

RATIONALE FOR SKIN SCREENING IN ELITE CRICKETERS

These guidelines recognise that, like other outdoor athletes and workers, elite Australian cricketers are at higher risk of skin cancer than the general population (Orchard et al., 2026). This should be considered alongside evidence that both cricketers specifically (Luies et al., 2023) and physically active adults generally (Veerman et al., 2025) have significantly lower mortality rates than the general population. While outdoor exercise increases skin cancer risk, it protects against multiple other cancers and cardiovascular disease. Accordingly, cricket can be endorsed as a safe sport overall despite its association with increased skin cancer risk (Orchard et al., 2026).

Any increased skin cancer risk is likely attributable to a combination of occupational, childhood, leisure-time and post-career UV exposure, as well as probable selection bias related to skin type. Living in Australia further increases lifetime skin cancer risk, with an estimated two in three Australians developing skin cancer during their lifetime (Olsen et al., 2022).

Although written from an occupational perspective (i.e. professional cricket), these guidelines are also relevant outside professional participation. Most skin cancers can be successfully treated when detected early, highlighting the importance of early detection.

Cricket already incorporates several sun-protective features. Uniforms typically include long pants, long sleeves are widely used, and hats or helmets are worn by most participants during training and matches. Sunglasses and sunscreen are also culturally accepted and encouraged. However, cricket remains a summer sport involving prolonged outdoor exposure, with short-sleeve uniforms sometimes worn and playing durations extending up to six hours per day during periods of high seasonal UV radiation.

In this document, skin cancer encompasses melanoma, melanoma in situ, basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and rare skin malignancies such as Merkel cell carcinoma. Sun-damaged skin and precancerous lesions (e.g. solar keratoses) are excluded, despite often warranting treatment or excision.

There is currently no level 1 (randomised controlled trial) evidence that population skin cancer screening reduces mortality (Janda et al., 2022), making widespread screening difficult to justify on economic grounds. However, research in higher-risk groups remains limited. Consequently, guidelines generally discourage broad population screening while remaining more neutral regarding higher-risk groups (Janda et al., 2022). Skin screening may therefore prove beneficial in higher-risk populations, although evidence remains uncertain.

A limitation of skin cancer screening is that annual screening intervals may be insufficient to function as a lifesaving strategy for melanoma, emphasising the importance of prompt assessment outside formal screening programs. Conversely, screening carries relatively little risk. An additional benefit for elite athletes is increased awareness of sun protection and skin surveillance, while facilitating relationships with a dermatologist or skin-focused general practitioner.

Cricket Australia and the MANCAD panel will collaborate with the Melanoma Roadmap research and advocacy group in representing the interests of outdoor athletes.