

# Aide-Mémoire

## Meeting with Melanoma Network of New Zealand Incorporated (MelNet)

Date due to MO: 12 June 2024

Action required by: N/A

Security level: IN CONFIDENCE

Health Report number: H2024041864

To: Hon Dr Shane Reti, Minister of Health

### Contact for telephone discussion

Name	Position	Telephone
Rami Rahal	Chief Executive, Te Aho o Te Kahu   Cancer Control Agency	s 9(2)(a)
Bridget Kerkin	Manager, Knowledge Translation and Implementation, Te Aho o Te Kahu   Cancer Control Agency	s 9(2)(a)

### Minister's office to complete:

Approved

Decline

Noted

Needs change

Seen

Overtaken by events

See Minister's Notes

Withdrawn

Comment:

# Aide-Mémoire

## Meeting with Melanoma Network of New Zealand Incorporated (MelNet)

**Date:** 12 June 2024

**To:** Hon Dr Shane Reti, Minister of Health

**Security level:** IN CONFIDENCE **Health Report number:** H2024041864

### Details of Meeting

Tuesday 18 June 2024

2.00 pm- 2.30 pm

Minister Reti's Office at Parliament

### Notable attendees:

**Mr Gary Duncan**

s 9(2)(a)

MelNet Executive Committee Co-Chair  
Plastic and Reconstructive Surgeon,  
Hawke's Bay and Lower Hutt

**Katrina Patterson**

s 9(2)(a)

Chief Executive, MelNet

**Dr Chris Boberg**

MelNet Executive Committee Co-Chair  
GP with special interest in skin cancer,  
Director of Skin Check Clinic, Auckland

**Dr Susan Seifried**

Chair, National Melanoma Working  
Group. MelNet Executive Committee  
member, General Surgeon, Nelson  
Marlborough

**Purpose of Meeting**

You were invited to attend the MelNet mini-summit in May 2024. However, due to other commitments you provided a pre-recorded speech to open the mini-summit and agreed to meet with MelNet representatives at this later date.

**Summary**

The key topics covered in this aide memoire include:

- background information on skin cancers and MelNet as an organisation
- opportunities and challenges in tackling skin cancer in New Zealand
- what is being done to address skin cancer in New Zealand.

You may wish to acknowledge and thank MelNet for the work they do to advocate for patients and whānau and in the prevention, detection and treatment of skin cancers.

PROACTIVELY RELEASED

## Background

### *Skin cancers overview*

1. There are three main types of skin cancer:
  - Melanoma (which is less common but can grow quickly so is more likely to be fatal).
  - Basal cell carcinoma (BCC) is the most common type of skin cancer and rarely spreads.
  - Squamous cell carcinoma (SCC) is the second most common type of skin cancer and if left untreated may spread to other parts of the body.
  - BCC and SCC are collectively known as 'non-melanoma skin cancers' or 'keratinocyte cancers'. They are very common in New Zealand, but rarely fatal.
2. Skin cancer is the most common type of cancer in New Zealand and we have one of the highest skin cancer burdens in the world. In 2020, New Zealand was second only to Australia for the highest age standardised rate of melanoma and non-melanoma skin cancers in the world.<sup>1</sup>
3. The most recently available New Zealand Cancer Registry data shows that the age standardised rate of melanoma incidence is approximately 35 per 100,000 people. This equates to almost 3000 people diagnosed in 2021.
4. While the New Zealand cancer registry (NZCR) does not record cases of non-melanoma skin cancer, it is estimated that there are around 90,000 cases each year, more than all other types of cancer combined. While these cancers are rarely fatal, this represents a large health and cost burden to New Zealanders.
5. Ultraviolet radiation (UVR) from the sun is the major cause of skin cancer, estimated to account for more than 95% cases. Therefore:
  - skin cancer is highly preventable with the use of good sun protection (clothing, broad brim hat, shade, sunglasses and sunscreen)
  - the World Health Organisation recommends sun protection is used at a UV index level of 3 or higher. The average UVR level across locations in New Zealand reaches this level for at least 6 months of the year (UV levels are higher for longer the further north you go)
  - New Zealand's high skin cancer rate is due to a combination of a high-UVR environment, an outdoors lifestyle and a significant proportion of the population having a fair skin type.

---

<sup>1</sup> [Skin cancer statistics | World Cancer Research Fund International \(wcrf.org\)](https://www.wcrf.org/)

## *Melanoma Network of New Zealand Incorporated*

6. Melanoma Network of New Zealand Incorporated (MelNet) is a charitable organisation of over 1300 health professionals working to reduce the incidence and impact of skin cancer in New Zealand. Membership is free of charge.
7. Health New Zealand has dedicated funding to commission MelNet to review and update the *New Zealand Skin Cancer Primary Prevention and Early Detection Strategy*. MelNet is coordinating this work on behalf of the National Public Health Service in Health New Zealand. Te Aho o Te Kahu (the Agency) has been asked to provide subject matter expertise to the strategy. MelNet may discuss this strategy with you.
8. MelNet's stated aim is to work alongside government agencies to:
  - grow the capability of our health workforce by sharing and discussing latest developments in melanoma management and promoting best practice
  - foster a collaborative approach to melanoma management by developing and strengthening relationships and connecting melanoma expertise across the country
  - position skin cancer as a major health issue in New Zealand, and increase awareness and efforts around prevention, early detection and equitable access to quality care and treatment for all New Zealanders.
  - raise awareness, provide education and advocate for the strengthening of clinical practice and policy.
9. MelNet has made significant contributions to the reduction of the burden of skin cancer and advancement of best practice treatment of melanoma in New Zealand. Examples of their work include the review of the *New Zealand Skin Cancer Primary Prevention and Early Detection Strategy* with funding from Health New Zealand and for developing and regularly updating the *Quality Statements to Guide Melanoma Diagnosis and Treatment in New Zealand*.<sup>2</sup>
10. MelNet may mention that the Agency declined to officially endorse MelNet's *Quality Statements to Guide Melanoma Diagnosis and Treatment in New Zealand*. The Agency recognises this work as aspirational and beneficial for guiding best practice for melanoma management. However, guidelines must be feasible to implement and in this case the Agency did not consider wider system and workforce issues were adequately accounted for.

## **Skin cancer as an important and growing health issue – opportunities and challenges**

### *Opportunities*

11. Opportunities to address skin cancer include:
  - comprehensive public health campaigns aimed at prevention and early detection awareness raising

---

<sup>2</sup> <https://www.melnet.org.nz/resources/quality-statements-to-guide-melanoma-diagnosis-and-treatment-in-new-zealand>

- investment in prevention (skin cancer is highly preventable with the use of shade, clothing, broadbrim hats, sunglasses and sunscreen)
  - one example of a prevention investment opportunity would be the removal of GST from sunscreen
- New Zealand has not kept pace with Australia in prevention efforts. There is more to do and more to learn from the Australian experience
- investment in early detection (for example upskilling GPs in the use of dermoscopy)
- ongoing partnership and collaboration between government agencies, NGOs and service providers
- ongoing research and investment in best clinical practice and interventions.

### *Challenges*

12. Like many countries in the world, New Zealand continues to face the challenge of having a health workforce big enough to meet demands of its population. Therefore, identifying improvements in efficiency is critical.
13. While the incidence for skins cancers is highest in NZ Europeans, Māori and Pacific peoples have a higher rate of invasive melanoma at diagnosis and have higher mortality from melanoma.<sup>3</sup>

### **What is the Government's approach to addressing New Zealand's skin cancer epidemic?**

#### *Strategy*

14. The New Zealand Cancer Action Plan 2019-2029 includes the goal to reduce the incidence and impact of avoidable skin cancer caused by UVR through enhanced prevention campaigns, including promotion through a range of settings.

#### *Collaboration*

15. The Cancer Society leads a skin cancer prevention programme, under the SunSmart brand. In addition, the Government (through the Ministry of Health) continues to limit access to solarium (sunbeds) to people aged under 18 and check the compliance of commercial sunbed operators. Health New Zealand deliver skin cancer prevention activities through health promotion in schools and Well Child Services.
16. The Ministry of Education and WorkSafe play a role in prevention of skin cancers through their input into early learning centres and workplaces, respectively.
17. The Agency continues to provide national leadership and oversight of cancer control, for all cancer types and across the cancer continuum. The Agency is committed to making substantial advances towards the goals of fewer cancers, better survival, and equity for all. The Agency is taking a comprehensive approach to assessing the enablers to early detection of cancers. This includes optimising cancer screening, symptom awareness, better referral pathways from primary care, diagnostic service capacity, and investigating technology innovations and biomedical modalities for early detection.

---

<sup>3</sup> [Te Aho o Te Kahu - The State of Cancer in New Zealand 2020](#)

### *Funding*

18. This Government has committed to increasing the funding of cancer treatments. Notably, the 13 cancer drugs identified in the National party's manifesto commitment include two drugs for treating melanoma.
19. The Government recently funded an \$18m increase for the National Travel Assistance scheme, which helps cover costs for people travelling to access medical treatment. Rates for mileage will rise for the first time since 2009: from 28c to 34c a kilometre, accommodation from \$100 to \$140 a night and people staying with friends or family from \$25 to \$35 a night.

### *Legislation*

20. The New Zealand Cancer Action Plan 2019- 2029 notes sunscreen was to be included in the Therapeutic Products Bill which is no longer in progress.
21. The recent passing of the Sunscreen (Product Safety Standard) Bill in March 2022 now requires sunscreens to meet the joint Australian/New Zealand sunscreen safety standard.



Rami Rahal  
Chief Executive  
**Te Aho o te Kahu**