

Harmful effects of UVR exposure in childhood: epidemiological evidence

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Outline

- 1. Levels of UVR exposure in childhood
- 2. Childhood skin effects: Benign to cancer
- 3. Risk factors genetic, solar UVR
- 4. Is childhood a susceptible window?
- 5. Primary prevention



- Estimated mean summer *sun exposure* 2-4 hours/day: similar across studies -summer in Europe/Canada; year round in Australia
- Estimated average UV exposure
 - 8 times greater in Australia than Denmark
- Estimated % of life-UVR (up to 60 y) received by children <20 y
 - 50%: Australia 25%: Denmark



- **Photoaging- prevalence in 13-15 yr olds** (assessed by skin surface microtopography)
- -in Scotland: 33% with mild skin damage
- -in Australia: 40-70% (Fritschi et al 1995)
- Melanocytic naevi (moles)- median counts

 Germany
 Tropical Queensland
 (Bauer et al 2005)
 (Harrison et al 2005)

 Age 2: 3 20

 Age 5: 7 60
 Age 6-7: 17 70



 Melanoma – rare < 20 years: accounts for 2% of all melanomas

• BCC, SCC – negligible sporadic



Melanoma in Females by Age in England





Melanoma in Females <25 Years by site





Melanoma at ages 10-24 years: England vs Australia

Annual incidence rates per million in 2006

	England	Australia	
Malos	15	12	
IVIAIES	10	43	
Females	24	51	



Causal pathways to melanoma





Genetic susceptibility

- Mutations in "direct effect" genes eg CDKN2A rare
- •**Multiple genes controlling pigmentation in skin, hair, eyes

•**Tendency to multiple naevi (moles)







Youth Melanoma -pigmentary risk factors

		OR	95% CI
	Brown	1.0	
Eye	Hazel	3.7	1.0-13.5
Colour	Green	3.8	0.9-16.5
	Blue	4.5	1.5-13.6
Hair Colour	Brown/Black	1.0	
	Blonde -	1.7	<i>0.8-3.7</i>
	Red	5.4	1.0-28.4
Tanning Ability	Dark	1.0	
	Medium	3.4	0.7-16.5
	Mild	3.9	1.0-16.0
	No Tan	4.7	0.9-24.6



- Youth Melanoma freckling and family history

		OR	95% CI
	None	1.0	
Facial	Few	0.6	0.2-1.7
Freckling	Some	1.0	0.4-2.9
	Many	3.2	0.9-12.3
Relative with	No	1.0	
melanoma	Yes	4.0	0.8-18.9

Youl et al, Int J Cancer 2002



UVR causes melanoma

Sun exposure Artificial tanning devices

Class 1 carcinogens (IARC 2009)



Latitude gradient for (childhood)melanoma







Cohort study of melanocytic nevi in adolescents

Methods \rightarrow N= 110, aged 12-14 yr, followed 4 yrs

All melanocytic nevi on body mapped photographed

Results	Amount of school lunch	Naevi:	Naevi: Face & Neck		Shoulder & Back	
	<u>time in sun</u>	OR	95%CI	OR	95%CI	
	Very little	1.0		1.0		
	Some	1.8	1.2-2.6	1.7	1.1-2.5	
	All	1.7	1.2-2.6	1.8	1.2-2.8	

Darlington et al, Arch Dermatol, 2002



Childhood a susceptible window?







UVR Protection campaigns in high-risk populations

Underlying trends in Melanoma awareness Australia

- 1960s Melanoma public and professional education
- 1980s Prevention campaign "Slip, slop, slap"
- 1990s "SunSmart" Campaign *Emphasis on sun protection in children*





Melanoma incidence trends among children aged 0-14 yrs

in Australia, 1983-2006, by sex







Trends in melanoma incidence among children in Australia (and Sweden)

Possible influence of sun protection programs

Since late 1980s/early 1990s:

- community education programs on sun protection (shirts, hats, sunscreen) IGINALREPORT
- policy emphasis eg accreditation programs for pre-, primary schools

From mid-1990s:

• melanoma incidence rates among children aged 10-14 years have decreased significantly by 8.5% per year

Baade et al 2011



Personal; Professional; Policymakers..

Avoidance of intense sun, including sunbeds

•Use of clothes & Sunscreen in summer







