

Building and acting on the evidence for primary prevention of cancer

Slip, Slop, Slap (and later, Seek, Slide)! Many readers will be familiar with this iconic Australian public health slogan that was launched in the early 1980s and became a core message of the Cancer Council's SunSmart program (<https://cancer.org.au/cancer-information/causes-and-prevention/sun-safety/campaigns-and-events/slip-slop-slap-seek-slide>). Australia has one of the highest rates of skin cancer in the world and over the past several decades has become a global leader in primary prevention and early detection efforts, with a particular focus on the use of media and advocacy campaigns aimed at improving the uptake of sun protection approaches. But teasing out the specific effects of public health campaigns is notoriously difficult. In the case of skin cancer, a major challenge facing researchers is how to measure the impacts of prevention efforts on disease burden in the context of rapidly changing population demographics, in particular those driven by migration.

In their research article published today in the *MJA*, Whiteman and colleagues (<https://doi.org/10.5694/mja2.52404>) present findings of their modelling study that aimed to investigate the extent to which recent declines in melanoma incidence among young Australians might be explained by the increasing population proportion of migrants who are at low risk of melanoma owing to their ancestry. The study found that among people aged under 35 years, the incidence of melanoma is declining, including for people who have a high risk (European) ancestry. They conclude that "migration may have had an impact on the incidence of melanoma among younger Australians, but social changes may also have contributed to its decline". Social and behavioural changes that might have contributed to reducing ultraviolet radiation exposure among young Australians could include improved uptake of protective measures such as using appropriate clothing, wearing sunscreen and seeking shade, as well as lifestyle trends that lead to people spending less time outdoors. Writing in a linked editorial, Cust and colleagues (<https://doi.org/10.5694/mja2.52411>) argue that despite these nuanced findings, "given that the incidence of melanoma and other skin cancers is highest in Australia, and that they are the most expensive cancers to treat, ongoing skin cancer prevention campaigns and other targeted initiatives will be essential for further reducing the burden of this highly preventable disease".

Cancer prevention is covered again by a perspective (<https://doi.org/10.5694/mja2.52395>) on hepatocellular carcinoma (HCC) among First Nations Australians, who are 2.5 times more likely to develop HCC and 1.4 times more likely to die of HCC than non-Indigenous Australians. Although most chronic liver disease is preventable and/or treatable, it remains the main cause of HCC, with First Nations Australians more likely to have multiple cofactors driving liver injury. The two lead authors of this article, one First Nations Australian and one non-Indigenous Australian, established a nationally representative group of four First Nations Australian and 14 non-Indigenous Australian clinical and research experts in HCC and chronic liver disease to produce a strategic plan for action for closing this gap. The comprehensive action plan covers a range of evidence-based activities in prevention, health promotion, policy, surveillance, risk identification, models of care, management and research.



Crucially, Howell and colleagues explain that "the public health response to HCC in First Nations people should be determined and led by First Nations communities and Aboriginal Community Controlled Health Organisations (ACCHOs), supported by medical and community stakeholders ... we need more funding for effective First Nations co-designed, culturally safe health education resources in First Nations languages and health promotion programs, Indigenous-led civil society organisations that promote liver health, and the strengthening of the First Nations peer workforce".

Two further articles in this issue highlight the importance of embedding Indigenous perspectives, experiences, and leadership in efforts to advance population health. First, a research article from Skinner and colleagues (<https://doi.org/10.5694/mja2.52406>) engages with culturally specific ways of understanding, describing and measuring depression. Their study examined the psychometric properties of an Aboriginal and Torres Strait Islander-developed depressive symptom screening scale. They found that "three items developed by and for Aboriginal and Torres Strait Islander people may provide effective, efficient and culturally appropriate screening for depression in Aboriginal and Torres Strait Islander health care contexts". Second, a research letter from Huda and colleagues (<https://doi.org/10.5694/mja2.52408>) identifies how current methods for tracking the birthweight of Indigenous babies might be obscuring the level of inequity that exists in healthy birthweight proportions between Indigenous and non-Indigenous infants. On the basis of an analysis of Queensland perinatal data between 2011 and 2020, the authors recommend that for the purposes of tracking progress towards closing the gap on child health, the healthy birthweight proportion should be defined according to the Indigenous status of both the baby and their mother, instead of the Indigenous status of infants alone. ■

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