

Changes in the pattern of sun-exposure and sunprotection in young children from tropical Australia

A. Smith,¹ S.Harrison,¹ M. Nowak, ¹ P. Buettner,¹ R. MacLennan^{1,2}



1. Skin Cancer Research Group, School of Public Health, Tropical Medicine & Rehabilitation Sciences, James Cook University, Townsville, Queensland, Australia.

2. Queensland Institute of Medical Research, 300 Herston Rd, Herston, Queensland, Australia.

Background

- Australia has one of the highest rates of skin cancer in the world^{1,2} particularly in north QLD.³
- Life-time risk of skin cancer is linked to sun-exposure in childhood.⁴
- The strongest risk marker for melanoma (number of melanocytic naevi)⁵ is directly linked to high levels of sun-exposure in early childhood.^{6, 7}

References

 Marks R. Epidemiology of melanoma. Clin Exp Dermatol 2000;25:459-63.
Lomas A, Leonardi-Bee J, Bath-Hextall F. A Systematic Review of worldwide incidence of 351 Non-melanoma skin cancer. Br J Dermatol 2012 Jan 17. [Epub ahead of print]

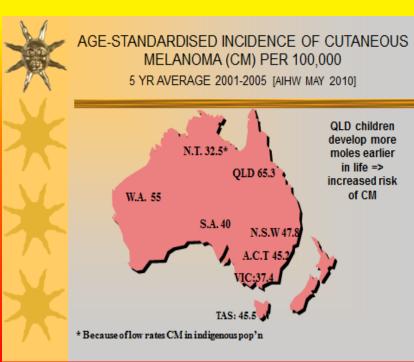
3. Buettner PG, Raasch BA. Incidence rates of skin cancer in Townsville, Australia. Int J Cancer 354 1998;78:587-93. Erratum in: Int J Cancer 2001;93:302-3.

4. Whiteman DC, Whiteman CA, Green AC. Childhood sun exposure as a risk factor for 368 melanoma: a systematic review of epidemiologic studies. Cancer Causes Control. 369 2001;12:69-82.

5. Armstrong BK, English DR. Epidemiologic studies. In: Balch CM, Houghton AN, Milton GW, 371 Sober AJ, Soong S-j, Editors. Cutaneous melanoma: clinical management and treatment 372 results worldwide, Ed.2. Philadelphia: JB Lippincott; 1992. p. 12-26.

6. Harrison SL, MacLennan R, Speare R, Wronski I. Sun exposure and melanocytic naevi in 374 young Australian children. Lancet 1994;344(8936):1529-32.

7. Whiteman DC, Brown RM, Purdie DM, Hughes MC. Prevalence and anatomical distribution of naevi in young Queensland children. Int J Cancer 2003;106:930-3



Methods



- Two cohorts of ONE (12-23 months) & TWO year-old (24-35 mo) children from tropical Australia (Townsville 19.16°S), were compared:
 - Cohort 1 (n=201) recruited in 1991 from hospital birth records
 - Cohort 2 (n=463) recruited 1999-2002 via childcare centres
- Children's phenotypic characteristics were assessed
- Parents completed questionnaires detailing children's:
 - demographic characteristics
 - sun-exposure
 - sun-protective practices

Results - 1



SUN EXPOSURE

Children from cohort 2 (1 & 2 year-olds [yo]):

- visited the beach more often (both age groups p<0.001)</p>
- swam in an outdoor pool more frequently (1yo p<001; 2yo p=0.03)</p>
- Yo spent more hours outdoors in the previous year than 1yo in cohort 1 (median 2.8 vs 2.2 hr/day, p=0.002; 2yo NS)
- Yo from cohort 2 spent more hours playing in water in warmer weather than 1yo in cohort 1 (72 vs 42hr/yr, p=0.039; 2yo NS) but less time swimming with their back exposed (both ages, median 0hrs/yr vs 9hrs/yr p<0.001)</p>

By age 2 years:

more than half the children in both cohorts had been sunburnt

Results - 2



SUN-PROTECTION

More children from cohort 2:

- "almost always "wore a sun-protective shirt when swimming in summer & winter (both ages & seasons, p<0.001)</p>
- regularly wore sunscreen (in summer, both ages p<0.001); winter 1yo p=0.023, 2yo NS)</p>

RISK FACTORS

- Fewer children in cohort 2 had been sunburnt on the posterior trunk (both ages p<0.001)</p>
- Fewer children in cohort 2 (1yo 15% vs 40%; 2yo 39% vs 75%;) had acquired melanocytic naevi on their posterior trunk (both ages p<0.001)</p>
- Children in cohort 2 tended to have fewer naevi on their posterior trunk (median 2 vs 0 at 2yo) than children in cohort 1 (both ages; p<0.001).</p>
- Children in cohort 2 were less likely to have acquired naevi elsewhere on their body (both ages; p<0.001)</p>



Conclusions



- Time spent in the sun did not change much in the 8-years that elapsed between cohorts.
- There was however, a significant improvement in sun-protective practices in very young children from a region with a substantial skin cancer burden.
- This 个 in swim-shirt and sunscreen use between cohorts coincided with a reduction in the development of melanocytic naevi (MN), particularly on the posterior trunk.
- The reduced burden of MN observed in the most recent cohort may confer some protection against melanoma.
- Skin cancer primary prevention campaigns are having some effect although more emphasis is needed on reducing sun-exposure.