified that post-treatment care and follow-up was a gap in skin cancer care. The Optimal Care Pathways are a clear leverage point to shift how support and care after diagnosis is delivered in Australia.[79]

Indicators to measure progress for this scorecard item

Currently there are no reported progress measures available for tracking the implementation of the Optimal Care Pathways in the Australian health system.

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
Embedding of skin cancer optimal care pathways into routine practice	Not available	Not available	● NO DATA AVAILABLE

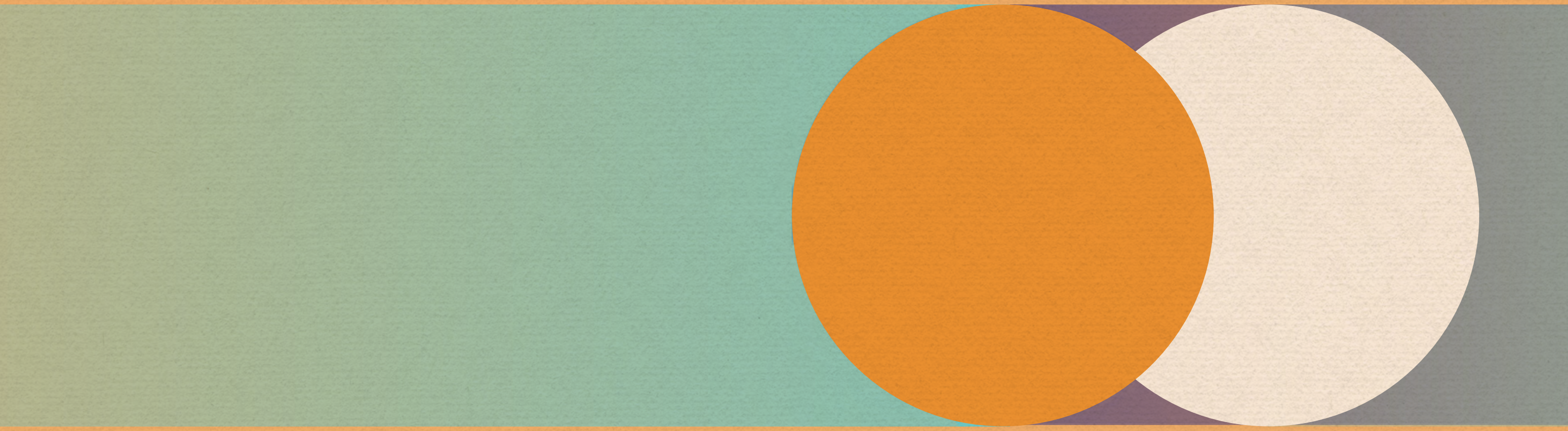
Rating for this scorecard item

DATA UNAVAILABLE

This scorecard item is rated “Data unavailable” to reflect the lack of measurable data currently available in Australia around Optimal Care Pathways in skin cancer care.

The National Cancer Data Framework identifies priorities and actions that seek to establish a set of core indicators to assess adherence to the Optimal Care Pathways and define the associated data items to inform measurement and reporting. The data generated from this work could inform future scorecard indicators.

The integration of Optimal Care Pathways into national routine practice and their impact will be evaluated in the context of the broader staged evaluation of the Australian Cancer Plan in 2026, 2029 and 2034.[4] In future, the scorecard will use this data to measure progress against this scorecard item.



Foundational Scorecard Items

There are five foundational scorecard items to support efforts across all areas of the cancer care continuum.

These foundational items underpin the eleven specific scorecard items outlined above. They are enablers for action for addressing melanoma and keratinocyte cancers and advocating for core essential systems to operate across all types of skin cancer.

Without these foundational supports, many of the more specific scorecard items would be under-resourced, ill-informed or lack efficiency.

Foundational Item 1: Implement the Australian Cancer Plan and the Aboriginal and Torres Strait Islander Cancer Plan for all types of skin cancer

This scorecard item is asking for:

- Fully resourced and implemented outcomes as articulated in the Australian Cancer Plan[4] and Aboriginal and Torres Strait Islander Cancer Plan[5].
- Inclusion of melanoma and keratinocyte cancers in the scope of planned actions.

The Australian Cancer Plan[4] and the Aboriginal and Torres Strait Islander Cancer Plan[5] are seminal strategic documents focused on building a system that delivers culturally safe and responsive cancer care.

The Australian Cancer Plan's[4] six strategic objectives are:

- Maximising cancer prevention and early detection.
- Enhanced patient experience.
- World-class health systems for optimal care.
- Strong and dynamic foundations (including data systems, national frameworks and research translation tools and systems).
- Workforce to transform the delivery of cancer care.
- Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander peoples.

The Australian Cancer Plan[4] complements the Aboriginal and Torres Strait Islander Cancer Plan[5] developed by the National Aboriginal Community Controlled Health Organisation, which is informed by the principles of cultural safety, community leadership, partnership and collaboration, evidence-based practice and flexibility to meet local needs. The principles also represent aspirational ways of working across the cancer care continuum for all Australians.

This scorecard item is important because:

The Cancer Plans are the cornerstone of Australia's direction for cancer care with strong buy-in from both federal and state-level governments and across the cancer control sector.

Indicators to measure progress for this scorecard item

Progress against the 2 year and 5 year goals of the Australian Cancer Plan[4] will be evaluated in stages in 2026 and 2029. The six strategic objectives each have a 10 year ambition statement which will be evaluated in 2034. These evaluations will inform the scorecard.

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
% actions achieved in the Australian Cancer Plan[4]	Not applicable	92% of actions in 2023/24[80]	● ON TRACK

Rating for this scorecard item

SIGNIFICANT PROGRESS

A rating of "Significant progress" reflects the important foundational work that has been undertaken by the cancer control sector since the launch of the Australian Cancer Plan[4] and Aboriginal and Torres Strait Islander Cancer Plan[5] in 2023.

There is opportunity to advocate for skin cancer to be explicitly included in the scope of reported actions for the Australian Cancer Plan[4] so that future scorecards can aim to include the measure against actions to address melanoma and keratinocyte cancers.

Future scorecards will aim to include progress on the *Improving First Nations Cancer Outcomes Program*, which uses the National Aboriginal and Torres Strait Islander Cancer Plan as a framework.[81]

Foundational Item 2: Invest in Australia's world-leading research

This scorecard item is asking for:

- Ongoing investment in research and specifically advocating for increased funding for keratinocyte cancer research and skin cancer prevention research.
- Greater national collaboration between research institutes.
- Streamlined ethics and governance processes for clinical trials. The Australian Government Department of Health, Disability and Ageing's National One Stop Shop is making important strides in streamlining these processes.
- Population-level datasets for melanoma and keratinocyte cancers that researchers can access in a timely manner (see Foundational Item 4: national surveillance strategy).

This scorecard item is important because:

Australia's research community generates significant return on investment both in terms of reducing healthcare costs and improving health outcomes.[3]

Continued investment in research across the cancer care continuum – from prevention to support and care after diagnosis – also supports equity and access through the development of teledermatology, AI diagnostics, community-based screening and other innovative tools.[82,83]

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
% national research funding dedicated to skin cancer relative to other single tumour cancer research projects[84]	12.7% in 2015-2017[84]	10.5% in 2018-2020[84]	● NO CHANGE

Indicators to measure progress for this scorecard item

To measure Australia's level of investment in research, the scorecard uses the proportion of research funding dedicated to skin cancer relative to other single tumour stream cancer research projects. While the table above shows a 2% 'decline' in funding between 2015-2017 and 2018-2020, the proportion of funding has remained relatively steady (~10%) since 2003, hence the assessment of progress of "no change".

The National Health and Medical Research Council (NHMRC) records annual funding allocated to research projects in Australia in its Outcomes of NHMRC funding rounds. This could be an additional indicator of action as it shows the discrepancies in funding between melanoma and keratinocyte cancers. In 2024/25, the Outcomes of NHMRC funding rounds show there was $11,927,343 NHMRC funding allocated to melanoma research and $2,763,660 allocated to keratinocyte cancer research.

Rating for this scorecard item

SOME PROGRESS

A rating of "Some progress" for this scorecard item reflects the stable investment in research in Australia to date and highlights that sustained investment in skin cancer research will lead to reduced healthcare costs and improved health outcomes for Australians.

Foundational Item 3: Require meaningful patient and community engagement in skin cancer research, policy development and advocacy work

This scorecard item is asking for:

- Systematic, mandatory requirements from peak bodies, government, and research institutes for considered and proactively planned lived experience engagement in their work.
- Investment in opportunities for lived experience-led research.

This scorecard item is important because:

Meaningful engagement is not just good practice – it is a strategic necessity. It ensures that research and policy reflect real-world needs, drive better outcomes, are inclusive and equitable and gain public trust and support.[85]

The Scorecard was developed in partnership with people with lived experience including individuals from the MSCAN Community Action Team, the Melanoma Institute Australia Consumer Group, Melanoma Patients Australia Advisory Group, the Melanoma and Skin Cancer Trials Consumer

> **"Embedding consumer leadership at the core of this scorecard is progressive, necessary and the only way forward. Lived experience is a form of expertise"**
>
> - PERSON WITH LIVED EXPERIENCE

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
# skin cancer consumer groups in Australia	Not available	6∧	● ON TRACK
National registry of patient-reported measures for skin cancer	No national registry	No national registry	● NEEDS ATTENTION

∧ Audit conducted by desktop search as at August 2025

Advocacy Group and the Melanoma Research Victoria Consumer Group. The consumers involved called for more systematic and meaningful engagement to ensure they are genuine partners in research and policy development to help create a better system for people like them.

This foundational scorecard item aligns with the Australian Cancer Plan[4] (see Foundational Item 1: Australian Cancer Plans), which outlines the importance of co-designing systems with individuals, carers and communities with lived experience. While some peak bodies like NHMRC and Cancer Australia already include statements around the importance of lived experience engagement, these are just a starting point for consistency across the sector.

Indicators to measure progress for this scorecard item

To measure meaningful patient and community engagement in skin cancer research, policy development and advocacy work, the scorecard considers the number of active skin cancer consumer groups that exist to improve patient outcomes. These groups are working incredibly hard to improve people's experience and outcomes across the cancer care continuum.

As flagged at Scorecard Item 10, there is currently no national registry of patient-reported measures for skin cancer which would inform the measure of progress in meaningful engagement of patients. Advocacy efforts to include skin cancer in the Cancer Quality Index (see Foundational Item 4: national surveillance strategy) could support the implementation of this type of registry.

Rating for this scorecard item

A rating of "Some progress" for this item reflects the great work being delivered by the passionate consumer groups providing support to people with lived experience across Australia.

To support measuring the outcomes that are meaningful to people with lived experience future scorecards will aim to report on the number of peak bodies, governments and research institutes with requirements for lived experience engagement.

> **"People affected by melanoma and skin cancer are not just recipients of care, they are advocates, innovators and changemakers whose insights are essential to shaping prevention, research and treatment."**
>
> - PERSON WITH LIVED EXPERIENCE

Foundational Item 4: Develop a national surveillance strategy for melanoma and keratinocyte cancers

This scorecard item is asking for:

- Standardised national registration of both melanoma and keratinocyte cancer cases.
- Tracking cancer care quality and patient-reported outcome measures.

This foundational scorecard item aligns with Scorecard Item 5: Establish a National Targeted Skin Cancer Screening Program. The Roadmap to a National Targeted Skin Cancer Screening Program will provide a proposed surveillance strategy to identify high-risk individuals, standardised screening outcomes and standardised follow-up protocols for those at risk of recurrence of skin cancer.

This scorecard item is important because:

In 2023/24 keratinocyte cancers cost the Australian healthcare system over $1.87 billion,[1] yet there is no national surveillance of these cancers.

Australian state and territory law requires the registration of melanoma and many other cancers, however there is no law that requires the registration of keratinocyte cancers. A standardised national registration of keratinocyte cancers would guide resource allocation, track prevention efforts and identify high-risk groups.[86]

Queensland and Victoria have developed the Cancer Quality Index to measure quality of cancer care, highlight areas for improvement and ensure alignment with clinical guidelines.[87,88] There are plans to expand the Cancer Quality Index nationally which provides an opportunity for skin cancer, both melanoma and keratinocyte cancers, to be systematically included in the Index's reporting.

Indicators to measure progress for this scorecard item

Indicators that could measure the progress in developing a national surveillance strategy for melanoma and keratinocyte cancers include the number of Australian states and territories with separate registries for both melanoma and keratinocyte cancers, as well as skin cancer's inclusion in the Cancer Quality Index – an advocacy priority.

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
# jurisdictions with a melanoma cancer registry	Not applicable	8∧	● ON TRACK
# jurisdictions with a keratinocyte cancer registry	Not applicable	1∧	● NEEDS ATTENTION
Skin cancer included in the Cancer Quality Index score for effectiveness, safety, and accessibility[65]	Not applicable	Not included	● NEEDS ATTENTION

∧Audit conducted by desktop search as at August 2025

Rating for this scorecard item

NO PROGRESS

●

While melanoma is included in cancer registries across Australia, a rating of "No progress" for this foundational item reflects that keratinocyte cancers need to be prioritised for surveillance. There is a tremendous opportunity for improved data collection for all types of melanoma and skin cancer. Improved data can help with understanding the cancer burden, help to allocate resources and help to guide prevention and early detection efforts and measure the impact of existing health policies and programs.

In future scorecards, additional indicators may be available through the Roadmap for the National Targeted Skin Cancer Screening Program and if advocacy efforts results in a national registration of keratinocyte cancers.

Foundational Item 5: Improve the supply and distribution of a skilled skin cancer workforce to ensure equitable access to care, particularly for regional, rural and remote communities

This scorecard item is asking for:

- Workforce planning and investment to address shortages in the specialist dermatology and skin cancer workforce.
- Clear standards of care on who provides skin checks – this will be addressed through Scorecard Item 5 the Roadmap for the national screening program.
- Expanded skin cancer dermatology components of medical school curriculum.[89]
- Greater opportunities for upskilling for primary care practitioners.[90]
- Upskilling nurses and allied health practitioners to notice early lesions and expanding to people whose work includes visibility of skin (e.g., hairdressers, masseuses, dermal therapists, tattoo artists).
- Innovative models of care for regional and remote communities.
- Aligning with the Australian Cancer Plan[4], Aboriginal and Torres Strait Islander Cancer Plan[5] and national health workforce strategies (see Foundational Item 1: Australian Cancer Plans).

This scorecard item is important because:

Building a skin cancer workforce that serves all Australian communities requires national investment in public services, training positions and innovative workforce models targeted at addressing unmet needs – especially for people living in regional, rural and remote areas.[91,92]

The skin cancer workforce is broad and includes dermatologists, pathologists, medical oncologists, radiation oncologists, surgeons, general practitioners and other primary care practitioners, oncology nurses, Aboriginal health workers, allied health professionals, psycho-oncologists and

INDICATOR OF ACTION	PAST REPORT OF INDICATOR	LATEST REPORT OF INDICATOR	HOW ARE WE TRACKING?
Implementation of the National Medical Workforce Strategy[93]	Not applicable	2025 progress report[94]	● ON TRACK
Implementation of National Nursing Workforce Strategy[95]	Not applicable	Under development	● NO DATA AVAILABLE
Implementation of National Allied Health Workforce Strategy[95]	Not applicable	Under development	● NO DATA AVAILABLE

palliative care specialists. Across the cancer care continuum and across different regions these professionals work together in different capacities. Setting the financial and educational foundations for an effective, multidisciplinary skin cancer workforce is an important first step.

Expanding dermatology education for medical students, along with targeted training for primary care and other health professionals would create strong financial and educational foundations for an effective, multidisciplinary skin cancer workforce.

Indicators to measure progress for this scorecard item

There are many ways to measure progress on this item given the broad opportunities to improve workforce supply, distribution and quality. The scorecard prioritises tracking relevant national workforce strategies as these address education, ongoing training, support and distribution of workforce. These strategies aim to:

- Increase the workforce in regional and remote Australia
- Support the Aboriginal and Torres Strait Islander workforce and improve cultural safety
- Promote multidisciplinary collaboration through upskilling.

Whilst these workforce strategies are not specific to skin cancer management, they align with the workforce priorities in this scorecard.

Rating for this scorecard item

SOME PROGRESS

A rating of "Some progress" for improvements in the supply and distribution of a skilled skin cancer workforce recognises the national workforce strategies in place and in development which have the potential to influence the skin cancer workforce.

New indicators for this item may be introduced as a result of workforce planning being part of the national screening program Roadmap (see Scorecard Item 5). It would also be important for future scorecards to measure the quality of care provided by the skin cancer multidisciplinary workforce which would be best measured by the Cancer Quality Index (see Foundational Item 4) and a national registry of patient-reported measures (see Foundational Item 3).

Glossary of terms

Age-standardised rate: is a statistical measure used to compare event rates between populations with different age structures, such as different countries or the same population over different years.

Clinician: an umbrella term used in this report to refer to healthcare professionals who are caring for a person with a skin cancer diagnosis.

Inner Regional: is a classification of the geographical area of a person's usual residence as defined by the Australian Bureau of Statistics according to Remoteness Area 2011, sourced from Australian Statistical Geography Standard. These geographical classifications include: Major Cities, Inner Regional, Outer Regional, Remote and Very Remote areas.

Keratinocyte cancer: also known as non-melanoma skin cancer, is cancer that develops in keratinocyte cells of skin. There are two main types: basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (cSCC).

Lived experience: Used in this report to refer to a person or people who have had a skin cancer diagnosis and/or supported a close friend or relative through a skin cancer diagnosis.

Model of care: is a framework that defines and guides how a population, patient group or individual receives health services, outlining best practices, processes and resources for a particular health condition or event.

Multidisciplinary team (MDT): is a team of doctors, nurses and other allied health professionals with expertise in the relevant cancer types. Multidisciplinary care is considered best practice in the treatment planning and care for patients with cancer.[97]

Melanoma: is cancer that develops in melanocyte cells of skin and can spread to other cells in the body.

Optimal Care Pathways: are evidence based and best-practice recommendations for specific cancer types that are developed to address variation and improve quality of cancer care and patient experience.[79]

Patient: used in this report to refer to a person undergoing active treatment for skin cancer.

Psychosocial: refers to the intersection of psychological and social factors, which together influence a person's mental, emotional and physical well-being.

Quality of life: An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships, and occupational functioning.

Skin cancer: an umbrella term used to refer to melanoma of the skin and keratinocyte cancers in this report.

Store-and-forward teledermatology: also known as asynchronous teledermatology, involves the collection and transmission of a patient's clinical information, including high quality images (photographs) of the patient's skin and medical history, to a dermatologist. The dermatologist subsequently reviews and analyses this information to triage the patient or provide advice on diagnosis or management.

Sun-protective behaviours: are actions taken by people to shield the skin and eyes from harmful ultraviolet radiation, such as using sunscreen, wearing protective clothing, hats, and sunglasses and seeking shade.

Appendix A. Creating and designing the scorecard

The scorecard was created by MSCAN and ACD with support from Enable Health Consulting (ehc). The development of the scorecard was informed by:

- a rapid scoping review of existing evidence from peer-reviewed and grey literature
- five consultation workshops to brainstorm potential scorecard focus areas with:
  - representatives from the organisations that form the Australian Melanoma and Skin Cancer Alliance
  - clinicians and researchers working in skin cancer
  - people with lived/living experience of skin cancer (see list below).
- a stakeholder survey to rank potential scorecard items from stakeholders who attended the consultation workshops (see Appendix B for list of items considered)
- a stakeholder survey to assess the final scorecard items on the progress made to date
- feedback on the draft scorecard
- five workshops with a core Project Team with representatives from MSCAN, ACD, ehc and the University of Queensland (see list below)

Scope of the scorecard

There were two key issues explored when defining the scope of the scorecard:

- **National framing of the scorecard**: Some of the work advocated for in this scorecard is the responsibility of state- or local-level government or agencies. There was discussion about whether ranking the progress of actions should be at an overall national level or within each jurisdiction. The scorecard was framed at a national level because it was the first time undertaking the process and many of the actions called for in the scorecard centre on synchronising efforts across jurisdictions.
- **Equitable outcomes as a focus in the scorecard**: Achieving equitable outcomes for people affected by skin cancer was a key focus from the outset. The evidence suggested two key groups of people require targeting:
  - people living in regional areas of Australia
  - younger people (aged under 30 years).

  The stakeholder group also considered scorecard items for targeted support for Aboriginal and Torres Strait Islander peoples. While incidence rates of skin cancers are lower in Aboriginal and Torres Strait Islander peoples than non-Indigenous Australians,[98,99] stakeholders acknowledged the importance of action to:

  - improve awareness and knowledge of skin cancer risk factors to support sun protective behaviours and early detection of skin cancers in Aboriginal and Torres Strait Islander peoples, and
  - provide culturally-safe and responsive care to Aboriginal and Torres Strait Islander peoples with a skin cancer diagnosis.

List of people consulted in the development of the scorecard

The following group of people formed the **core Project Team** that oversaw the development of the Skin Cancer Scorecard:

- **Tamara Dawson** Melanoma and Skin Cancer Advocacy Network (MSCAN)
- **Caroline Zoers** The Australasian College of Dermatologists
- **Annie Bygrave** The Australasian College of Dermatologists
- **Hayley Anderson** MSCAN Board member, Bristol Myers-Squibb
- **Monika Janda** The University of Queensland
- **Sheleigh Lawler** The University of Queensland
- **Brianna Fjeldsoe** Enable Health Consulting
- **Tayla Lamerton** Enable Health Consulting

MSCAN and ACD acknowledge the valuable contributions from experts from across the skin cancer sector for their input into the development of the scorecard. The scorecard was informed by inputs from:

- people with lived/living experience of skin cancer
- people from peak skin cancer sector bodies (listed at right)
- skin cancer clinicians and/or researchers.

Representatives from the following organisations contributed to the development of the scorecard:

- Melanoma and Skin Cancer Advocacy Network (MSCAN)
- The Australasian College of Dermatologists
- MSCAN Community Action Team
- MSCAN Clinical and Research Advisory Committee
- Alfred Health
- Australian Melanoma and Skin Cancer Alliance
- Cancer Council Victoria
- Hunter Melanoma Foundation
- Medical Oncology, Queensland Health
- Melanoma and Skin Cancer Trials Ltd
- Melanoma and Skin Cancer Trials Consumer Advocacy Group
- Melanoma Institute Australia
- Melanoma Institute Australia Consumer Group
- Melanoma Patients Australia
- Melanoma Patients Australia Advisory Group
- Melanoma Research Victoria
- Melanoma Research Victoria Consumer Group
- Monash University
- Peter MacCallum Cancer Centre
- QIMR Berghofer Medical Research Institute
- Skin Cancer College Australasia
- Skin Check Champions
- The University of Sydney

Appendix B. List of potential scorecard items ranked by stakeholders (n=27) during consultation

PREVENTION OF SKIN CANCER	**RANKING SCORE (1–10)***
Provide consistent and sustainable funding for annual national prevention and education campaigns to increase public awareness about skin cancer risk and sun protection and to improve sun-protective behaviours, with targeting for priority audiences and evaluation of campaigns	8.68
Implement evidence-based policy and practices to improve uptake of sun-protective behaviours in secondary schools	7.05
Increase availability of shade in high-risk public areas (e.g. playgrounds, public transport, sporting grounds)	6.27
Advocate for all national sporting bodies and associations which engage in outdoor activities to develop and implement sun smart policies	5.86
Implement evidence-based policy and practices to improve adherence to sun-protective behaviours in early years education and primary schools	5.41
Support collaborative research and efforts to understand the impact of misinformation in social media and other media on sun-protective behaviours (e.g. sunscreen), and understand how to combat it	5.41
Support systematic implementation of training in sun-protective behaviours for outdoor workers, specifically targeting self-employed workers and small businesses	5.09
Update advertising standards to limit depictions of excessive and unprotected exposure to UV in media	4.77
Promote sun-protective behaviours at mass gatherings (e.g. sport, concerts, schoolies)	3.77
Encourage all leaders of the Australian public to showcase sun-protective behaviour in all public settings	2.68
EARLY DETECTION OF SKIN CANCER	**RANKING SCORE (1–12)***
Establish the National Targeted Skin Cancer Screening Program (define eligibility criteria, screening intervals and delivery models)	10.27
Set and monitor quality standards for skin checks (define who can perform skin checks, how and when they should be done, and establish a national quality registry to ensure consistency and safety)	8.73
Increase supply and distribution of trained workforce (primary care and specialist) to conduct skin checks and new models of care to reach regional, remote and high-risk communities	7.95
Monitor and refine funding mechanisms (e.g. dedicated MBS item, store-and-forward teledermatology) to ensure equitable, timely and appropriate access to skin checks and surveillance	7.73
Educate the public on how to undertake self-skin examinations and who needs regular professional skin checks (move away from 'everyone needs annual checks')	7.50
Increase access to screening for regional and remote populations through mobile outreach services	6.68
Upskill nurses and allied health practitioners to notice early lesions and expand to people who see a lot of skin such as hairdressers, dermal therapists, tattoo artists	5.50
Expand dermatology components of the undergraduate and postgraduate medical curriculum and assess student confidence in dermatology knowledge and skills	5.36
Invest in robust regulatory guardrails and consumer education/guidance and to ensure safe and appropriate access to, and use of emerging services/tools (e.g. consumer-directed apps)	5.23
Offer continuing professional development courses in skin checks to promote maintenance of ongoing practice	4.77
Invest in tailored education and screening initiatives with Aboriginal and Torres Strait Islander and other priority communities to ensure cultural safety and equity in access and outcomes	4.41

Increase collaboration between organisations to handle different aspects of skin check journey	3.86
TREATMENT OF SKIN CANCER	**RANKING SCORE (1-8)***
Maintain clinical practice guidelines for the management of melanoma and develop guidelines for the management of non-melanoma skin cancers	6.24
Establish a virtual platform for a multidisciplinary team (MDT) for skin cancer for patients located in regional and remote Australia and establish clear recommendations on when to establish a MDT	5.71
Lobby for improvements to the State Cancer Registries (e.g. earlier release of melanoma and non-melanoma skin cancer incidence and mortality data)	4.76
Create a quality performance framework and audit compliance with clinical best practice through clinical quality registries, including requirements for written treatment plans and other quality indicator	4.71
Improve communications and coordination between pathology, hospital teams and general practitioners (shared care plans)	4.24
Optimal care pathway (OCP) implementation and ongoing update and evaluation, and development of OCP for Ocular and Mucosal Melanoma	3.81
Develop a formal process for addressing access gaps for clinically important therapies	3.29
Structure funding allocation to clinicians and pathologists that encourages clarity of differential diagnosis between benign, borderline and malignant skin lesions	3.24
SUPPORT AND CARE AFTER DIAGNOSIS	**RANKING SCORE (1-5)***
Develop and implement a model of care for support beyond melanoma and non-melanoma skin cancer (incl. national guidelines for post-treatment surveillance)	3.76
Ensure adequate and appropriate access to nurses for timely, community-based support and care after diagnosis	3.14
Provide free national telehealth access to psycho-oncologists, especially for regional and remote access	2.90
Train general practitioners to develop follow-up survivorship care plans with their patients	2.71
Support sustainability of online support groups to increase access to peer support, especially for people living in regional or remote areas	2.48
RESEARCH	**RANKING SCORE (1-9)***
Require consumer-led and/or consumer-informed research, policy development and advocacy work	6.14
Develop clinical and population datasets as part of a National Cancer Data Ecosystem strategy, with supporting data governance to ensure researchers have timely access to data	5.81
Fund a Nationally Collaborative Melanoma Research Mission and Discovery Program	5.76
Establish data-driven non-melanoma skin cancer epidemiological surveillance to inform evidence base for more efficient management	5.71
Increase synoptic reporting and registration for non-melanoma skin cancer	4.86
Advocate for longer funding schemes for adequate follow-up periods in research	4.71
Balance the weighting between research funding for melanoma vs. non-melanoma skin cancer	4.19
Implement clinical trials reforms to reduce ethics and governance administrative burden	3.95
Fund research into chemo-preventive measures for those most at risk (people on immunosuppression, people who need a transplant)	3.86
***LARGER SCORE = MORE IMPORTANT**	

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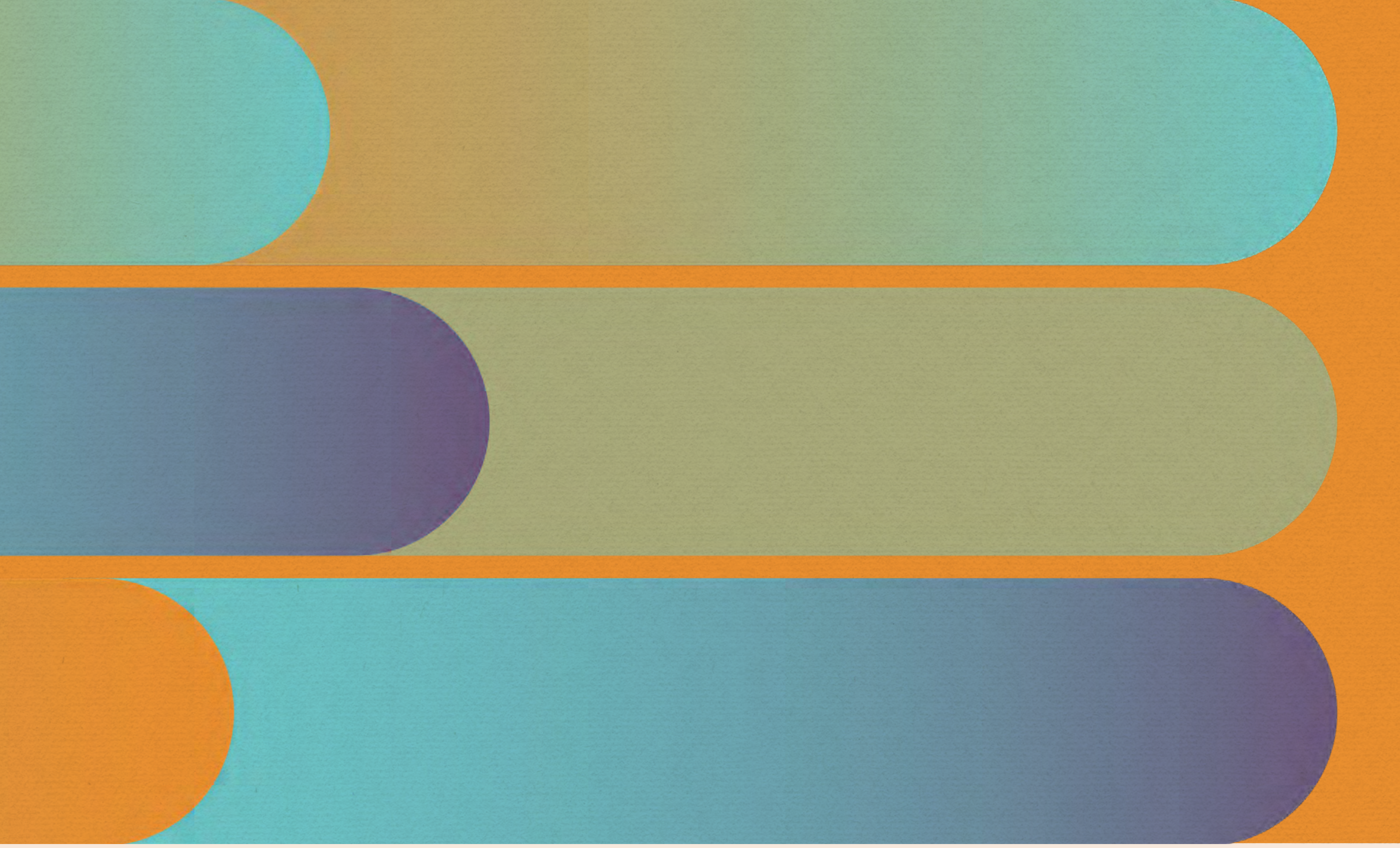

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