A lot has happened since the last edition of QSkin News. In this eighth issue, we report on a number of recent developments including the launch of the exciting new QSkin Genetics project, as well as updates on interesting new study findings. We also introduce a new member of the QSkin team and we fill you in on some of the topics covered by QSkin investigators at recent conferences. We hope you enjoy this issue, and as always, we welcome your comments and feedback on any aspects of skin cancer research.

David Whiteman
Principal Investigator of QSkin

Study progress

It has now been more than three years since we started QSkin. With such a large study, it was inevitable that a large number of QSkin participants would develop skin cancer during follow-up. By analysing data from Medicare Australia we have learned that 2821 QSkin participants were treated for skin cancer (basal cell carcinoma (BCC) or squamous cell carcinoma (SCC)) in the first year of follow-up, and 3115 in the second. These are exceptionally high rates of skin cancer, and underscore why Queensland has the unenviable reputation as the ‘skin cancer capital of the world’. In addition, quite a few QSkin participants developed more than one skin cancer over the time period. We are now analysing this data to identify which factors increase a person’s risk of one or more skin cancers, and to develop tools to help doctors and patients predict their future risk of skin cancer.
New Team Member — Chiho Muranushi

We welcomed Chiho to the QSkin team in July 2014. Here, Chiho provides a brief introduction to the research that she will be undertaking within QSkin.

“I began my career as a qualified pharmacist and have worked as a hospital pharmacist and also in drug development.

I completed a Masters of Public Health in 2013 focusing on the association between the use of aspirin and other non-steroidal anti-inflammatory drug (NSAIDs) and risk of skin cancers. I have now started my PhD studies with the QSkin team and will be focusing on whether different classes of medications affect a person’s risk of skin cancer. These include immunosuppressive and photosensitizing medications.

The QSkin team is uniquely placed to answer important questions about medication use and risk of skin cancers. My studies are being supported by an Australian Research Award and a scholarship from Australian Rotary Health/Rotary Club of Toowong.”

We are delighted to have Chiho join the team, and look forward to learning of her discoveries.

Genetic Research and Genetic Testing

Several people have asked if we will be testing saliva samples for specific genetic mutations and whether we can give results back to participants. The short answer to this question is no, unfortunately. The main reason is that we are conducting genetic research and not genetic testing. So, rather than looking for specific mutations already known to cause cancer, we will be searching for new genes of interest by comparing millions of tiny changes in the genetic sequences of people with and without skin cancer. This method relies on combining the results of thousands of participants to identify associations, so the findings for any single participant cannot be interpreted in isolation. More information about genetic research studies can be found here: www.genome.gov/20019523. If you would like to know more about your own risks of skin cancer, then it is important to speak with your medical practitioner. Of course, we are very happy to speak with anyone who would like more information about this type of research.
Deaths from melanoma: some sobering news

Queensland has led the world in improving survival rates for melanoma. Indeed, the vast majority of people diagnosed with melanoma in Queensland never experience any further problems once their melanoma has been excised. However, it is important to remember that all melanomas are potentially dangerous. This message has been highlighted by a recent analysis of data from the Queensland Cancer Registry, in which we examined the patterns of melanoma mortality according to melanoma thickness. We found that an increasing proportion of melanoma deaths occurred among people who were diagnosed originally with thin tumours.

During the time period 1990-2009, 4,218 Queensland residents died from melanoma (67% males; 33% females). Thin melanomas (less than 1 mm) accounted for 19% of melanoma deaths overall, but increased from 14% in 1990-94 to 23% in 2005-9. In the most recent period (2005-9), more melanoma deaths in Queensland were attributable to thin tumours (23% of deaths) than thick tumours (more than 4 mm, 14% of deaths). These statistics serve to remind us that vigilance is essential to ensure that all melanomas are diagnosed as early as possible, or even better, prevented altogether. Remember to Slip! Slop! Slap! and to check your skin regularly for any changes.

Book scratches the surface of the ‘Aussie Cancer’

QSkin Investigators David Whiteman, Rachel Neale and Catherine Olsen have contributed to a book about skin cancer which explains how Australians can make the most of the outdoor lifestyle without risking their health. Sun, Skin and Health covers issues ranging from the origins of skin cancer, ultraviolet radiation and how to protect yourself, early detection, treatment and life after skin cancer. The book’s Editor, Terry Slevin, is former chairman of Cancer Council Australia’s National Skin Cancer Committee. Sun, Skin and Health was released 1 October 2014.


Conference Presentations

QSkin Investigators David Whiteman and Adèle Green were invited to speak at the XV World Congress on Cancers of the Skin held in Edinburgh, Scotland in early September.

The conference brought together skin cancer experts from around the globe, with over 1000 attendees from 63 different countries. QSkin was well represented at the Congress, as Catherine Olsen also presented her research findings to the international audience.

It was an excellent teaching and learning experience for all who attended.

Abstracts from the conference were published in a Supplement of the British Journal of Dermatology.

QSkin investigators made a total of seven presentations, including talks on recent skin cancer trends in Australia, the development of risk prediction tools, risks of melanoma among people infected with HIV and melanoma mortality patterns in Queensland.

In October two other QSkin team members, Padmini Subramaniam and Bridie Thompson, presented their work at the Australasian Epidemiological Association Annual Scientific Meeting held in Auckland, New Zealand. Both Padmini and Bridie presented the results of analyses conducted on data from the QSkin study:

P. Subramaniam, D. Whiteman, C. Olsen and R. Neale for the QSkin Study. Description and comparison of anatomic distribution of basal cell and squamous cell carcinoma.

B. Thompson, C. Olsen, P. Subramaniam, R. Neale, and D. Whiteman for the QSkin Study. Medicare data for cancer follow-up studies.

Interested readers can read the abstracts submitted by QSkin Investigators on the QSkin website:


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

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