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Welcome to the third issue of *QSkin News*. This winter edition will update you on the study's progress in the past three months, provide some interesting information about QSkin participants and inform you about our plans for the next six months.

**David Whiteman and Catherine Olsen**  
Principal Investigators of QSkin

## Study progress update

Unfortunately, Queensland's sunny climate and outdoor lifestyle means that Queenslanders suffer very high rates of melanoma and other skin cancers. The large numbers of skin cancers in our population mean that researchers have the statistical power to look at the effects of risk factors that would not be possible in other places.

Since our last newsletter, the QSkin study team has been busy linking the study database with the Queensland Cancer Registry to determine how many participants have had a previous diagnosis of melanoma. We are also preparing to link the database to Medicare to get information on treatment of basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) of the skin. We are also delighted to report that the first two QSkin scientific papers have been accepted for publication in international medical journals (details on page 2).

***Please let us know if  
any of your contact  
details change, or have  
changed! (address,  
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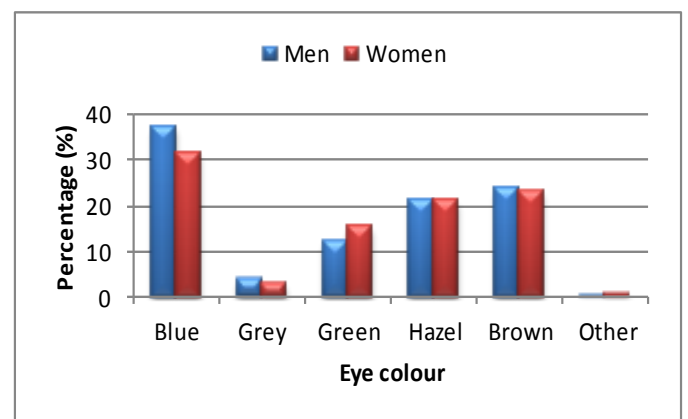
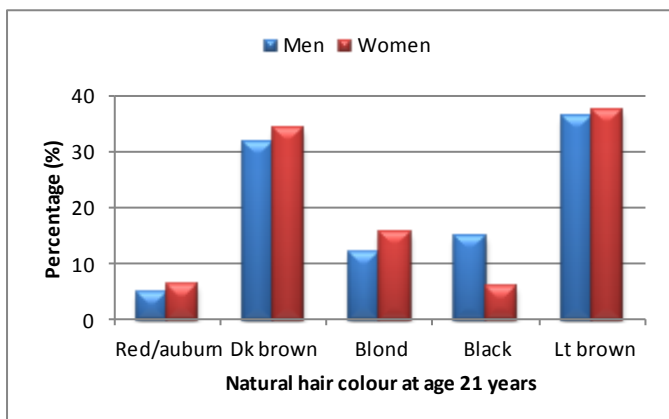
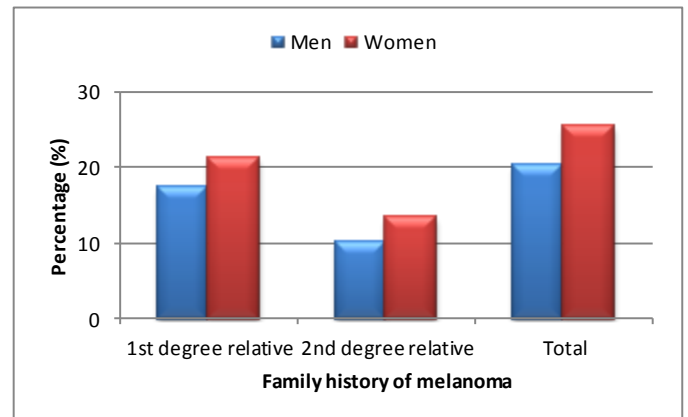
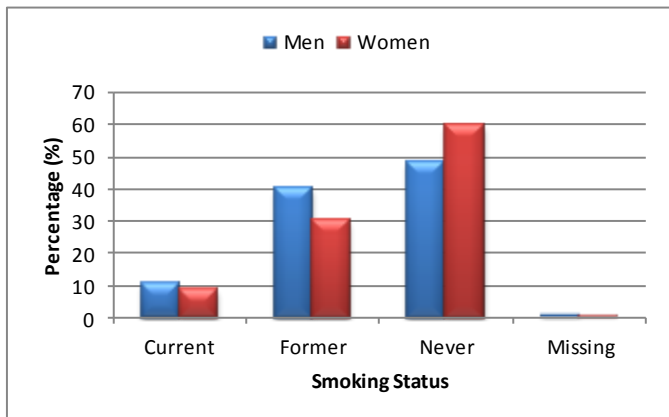
## Participant profile

There are 43,794 participants in the QSkin Sun and Health Study. As a study participant, you have joined in a major effort to control skin cancer and we are very grateful for your participation.

Our analyses of the characteristics of the participants is continuing.

Here are some interesting facts:

- 59% of participants reported having fair skin, 32% medium and 8% dark.
- 90% of participants reported having a skin type that burned after short periods of sun exposure.
- 53% of participants had facial freckles in early adulthood.



The graphs above are based on your responses in the QSkin survey. They show the percentage of QSkin participants who tobacco smoking, family history of melanoma, and hair and eye colour. (Note: first degree relatives include siblings, children and parents; second degree relatives include uncles, aunts, nieces, nephews and grand-parents).

## First QSkin scientific papers accepted for publication

Olsen CM, Green, AC, Neale RE, Webb PM, Cicero RA, Jackman LM, O'Brien SM, Perry SL, Ranieri BA, Whiteman DC for the QSkin Study. Cohort Profile: The QSkin Sun and Health Study. *International Journal of Epidemiology* (Accepted 7 June 2012)

Olsen CM, Neale RE, Cicero RA, Jackman LM, O'Brien SM, Perry SL, Ranieri BA, Whiteman DC for the QSkin Study. Do 'personal stories' improve response rates to mailed surveys? A randomised trial within the QSkin Sun and Health Cohort. *Epidemiology* (Accepted 20 March 2012)

## What are BCC and SCC?

Basal cell carcinoma (BCC) is the most common type of skin cancer. BCCs are usually found on parts of the body most exposed to sunlight, especially the head, face and neck, but also commonly on the chest and upper back. BCCs appear as a shiny, pearly nodule or a red patch like eczema. While very seldom fatal, they can sometimes be difficult to treat because they can 'burrow' under the skin, especially if left untreated. In earlier times, this destructive behaviour earned them the nickname 'rodent ulcers'.



Squamous cell carcinoma (or SCC) is the second most common type of skin cancer. SCCs are more dangerous than BCCs as they can spread to other parts of the body if not treated promptly. SCCs usually occur on skin most often exposed to sunlight, including the head, neck, forearms and upper body. They usually appear as a thickened, red, scaly spot that may bleed easily, crust or ulcerate.



## Linkage with the Queensland Cancer Registry



At the time of completing their survey, many **QSkin** participants asked why we did not have any items on the survey about previous diagnoses of melanoma. The reason is that Queensland has an outstanding cancer registry which captures information about all cancer diagnoses in the state. This information is available only to approved studies and only for consenting participants, but includes technical details that are difficult for patients to remember. It therefore provides an invaluable resource that ensures high-quality data are available for cancer research.

In total, our analysis found that 1,498 **QSkin** participants were identified as having had a previous melanoma—that is nearly 3.5% of all participants. Our next steps are to identify any novel features that distinguish participants who have had melanoma from those that have not.

We will be performing further data linkages routinely in the future to make sure we know about any new melanoma diagnoses in the study cohort.

## News snippets—new developments in skin cancer research

**Aspirin and other commonly used painkillers may help guard against skin cancer.** Previous studies, including several studies conducted at QIMR, have already suggested that NSAIDs (nonsteroidal anti-inflammatory drugs) such as aspirin, ibuprofen, and naproxen, can reduce a person's risk of developing some cancers. The results of this new study showed that people with more than two prescriptions for NSAIDs had a 15% lower risk for SCC and a 13% lower risk for malignant melanoma than those with fewer than two prescriptions.

### Does a safe suntan exist? Apparently not!

According to the April issue of *Mayo Clinic Proceeding*, the dramatic increase in melanoma cases among young women in the United States is partly due to their increasing usage of tanning beds. Up to 80% of tanning salon clients are female. 10% of America's population use tanning beds annually. Tanning beds have long been linked to an increased risk of skin cancer.



## The Rio Tinto Ride to Conquer Cancer

Last year in August, three QSkin investigators joined with more than 1,300 other cyclists to help raise money for cancer research at QIMR. The charity bike ride covered more than 240 hilly kilometres from Brisbane to Lake Somerset and back again. Despite the hills, the wind and driving rain, the event was a huge success, with more than \$4 million in donations and fantastic publicity to raise awareness about cancer and cancer research. The QSkin study was awarded precious funding as a result of the Ride, for which we are extremely grateful. This funding has allowed us to employ a new data analyst (Ms Bridie Thompson) whose task is to carefully sift through the complex data generated by the QSkin study to find new insights about skin cancer treatments. This year, QSkin investigators (David Whiteman, Rachel Neale and Penny Webb) will again be riding to raise money for cancer research.

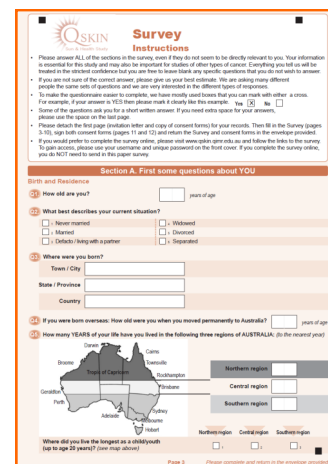
More details can be found on their website: <http://br12.conquercancer.org.au/>

## Follow-up

We are in the process of re-contacting a group of **QSkin** participants who did not provide their date of birth on their study consent form (last page of survey booklet). It is important for us to have your correct details so that we can ensure that we link information about you correctly. If we have an email address for you we will contact you by email, if not Rebekah will phone you. Thank you to everyone who has responded so far!

## The next six months

In the next six months we will continue our analyses of the data from the Queensland Cancer Registry. We also plan to apply for new funding to enable us to obtain genetic material (a saliva sample) from QSkin volunteers. We will also continue the process of linking our dataset to the records of Medicare Australia to understand how many people have been diagnosed with and treated for skin cancers, sunspots and similar skin conditions.




## Feedback?

If you have any comments or updated information (e.g. change of address), please contact us:

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