The Rising Tide of Melanoma: Communities Play a Vital Role in Preventing This Deadly Skin Cancer
June 9, 2015
2:00 pm (EDT)

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question and answer session. If you would like to ask a question, please press star then one on your touchtone phone. You’ll be called on at your turn.

The conference is being recorded. If you have any objection, you may disconnect at this time.

Now I’d like to turn the call over to your host, Mr. Steve Reynolds. Thank you sir; and you may begin.

Steve Reynolds: Thank you. Good afternoon everyone. I’m Steve Reynolds, the deputy director in CDC’s Office for State, Tribal, Local and Territorial Support. I’m glad you could join us for the call today.

We’ll be discussing the latest Vital Signs report on preventing melanoma. Before we get started, let’s go through some housekeeping details. You can go online and download today’s PowerPoint presentation so you can follow along with presenters. The web address is www.cdc.gov/stltpublichealth. That’s S-T-L-T public health. Again, it’s www.cdc.gov/stltpublichealth.
Look on the far right side of the page for the Vital Signs teleconferences link, or you can Google “CDC Vital Signs Town Hall” and click on the top link. That should get you there as well.

On the same web page you can access files for today’s presenters and the audio recording and transcript which will be available next week.

There will be time for questions after today’s presentation, but you can get in the queue at any time to ask a question. Just press star one and say your name when prompted.

Back to the topic for today -- The Rising Tide of Melanoma: Communities Play a Vital Role in Preventing This Deadly Skin Cancer. We are going to hear from three colleagues.

First, we will hear from Dr. Gery Guy, a health economist in the Division of Cancer Prevention and Control in the National Center for Chronic Disease Prevention and Health Promotion here at CDC. He will talk about this month’s Vital Signs report.

Then we will hear from Matthew Roach. He will present - he is the climate and health program manager in the Office of Environmental Health in the Arizona Department of Health Services. He will discuss implementing some safety education in Arizona, and then hand the call over to Michelle Strangis, the policy coordinator to the Comprehensive Cancer Control Program at the Minnesota Department of Health. She will talk about their multi-component, community-wide interventions to prevent skin cancer in Minnesota.

And now I’ll turn the call over to Dr. Guy.
Dr. Gery Guy: Good afternoon. It’s my pleasure to give an overview on our work on melanoma instance and mortality trends, and future projections of cases and treatment costs.

Moving on to slide 5. Skin cancer is the most common form of cancer in the United States and melanoma is responsible for the most skin cancer deaths. More than 90% of melanoma cases are attributable to skin cell damage from ultraviolet radiation exposure, or UV exposure.

Melanoma can be prevented by reducing ultraviolet radiation exposure from sunbathing and indoor tanning, and by increasing the use of sun protection.

Moving to slide 6. Our main message for the *Vital Signs* is that melanoma is largely preventable and communities can play a vital role. Over 9,000 Americans die of melanoma each year in the United States. The rate of new cases of melanoma has doubled from 1982 to 2011. Although the burden of melanoma is increasing, it is estimated that 21,000 new melanoma cases can be prevented each year using proven community prevention programs.

Moving on to slide 7. The Community Guide recommends multi-component, community-wide programs as well as educational, environmental, and policy interventions. Community interventions to reduce sun exposure include increasing shade in playgrounds, public pools, as well as other public spaces; providing sun protection such as shade structures, sunscreen, and protective clothing; as well as scheduling activities before or after the midday hours.

Moving on to slide 8. For the MMWR, we examined current melanoma incidence and mortality data from 2011. We also projected melanoma
incidence, mortality, and the cost of treating newly diagnosed melanomas through the year 2030. We also examined the potential melanoma cases and costs that could be averted through 2030 if a comprehensive skin care prevention program was implemented in the United States.

Moving on to slide 9. In 2011, over 65,000 melanoma cases were reported and over 9,000 deaths occurred in the United States. Melanoma incidence rates increased with age and were highest among non-Hispanic whites. Melanoma mortality rates increased with age and were higher among men than they were among women.

Moving on to slide 10. This slide shows melanoma incidence trends from 1982 to 2011. It also shows the projection in melanoma incidence rates moving forward through 2030. As we see from 1982 to 2011, melanoma incidence rates increased substantially; in fact they doubled between 1982 and 2011. Although not shown here, melanoma mortality rates have remained stable over the same time period.

Moving on to slide 11. Slide eleven shows the observed and projected number of new melanoma cases among whites. In the absence of new interventions, 112,000 new melanoma cases are projected to be diagnosed in 2030. A comprehensive skin care prevention program is estimated to prevent 20% of melanoma cases between the years 2020 and 2030.

Moving on to slide 12. Slide twelve shows the observed and projected costs of treating new melanoma cases among whites. In the absence of new interventions, the cost of treating new cases is expected to triple between the years 2011 and 2030. However, we’ve found that a comprehensive skin care prevention program is estimated to resolve a substantial reduction in
spending, totaling $2.7 billion in treatment cost-savings in newly diagnosed melanoma cases between the years 2020 and 2030.

Moving on to slide 13. So although we found that the burden of melanoma is increasing, we also found that a substantial number of new melanoma cases can be prevented if comprehensive skin care prevention programs that reduce ultraviolet radiation exposure and increase sun protection is fully implemented and sustained. Such a program could prevent 21,000 melanoma cases and decrease initial year treatment costs by $250 million each year between the years 2020 and 2030.

Moving on to slide 14. What can be done to address melanoma? Communities and policymakers can increase shade at playgrounds, public pools, and other public spaces. They can promote sun protection in recreation areas, including the use or purchase of hats, sunscreen, as well as sunglasses. They can encourage employers, child care centers, schools, and colleges to educate employees and students about sun protection and skin protection. Additionally, they can restrict the availability and use of indoor tanning among minors.

Our next speakers are going to share some of their great work in the states that are addressing some of these recommendations.

Moving on to slide 15. I’m now going to turn it over to Matthew Roach from the Arizona Department of Health Services. Thank you.

Matthew Roach: Hi everyone. My name is Matthew Roach and I’m the climate and health program manager at the Arizona Department of Health Services. I oversee the SunWise Skin Care Prevention Program here in the Office of
Environmental Health. I’m happy that I can fill in for Sharon McKenna today to talk about skin cancer prevention in Arizona.

I’d like to thank CDC and ADHS for helping to arrange this talk and for giving me the opportunity to share information about our SunWise program with those on the line from around the country.

Slide 17, preventing skin cancer by building momentum. One person can really make a difference. According to the National Centers for Environmental Information under the National Oceanic and Atmospheric Administration -- or NOAA -- Arizona has some of the sunniest cities in the country, including cities such as Yuma, Tucson, Flagstaff, and Phoenix.

Overexposure to UV rays in climactic conditions such as we face here in Arizona put people at increased risk for sunburns and skin cancer. A substantial portion of a person’s lifetime sun exposure occurs by the time he or she is eighteen, therefore reducing sun exposure during childhood is crucial to lowering skin cancer rates.

We will review skin cancer prevention activities for school-age children and share successful strategies for your organization.

Slide 18, how do we start sun safety in Arizona? In 2002, the Arizona Department of Health Services created the SunWise program to address sun safety issues, knowing that we can experience on average more than 300 days of sunshine per year.

Think about the strengths of your organization or what you can do as an individual. Are you a state health department, a nonprofit, a school, a
foundation? Think about the resources that you have already to encourage sun safety and what audience would you like to make a meaningful impact on.

Slide 19 -- What did we do? We adapted the Environmental Protection Agency’s -- or EPA -- SunWise Curriculum and worked with the Arizona Department of Education to meet educational standards in the state. Recently, the EPA partnered with the National Environmental Education Foundation -- or NEEF -- to expand the program’s reach to more schools. You can find more about the program and access materials and lesson plans through the [EPA’s website](https://www.epa.gov/).

Over the years, we have done outreach to schools by doing in-person presentations and assemblies in schools. We try to evaluate our activities through surveys and informal feedback to improve our program. Some of the resources you have at your disposal now or were mentioned in the previous presentation such as the community guide, and the Surgeon General’s call to action to prevent skin cancer.

Slide 20, Arizona’s school sun safety mandate. In August 2005, Arizona legislature became the first state to include the provision of instruction on preventing skin cancer in public schools. Under Arizona Education Policy ARS15718, it requires that children in public schools grades K-8 receive skin cancer prevention classroom activities offered by the EPA SunWise Program. The program impacts hundreds of thousands of student’s and more than 1,000 public and charter schools.

We partner with a variety of organization’s including sports teams, summer camps, libraries, and after school programs. We promote sun safety
awareness with an annual sun safety poster and video contents, and speak at events and meet with partners.

One of the special activities that the program took was taking the time to meet with school staff, such as teachers to raise awareness of skin cancer prevention. Visiting a schools, workshops, and school conferences, talking with superintendents, principals, and school staff for just a few minutes was beneficial for explaining how they can contribute individually and can make a difference in reducing skin cancer rates. This effort can be more meaningful than sending information in the mail.

Slide 21, goals - reach and protect kids, educators, and reduce ultraviolet exposure in Arizona. So why are we focusing on kids in schools? Kids are outdoors during hours of peak UV exposures, and this is an opportunity for learning lifelong habits.

Kids are more receptive at a younger age and there’s more opportunity to reinforce these behaviors. Kids learn by example, and seeing their classmates and teachers doing the right thing helps to reinforce these positive sun safe behaviors.

Slide 22, precautions and sun safety messages. The Arizona SunWise Skin Cancer Prevention Program’s messages on sun safety are not only appropriate for kids but are also appropriate for adults. Sun safety tips such as remembering to use sunscreen and checking the UV index before going out are helpful messages appropriate for all ages.

The materials available within the SunWise curriculum include information on skin cancer rates in your state, sun safety tips, and over fifty activities’ to
teach children in grades K-8. All of these resources can be helpful in engaging partners about sun safety, even if they have not started any actions yet.

Every year, the Arizona SunWise Skin Cancer Prevention Program hosts a sun safety poster contest to raise awareness of this issue in schools. The contests asks kids to draw actions depicting sun safe behaviors and a sample policy template for sun safety is sent to all public and charter schools K-12 in the state when instructions for the poster contest are sent out.

This also helps to ensure raising awareness for action takes place within the school. The grand prize winner of the poster contest becomes the official poster of the year and we send this poster out to the schools in the state. This year, over 3,000 students submitted entries into this contest.

Slide 23, school policy sample template, which can be expanded. Have a policy that describes why it is important. The simple steps on the slide are actions that can be taken by a school to protect kids and staff. The Community Guide provides evidence-based interventions preventing skin cancer. Topics cover education and policy approaches for primary schools and worksites. There are also interventions targeting children’s parents and caregivers, and a rating for community-wide interventions such as, mass media campaigns and community-wide programs.

Slide 24, conclusions, lessons from Arizona’s leadership and skin cancer prevention. In summary, if a school says they don’t have a school policy in place for sun safety, they may just not be ready at the moment to address it, given their resources. So it would help to empower them with information to take action.
Evaluate your activities to identify actions that work. Use data and policy tools to help drive efforts strategically. Sun safety policies don’t have to all be encompassing; every effort helps. By focusing on high risk groups such as children, we can make a difference in preventing skin cancer in the long run. Partnering with other sectors helps to raise awareness, as well as communicating with others working on sun safety.

Slide 25 -- so here’s my contact information. Thank you again for this opportunity to share information about our SunWise Skin Care Prevention program. If you have any questions that you may want to address, feel free to call or email me using the information on the slide.

Next, I would like to introduce our next speaker, Michelle Strangis from the Minnesota Department of Health.

Michelle Strangis: Thank you Matthew, and good afternoon everyone. I’m pleased to talk today about a successful collaboration in Minnesota to prevent skin cancer.

Until recently, Minnesota teens sixteen years and older could tan indoors, no restrictions. You get a job, get a driver’s license, and go tan at your local indoor tanning salon. Youth under sixteen could tan if they had parental permission.

Thanks to the coordinated efforts of a group of individuals and organizations, effective July 1, 2014, youth under eighteen years old are prohibited from tanning indoors in Minnesota.

Slide 27, for the last five years, the Minnesota Department of Health and the Minnesota Cancer Alliance have worked together to prevent skin cancer in
Minnesota. The partners shown on the slide are the partners that led the planning and implementation of a multicomponent statewide intervention to prevent skin cancer, focusing on high school students. Each of these organizations had a key role in the effort to bend the curve in melanoma rates in Minnesota. My presentation will describe the role of these partners and their contributions to the work of reducing skin cancer.

Slide 28, as we’ve been discussing, increasing rates of skin cancer are very concerning. Reduced exposure to ultraviolet light is the best way to prevent skin cancer, yet tanning remains popular among high school students and indoor tanning is more dangerous than tanning outdoors.

Slide 29, Minnesota has one of the highest, if not the highest, melanoma rates in the Midwest. The risk of being diagnosed with melanoma is increasing for all age groups in Minnesota, including young adults. As you can see on this slide, skin cancer rates are increasing for both men and women among non-Hispanic whites, age 20 to 49 years old.

However, the rates are increasing faster in women. This is interesting to compare this to the data that Gery showed at the beginning where the overall for all ages combined incidence rates are higher for men; whereas in this age group - specific age group and for this racial group, the incidence rates are much higher among women. Over the last fifteen years, the rate of melanoma has increased 4% per year among this group of women.

Slide 30, we know from the literature that indoor tanning increases risk for skin cancer and persons who tan indoors at a young age are at significantly greater risk. Prior to 2013, we had no data on the prevalence of indoor tanning among high school students in Minnesota. The Minnesota Student
Survey collects information on youth risk behaviors but has not included questions about tanning.

In 2013, as a result of our efforts, a question on indoor tanning was added to the Minnesota Student Survey. As you can imagine, this was a great accomplishment. Many groups were suggesting new questions for the survey and only a couple of new questions were added. And as you can see on the slide, 34% of eleventh grade, white females in Minnesota tanned at least once in the past year; and more than half of that group tanned ten or more times during the year.

The data on indoor tanning from the Minnesota Student Survey that you see here ended up to be widely distributed in the media and was of particular interest to Minnesota legislators.

Slide 31, if you search the literature, you will see that there’s a lack of evidence-based strategies for working with teens to increase sun protective behaviors. For example, the Community Preventive Services Task Force reviewed a number of the targeted teens and found insufficient evidence to recommend the strategies. In the absence of evidence-based strategies for working with teens, we chose a framework that is recommended by the task force for working with communities.

As illustrated here, the task force recommends multicomponent, community-wide interventions to prevent skin cancer that use a combination of individual directed components, mass media campaigns, and environmental and policy components; and these are used across multiple settings within a defined geographic area such as a city or state in an effort to influence UV protective behaviors.
So applying the framework to our Minnesota project, each of these three components were intended to increase knowledge of the cancer risk associated with UV light and indoor tanning in particular, and change attitudes and social norms around tanning. The desired outcome is decreased ultraviolet light exposure for persons under eighteen years of age in Minnesota and a decrease in the incidence of skin cancer.

I’m going to talk briefly about our work in each of these three components. Slide 32, the Minnesota Comprehensive Cancer Control Program led the intervention in the first component -- the individual directed component. After consulting with our partners inside and outside of the department of health, we chose to implement a video competition for high school and middle school students that we named the UVideo Challenge.

The UVideo Challenge is a web-based competition. The rules, entry form, and voting were on the UVideo web page. As we promoted the contest, we reached out to teens, teachers, school nurses, coaches, leaders of youth organizations, and parents with our messages about the dangers of tanning indoors and outdoors.

Thanks to the Minnesota Dermatological Society, we were able to offer great cash prizes -- two $1,000 prizes and one $500 prize. One winner was selected by a panel of judges and two additional winners were selected by online voting. The UVideo Challenge created a lot of opportunities to spread the word about the dangers of tanning using messages developed by teens for teens.
For example, the winning videos were viewed as ad spots regionally on the season finale of the Vampire Diaries. We chose the Vampire Diaries because it is a very popular TV show for teens and the tagline for the show is “Pale is sexy.” So it really fit with our message about not tanning.

Slide 33, the second component of our community-wide intervention was media. In January 2013, the Minnesota Cancer Surveillance System and the Comprehensive Cancer Control Program created a press release on the new data on rising melanoma rates.

Between 2005 and 2009, melanoma rates in Minnesota increased 38% for females and 35% for males. The press coverage also highlighted the data on the increase in melanoma for young, white females that I showed you earlier. We had quotes from the Commissioner about the risks of tanning indoors and outdoors, and some of the myths such as the myth that a base tan protects you.

Slide 34, in the second press release, the Comprehensive Cancer Control Program and Center for Health Statistics released the Minnesota Student Survey data on the prevalence of indoor tanning that I told you about earlier. The press release went out in January 2014. We were interested in this release date to coincide with the launch of the first UVvideo Challenge competition and also Minnesota’s tanning season in tanning booths and sunny vacation destinations.

Our partner, the American Cancer Society, was very supportive of this timing for the press release because they were meeting with legislators on the committees that would hear the bill to protect teens from tanning indoors. Both of these press releases had wide distribution throughout the state on
TV, radio, online, and in print. In fact, we know that this press release was influential in the discussions at the State Capitol on the indoor tanning bill.

The third component, the policy component, was led by the Minnesota Cancer Alliance and its member organization, the American Cancer Society Cancer Action Network (ACS CAN). In February of 2014, a bill to prohibit minors from tanning indoors called the Minnesota Skin Care Prevention Act was introduced in the legislature. A bill was introduced in the two prior legislative sessions without much success.

In 2014, there was an all-hands on deck effort to pass this bill. The American Cancer Society Cancer Action Network led the Tan-free Teens Coalition. The Minnesota Cancer Alliance joined the coalition, and Cancer Alliance members participated in the Coalition Day at the Capitol. Cancer Alliance member and University of Minnesota Associate Professor, DeAnn Lazovich, testified at the legislature on the association between indoor tanning and cancer.

The Minnesota Dermatological Society provided a grant to ACS CAN to secure additional resources for their legislative efforts. Comprehensive Cancer Control director, Dr. Jane Korn, testified at the legislature on the rising rates of melanoma and the prevalence of tanning among high school students.

Our efforts paid off. The result is as of July 1, 2014, persons under eighteen cannot tan at indoor tanning facilities in Minnesota.

In conclusion, I think we were successful in large part because we had the right persons working within their sphere of influence to promote change on this issue. ACS CAN conducting the legislative initiative, the Comprehensive Cancer Control Program conducting an awareness campaign, and the
University of Minnesota School of Public Health and the Minnesota Cancer Surveillance System providing the epidemiological evidence.

Slide 36, I would like to acknowledge my colleague DeAnn Lazovich, for her leadership on teens’ risk of skin cancer from indoor tanning and the guidance she has provided.

And slide 37 is my contact information, and I’d like to thank you. And Steve, are we ready to take questions?

Steve Reynolds: Almost. Thank you for those excellent presentations. Really, those were extremely well done and informative.