

## Live UV display

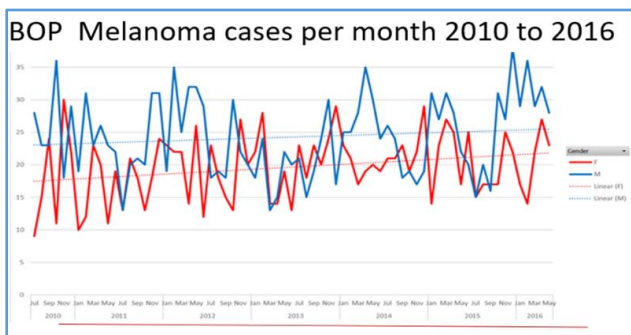
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### 1. Skinspots skin cancer clinic, Tauranga, New Zealand

**Abstract.** The live UVI display at Tauranga and the motivation behind installing it are discussed.

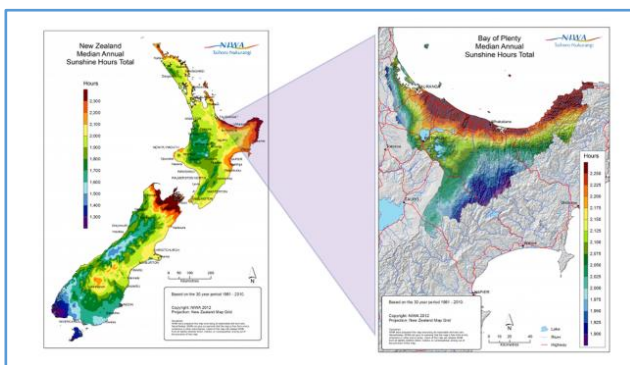
### Introduction

New Zealand has the highest rates of melanoma in the world (Whiteman et al. 2016). Skin cancer rates in the Tauranga region are higher than the national average (Salmon et al. 2007), and have been increasing in recent years (Figure 1).



**Figure 1.** Melanoma cases in the Bay of Plenty area.

Factors influencing this are the relatively low latitude (compared with most of New Zealand), the high sunshine hours (Figure 2), and a large proportion of retired people with skin types that are susceptible to skin damage.



**Figure 2.** Solar energy in Tauranga compared with other locations in New Zealand. Data from NIWA.

### Discussion

Behavioural changes are needed to reduce the burden of disease from melanoma and other forms of skin cancer. But there is a lack of knowledge about UVI levels. To address that need, we installed a UVI Display at Mt Maunganui, which is one on New Zealand's premier beach locations.

### Conclusions

An initial informal survey showed that after the sign was installed, the wearing of sunhats became more prevalent, indicating that not only had awareness of UV risk had been improved, but also a beneficial behavioural change had resulted. This observation should be followed up with more quantitative studies.



**Figure 3.** Two views of the UVI display. The displays are available for purchase from the Cancer Council of Western Australia.

### References

Salmon, P., Chan, W., Griffin, J., McKenzie, R., Rademaker, M. 2007. Extremely High levels of Melanoma and Melanoma-in-situ in Tauranga, New Zealand: Possible Causes and Comparisons with Australia and the Northern Hemisphere. *Australasian J Dermatology* 48(4): 208-216.

Whiteman, D.C., Green, A.C., Olsen, C.M. 2016. The Growing Burden of Invasive Melanoma: Projections of Incidence Rates and Numbers of New Cases in Six Susceptible Populations through 2031. *Journal of Investigative Dermatology* 136(6): 1161-1171;doi:10.1016/j.jid.2016.01.035.