17 April 2024

Dr Gillian Hirth

Australian Radiation Protection and Nuclear Safety Agency

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YALLAMBIE

VICTORIA 3085

Dear Dr Hirth,

**National registration of the keratinocyte cancers**

The primary environmental cause of all three main types of skin cancer [melanoma, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)] is exposure to ultraviolet radiation from the sun. While high-quality data on melanoma incidence is available from cancer registries in all states and territories, data on the incidence of the more common skin cancers, BCC and SCC (collectively the keratinocyte cancers) is not currently available, as they are not registered in any Australian jurisdiction except Tasmania.

The Radiation Health and Safety Advisory Council (Council), as the statutory advisory body to the CEO of the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), has considered the need for national registration of the keratinocyte cancers, BCC and SCC.

Council’s considerations are detailed in the ***attached Background paper – National registration of the keratinocyte cancers***. Council recognises the need to quantify the burden of incidence of these cancers given high and rising health costs to diagnose and treat them, and the clear benefits of reliable incidence data for health care planning, effective and transparent resource allocation, informing prevention interventions, and monitoring their progress. Technological advances in artificial intelligence together with standardised pathology reporting, provide a new and significant opportunity to automate keratinocyte cancer registration.

Council presents the following recommendations for your consideration:

1. Council recognises the need for all State and Territory cancer registries to work towards statutory notification and routine reporting of keratinocyte cancer in Australia.
2. Council recommends that a phased approach to registering the keratinocyte cancers is likely the most feasible option to plan and implement. For example, following the approach of the Queensland Cancer Registry, by registering first, only BCCs and SCCs that carry a high risk of metastasis.
3. Council recognises that standardised reporting by pathologists will facilitate automated data abstraction and coding of histopathology reports for keratinocyte cancers.
4. Council recommends that the need for a national registration and reporting of the keratinocyte cancers should be communicated to relevant health policy or Ministerial stakeholders.

Council looks forward to your response and advice on how Council could assist ARPANSA in this important matter.

Kind regards,

 Jane Canestra

**Jane Canestra**

**Chair**

Radiation Health and Safety Advisory Council