

Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Association of Dermatologists	General		While we still feel strongly that the remit provided to NICE by DH limits the usefulness of the guidance, we believe that the revised guidance is improved on the previous version and offers far better clarity of messaging and scope.	Thank you for this comment.
British Association of Dermatologists	1.1.1	4	Is it possible to broadly define older people?	Thank you for this comment. The reference to older people has been removed and the statement re-phrased to '....people who are frail or in institutions.....'
British Association of Dermatologists	1.1.9	6	The national Sun awareness campaign also provides a balanced view on risks and benefits, based on all the current available evidence, and provides similar messaging to SunSmart. For example, the expert committee guiding the campaign was an early leader in removing references to staying in the shade, which have not featured in Sun Awareness materials for over a decade now. As the campaign materials are extensively used and distributed throughout the NHS and public settings, it would be helpful to see the campaign referenced here alongside SunSmart.	Thank you for this comment. The reference to the Sunsmart campaign has been removed from this recommendation. Links to additional sources of information are provided in section 2 of the updated guidance.
British Association of Dermatologists	2	10	'excessive exposure can also cause sunburn' – please consider inserting 'and skin damage', as excessive exposure (cumulative) can cause skin cancers independently of sunburning.	Thank you for this comment. The glossary definition has been updated to include a reference to skin damage and a link added from this section.

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British Association of Dermatologists	2	10	'Length of time spent in the sun' – please consider changing to 'Length and frequency of time spent in the sun' which covers length of each episode as well as frequency in terms of daily / weekly / only on holidays etc	Thank you for this comment. The updated guideline has been amended in line with your comment.
British Association of Dermatologists	2	10	Is it possible to explain to users of the guidance here why there is no quantification of 'short' period of time? Variables are outlined elsewhere but could be made more clear in this section	Thank you for this comment; it has not been possible to quantify 'short'. This is in line with the draft Scientific Advisory Committee on Nutrition report on vitamin D and the bullets under 'environmental, biological and behavioural factors' in this section.
British Association of Dermatologists	2	10	The text, "everybody needs to protect their skin when out in strong sunlight" does not seem appropriate to the UK where people of African descent live. Could this be tempered?	Thank you for this comment. The updated guideline has been amended in line with this comment.
British Association of Dermatologists	2	11	The BAD's UV Index App is to be relaunched next year and will include greater levels of tailoring to provide a risk algorithm based not just on skin type and geographical location, but also on lifestyle factors all outlined in this guidance. As such it will reflect all the recommendations of this guidance. As such would it be feasible to mention the update here (website will be UV&ME at www.uvandme.com) and how this is one approach that will apply tailored	Thank you for this comment. The guideline has been amended to include a link to the Met Office website.

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			messages based on the known variables to provide balanced risk / benefit advice?	
British Association of Dermatologists	2	11	<p>Would it be possible to clarify what is meant here? “How sunlight exposure can affect them on an everyday basis and the importance of taking this into account on a daily basis.”</p> <p>Do you mean that it is possible to damage the skin during routine daily activities? Or indeed to increase vitamin D during routine daily activities? Not sure of the meaning of this statement.</p>	Thank you for this comment. The text has been amended for clarity.
British Association of Dermatologists	2	11	<p>The upcoming Scientific Advisory Committee on Nutrition review is due to state that sunlight exposure required cannot be predicted and that it is not possible to make a recommendation on sun exposure required to maintain the levels about 25 nmol all year because of the number of factors that affect endogenous vitamin D production.</p> <p>The NICE text currently implies that casual short but frequent sun exposure is sufficient to produce enough vitamin D levels for bone health without a risk of skin cancer. Yet for those at increased risk of skin cancer associated with MC1R genetic variants (associated with red hair and freckles) this is seemingly impossible to achieve which may explain why in three European studies, [Glass et al (3), Davies et al (4) being two UK studies], the fairest skinned people had lower vitamin D levels.</p> <p>For people at high risk of skin cancer, it is not feasible to advocate sun exposure as a means of obtaining vitamin D and as such, supplementation of vitamin D is the only means of reducing the skin cancer risk.</p> <p>For this reason, it is a significant omission of this guidance not to cross-reference or refer more prominently to guidance on use of dietary supplements.</p>	Thank you for this comment. The text has been amended for clarity and for consistency with the draft Scientific Advisory Committee on Nutrition report on vitamin D.

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			<p>1. Hypponen E, Power C. Hypovitaminosis D in British adults at age 45 y: nationwide cohort study of dietary and lifestyle predictors. <i>Am J Clin Nutr.</i> 2007 Mar;85(3):860-8. PubMed PMID: 17344510. Epub 2007/03/09. eng.</p> <p>2. Diffey BL. Is casual exposure to summer sunlight effective at maintaining adequate vitamin D status? <i>Photodermatol Photoimmunol Photomed.</i> 2010 Aug;26(4):172-6. PubMed PMID: 20626818. Epub 2010/07/16. eng.</p> <p>3. Glass D, Lens M, Swaminathan R, Spector TD, Bataille V. Pigmentation and vitamin D metabolism in Caucasians: low vitamin D serum levels in fair skin types in the UK. <i>PLoS One.</i> 2009;4(8):e6477. PubMed PMID: 19649299. Pubmed Central PMCID: 2714459. Epub 2009/08/04. eng.</p> <p>4. Davies JR, Chang YM, Snowden H, Chan M, Leake S, Karpavicius B, et al. The determinants of serum vitamin D levels in participants in a melanoma case-control study living in a temperate climate. <i>Cancer causes & control : CCC.</i> 2011 Aug 19. PubMed PMID: 21853245. Epub 2011/08/20. Eng.</p>	
British Association of Dermatologists	2	12	<p>“It might be better for people with very fair skin (skin type I and II) to go out in the sun before 11am and after 3pm” Could this be worded differently – perhaps “it is usually better...” as fair skin can burn in less than 10 mins in the middle of the day.</p>	<p>Thank you for this comment; it was not possible to define an exact period of time. This text has been amended for clarity.</p>
British Association of Dermatologists	2	12	<p>“Infants and children aged under 5 should be encouraged to spend time in the shade between 11am and 3pm in the UK.” The wording is misleading as over this 4 hour period, everyone should be spend time in the shade! We understand the implication – that children are at higher risk so need to spend more time in the shade during these peak hours, but the wording may suggest</p>	<p>Thank you for this comment; this section has been revised to cover young children. This text has been</p>

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			that adults are OK to go out at these times. Could it say 'in particular' after 'under 5'? Also, we appreciate this is tricky, but 'spend time' is quite vague – could mean 5 minutes out of a whole 4 hour period. Not sure if there is any way to clarify this?	amended for clarity in light of your comment.
British Association of Dermatologists	2	14	“Having a tanned skin may provide some protection against later exposure to sunlight, but the resulting skin damage outweighs any later protective effect.” Please consider quantifying the level of protection afforded by a tan, e.g.: “Having a tanned skin may provide some limited protection against later exposure to sunlight, but this is equivalent to less than SPF4 and the resulting skin damage outweighs any later protective effect.”	Thank you. This text has been amended in light of your comment.
British Association of Dermatologists	4	15	“Cover the needs of all at-risk groups (see recommendation 1.1.1), including people from lower socioeconomic groups and those with specific cultural needs, English language difficulties, or a physical or mental disability.” You may wish to change 'including' to 'as well as' because the groups you then refer to (lower socioeconomic groups etc) are not listed as at risk groups in 1.1.1 i.e. change to: “Cover the needs of all at-risk groups (see recommendation 1.1.1), as well as people from lower socioeconomic groups and those with specific cultural needs, English language difficulties, or a physical or mental disability.”	Thank you for this comment. The text has been amended for clarity.
British Association of Dermatologists	4	16	“...is more reliable than using sunscreen” – add 'alone' so it reads: “...is more reliable than using sunscreen alone”.	Thank you for this comment. This text has been amended in light of your comments.
British Association of	4	16	We would suggest caution around recommending that children learn how their	Thank you; the text has

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Dermatologists			skin reacts to the sun 'based on past experience'. This implies that children may have previously sunburnt and can learn from this – not the right messaging for children, who should never be allowed to burn. Children's understanding of their sunburn risk and protection methods should be based on their skin type, not on previous history.	been amended in light of your comments.
British Association of Dermatologists	4	16 and 17	Specify that children and young people should spend time in the shade and wear wide-brimmed hats, protective clothing and sunscreen when out when the sun is strong. And Encourage children and young people to spend time in the shade and to wear wide-brimmed hats, protective clothing and sunscreen to protect themselves when the sun is strong. Is this repetition?	Thank you; the repetition has been removed.
British Association of Dermatologists	5	18	"UVB is needed for the skin to form vitamin D. This is essential for skeletal growth and bone health. The major natural source of vitamin D is from skin synthesis following exposure to sunlight." Although this guidance does not include supplementation use, it would be prudent here to mention the subject and refer to other NICE guidance on supplements. People may not fully appreciate the word 'natural' and just read this as sunlight being the major source of vitamin D and this is likely to be misinterpreted in the media. Perhaps add "As well as natural sources found in diet and sunlight, vitamin D can be obtained via dietary supplements, see NICE guidance xxxxx"	Thank you for this comment; the text has been amended in light of your comment and to reflect the Scientific Advisory Committee on Nutrition report on vitamin D.
British Association of	5	18	"On the one hand, people have been advised to keep out of the sun to avoid	Thank you for this

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Dermatologists			skin cancer” National agencies and charities working in skin cancer have not advocated sun avoidance or to ‘keep out of the sun’ for decades, it is how the messages have been misconstrued. For example, the Sun Awareness Week campaign has advocated enjoying the sun safely to avoid sunburn for over ten years. As such this sentence is not entirely correct.	comment. The text has been amended in light of your comment and for clarity.
British Association of Dermatologists	5	19	After the paragraph outlining dietary sources of vitamin D, it would be sensible to refer to supplements – they may not be included in the remit of this guidance but to remove all reference to them is misleading and unhelpful – a simple sentence referring to other NICE guidance on supplements would suffice.	Thank you for your comment. The text has been amended for clarity and to be consistent with draft Scientific Advisory Committee on Nutrition report on vitamin D.
British Association of Dermatologists	5	19	“Overexposure to sunlight can result from spending long periods in the sun on a daily basis (chronic exposure).” Please consider changing ‘daily’ to ‘regular’ - chronic exposure is not defined as daily but regular or habitual.	Thank you for your comment. The text has been amended in light of your comment.
British Association of Dermatologists	5	19	“...during occasional holidays or weekends away (intermittent exposure).” Actually intermittent exposure is equally likely to occur in the UK during leisure time, so maybe add “during occasional holidays or weekends away or even during sunny lunch breaks (intermittent exposure).” Or similar.	Thank you. The text has been amended in light of your comment.
British Association of Dermatologists	5	19	“Generally, a significant disparity exists between knowledge and behaviour (Hiom 2006).” Also page 21. Do we have any more recent studies to confirm this is still the case?	Thank you for this comment. The reference is considered appropriate.
British Association of Dermatologists	5	19	“An optimal level of sunlight exposure would allow people to enjoy the sun and gain vitamin D without burning or risking skin cancer. But it can be difficult to	Thank you for this comment. The text has

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			<p>communicate the risks and benefits. That is because, unless carefully interpreted, the evidence on the role of sunlight in preventing low vitamin D status can conflict with sun protection messages.”</p> <p>It is not as simple as communication, or interpretation of the evidence. As per point 6.5, there is actually no level of UV exposure that is 100% safe for skin while 100% providing adequate vitamin D – it is therefore about reducing the risk of the most harmful risks.</p>	been amended for clarity.
British Association of Dermatologists	5	19	: “and oily fish is the only other (good) source” is true but would benefit from some clarity as, for example, only wild but not farmed salmon has sufficient. Similarly dietary sources of vitamin D for vegetarians and vegans are problematic and this should be addressed as well as the few foods such as wild mushrooms and fortified soya or almond milk that are available to vegans. The fact that the UK diet is generally very low on these foods and fortified foods are so less frequent than in many countries such as the US, suggests that if we rely upon the paltry UK sun most of the year, a significant proportion of the population have demonstrably low levels as reported by Hypponen. This is why it is a significant omission of this guidance not to cross-reference or refer more prominently to dietary supplements.	Thank you for this comment. This text has been amended to be consistent with the draft Scientific Advisory Committee on Nutrition report on vitamin D.
British Association of Dermatologists	5	19	“but it can be difficult to communicate the risks” is true, but it is also in practice difficult to achieve protection from sunburn whilst producing sufficient vitamin D. Both these concepts are relevant – it is not just about communication.	Thank you. This text has been amended for clarity.
British Association of Dermatologists	5	20	‘Recent messages do not make it easy...’ As above, the problem is not actually the messages. The messages from CRUK, BAD, Sun Awareness etc are actually already very balanced. Problems arise because (a) there is no solution that removes risk of both skin	Thank you. This text has been amended for clarity.

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			cancer and vitamin D deficiency (see above), (b) messages have been misinterpreted within the media and resulted in scaremongering, and (c) some of the groups advocating vitamin D from sunlight have not acknowledged the balance in messaging already provided by the current national skin cancer campaigns and thus have propagated the belief that such groups advocate sun avoidance which is not the case – thereby creating a media storm!	
British Association of Dermatologists	6	24	We appreciate the inclusion of advice regarding SPF 30 which we feel is an important addition.	Thank you for this comment
British Association of Dermatologists	9	32	The BAD has been using the Skindex, which is very similar for ten years and has been shown to be well accepted by the public. It is used widely within the NHS. Can this resource please also be referred to in this section. http://bit.do/BADSkindex	Thank you for this comment. The glossary definition has been updated to note that the information was completed by the HPA and is available from Cancer Research UK.
British Association of Dermatologists	9	33	In the sunburn section, please consider quantifying the level of protection from a tan as per previous comment, e.g. equivalent to less than SPF 4.	Thank you. The text has been amended in line with your comment.
British Association of Dermatologists	9	33	UV Index section The BAD have been championing the use of the UV index for many years and have worked with the Met Office to develop the World UV app, which has received over 190,000 uses since its launch. Please can this resource be referred to here?	Thank you for this comment. A link has been provided to the Met Office site.

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			See link to app on page 11 of guidance.	
Cancer Research UK	General		Cancer Research UK welcome these revised draft guidelines, the overall clarity and user-friendliness of the document has been much improved. We welcome the inclusion of many of the amendments we suggested as part of the first consultation and are glad that the committee found our contribution useful.	Thank you for this comment.
Cancer Research UK	1.1.1	4	We recommend removing 'young people' from the list of groups who should take extra care to avoid skin damage and skin cancer, as there is no specific information for this group later in the guideline.	Thank you for this comment. The text has been amended as suggested.
Cancer Research UK	1.1.1	4	The guideline states 'Groups with high, but intermittent, exposure to sunlight and so are at increased risk of skin cancer.' We advise removing 'and so' for clarity. We also advise adding a reference to melanoma skin cancer e.g. 'at increased risk of skin cancer, particularly the most serious type melanoma.'	Thank you for this comment; 'so' has been removed as requested. For clarity, text has not been amended to include reference to melanoma. More detail on skin cancer is given in the context section.
Cancer Research UK	1.1.1	5	The guideline refers to 'groups who have little or no exposure to the sun for cultural reasons or because they are housebound or otherwise confined indoors for long periods.' Other groups who are at risk of low vitamin D status are not mentioned. We recommend a complete list of such groups be explicitly included in this 'At risk groups' section of the guideline, and do not feel a link to the NICE Vitamin D guidance is sufficient given this section serves as an introduction to who the	Thank you for this comment. For clarity, it was considered appropriate to only include groups at risk of low vitamin D due to little or no sun exposure. A

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			guideline as a whole may refer to.	link is given to the vitamin D guideline.
Cancer Research UK	1.1.3	5	We recommend that the point 'when to go out in the sun' is reworded as 'advice about time of day' as that more accurately reflects the detail of this point.	Thank you. The text has been amended in line with your suggestion.
Cancer Research UK	1.1.3	5	We strongly recommend that 'sunscreen' is rephrased along the lines of 'the limitations of sunscreen' to avoid the impression that sunscreen is the major form of sun protection recommended and to reflect the detail of this point.	Thank you for this comment. The phrase has been amended to 'approaches to protecting skin'.
Cancer Research UK	1.1.9	6	We welcome the recommendation that campaign messages aim to make sun exposure a daily consideration, the emphasis on the individual nature of the balance of risks and benefits, and the recommendation to address common myths and misconceptions. We are pleased that the work of the SunSmart campaign is referenced and we welcome the opportunity to share our experience, approach and resources.	Thank you for this comment. To note that a reference to Sunsmart has been removed from this recommendation. Links to other resources are given in section 2.
Cancer Research UK	2 Supporting information for practitioners How to minimise the risks and maximise the benefits of sunlight	11	While tools to help the public interpret the UV Index in relation to their skin type can be useful, we note that the advice within the British Association of Dermatologists' app is not entirely in line with the advice in these guidelines. For example, the sunscreen recommendations in the app only include SPF30 without reference to SPF15. We recommend that additional tools and sources of information are provided, preferably that fit with the final guideline recommendations – for example CRUK cover the UV Index and skin type information on our website. See http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/sun-uv-and-cancer/am-i-at-risk-of-sunburn or our leaflet available here http://publications.cancerresearchuk.org/downloads/product/HM_HL_Sunsmar	Thank you for this comment. The link has been amended to the Met Office.

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			t June 2015.pdf Please see also our comments on the 'Sunscreens' section.	
Cancer Research UK	2 Supporting information for practitioners How to minimise the risks and maximise the benefits of sunlight	11	The guideline states 'It is important to wear clothing that protects the skin and apply sunscreen.' We suggest removing the reference to sunscreen, as this point relates to clothing. Recommendations about sunscreen are covered in a separate section. This makes it clear that clothing is an important point in its own right and does not risk diluting the message or implying that sunscreen is of equal importance.	Thank you for this comment; the wording of this bullet has been amended for clarity. The updated guideline states that 'protection from the sun can be achieved by covering up with suitable clothing, seeking shade and applying sunscreen'.
Cancer Research UK	2 Supporting information for practitioners How to minimise the risks and maximise the benefits of sunlight	11	The guideline states 'Skin that is not habitually exposed to sunlight...is more likely to burn, so extra care is needed.' We are aware that melanoma skin cancer is associated with intermittent sun exposure, of which sunburn can be a proxy marker, but this is a slightly different assertion and we would be interested to know more about the underlying evidence. We are also concerned that this statement could be misinterpreted to mean that skin habitually exposed to the sun does not particularly need protection from excessive UV exposure.	Thank you for this comment. The text has been amended for clarity. PHAC to provide reference
Cancer Research UK	2 Supporting information for practitioners When to go out in the sun	12	We suggest this section is renamed and suggest 'Advice about time of day' as this more accurately reflects the content.	Thank you; the title has been amended to 'the strength of sunlight at different times of day.'
Cancer Research UK	2 Supporting information for	12	We strongly advise that the bullet point on infants and children under 5 should have advice relating to protective clothing, as well as advice on sending time	Thank you; the text has been amended in light of

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	practitioners Advice according to people's age		in the shade. This sentence could be reworded as follows: 'Infants and children aged under 5 should be encouraged to spend time in the shade and to cover up with clothing and a wide brimmed hat between 11am and 3pm in the UK, from the beginning of April to mid-October.'	these comments.
Cancer Research UK	2 Supporting information for practitioners Advice according to people's natural skin colour	13	The guideline states 'People with naturally very light skin or fair or red hair and freckles (skin types I and II):' We recommend this is amended to say 'or freckles'.	Thank you; the text has been amended as suggested.
Cancer Research UK	2 Supporting information for practitioners Advice according to people's natural skin colour	13	The guideline asserts that the time in the sun needed to benefit from Vitamin D 'is always less than the time it takes to burn'. Given the variation by individual, environment and behaviour surrounding this issue, we question the use of 'always'. For example, in CRUK information we instead say that most people should be able to make enough vitamin D without risking sunburn. We also note that this statement may need to be reconsidered in line with Scientific Advisory Committee on Nutrition recommendations.	Thank you; the text has been amended in light of your comments.
Cancer Research UK	2 Supporting information for practitioners Sunscreen	13	As noted previously, we strongly advise renaming this section to better reflect the content – such as 'Limitations of sunscreen.'	Thank you for this comment. This section has been re-titled 'approaches to protecting skin'
Cancer Research UK	2 Supporting information for practitioners Sunscreen	13	With regard to UVA protection, Professor Brian Diffey, the creator of the star rating scheme, advises that people should use sunscreen with either 4 or 5 stars (e.g. http://www.ncbi.nlm.nih.gov/pubmed/21632608). The relative levels of protection indicated by the EU circle mark and the UK star rating system are difficult to ascertain, due to a lack of published peer-	Thank you for this comment. This section has been revised to note that sunscreen should meet minimum

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			<p>reviewed comparisons and the technical nature of the question. However, based on comments made in response to a prior NICE consultation, and data relating to sunscreen tests available on the Skin Cancer Forum (operated by BASF) website we understand that it is possible for a sunscreen that meets, or indeed exceeds, the EU requirement to fall short of a 4-star rating under the UK system.</p> <p>We therefore advise that only the 4 star rating is included in this guidance. We also take this opportunity to suggest that, as the current situation regarding UVA ratings lacks clarity, consistency and universality, NICE undertake an evidence review (outside the scope of this guidance, if necessary).</p>	standards for UVA and preferably provide good UVA protection (with the examples of at least 4 star UVA protection).
Cancer Research UK	Continued from previous page		<p>Documents referred to: PH32: Stakeholder comments table, Skcin & Skin Cancer UK, Section 3, Rec 3, Bullet Point 10 https://www.nice.org.uk/guidance/PH32/documents/skin-cancer-prevention-information-resources-and-environmental-changes-stakeholder-responses-table-20142 Skin Cancer Forum http://www.skin-care-forum.basf.com/en/author-articles/the-evolution-of-uva-protection/2013/09/04?id=5cb3fae5-1a42-49c7-96df-66d08d2465c0&mode=Detail, Osterwalder et al. See especially figure 7.</p>	Thank you for these references.
Cancer Research UK	2 Supporting information for practitioners Sunscreen	13	<p>The guideline recommends sunscreen be applied liberally, with the example of 6 teaspoons for the body of an average adult.</p> <p>We recommend the guideline either replaces this with, or additionally includes, the estimated amount to cover the face, neck and arms (2 teaspoons) as this more closely reflects use of sunscreen in addition to, rather than instead of, protective clothing.</p>	Thank you; the guideline has been amended in light of your comments. The updated guideline provides the example of 35ml or 6 to 8 teaspoons.

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Cancer Research UK	2 Supporting information for practitioners Sunscreen	13	The guideline states sunscreen should be applied 'liberally...according to the manufacturer's instructions'. We agree with the principle, but suggest amending the wording to 'liberally...in accordance with the manufacturer's instructions' in order to be clear both that these are the instructions and that the guideline is recommending they be followed.	Thank you; the guideline has been amended in light of your comments.
Cancer Research UK	2 Supporting information for practitioners Sunscreen	13	<p>The guideline states 'Because this level of coverage is difficult for people to achieve, it is prudent to recommend SPF 30 to ensure adequate protection.' While we are aware of and appreciate the issue of suboptimal application of sunscreen, this advice is likely to be confusing to the public and goes against the evidence in that recommending SPF30 is not a straightforward solution. We therefore urge the committee to remove this recommendation.</p> <p>There is good evidence that during Intentional Sun Exposure (ISE – for example sunbathing) sunscreen use is associated with greater sun exposure due to longer sessions in the sun, but is not associated with a reduced risk of sunburn. And that this is exacerbated by higher SPFs even when users are blinded to the SPF of their sunscreen. [ref http://www.ncbi.nlm.nih.gov/pubmed/19775356]</p>	Thank you for this comment. The guidance has been amended to emphasise that sun protection should be least SPF15, but that most people do not apply enough and if applied too thinly, protection will be reduced. The guidance notes that SPF30 or higher may partially overcome problems with inadequate application but does not mean people can spend more time in the sun without burning.
Cancer Research UK	Continued from previous		Additionally, if we accept that sunscreen is usually suboptimally applied, it is not clear that suboptimal application of SPF30 sunscreen will result in an adequate level of protection. A study on likelihood of sunburn in sunscreen	Thank you for this comment. The guidance has been amended to

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			<p>users found that when spread 'crudely' use of SPF30 sunscreen could be expected to result in around a quarter (26%) of sunscreen users receiving an exposure of at least 9 SED(Standard Erythmal Dose) – enough to cause a marked erythmal response or in lay terms a bad sunburn. Nearly three quarters (73%) of users would receive at least 3SED. [Ref http://www.ncbi.nlm.nih.gov/pubmed/23651270]</p> <p>Lastly, it is widely accepted by academics and organisations including the WHO, and indeed reflected in the draft guideline, that SPF15 offers sufficient protection when applied properly [Ref http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=76&codcch=11].</p>	<p>emphasise that sun protection should be at least SPF15, but that most people do not apply enough and if applied too thinly, protection will be reduced. The guidance notes that SPF30 or higher may partially overcome problems with inadequate application but does not mean people can spend more time in the sun without burning.</p>
Cancer Research UK	Continued from previous page		<p>In summary, as SPF15 should be sufficient within the limitations of sunscreen as a product and given that there is evidence suboptimal application of SPF30 still does not provide adequate protection and indeed that use of higher SPFs is linked with riskier behaviours, we question the prudence of the recommendation.</p> <p>Cancer Research UK strongly advise that this guideline only specifically refers to SPF15, as the minimum advisable SPF rating, and emphasises the need for sufficient, uniform and repeated application.</p>	<p>Thank you for this comment. The guidance has been amended to emphasise that sun protection should be at least SPF15, but that most people do not apply enough and if applied too thinly, protection will be reduced. The guidance notes that SPF30 or higher may</p>

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				partially overcome problems with inadequate application but does not mean people can spend more time in the sun without burning.
Cancer Research UK	2 Supporting information for practitioners Sunscreen	13	The guideline states 'If someone plans to be out in the sun long enough to risk burning...' We recommend that the limitations of sunscreen, in particular in connection with Intentional Sun Exposure, are highlighted within this point. Otherwise, it could be interpreted as suggesting that sunscreen allows users to achieve a 'safe tan' which is far from the case.	Thank you for raising this issue; we are of the view that these points are covered elsewhere in this section.
Cancer Research UK	2 Supporting information for practitioners Clarifying misconceptions	14	We welcome the inclusion of this section in the guidance. We suggest that the second bullet point is amended to clarify that tanned skin provides protection equivalent only to about SPF2-4, far below the recommended minimum. We also suggest including an additional point around the myths of the 'safe' or 'healthy' tan, these ideas are often alluded to in popular culture and the media, for example in connection with sunscreen use or images of celebrities. These ideas potentially make discouraging tan seeking more difficult as it is not seen as necessarily harmful.	Thank you; the text has been amended in light of your comment. The updated text notes that getting a tan provides little protection against later exposure to sunlight.
Cancer Research UK	5 Context Introduction	18	We recommend rewording the section on short and long term risks of overexposure to UV. Sunburn is not thought to be a cause of skin cancer per se, rather it is a proxy for intermittent exposure to strong sun. For example, this paragraph could be worded as follows: 'The main short-term risk from overexposure to the UV rays from sunlight (both UVA and UVB) is damage to the DNA of skin cells. Sunburn (defined as	Thank you; the text has been amended in light of your comment.

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			any pink- or reddening of the skin) also often results from overexposure, primarily to UVB rays, and is often associated with and can be considered a proxy for DNA damage. Over time, DNA damage can build up and lead to skin cancer – the long term risk of overexposure to UV. Overexposure can also damage the eyes...'	
Cancer Research UK	5 Context Introduction	19	<p>The guideline states that 'the sun can have a positive effect on psychological wellbeing'. We would be grateful if the committee could clarify the evidence supporting this statement.</p> <p>We also suggest the inclusion of an additional point relating to a potential lack of awareness that people are exposing themselves to too much UV – for example believing that there is only a risk abroad, rather than in the UK, or because they are unknowingly not using sun protection methods optimally, such as by over-relying on sunscreen.</p>	<p>Thank you. References include: Fell GL, Robinson KC, Mao J, Woolf CJ, Fisher DE (2014) Skin β-endorphin mediates addiction to UV light. Cell 157:1527-34 (there are also other references)</p> <p>Roberts JE (2005) Update on the positive effects of light in humans. Photochem Photobiol 81:490-2 (there are also other references).</p>
Cancer Research UK	5 Context Vitamin D deficiency	20	The guideline states 'Low vitamin D status is also associated with (but not confirmed as the cause of)...' we recommend 'the cause' be amended to read 'a cause' or 'a potential cause' as the diseases listed have other, well-documented, causes.	Thank you; the text has been amended as suggested.
Cancer Research UK	5 Context Skin cancer	21	The guideline states 'Skin cancer incidence rates (melanoma and non-melanoma) have increased rapidly in England in the past 30 years partly,	Thank you; the text has been amended in light of

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			perhaps, because of increased travel to sunnier countries (Hiom 2006).’ We suggest this is amended to include a reference to tan-seeking or is otherwise broadened to not solely refer to excessive sun exposure while abroad.	your comment.
Cancer Research UK	5 Context Skin cancer	20	<p>The guideline states that ‘excessive exposure to UV rays ...is one of the most avoidable causes of cancer risk and death in the UK’. We recommend revising this statement.</p> <p>In terms of cancer risk attributable to preventable lifestyle factors, exposure to UV radiation comes after tobacco, diet, overweight/obesity, and alcohol (ref: Parkin et al BJC 2011; 105:S77-S81). So saying ‘one of the most’ is perhaps too strong. Would suggest to at least add ‘...after tobacco, is one of the most avoidable causes...’</p> <p>Secondly, we question the inclusion of cancer death in this statement as melanoma isn’t one of the top ten causes of cancer death. And as tobacco, for example, is associated with cancers with generally poorer survival than melanoma, tobacco must account for many more cancer deaths than UV exposure.</p>	Thank you; the text has been amended in light of your comment.
Cancer Research UK	5 Context Skin cancer	21	<p>The guideline states that ‘In 2012, 11,281 newly diagnosed cases of melanoma were registered in England (Cancer registration statistics England 2012 ONS). In the same year, 102,628 cases of non-melanoma were registered in the UK...’</p> <p>102,628 cases is from 2011, and is therefore not ‘in the same year’ as 2012. The figure that CRUK has for 2012 is 98,368 non-melanoma cancer cases in the UK. Also, to make all the stats comparable (i.e. so all refer to the UK (the ‘over 250,000’ figure which follows refers to the UK)), the first sentence could</p>	Thank you; the text has not been revised as we would prefer to include published, widely accessible figures. The figures are for illustrative purposes only.

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			<p>use the UK figure. So overall we would recommend: 'In 2012, 13,497 newly diagnosed cases of melanoma were registered in the UK. In the same year, 98,368 cases of non-melanoma were registered in the UK (Skin cancer statistics (This web page will be updated with the 2012 figures within the next month or two) Cancer Research UK 2015), although the actual number is estimated at over 250,000...'</p> <p>For '...although the actual number is estimated at over 250,000.' We would recommend changing the reference of this statement as the British Association of Dermatologists suggested in the stakeholder comments for the previous version of the draft guidance.</p>	
Cancer Research UK	5 Context Skin cancer	21	The guideline states that 'Over 600 (638) died from non-melanoma in the UK'. As the preceding statement refers to England and Wales we would recommend providing the England and Wales figure (from the same reference) rather than UK: 'Over 500 (542) died from non-melanoma in England and Wales.'	Thank you; the text has not been revised as we would prefer to include published, widely accessible figures. The figures are for illustrative purposes only.
Cancer Research UK	5 Context Skin cancer	21	We would recommend a reference for the following statement in the guideline 'Melanoma is the second most common cancer in those aged 15 to 34 in the UK'. Ref: http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/skin-cancer	Thank you; the text has been amended in light of your comment.
Cancer Research UK	6.3	22	We note that the draft Scientific Advisory Committee on Nutrition guidance considers there is not good enough evidence to consider any health benefits of vitamin D beyond those linked to musculo-skeletal health. We suggest this	Thank you for this comment. The guideline has been updated to

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			guideline reflects Scientific Advisory Committee on Nutrition's view explicitly.	reflect the draft Scientific Advisory Committee on Nutrition report on vitamin D.
Cancer Research UK	6.12	24	The guideline discusses the cost of sunscreen, we suggest the helpful comments previously made around shade and clothing being cheaper as well as more effective methods of protection could be usefully reiterated or referred to here.	Thank you for this comment. This text has been amended for clarity.
Cancer Research UK	6.16	25	The guidance draws a link between sunburn in childhood and later skin cancer risk. We suggest this section is amended to reflect the evidence that sunburn at any time of life is linked with an increased risk of skin cancer, and that sunburn during childhood is not riskier than sunburn in later life [ref http://www.ncbi.nlm.nih.gov/pubmed/18652979]	Thank you; this section has been amended in light of your comment.
Cancer Research UK	6.19	26	We note the statement that visible light is associated with improved mental wellbeing in relation to our comment on section 5, page 19.	Thank you for this comment.
Cancer Research UK	6.24	26	The guideline states that 'The committee felt that it would be difficult...because Australian campaigns have been in place for longer and are better funded...'. We wonder whether this would be better expressed as 'The committee also felt...' to reflect the in our view valid concerns about the very different climates previously mentioned.	Thank you; the text has been amended in light of your comment.
Cancer Research UK	9 Glossary Skin type	32	The guideline states that CRUK have identified 6 different skin types – our information on skin types is in fact based on work done by the Health Protection Agency and as such this should be attributed to them. More information can be found here: http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/Topics/Radiation/UnderstandingRadiation/InformationSheets/infoSolarIndex/	Thank you; the text has been amended in light of your comment.

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			We welcome the inclusion of a link to our information on skin type, as we have recently reorganised our website we ask that the url be updates to www.cruk.org/sun	
Cosmetic Toiletry & Perfumery Association (CTPA)	General		<p>We thank the NICE review body for taking on board the many comments received and the opportunity to review the updated guideline. We do believe that the current draft aims to strike a better balance between achieving vitamin D production through sun exposure and the harmful effects that can result from sun exposure. However, we feel that there needs to be further balance in the document in the guidance being given to achieve a sun safe regime.</p> <p>Throughout the guideline, on many occasions when sunscreens are mentioned, the implication is often that sunscreens are not reliable or effective in sun protection. This is not the case. Sun protection products are covered by strict European legislation and must be safe and must do what they say they do.</p> <p>It is acknowledged that consumers need more education on how to choose an appropriate sunscreen and how to effectively apply sun products as part of a sun safe regime, thus providing reliable and effective sun protection. We believe that the guideline could aid the public by providing education to healthcare professionals on how to apply sunscreen sufficiently and correctly to achieve effective and reliable sun protection.</p> <p>We are aware that the Scientific Advisory Committee on Nutrition (Scientific Advisory Committee on Nutrition) is undertaking a public consultation on its guidance regarding vitamin D and health. We believe that the two guidelines should be complimentary and should not contradict each other. We are concerned that advice on vitamin D levels may vary.</p>	Thank you for this comment. The PHAC have aimed to ensure that there is balance in messages on harms and benefits.

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Cosmetic Toiletry & Perfumery Association (CTPA)	Section 2 – Environmental, biological and behavioural factors	p10	The guideline states that 'UVA penetrates glass (although weakly)'. Whilst we agree that the UVA rays are not as strong through glass as they are directly in the external environment, we understand that this may only be reduced by 50% so arguably this is not "weakly". We suggest that 'although weakly' be replaced with 'although weaker than direct exposure'.	Thank you for this comment; the text has been amended in light of your comment.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 2 – How to minimise the risks and maximise the benefits of sunlight	p10	The sentence 'everybody needs to protect their skin when out in strong sunlight' is contradictory with advice provided elsewhere in the guideline (p16 – children with skin type V or VI may not need sunscreen protection). The guidance needs clarification in this respect.	Thank you for this comment; the text has been amended in light of this comment.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 2 – How to minimise the risks and maximise the benefits of sunlight	p11	We are concerned by the statements: ' <i>what their skin looks like normally</i> ' and ' <i>know how long they can be exposed without risking sunburn and how to protect their skin accordingly</i> ' as skin damage is not always visible and may only be known after sunburn has occurred, or may have occurred previously. It should not be advised that a member of the public intentionally remains in the sun to determine their exposure time prior to burning.	Thank you for this comment. The updated guideline includes a consideration on the issue. The committee were aware that many if not most adults and older children may have experienced instances of sunburn and that they could use this experience to protect themselves from burning in the future. The committee had the aspiration that children would not experience

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				sunburn and would not need to learn from such an experience.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 2 – Advice According to people’s age	p12	We feel that the second part of the bullet point (highlighted in bold here) “ <i>Babies (under 6 months) should be kept out of direct sunlight, especially between 11 am and 3 pm in the UK</i> ” weakens advice to keep babies out of the sun and should be removed from the guideline.	Thank you; the text has been amended in light of your comment.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 2 – Advice according to people’s natural skin colour	p13	We would be interested to know the reference source for the highlighted section in the statement “ <i>People with naturally very light skin or red hair and freckles (skin types I and II) do not need much time in the sun to benefit from vitamin D and the time needed to benefit is always less than the time it takes to burn.</i> ” Thank you.	Thank you; the text has been amended in light of your comment.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 2 – Sunscreen	p13	Concern of implied efficacy We are concerned with the comments that undermine the efficacy of sunscreens and we do not feel it is appropriate for a NICE guideline to comment on the possible cost of sunscreens. CTPA, and its members who manufacture sun protection products, stress that sunscreens are one part of a sun safe regime – in combination with seeking shade and wearing protective clothing. However sunscreens are an effective part of that sunsafe regime. It is also unrealistic to assume that the public will be able to avoid the sun by remaining in the shade and wearing protective clothing at all times. It will not be possible for all areas to be covered in this way at all times. Sunscreens are extremely useful in such circumstances. With regard to cost, there are sunscreen products on the market which cover all budgets (and lifestyles and skin types) which offer effective sun protection regardless of the price.	Thank you for this comment. References to sunscreen reliability have been removed and the wording amended for clarity.

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			<p>Effective sun protection can only be achieved through a balance of protecting the skin with sunscreen, wearing suitable clothing and staying in the shade during the period in which the sun's rays are at their strongest.</p> <p>The guideline states that sunscreen is not a reliable alternative to shade and clothing and this casts doubt on the safety and reliability of sunscreens. We request that such statements are removed from the guidelines.</p> <p>UVA labelling As mentioned in our first submitted comments, whilst the 'Star system' to indicate UVA protection has been effective in educating consumers in the UK, it is a commercial labelling tool and not all sunscreens in the UK will carry the star rating for UVA protection and they will not be used in other European countries. The NICE guideline should only reference the European industry standardised symbol of the 'UVA in a circle' logo to denote that a product has the required minimum protection against UVA.</p> <p>General It is important to maintain consumer choice when choosing the level of sunscreen protection. The level required will be dependent on different factors including skin type and circumstances.</p>	
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 2 – Sunscreen	p14	The bullet point regarding reapplication: The sentence is somewhat confusing, especially with the '(even if it is 'water-resistant')' – this text in brackets would be better moved to the end of the bullet point sentence.	Thank you for your comment. The committee considered this suggestion but decided not to make an amendment..

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Cosmetic Toiletry & Perfumery Association (CTPA)	Section 4 – Managers and practitioners with a duty of care	p16	'Make it clear that spending time in the shade and wearing protective clothing is more reliable than wearing sunscreen'. As highlighted above (comments on page 13), effective sun protection arises from a balance between sunscreen protection, spending time in the shade and wearing protective clothing. It is unrealistic to assume that effective sun protection will be achieved by solely remaining in the shade and wearing protective clothing. Also we should be mindful that shade might not offer full protection from sun's rays either. The text needs to be changed to remove the implied unreliability of sunscreens.	Thank you for your comment. References to reliability have been removed and the text has been amended for clarity.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 4 – Workplaces	p17	'Safe sunlight exposure' – it is unknown how this would be calculated and communicated, and therefore needs clarification.	Thank you for this comment. The text has been amended.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 5 - Introduction	p19	Regarding the third bullet point under section five, context, we would like 'sunburn' to be included in the effects which may have a time lag: <i>there is a time lag between exposure and the development of cancer, sunburn and features of photo aging, including wrinkling.</i>	Thank you for this comment. The text has been amended for clarity.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 5 – Complex health messages	p20	The sentence 'these include, for example, the idea that 'applying sun cream is sufficient protection'' is very negative and does not provide confidence in sunscreen products. We would ask for this example to be removed please.	Thank you; this text has been amended for clarity.
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 6 - Sunscreen	p23	Under section 6.8, the guideline states: <i>"For this reason it recommended that other sun protection methods, such as clothing and shade, are more effective and cheaper".</i> As mentioned above, effective sun protection can only be achieved through a balance of protecting the skin with sunscreen, wearing suitable clothing and staying in the shade during the period in which the sun's rays are at their strongest.	Thank you for this comment. The text has been amended for clarity.

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			With regard to cost, there are sunscreen products on the market which cover all budgets (and lifestyles and skin type) which offer effective sun protection regardless of the price. We ask for this information to be removed.	
Cosmetic Toiletry & Perfumery Association (CTPA)	Section 6 - Sunscreen	p24	Under section 6.12, the guideline states “ <i>The Committee recognised that the cost of sunscreen could be prohibitive for some people. It felt that this might prevent people using enough to protect their skin adequately</i> ”. As mentioned above, there are sunscreen products on the market which cover all budgets (and lifestyles and skin type) which offer effective sun protection regardless of the price. We do not believe it is appropriate for a NICE guideline to comment on the possible cost of sunscreens.	Thank you for this comment. The text has been amended for clarity. Please note that under its obligations to consider inequalities in health, it is appropriate for committees to consider such issues.
Department of Health	General		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation	Thank you for this comment.
Doncaster Metropolitan Borough Council	General	Whole	Overall I think the guidance presents a balanced counter argument for sun exposure and vitamin D deficiency – it is a very complex area in balancing the two and does need multi approaches particularly as both are increasing	Thank you for this comment.
Doncaster Metropolitan Borough Council		Whole	There is good coverage of suggested approaches to reach a number of target groups and multi messaging ideas – need to be culturally aware and target appropriately and also be aware of age and gender difference	Thank you for this comment.
Doncaster Metropolitan Borough Council		Whole	Needs to address historical misconceptions about getting ‘a base tan’ and links to sun beds . We have heard stories about medical professionals ie GPs suggesting people get a base tan! More work needs to be done raising awareness with GPs and also with tanning salon operators (we have done a training session with tanning salon operators on previous campaigns).	Thank you for this comment. Issues regarding desire for a tan is flagged in the guidance. Sunbeds are

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				outside the remit of this guidance.
Doncaster Metropolitan Borough Council		Whole	The importance of targeted approaches with schools /early years and workplace, residential settings cannot be underestimated. In our work plan this year for our sun safety campaign in Doncaster we have developed work streams around all of these particularly outdoor workers, frontline staff (pharmacies), schools , care homes and also a social media campaign . Our co- production approach with Network Rail in 2012/13 in producing a DVD for training outdoor workers in conjunction with our local collegewas also particularly successful.	Thank you for raising this issue. You may wish to consider submitting this work to the NICE shared learning database .
Institution of Occupational Safety and Health	1	9	Amend paragraph 1.1.19 to include occupational factors – i.e. Understand the health risks and benefits of sunlight exposure (see section 2). This includes the impact of a range of variables including environmental, biological, behavioural and occupational factors. (See section 2.)	Thank you for this comment; the text has been amended to include managers.
Institution of Occupational Safety and Health	1	12	Include a section on ‘advice according to people’s occupational history’. This could list examples of those who could be at risk, such as construction workers, dock and maritime workers, farmworkers and other rural workers, glaziers, grounds and landscape workers, outdoor-based police officers, outdoor leisure and entertainment workers, outdoor play supervisors, painters and decorators, postal workers, professional outdoor-based sportspeople, railroad workers, refuse and recycling collectors, road workers, roof workers, signage and outdoor advertising installers, telecoms engineers, traffic and parking workers, water treatment workers. It could also then refer readers to the action plan we are suggesting for the section on ‘workplaces’ (p.17).	Thank you for raising this issue; the workplace information in the implementation section has been expanded.

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Institution of Occupational Safety and Health	3	14	<p>This section does not provide sufficient emphasis on those who manage workers in the following sectors:</p> <p>agriculture and rural industries, construction, dock and maritime industries, grounds and landscape management, outdoor leisure, entertainment and professional sports, police services, railroad working, refuse collection and recycling, roadworking, telecommunications, traffic and parking control, water and sewage treatment.</p> <p>It should be more specific than ‘others with a duty of care for people’.</p>	Thank you; the implementation section has been updated in light of your comments.
Institution of Occupational Safety and Health	4	15	<p>This section could be expanded to also specify some of the ‘adverse effects’ e.g. damage to eyes, overheating, dehydration and increased risk of skin cancer.</p> <p>Also make reference here to IOSH guidance http://www.notimetolose.org.uk/Free-resources/Resource-library/Pack-2-Solar.aspx</p>	Thank you for this comment. The implementation section has been updated in light of your comments.
Institution of Occupational Safety and Health	5	17	<p>More detail should be added to the section under ‘Workplaces’</p> <p>Provide more details on what employers can actually do, for example: Pinpoint exactly how many employees are affected by solar radiation</p> <ul style="list-style-type: none"> - Develop a detailed action plan using the resources offered by IOSH http://www.notimetolose.org.uk/Free-resources/Resource-library/Pack-2-Solar.aspx and HSE - Look at what other businesses in your sector are doing and benchmark your own 	Thank you for these comments. The implementation section has been updated in light of your comments.

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			<p>plans against theirs – or lead the way</p> <ul style="list-style-type: none"> - Cost out actions the business needs to take to increase protection from UV exposure - Review your legal obligations and duty of care <ul style="list-style-type: none"> - Involve workers and their representatives in your planning and implementation – for example, getting people involved in choosing their own style of protective gear, where there's a choice, will help buy-in - Get workers engaged in awareness-raising, exploring behaviours and barriers to action - Make sure your action plan on sun exposure gets communicated properly and is supported on worksites - Keep the programme under review and change it if you need to 	
<p>Institution of Occupational Safety and Health</p>	<p>5</p>	<p>17 cont.</p>	<ul style="list-style-type: none"> - Involve workers and their representatives in your planning and implementation – for example, getting people involved in choosing their own style of protective gear, where there's a choice, will help buy-in - Get workers engaged in awareness-raising, exploring behaviours and barriers to action - Make sure your action plan on sun exposure gets communicated properly and is supported on worksites - Keep the programme under review and change it if you need to. 	<p>Thank you; the implementation section has been updated in light of your comments.</p>

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Institution of Occupational Safety and Health	5	17 cont.	<p>Train employees to understand the risks, encourage basic self-checks for mole or skin changes.</p> <p>Consider annual skin checks by a trained health professional as an additional way of trying to catch possible skin cancers in the early stages. This could form part of a more general health check-up, or fit into a health and wellbeing campaign.</p> <p>Challenge the 'macho' culture in the face of certain risks in some parts of the construction sector.</p>	Thank you; the implementation section has been updated in light of your comments.
Institution of Occupational Safety and Health	5	19	This section highlights what it refers to as "...a significant disparity...between knowledge and behaviour (Hiom 2006)." IOSH has commissioned some research seeking to assess the efficacy or otherwise of using a DVD to raise awareness and change behaviour in the construction sector that might be of interest (it can be found here).	Thank you for this information.
Institution of Occupational Safety and Health	11	35	Could this also include a bullet point covering 'people who work outdoors in various employment sectors'.	Thank you for this comment. This section lists the key questions considered by the evidence reviews and committee.
Johnson & Johnson Limited	General		Johnson & Johnson Limited welcomes the development of NICE guidance on sunlight exposure and the opportunity to comment on the draft guidance. As a manufacturer of sunscreen products Johnson & Johnson Limited is limiting its comments to those recommendations that are specifically associated with the use or potential use of sunscreen products.	Thank you for this comment.

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Johnson & Johnson Limited	General		Johnson & Johnson Limited strongly supports the principle that public education and awareness about the risks and benefits of exposure to sunlight plays a key role in ensuring safe sun behaviours. This is particularly important for children and young people given the potential for them to learn about safe sun behaviours for life. As highlighted in the draft guideline, risk minimization behaviours should include a combination of wearing protective clothing and a wide brimmed hat, wearing sunglasses, staying out of the sun during peak hours, seeking shade and using sunscreen products.	Thank you for this comment.
Johnson & Johnson Limited	General		The guideline would be strengthened if there was clear information provided early in the guideline about the specific risks and benefits associated with exposure to sunlight including information on the consequences of burning, the incidence of skin cancer and the health consequences of a lack of vitamin D.	Thank you for this comment. This information is provided in section 2 'supporting information for practitioners' and section 5 'context'.
Johnson & Johnson Limited	General		Generally the guideline seems to consider the impact of prolonged sunlight exposure; Johnson & Johnson Limited believes the guideline could be strengthened by further considering cumulative exposure. Skin cancers are most prevalent in chronically exposed sites such as the face, lips, ears, neck, hands and scalp (particularly in men with thinning or no hair) as well as arms, upper chest and legs (often in women due to differences in clothing style from men).	Thank you for this comment; the committee were of the view that the guideline is clear on the risks of cumulative exposure.
Johnson & Johnson Limited	Section 1, Draft Recommendations – Recommendation 1.1.3	5	Johnson & Johnson Limited supports the recommendation to communicate balanced messages about the risks and benefits of sunlight exposure including on the role and use of sunscreen.	Thank you for this comment.
Johnson & Johnson Limited	Section 2,	11	It is recommended that it is important to spend time in the shade during strong	Thank you for this

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	Supporting Information for Practitioners – How to minimize the risks and maximise the benefits of sunlight <i>(Continued on the next page)</i>		sunlight. Johnson & Johnson Limited recommends that it also needs to be made clear here, particularly given other references to the importance of shade, that spending time in the shade does not negate all of the harmful effects of the sun. It is important that no misperceptions are generated regarding the effectiveness of shade alone and that combined measures are required to deliver maximum protection from the harmful effects of sunlight. Guidance from the Skin Cancer Foundation states “Shade alone can rarely provide full UV protection, especially for prolonged periods. However, it is one important element in a comprehensive sun protection program that includes covering exposed skin with clothing (particularly clothes made of bright- or dark-colored, tightly woven fabrics), wearing hats and sunglasses, and regularly using sunscreen with an SPF of 15 or higher.	comment. Shade is covered in ‘environmental, biological and behavioural factors’ which states ‘sunlight reflects off surfaces such as snow, sand, concrete and water. This can increase the risk of sunburn, even in shaded areas.’ Text has been amended throughout the guideline to emphasise the approach that protecting skin is achieved by ‘covering up with suitable clothing, seeking shade and applying sunscreen’.
Johnson & Johnson Limited	Section 2, Supporting Information for Practitioners – How to minimize the risks and maximise the benefits of	11	All these steps taken together will help ensure that we are adequately protected from the sun’s rays when we are outdoors. http://www.skincancer.org/prevention/sun-protection/shade/seek-the-shade The WHO states “Seek shade when UV rays are the most intense, but keep in mind that shade structures such as trees, umbrellas or canopies do not offer complete sun protection. Remember the shadow rule: "Watch your shadow – Short shadow, seek shade!" (http://www.who.int/uv/sun_protection/en/)	Thank you for this comment. Shade is covered in ‘environmental, biological and behavioural factors’ which states ‘sunlight reflects off surfaces such

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	sunlight (Continued)		The US Centers for Disease Control and Prevention states “You can reduce your risk of skin damage and skin cancer by seeking shade under an umbrella, tree, or other shelter before you need relief from the sun. Your best bet to protect your skin is to use sunscreen or wear protective clothing when you’re outside—even when you’re in the shade.” (http://www.cdc.gov/cancer/skin/basic_info/sun-safety.htm)	as snow, sand, concrete and water. This can increase the risk of sunburn, even in shaded areas.’ Text has been amended throughout the guideline to emphasise the approach that protecting skin is achieved by ‘covering up with suitable clothing, seeking shade and applying sunscreen’.
Johnson & Johnson Limited	Section 2, Supporting Information for Practitioners – How to minimize the risks and maximise the benefits of sunlight	11	Johnson & Johnson Limited agrees strongly that people need to be aware that “It is important to wear clothing that protects the skin and apply sunscreen.” It also believes that this paragraph could be strengthened further by stating that a broad spectrum sunscreen should be used and that it should be applied liberally and frequently following the manufacturer’s instructions. Whilst this is referenced later in the guideline it would be appropriate to also cover it in this paragraph in addition to the advice on protective clothing, wide-brimmed hats and sunglasses.	Thank you for this comment; details of sunscreen are covered in another section.
Johnson & Johnson Limited	Section 2, Supporting Information for Practitioners – Sunscreen (Bullet 1)	13	The statement “Other sun protection methods, such as clothing and shade, are more effective and cheaper.” is likely to undermine confidence and therefore the likely use of sunscreen products in combination with other sun protection methods such as protective clothing. This seems to directly contradict the statement made earlier in Section 2 (page 11, How to minimize the risks and maximise the benefits of sunlight) which states that “It is	Thank you for this comment; this bullet has been removed in the updated guideline. The text has been amended throughout to emphasise

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			important to wear clothing that protects the skin <u>and</u> apply sunscreen.” These mixed messages also have the potential to undermine the aim of providing clear and unambiguous guidance and messaging. Please also see previous comments on the effectiveness of shade. Johnson & Johnson Limited recommends wording like: “No single photoprotective strategy offers 100% protection, including sunscreen. It is recommended to have a multiple photoprotection strategies such as combining protective clothing, a wide-brimmed hat, sunglasses, avoiding exposure during peak hours, seeking shade and using sunscreen to obtain maximum protection from the harmful effects of the sun.”	the approach that protecting skin is achieved by ‘covering up with suitable clothing, seeking shade and applying sunscreen’.
Johnson & Johnson Limited	Section 2, Supporting Information for Practitioners – Sunscreen (Bullet 2)	13	Terminology like “Sunscreen is not a reliable alternative to protective clothing and shade...” will in all likelihood undermine confidence in and therefor the likely use of sunscreen products in combination with other sun protection methods such as protective clothing. This seems to directly contradict the statement made earlier in Section 2 (page 11, How to minimize the risks and maximise the benefits of sunlight) which states that “It is important to wear clothing that protects the skin <u>and</u> apply sunscreen.” These mixed messages also have the potential to undermine the aim of providing clear and unambiguous guidance and messages. Please also see previous comments on the effectiveness of shade. Johnson & Johnson Limited recommends wording like: “Sunscreen should be used in combination with protective clothing, a wide-brimmed hat, sunglasses and shade. Sunscreen should be used when other methods of protection are not available and should be applied liberally, carefully, and repeatedly on all exposed skin.”	Thank you; references to reliability have been removed and the text has been amended for clarity.
Johnson & Johnson Limited	Section 2, Supporting	13	The UVA star rating system referenced in the guideline is specific to only one retailer in the UK and people are likely to buy sunscreen products across a	Thank you for this comment. This section

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	Information for Practitioners – Sunscreen (Bullet 3, first point)		wide range of retail channels in both the UK and internationally when travelling, as such Johnson & Johnson Limited believes this guideline should only provide recommendation regarding the use of the letters 'UVA' in a circle logo. Otherwise people buying sunscreen from outlets other than Boots will not find a star rating for UVA protection and may elect to buy no product rather than one with only a 'UVA' in a circle logo which is the usual and most common logo system.	has been revised to note that sunscreen should meet minimum standards for UVA and preferably provide good UVA protection (with the examples of at least 4 start UVA protection).
Johnson & Johnson Limited	Section 2, Supporting Information for Practitioners – Sunscreen (Bullet 3)	13	Johnson & Johnson Limited believes this section would be strengthened by the addition of a sub-bullet highlighting the importance of using a sunscreen that offers broad spectrum coverage (UVA and UVB protection), and that this should precede the present two sub-bullets.	Thank you for this comment. This section has been revised to note that sunscreen should meet minimum standards for UVA and preferably provide good UVA protection (with the examples of at least 4 start UVA protection).
Johnson & Johnson Limited	Section 2, Supporting Information for Practitioners – Sunscreen (Bullet 5)	14	Johnson & Johnson Limited recommends a minor addition to this bullet adding in “according to the manufacturer’s instructions” as follows: “Sunscreen needs to be applied liberally and frequently according to the manufacturer’s instructions, including straight after being in water (even if it is ‘water-resistant’) and after towel drying, sweating, or when it may have rubbed off.”	Thank you for this comment; the text has been amended in light of your comment and for clarity.
Johnson & Johnson Limited	Section 2, Supporting Information for	14	Johnson & Johnson Limited recommends that the order of bullets 5 and 6 in this section be switched in order to improve the flow of the guidance.	Thank you for this comment; the text has been amended as

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	Practitioners – Sunscreen (Bullet 5 and 6)			suggested.
Johnson & Johnson Limited	Section 2, Supporting Information for Practitioners – Sunscreen	14	As there are some areas of skin unlikely to be protected through the use of clothing, wide-brimmed hats or sunglasses, e.g. the wrists and hands, Johnson & Johnson believes that this section on sunscreens should include specific advice to be very careful and use sunscreen on areas of exposed skin not otherwise covered by protective clothing and/or other measures.	Thank you; additional text was not added as it was considered clear that advice applied to all areas of exposed skin.
Johnson & Johnson Limited	Section 4, Implementation approaches in different settings - Early years, education and leisure (continued on next page)	16	Johnson & Johnson Limited proposes some changes to the wording of the bullets listed in this section as follows: Bullet 1 – propose the following language “Specify that children and young people should spend time in the shade (knowing that it does not provide 100% protection) and wear wide-brimmed hats, protective clothing, sunglasses and sunscreen when involved in outdoor activities in the sun.” Bullet 2 - propose the following language “Encourage parents to provide their children with protective clothing, a wide-brimmed hat, sunglasses and sunscreen and encourage them to spend time in the shade (knowing that it doesn’t provide 100% protection) in addition to the combined use of protective clothing and sunscreen.”	Thank you for this comment; the fact that shade does not provide 100% protection is dealt with elsewhere. The committee felt the guideline was clear that a range of strategies (shade, clothing and sunscreen) are suggested.
Johnson & Johnson Limited	Section 4, Implementation approaches in different settings - Early years, education and leisure (continued)	16	Bullet 4 – As there is a risk of misjudgement on skin type Johnson & Johnson Limited is concerned about advice that some children may not need sunscreen protection, particularly if there is prolonged exposure. As such it advises this bullet simply state “Outline the need to take children’s individual characteristics for example, their skin type, into account.” Bullet 5 - Johnson & Johnson Limited has concerns about placing a significant emphasis in the guideline on past experience as an accurate indicator of how skin will react to sunlight. An individual’s skin can react differently to sunlight over time and so whilst it may be useful, for example, to	Thank you for these comments. The text has amended in light of your comments.

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			use past experience to help select the SPF of a sunscreen product it should not become the reason to avoid photoprotective measures like wearing protective clothing, a wide brimmed hat and sunglasses as well as using sunscreen and time in the shade.	
Johnson & Johnson Limited	Section 4, Implementation approaches in different settings - Early years, education and leisure (continued)	16	Bullet 7 – propose the following language “Encourage children and young people to spend time in the shade (knowing that it doesn’t provide 100% protection, particularly during peak hours) and to wear, protective clothing, wide-brimmed hats, sunglasses and sunscreen to protect them when involved in outdoor activities in the sun.”	Thank you for this comment; the fact that shade does not provide 100% protection is dealt with elsewhere. The committee were of the view that the guideline was clear that a range of strategies (shade, clothing and sunscreen) are suggested.
Johnson & Johnson Limited	Section 6, Considerations – Sunscreen (6.8)	23	Johnson & Johnson Limited does not disagree with The Committee regarding the need for advice on the effective use of sunscreen as it is not always used as instructed and because some users may overestimate its effect. This should not however be a reason to diminish the importance it plays in delivering maximum protection from the harmful effects of the sun when used in combination with protective clothing, a wide-brimmed hat, sunglasses and shade. Rather it is a reason to ensure the provision of appropriate advice and to support effective use. Please also note previous comments regarding the effectiveness of shade alone for protection from the harmful effects of the sun. Johnson & Johnson Limited does not therefore agree with regard to sunscreen that “other sun protection methods, such as clothing and shade, are more	Thank you for this comment; the text has been amended for clarity.

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			effective and cheaper” and believes such statements in the guideline have the potential to undermine the use of sunscreen, or at least contradict the previous statement “It is important to wear clothing that protects the skin <u>and</u> apply sunscreen.” in the guideline (Section 2 (page 11), How to minimize the risks and maximise the benefits of sunlight).	
Johnson & Johnson Limited	Section 6, Considerations – Sunscreen (6.9)	24	This point reinforces the need for appropriate and effective advice to be provided about the role of sunscreen, particularly with regard to frequent and liberal application, as well as advice about avoiding direct sunlight during peak hours.	Thank you for this comment.
Johnson & Johnson Limited	Section 6, Considerations – Sunscreen (6.10) (Continued on the next page)	24	Johnson & Johnson Limited in no ways disputes the role and importance to health of vitamin D, but does not believe the primary source of vitamin D should be from unprotected exposure to UV radiation given the associated risks and also the availability of vitamin D from a healthy diet that includes foods naturally rich in vitamin D, vitamin D supplements, foods/beverages enriched with vitamin D. The guideline could do more to highlight additional sources of vitamin D. The American Academy of Dermatology and AAD Position Statement on Vitamin D offers useful perspectives in this regard (https://www.aad.org/Forms/Policies/Uploads/PS/PS-Vitamin%20D.pdf)	Thank you for this comment. This text has been amended for clarity and in light of the draft Scientific Advisory Committee on Nutrition report on vitamin D.
Johnson & Johnson Limited	Section 6, Considerations – Sunscreen (6.10) (Continued)	24	The American Cancer Society also states that “Whenever possible, it’s better to get vitamin D from your diet or vitamin supplements rather than from sun exposure because dietary sources and vitamin supplements do not increase skin cancer risk, and are typically more reliable ways to get the amount you need.”	Thank you for this comment. This text has been amended for clarity and in light of the draft Scientific Advisory Committee on Nutrition report on vitamin D.

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Johnson & Johnson Limited	Section 6, Considerations – Sunscreen (6.12)	24	The Committee highlights concerns about the affordability of sunscreen and the potential for this to undermine adequate use. Johnson & Johnson Limited believes it is important to highlight that there are products available from a broad selection of retailers and through multiple retail channels at a wide range of price points. It should also be noted that sunscreen products are also frequently available on promotion which supports affordability and access. One area for consideration is the public perception of the importance of sun protection and the value provided by effective sun protection including the use of sunscreens. Addressing these perception issues through the effective implementation of this guideline should be a counter to ineffective use of sunscreen products and other complimentary methods of protection.	Thank you, the text has been amended for clarity. Please note that under its obligations to consider inequalities in health, it is appropriate for committees to consider such issues.
National Osteoporosis Society	General		The National Osteoporosis Society welcomes this guidance which we have found helpful and balanced. We are delighted to see that many of our previous consultation comments have been addressed. Following the revisions, it contains clear messages and recommendations to increase awareness of the risks and benefits of sunlight exposure. Changes to the layout of the document also improve its clarity.	Thank you for this comment.
National Osteoporosis Society	1	5	Groups at higher risk of having low vitamin D levels includes 'people who have little or no exposure to the sun, for example because of cultural or medical reasons, or who are housebound or otherwise confined indoors for long periods'. We feel it would be helpful if these examples made it explicitly clear that healthy, able-bodied workers who remain indoors throughout the day may be at higher risk.	Thank you for this comment, the updated text includes example of people who work indoors all day.
National Osteoporosis Society	1	12	In advice according to people's age, 'older people' are identified as a group, but it is not clear at what age range this advice should be given. Is this advice for all adults, or older adults e.g. over 60 year olds?	Thank you for this comment. The reference to older people has been removed and the statement re-phrased to

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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				'...people who are frail or in institutions.....'
National Osteoporosis Society	1	14	The widely held misconception that vitamin D can be produced while sitting in a sunny window should be added to the list of 'clarifying common misconceptions about sunlight exposure'.	Thank you; the text has been amended in light of your comments.
NCRI/RCP/ACP	General		The NCRI/RCP/ACP are grateful for the opportunity to respond to the consultation. We would like to make the following comments. We believe that draft guidelines are a significant improvement on the previous version. The guidance addresses a difficult public health message centred round the risks and benefits of sun-exposure. Some groups/stakeholders who are tasked with delivery of this complicated message to the public, will no doubt be disappointed that there is not more explicit advice about the content of such messaging and will feel that this is a missed opportunity. However, it does give balanced information about risks and benefits and should go a long way towards a more unified and consistent public health message.	Thank you for this comment.
NCRI/RCP/ACP	1.1.1		...schools and workplaces. Please add "healthcare settings" as many immunosuppressed patients will benefit from advice	Thank you for this comment. The committee did not consider this amend appropriate. To note managing conditions that may increase the risk of skin cancer, including a weakened immune

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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				system, are outside the remit of this guideline.
NCRI/RCP/ACP	2	10	-Time of year: '...but excessive exposure can also cause sunburn' – please add 'and skin damage resulting from excessive cumulative (lifetime) exposure can cause skin cancers independent of sunburn.'	Thank you for this comment; the glossary definition has been updated to include a reference to skin damage and a link to the glossary included from this bullet.
NCRI/RCP/ACP	2	10	Frequency of time spent in the sun. Perhaps add this to 'Length of time spent in the sun'	Thank you for this comment; the text has been amended to include frequency and length of time.
NCRI/RCP/ACP	2	10	UVA penetrates glass... It may also be helpful to emphasise here that UV can also penetrate clothing if it is not tightly woven	Thank you for this comment; tightly woven fabric is highlighted in the sub-section on 'How to minimise the risks and maximise the benefits of sunlight exposure'.
NCRI/RCP/ACP	2	10	"when out in strong sunlight for more than a short period of time". We would suggest that the period of time be more defined for example "for more than 10 minutes for those with very fair skin"	Thank you for this comment; it has not been possible to quantify 'short'. This is in line with the draft Scientific Advisory Committee on

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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				Nutrition review and the bullets under 'environmental, biological and behavioural factors' in this section.
NCRI/RCP/ACP	2	11	'Prolonged exposure is not necessary to gain vitamin D and increases the risk of skin cancer.' We agree with this statement and it might even be helpful to state in a following sentence that: 'Prolonged exposure may also lead to breakdown of already synthesized vitamin D.'	Thank you for this comment; the wording of this bullet has been amended in the updated guideline and it was not considered appropriate to add the suggested statement.
NCRI/RCP/ACP	2	11	'How sunlight exposure can affect them on an everyday basis...'. This statement is rather confusing. It is unclear exactly what is being said here. This statement needs to be much more explicit or should be deleted.	Thank you for this comment; the bullet has been amended for clarity.
NCRI/RCP/ACP	2	12	"When to go out in the sun" Can the final statement be altered a little? We would advise: 'People with very fair skin (skin type 1 and 2) can burn in less than 10 minutes in the middle of the day. They would be advised where possible to plan their outdoor activities for before 11am or after 3pm during summer months.'	Thank you for this comment; it has not been possible to quantify the time. This is in line with the draft Scientific Advisory Committee on Nutrition review and the bullets under 'environmental, biological and

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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				behavioural factors' in this section.
NCRI/RCP/ACP	2	12	"Advice according to people's age" Infants and children aged under 5 <i>in particular</i> should be encouraged to spend time in the shade... Please add the words 'in particular'	Thank you; the text has been amended in light of your comment.
NCRI/RCP/ACP	3	14	Should include "those working with people who are immunosuppressed"	Thank you for this comment. Managing conditions that may increase their risk of skin cancer, such as a weakened immune system, is outside the remit of this guideline.
NCRI/RCP/ACP	4	16	"Early years, education and leisure" Statement starting: 'Encourage parents to provide...' Please add 'alone': '... is more reliable than using sunscreen <i>alone</i> .'	Thank you; the text has been amended in light of your comment.
NCRI/RCP/ACP	4	16	"Early years, education and leisure" Statement on 'Raise awareness of the risks and benefits...'. We would prefer for the second sentence to be rephrased: "Children should never be allowed to burn, so it is very important to help children and parents/carers to understand how sun-sensitive their own skin is and how easily it can be harmed."	Thank you; the text has been amended in light of your comments.
NCRI/RCP/ACP	4	16 & 17	"Early years, education and leisure" The first and last statements appear to be the same. We prefer the wording of the last statement so perhaps this could be used to replace the first statement. They are not both needed.	Thank you for this comment. The repetition has been removed.
NCRI/RCP/ACP	5	19	"Context" The sentence starting "the main short term risk.." and inflammation should be	Thank you; the text has been amended in light of

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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			<p>added after DNA.</p> <p>The sentence starting “The main long-term risk of sunburn is skin cancer...” We would suggest explaining that it is due to DNA damage. We would also suggest emphasizing that it is short bursts of high exposure particularly when young that can result in cancer.</p> <p>Statement starting: “Dietary sources are very limited...” We advise an additional sentence along the lines of: Dietary supplements of vitamin D are available and may be advisable for those groups or individuals at high-risk of vitamin D deficiency.</p>	your comments.
NCRI/RCP/ACP	5	19	<p>“Context”</p> <p>Next statement starting: “Overexposure to sunlight...” Please substitute ‘daily’ with ‘regular’ or ‘habitual’ as chronic overexposure isn’t necessarily due to daily exposure.</p>	Thank you; the text has been amended for clarity.
NCRI/RCP/ACP	5	21	<p>The statement “Skin cancer incidence rates..” we would suggest including the use of sunbeds as a contributor to increased incidence – reference:</p> <p>1. Boniol M, Autier P, Boyle P, et al. Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis(link is external) . BMJ 2012;345:e4757 doi: 10.1136/bmj.e4757.</p>	Thank you for this comment. This text has been amended for clarity. Sunbeds are outside the remit of this guidance.
NCRI/RCP/ACP	5	19	<p>“Complex health messages”</p> <p>The first statement is true, but it is not just the <i>communication</i> of the risks and benefits that is difficult, it is actually because there will always be a tension between risks and benefits. UV exposure has health benefits including the efficient synthesis of vitamin D, but UV exposure is also harmful especially for fair skinned persons and the right balance is influenced by many different factors making it impossible to communicate one policy that is appropriate for</p>	Thank you; this text has been amended for clarity.

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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			all. So the public and especially all high-risk groups/individuals must be advised to avoid any UV exposures that cause skin redness or sunburn and to appreciate that adequate vitamin D synthesis is often achieved with lesser UV exposures that fall well short of the minimal erythema dose (just perceptible skin reddening). Furthermore, where groups or individuals are at high-risk of vitamin D deficiency, it is possible to give vitamin D supplements.	
NCT		General	Thank you for relooking at this guideline. It seems to have improved in the second draft.	Thank you for this comment.
NCT		General	Specific campaigns and ways of reaching parents of young babies are likely to be more effective as parents are receptive to the need to protect their young children. There are so many messages directed at pregnant women, but information could be added to regular e-mail or text alerts, for instance on Apps developed for pregnant women.	Thank you for this comment.
NCT		10	Risks and benefits of sunlight exposure do not include much on eye damage – for example on Reflection “this can increase the risks of sunburn...” add and eye damage	Thank you; the text has been amended in line with your comment.
NCT		11	“Exposing relatively small areas of skin ...for short periods... “ This is still a very vague piece of information. Obviously it is hard to be accurate (as pointed out in point 6.5) as there are so many variables to consider but health professionals need to know more – such as latitude, time of year, day, length of time when only hands and forearms are exposed, what is a short period of time. Otherwise it is impossible to give useful information. Notwithstanding the following sections which add detail – is it possible to put some of this in a table?	Thank you for this comment. The committee discussed this suggestion but considered that the information would not be as clear in a table format.
NCT		16	Helpful specifics about care of children on sunny days and in the summer	Thank you for this comment.
NCT	6.18	25	The scope is obviously not under discussion but rather confusing that some	Thank you for this

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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			points do relate to specific messages for distribution to the public, whereas the content of messages is beyond the remit of the guideline.	comment.
NCT	7	30	NCT agrees that research in this area should be a priority and consistent messages – taking into account individual factors such as skin type and culture as well as access to outdoor spaces in the daytime – would help implementation.	Thank you for this comment.
NHS England	General		Thank you for the opportunity to comment on the above guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you for this comment.
Royal College of Nursing	General		This is to inform you that the Royal College of Nursing have no comments to submit to inform on the above draft guideline consultation at this time	Thank you for this comment.
Royal College of Paediatrics and Child Health	General		Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the <i>Sunlight Exposure</i> draft guideline. We have not received any responses for this consultation	Thank you for this comment.
Royal National Institute of Blind People	General		<p>About the RNIB:</p> <p>Royal National Institute of Blind People (RNIB) is the UK's leading charity providing information, advice and support to almost two million people with sight loss.</p> <p>We are a membership organization with over 13,000 members throughout the UK and 80 percent of our Trustees and Assembly members are blind or partially sighted. We encourage members to get involved in our work and regularly consult them on matters relating to Government policy and ideas for change.</p> <p>As a campaigning organization we act or speak for the rights of people with sight loss in each of the four nations of the UK. We also disseminate expertise</p>	Thank you for providing this information.

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			to the public sector and business through consultancy on products, technology, services and improving the accessibility of the built environment. RNIB is pleased to have the opportunity to respond to this consultation	
Royal National Institute of Blind People	General		<p>Accessible information:</p> <p>We believe this guideline should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English."</p> <p>The Equality Act expressly includes a duty to provide accessible information as part of the reasonable adjustment duty.</p> <p>Online information on websites should conform to the W3C's Web Accessibility Initiative Web Content Accessibility Guidelines (WCAG) 1.0, level AA, as required by the NHS Brand Guidelines and the Central Office of Information.</p> <p>With regard to the accessibility of print materials, including downloadable content such as PDF files, we would request that wherever possible they comply with our "See it Right" guidelines: http://www.rnib.org.uk/professionals/accessibleinformation/Pages/see_it_right.aspx</p>	<p>Thank you for this comment.</p> <p>The NICE website has been built and tested to make sure it can be accessed and used by most people. NICE aims to comply with Web Content Accessibility Guidelines 1.0, Level Double-A. This means that most content, including NICE guidance products, are accessible to people with a visual impairment, through browser tools. These tools include converting written words to spoken words and being able to view text at larger sizes.</p>

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09 July – 06 August 2015

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				Requests for information in alternatives formats such as audio or braille are considered on an individual basis and will be provided wherever possible.
Royal National Institute of Blind People	General		<p>We welcome draft guidance on ‘Sunlight exposure: benefits and risks’.</p> <p>We welcome Section 2 around eye protection and protective clothing.</p> <p>We appreciate the draft guidance is limited to the risks of skin cancer caused by UltraViolet (UV) exposure. However we would like to take this opportunity to make you aware of the risk of the many eye diseases caused by UV exposure such as age-related macular degeneration, cataract, squamous cell carcinoma of the cornea and conjunctiva, pterygium, photokeratitis and photoconjunctivitis. These conditions are sight threatening and may cause a significant disease burden on patients their carers, NHS and the economy.</p>	Thank you for raising this issue. The context section notes that ‘Sunlight exposure is also responsible for some common eye diseases, for example cataracts (Yam 2013)’.
Royal Pharmaceutical Society	Section 1.1.10	7	Pharmacies are an ideal location to promote public health messages including those on sunlight exposure so they should be considered as an option.	Thank you; pharmacies have been added to the list of possible locations.
Royal Pharmaceutical Society	Section 1.1.13	7	The current community pharmacy contractual framework allows for co-ordinated local public health campaigns in local community pharmacies so this should also be considered as a route for promoting this campaign.	Thank you for this comment. The text has been updated as suggested.

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Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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Royal Pharmaceutical Society	Section 2	12	<p>At present there is a huge range of unlicensed food supplement Vit D products on the market and relatively few products licensed by MHRA as medicines (GSL, P, or POM). Until recently there were no high dose licensed Vit D products available.</p> <p>Currently licensed products are available both for routine supplementation in at risk groups and for the treatment of insufficiency. There is a distinction between unlicensed (and largely unregulated) food supplements and licensed medicines and the RPS believes that this distinction should be made as part of this guidance. The guidance should also highlight that licensed Vit D products are now available and that these are the ones that should be prescribed and supplied.</p> <p>The MHRA hierarchy of risk places a product licensed in another country above a UK manufactured food supplement and many hospitals have been importing from other European countries where a licensed product is available.</p>	Thank you for raising this issue. However the licensing of food supplements is outside the remit of this guideline.
Royal Pharmaceutical Society			<p>If food supplements are used instead of licensed vit D products there is a major concern that people will not get the appropriate dose.</p> <p>The MHRA has assayed available vitamin D products and found variations between 14.3% and 149.6% of the stated content amongst the food supplements. This variability does not happen with licensed products.</p>	Thank you for raising this issue. However the licensing of food supplements is outside the remit of this guideline.
Royal Pharmaceutical Society	Section 2	13	The RPS believes that the current sunscreen labelling is causing a huge amount of confusion which could be a barrier to people selecting the most	Thank you for raising this issue. Sunscreen rating

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Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

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			effective sun protection. Many people do not realise the SPF rating applies only to the amount of protection offered against UVB rays, not UVA rays – both of which can damage the skin and cause skin cancer. We believe that people should not have to pick their way through complicated dual ratings information to understand how sunscreen works and the amount of protection potentially provided. It is time for sunscreen manufacturers to provide one easy to understand rating, based on a simple description of the total amount of sun protection offered: low (SPF 6-14), medium (SPF 15-29), high (SPF 30-50) and very high protection (SPF of 50+). Basically the RPS would like to propose - a very high, high, medium and low ranking for UVB protection with each sunscreen having what is considered to be a similar level of UVA protection. This would mean that there is no confusing star ranking for UVA.	systems are outside the remit of this guideline.
Royal Pharmaceutical Society			In a survey this year of 2,000 GB adults only 8% of those surveyed knew that the SPF rating on the product label refers to protection from UVB rays only – and does not also include protection from harmful UVA rays – typically indicated by a separate ‘star’ rating. More than 80% said they either thought the SPF was an indication of levels of protection from both UVB and UVA (56%) or they simply did not know what the rating stood for (25%). Less than a third of those surveyed said they always checked the UVA star rating when buying sunscreen (31%), and 20% of students and 15% of adults with children in their household admitted that they never checked it.	Thank you for providing this information.
Teenage Cancer Trust	General		Teenage Cancer Trust is the only UK charity dedicated to improving the quality of life and chances of survival for the seven young people aged	Thank you for providing this information.

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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			<p>between 13 and 24 diagnosed with cancer every day. We fund and build specialist units in NHS hospitals and provide dedicated staff, bringing young people together so they can be treated by teenage cancer experts in the best place for them.</p> <p>Teenage Cancer Trust also educates young people and health professionals about cancer to help improve the speed and quality of diagnosis. Through our own research and working with our partners in the NHS, across the UK governments, and organisations both nationally and internationally, we strive to improve outcomes for young people.</p>	
Teenage Cancer Trust	General		Malignant melanomas form the fifth most commonly diagnosed group of cancers in teenagers and young adults across the UK, accounting for 13% of the total cancers in this age group ¹ . Young people are also at risk of developing sun behaviours which can increase the likelihood of malignant melanoma in later life. As a result it's vital that young people are aware of the risk of melanoma, are encouraged to develop healthy sun behaviours, and feel empowered to seek help should they have any concerns.	Thank you for this comment. The recommendations in this guideline apply to young adults.
Teenage Cancer Trust	General		We welcome this draft Guideline from NICE, however we would recommend incorporating the specialist resources developed by Teenage Cancer Trust within the guidance. Our age-appropriate education programme and learning resources have been endorsed by the PSHE Association ² and are recognised in the new Cancer Strategy for England ³ .	Thank you for this comment. A link to these resources on the Personal Social Health and Economic Education Association website has

¹ North West Cancer Intelligence Service (2013)

² https://www.pshe-association.org.uk/resources_search_details.aspx?ResourceId=541

³ Independent Cancer Taskforce (2015), Achieving World-Class Cancer Outcomes: A Strategy for England, 2015-2020

Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

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				been included.
Teenage Cancer Trust	1.1.9	6	We recommend signposting stakeholders to Teenage Cancer Trust's Shunburn campaign ⁴ . Shunburn is targeted at young people and presents a considered approach to sun safety, including addressing common misconceptions and setting out the benefits of exposure to sunlight. It includes lesson plans that teachers can download and deliver in the classroom.	Thank you for this comment. A link has been included to the resources available from the Personal Social Health and Economic Education Association website.
Teenage Cancer Trust	2	12	We recommend including age-appropriate advice for young people aged 13-24 in this section. It has been previously noted in the Guideline that young people are an at risk group (1.1.1) and so this should be reflected when providing advice targeted at different age ranges. Young people should be given tailored, age-appropriate advice in an accessible format; for example through schools using a Shunburn lesson plan.	Thank you for this comment; advice provided throughout the guideline applies to young adults.
Teenage Cancer Trust	4	17	We support the recommendation that schools should provide young people with a range of practical advice for staying safe in the sun. In this section, and in particular in relation to using 'practical, classroom-based activities', we recommend signposting stakeholders to Teenage Cancer Trust's Shunburn campaign ⁵ . Shunburn is targeted at young people and presents a considered approach to sun safety, including addressing common misconceptions and setting out the benefits of exposure to sunlight. It includes lesson plans that teachers can download and deliver in the classroom.	Thank you for this comment. A link has been included to the resources available from the Personal Social Health and Economic Education Association website.

⁴ <https://www.teenagecancertrust.org/support-us/spread-word/shunburn-stay-safe-sun>

⁵ <https://www.teenagecancertrust.org/support-us/spread-word/shunburn-stay-safe-sun>

Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

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Teenage Cancer Trust	6.16	25	<p>We welcome the Committee's recognition of the importance of making children aware of the risks and benefits of sunlight, both due to the risks of sunburn at a young age, and because of the importance of young people establishing healthy lifestyle behaviours.</p> <p>However, both in this section and throughout the document we recommend that the Guideline refer to 'children and young people' rather than 'children' alone. It is known that half of the top ten risk factors for the total burden of disease in adults are initiated or shaped in adolescence⁶. As a result, the importance of educating young people about healthy lifestyle behaviours, including safe sun behaviour, should be reflected in all areas of the Guideline.</p>	<p>Thank you for this comment; additional advice is only provided for young children. Advice provided throughout the guideline applies to young people.</p>
The College of Optometrists and the Optical Confederation	General		<p>We feel that the Guideline must contain more robust advice for eye health in relation to UV exposure. The skin on the eye lid is very thin and delicate so it is vital to protect this area from UV rays. There is strong evidence that ultraviolet radiation (UVR) exposure is associated with the formation of eyelid malignancies (basal cell carcinoma and squamous cell carcinoma), photokeratitis, climatic droplet keratopathy, pterygium, and cortical cataract. (Yam and Kwok 2013) Ultraviolet light and ocular diseases. Int Ophthalmol. 2013 May 31.</p>	<p>Thank you for this comment. There are increased references to eye damage and eye protection in the updated guideline.</p>
The College of Optometrists and the Optical Confederation	General		<p>Certain adults are also at increased risk of UV exposure, for example after cataract surgery. We would welcome a recommendation for these adults also to have UV protection on their vision correction (on the NHS if they are eligible).</p>	<p>Thank you for this comment. Activities for managing medical conditions that may increase the risk of UV exposure are outside the</p>

⁶ Chief Medical Officer (2012), Annual Report – Our Children Deserve Better: Prevention Pays

Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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				remit for this guideline.
The College of Optometrists and the Optical Confederation	General		Optometrists and Dispensing Opticians should be included in the targeted list of Health Practitioners for enhanced knowledge, abilities and confidence in giving tailored advice on the benefits and risks of sun exposure and further be considered key players in delivering the messages about UV exposure and its potential effect on eyesight and ocular tissues such as eyelids.	Thank you for this comment. This group would not be excluded from the current listing.
The Royal College of General Practitioners	General		The issues that were raised previously seem to be addressed now, therefore we have no further comments.	Thank you for this comment.
University of Leeds	2	10	The text, “everybody needs to protect their skin when out in strong sunlight” does not seem appropriate to the UK where people of African descent live. Could this be tempered?	Thank you; the text has been amended in light of this comment.
University of Leeds	2	11	<p>The text “exposing relatively small areas of skin” is appropriately vague as it begs the question as to whether the implied “short periods” is sufficient. The report by Hypponen (1) suggests that this is not sufficient for the majority of people in the UK especially the north of the UK in practice at least, in that measured levels are so commonly low.</p> <p>The paper by Diffey asking whether casual exposure to the sun is sufficient to synthesise sufficient vitamin D (2) suggests that in the UK it is not. The fact that low vitamin D levels were so common in Hypponen’s study suggests that Diffey is correct.</p> <p>In the draft report from the Scientific Advisory Committee on Scientific Advisory Committee on Nutrition currently released for consultation, the recommendations suggest that it is the view of the Scientific Advisory Committee on Nutrition that sunlight exposure required cannot be predicted.</p>	Thank you for this comment. It was not possible to define short. This guideline is for the general population. Activities for managing medical conditions that may increase the risk of UV exposure are outside the remit for this guideline.

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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			<p>The imported text below states that it is not possible to make a recommendation on sun exposure required to maintain the levels about 25 nmol all year.</p> <p>8_0_1_ It is not possible to make a recommendation regarding the amount of sunlight exposure that would be required during the summer to maintain serum 25(OH)D concentration \geq 25 nmol/L in 97.5% of the population during winter because of the number of factors that affect endogenous vitamin D production.</p> <p>I think therefore that it is regrettable that the report fails to address the fact that people in the UK suffer an increasing frequency of skin cancer indicating excessive sun exposure, yet low vitamin D levels are common.</p> <p>The text currently implies that casual short but frequent sun exposure is sufficient to produce enough vitamin D levels for bone health without a risk of skin cancer. Yet for those at increased risk of skin cancer associated with inherited mutations in MC1R (the red haired gene), how they do that without burning is very difficult in practice.</p> <p>I don't know how to do it: so I fail to see how other pale skinned people should be advised to do it.</p>	

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University of Leeds	2	11	<p>For people with <i>MC1R</i> genetic variants (associated with red hair and freckles) the balance between risky sun exposure and vitamin D synthesis is very difficult to achieve in practice which may explain why in three European studies, Glass et al (3), Davies et al (4) being two Uk studies, the fairest skinned people had lower vitamin D levels.</p> <p>1. Hyponen E, Power C. Hypovitaminosis D in British adults at age 45 y: nationwide cohort study of dietary and lifestyle predictors. <i>Am J Clin Nutr.</i> 2007 Mar;85(3):860-8. PubMed PMID: 17344510. Epub 2007/03/09. eng.</p> <p>2. Diffey BL. Is casual exposure to summer sunlight effective at maintaining adequate vitamin D status? <i>Photodermatol Photoimmunol Photomed.</i> 2010 Aug;26(4):172-6. PubMed PMID: 20626818. Epub 2010/07/16. eng.</p> <p>3. Glass D, Lens M, Swaminathan R, Spector TD, Bataille V. Pigmentation and vitamin D metabolism in Caucasians: low vitamin D serum levels in fair skin types in the UK. <i>PLoS One.</i> 2009;4(8):e6477. PubMed PMID: 19649299. Pubmed Central PMCID: 2714459. Epub 2009/08/04. eng.</p> <p>4. Davies JR, Chang YM, Snowden H, Chan M, Leake S, Karpavicius B, et al. The determinants of serum vitamin D levels in participants in a melanoma case-control study living in a temperate climate. <i>Cancer causes & control : CCC.</i> 2011 Aug 19. PubMed PMID: 21853245. Epub 2011/08/20. Eng.</p>	Please see the previous response. Thank you for providing these references. Activities for managing medical conditions that may increase the risk of UV exposure are outside the remit for this guideline.
University of Leeds	2	11	I agree that recommending reliance on sunscreens is problematic but we are faced with a population who like to be bare skinned in the sun. To suggest use of a broad brimmed hat, long sleeves and a long skirt may be sensible but it will turn off all but the most determined (dermatologists) and therefore seems unlikely to have the desired effect on behaviour. Most people love to feel the sun and warm air on the skin and they don't want to look uncool so being	Thank you for raising this issue. The phrasing of this bullet has been amended for clarity.

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Public Health Guidelines

Sunlight exposure - risks and benefits – 2nd Consultation on Draft Guideline Stakeholder Comments Table

09 July – 06 August 2015

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			unsupportive of sunscreen is likely in my view to be counter productive.	
University of Leeds	5	19	: “and oily fish is the only other (good) source” is true but would benefit from some clarity as for example only wild but not farmed salmon has sufficient. Similarly dietary sources of vitamin D for vegetarians and vegans are problematic and this should be addressed as well as the few foods such as wild mushrooms and fortified soya or almond milk that are available to vegans. The fact that the UK diet is generally very low on these foods and fortified foods are so less frequent than in many countries such as the US, suggests that if we rely upon the paltry UK sun most of the year, a significant proportion of the population have demonstrably low levels as reported by Hypponen.	Thank you for raising this issue. The wording of this section has been amended for clarity and for consistency with draft Scientific Advisory Committee on Nutrition report on vitamin D.
University of Leeds		19	“but it can be difficult to communicate the risks” is true but it is also in practice difficult to achieve protection from sunburn whilst producing sufficient vitamin D. Both these concepts are relevant.	Thank you; this text has been amended in light of your comments.

Document processed	Stakeholder organisation	Number of comments extracted	Comments
British Association of Dermatologists.doc	British Association of Dermatologists	31	
Cancer Research UK.doc	Cancer Research UK	38	
Cosmetic Toiletry & Perfumery Association.doc	Cosmetic Toiletry & Perfumery Association (CTPA)	14	
Department of Health.doc	Department of Health	1	

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Public Health Guidelines

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Doncaster Metropolitan Borough Council.doc	Doncaster Metropolitan Borough Council	5	
Institution of Occupational Safety and Health.doc	Institution of Occupational Safety and Health	9	
Johnson & Johnson Limited.doc	Johnson & Johnson Limited	23	
National Osteoporosis Society.doc	National Osteoporosis Society	4	
NCRI-RCP-ACP.docx	NCRI/RCP/ACP	18	
NCT.doc	NCT	7	
NHS England.doc	NHS England	1	
Royal College of Nursing.doc	Royal College of Nursing	1	
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	1	
Royal National Institute of Blind People.docx	Royal National Institute of Blind People	3	
Royal Pharmaceutical Society.doc	Royal Pharmaceutical Society	6	
Teenage Cancer Trust.doc	Teenage Cancer Trust	7	
The College of Optometrists.doc	The College of Optometrists and the Optical Confederation	3	
The Royal College of General Practitioners.doc	The Royal College of General Practitioners	1	
University of Leeds.docx	University of Leeds	6	

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