

Global Call to Action to End the Non-Melanoma Skin Cancer Epidemic in Outdoor Workers

April 26th, 2019

The seven co-hosting organizations¹ of the Multi-Stakeholder Summit on Occupational Skin Cancer – in cooperation with patient advocacy groups, workers unions, occupational safety and health professionals, social security representatives, dermatologists and oncologists – call for the implementation of a systematic approach to **addressing the Non-Melanoma Skin Cancer Epidemic** in view of the following:

Non-melanoma skin cancer (NMSC)² is by far the most frequently diagnosed cancer around the globe. It is also one of the most common occupational diseases in Europe and its prevalence continues to increase³. For instance, in Germany, it is the third most frequently reported occupational disease. In most countries, it is also the most common occupational cancer. Despite this, victims remain overlooked while prevention efforts, screening and improved access to care are neglected.

A lack of reporting and accurate data on the disease burden has allowed this crisis to remain in the shadows. Outdoor workers in construction and farming industries, recreation and public services may be exposed to solar UV radiation (UVR) for more than 75% of their working hours. UVR is classified by WHO as a group 1 carcinogen. WHO threshold levels are exceeded by five times in many outdoor professions. It is estimated that the risk of developing skin cancer increases significantly – up to more than 100% - with five or more years of outdoor work. If not detected and prevented at an early stage, NMSC leads to a life-long chronicity with abundant newly forming lesions.

The economic costs of NMSC continue to increase, placing governments and healthcare systems under significant economic pressure and affecting the livelihoods of millions of workers around the world.

Despite this alarming reality, outdoor workers lack legislative protection to ensure adequate prevention measures, diagnosis and effective treatments for this occupational disease globally. For that reason, WHO and ILO are currently assessing the global disease burden of occupational skin cancer within the UN Sustainable Development Goals 2030 framework⁵.

¹The seven co-hosting organizations are the European Academy of Dermatology and Venereology (EADV), the European Association of Dermato Oncology (EADO), the International League of Dermatological Societies (ILDS), the Association of European Cancer Leagues (ECL), the European Dermatology Forum (EDF), the International Commission on Occupational Health (ICOH), and the European Cancer Patient Coalition (ECPC).


²NMSC refers to a group of mostly skin-coloured cancers that slowly develop in the upper layers of the skin; the main clinical entities are basal cell carcinoma and squamous cell carcinoma/actinic keratosis. These tumors are also referred to as keratinocytic carcinomata.

³Didona D, Paolino G, Bottoni U, Cantisani C (2018) Non Melanoma Skin Cancer Pathogenesis Overview. *Biomedicines* 6(1):6.doi:10.3390/biomedicines6010006. Last accessed 17 January 2019.


⁴John SM, Trakatelli M, Gehring R, Finlay K, Fionda C, Wittlich M, Augustin M, Hilpert G, Barroso Dias JM, Ulrich C, Pellacani G (2016) CONSENSUS REPORT: Recognizing non-melanoma skin cancer, including actinic keratosis, as an occupational disease - A Call to Action. *J Eur Acad Dermatol Venereol.* 2016. 30 (Suppl. 3):38-45. doi:10.1111/jdv.13608.

⁵Silva Paulo M, Adam B, Akagwu C, Akparibo I, Al-Rifaia RH, Bazrafshane S, Gobba F, Green AC, Ivanov I, Kezic S, Leppink S, Loney T, Modenese A, Pega F, Peters CE, Prüss-Üstün A, Tenkate T, Ujita Y, Wittlich M, John SM (2019) WHO/ILO work-related burden of disease and injury: Protocol for systematic reviews of occupational exposure to solar ultraviolet radiation and of the effect of occupational exposure to solar ultraviolet radiation on melanoma and non-melanoma skin cancer. *Environment Int.* doi: 10.1016/j.envint.2018.09.039 [Epub ahead of print]


We urge policy makers, doctors and other health professionals, employers, workers and patient advocacy groups to take five actions to address the unmet needs of NMSC patients:

 **Policy makers** should improve the legislative framework to protect outdoor workers more effectively, and build accessibility for regular screenings and earlier, better treatments. In the European Union, NMSC should be officially recognized as an occupational disease within the next legislative period;

 **Doctors, other health professionals and policy makers** should work together to ensure standardised EU-wide registration of NMSC;

 **Employers** should use tools to quantify exposure levels to UVR in the workplace. They shall also implement cost-effective techniques for sun-safe behaviour and ensure regular skin cancer screenings for outdoor workers;

 **Doctors and other health professionals** should improve reporting of occupational NMSC (including actinic keratosis);

 **Patient advocacy groups, doctors and other health professionals as well as employers** should collaborate to promote skin cancer prevention and sun-safe working practices, and to address the unmet needs of retired outdoor workers with persisting NMSC.