

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

Stakeholder Organisation	Evidence submitted	Section	Comments	Response Please respond to each comment
British Association of Skin Cancer Specialist Nurses		General  4.3	Please insert each new comment in a new row.  Whilst there appears to be statistical information to back the reasons for skin cancer prevention and some general areas to focus on there is a need to have more detail and guidance on how to educate and prevent e.g. it is not enough to state protective clothing but that it has to be closely woven, breathable etc and that appropriate sunglasses (wrap around) with UVB and UVA protection	Thank you for your suggestions; as part of the guidance development process we will be reviewing the available evidence on interventions in the following areas: information provision, environmental changes and provision of resources. Where the evidence permits the guidance will also provide as much detail as possible about the type, content and mode of delivery. Please note that we have commissioned a 'Summary of key messages to be included in public information resources for primary prevention of skin cancer' paper in order to help the committee formulate recommendations that are detailed as possible. Please see <a href="http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490">http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490</a> for further information about this paper.

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>British Association of Skin Cancer Specialist Nurses</b></p>		<p>4.2.2 b</p>	<p>We cannot understand the rationale for excluding points relating to a-d as these are instrumental to skin cancer prevention Sun bed issues are a major causative factor for sun damage/cancer of skin especially for our teenage population and should include guidance for schools and school nurses Remember health promotion issues for pre nursery and nursery aged children</p>	<p>Thank you, we appreciate that these are important areas to investigate. However, NICE are required to work within the parameters of the referral we have received from the Department of Health and therefore we will only be covering the three areas outlined in the final scope (appendix A).</p> <p>In relation to sunbeds the Department of Health in its Cancer Reform Strategy has announced that it was reviewing options for the possible regulation of the sunbed industry and that as a first step it would gather more information about the number and distribution of sunbeds and the scale of sunbed use by minors. The Department of Health is currently taking steps to progress this work and will consult with the health and Safety Executive and other stakeholders in considering ways in which a balance can be struck between consumer safety and choice. Consequently NICE has not been asked to cover policy, legislative and fiscal sunbed related interventions at this point in time. Please note however, that if information about using sunbeds is contained in a information provision related interventions (phase 1 of the guidance) then this will be reported in the evidence reviews and considered by the committee.</p> <p>Stakeholders can also suggest future topics for consideration at <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<p><b>British Association of Skin Cancer Specialist Nurses</b></p>		<p>General</p>	<p>The importance of protecting babies/infants with the need for not exposing them to direct sunlight has not been emphasised with a need to include sun-awareness programme as part of anti-natal classes and packs for expectant mothers and new mothers form midwives and health visitors</p>	<p>Thank you; section 4.1 of the scope outlines that all populations groups will be covered (and that we are not excluding any population groups). If the evidence permits, then the guidance will make reference to specific population groups and associated niche methods, which may include babies and infants.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<b>British Association of Skin Cancer Specialist Nurses</b>		General	More specific details relating to how sun screens work and should be applied to ensure knowledge of the SPF and UVA rating etc	Thank you for these suggestions. We have commissioned a 'Summary of key messages to be included in public information resources for primary prevention of skin cancer' paper in order to help the committee formulate recommendations that are detailed as possible. Please see <a href="http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490">http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490</a> for further information about this paper.
<b>British Association of Skin Cancer Specialist Nurses</b>		4.2.1 a	Consideration of change in school time table to discourage main play time for children to be out in the mid day sun.	Thank you for this suggestion; we have amended the text in this section to cover this intervention area, evidence permitting.
<b>British Association of Skin Cancer Specialist Nurses</b>		4.2.1 c	More detail required on the specifics on information provision with nation strategic planning for consistency rather than pockets of identified funding or 'projects'	Thank you. There are two linked scopes for this referral – this scope covers environmental changes and supply of sun protection resources; alongside multi-component interventions. The other scope covers information provision and work (including evidence reviews) has already commenced – please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.
<b>British Association of Skin Cancer Specialist Nurses</b>		4.2.1 d	Would include transplant patients those treated with UV therapy etc what are the interventions an specific guidelines required	Thank you for this comment; section 4.1 includes reference to those who are at higher risk of developing skin cancer and cross refers the reader to appendix B which makes explicit reference to 'individual risk factors such as history of lowered immunity or transplant...'
<b>British Association of Skin Cancer Specialist Nurses</b>		Under development section	Discussing developments of treatments such as temozolomide is not related to prevention	Thank you, this section of the scope intends to alert the reader to the range of other NICE guidance which either focuses on or includes reference to skin cancer.

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>British Association of Skin Cancer Specialist Nurses</b></p>		<p>General</p>	<p>Should have a Health and Safety aspect in relation to responsibility of looking after children or employees as safely as possible - 'duty of care'</p>	<p>Thank you for your comment. NICE are required to work within the parameters of the referral we have received from the Department of Health and therefore we will only be covering the areas outlined in the final scope (appendix A). However if you feel that this area warrants a separate piece of guidance potential future topics can be submitted for consideration at <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p>
<p><b>British Association of Skin Cancer Specialist Nurses</b></p>		<p>General</p>	<p>Disappointingly It does not appear to grasp and deal with the issues of the responses that were collated from the Draft Scope 27 June-25 July 2008</p>	<p>Following stakeholder comments on the original scope circulated in June/July, NICE approached the Department of Health and it was agreed that the original referral would be expanded to include two additional areas (environmental changes and provision of resources). It is not feasible within the available timeframe to include all possible areas within one guidance referral. Stakeholders are, however, able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a> for further information.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

Cancer Research UK		General	We believe that it would make more sense for this guidance to be combined with the provision of information guidance. We expect that most people would use both documents, rather than one in isolation, and would find a combined document more user-friendly.	The proposal is for there to be one piece of guidance which will cover all three elements: information provision, environmental changes and provision of resources. There are, however, two scopes to inform this one piece of guidance and this is for historical reasons. Work on the original referral (which only focused on information provision) commenced in June 2008, following scope consultation phase the department of Health expanded the original referral to cover environmental changes and provision of resources). Consequently another scope covering the new additional areas of the referral had to be developed.
Cancer Research UK		2c	Although the Cancer Reform Strategy is mentioned in Section 2b, we think it would be helpful to also mention it in Section 2c.	Thank you, we have inserted reference to this document in 2c as suggested.
Cancer Research UK		2c	The list of policy documents does not include the 'Designed to Tackle Cancer in Wales' Strategic Framework for 2008-11.	Thank you for your comment. Unfortunately NICE public health guidance is specific to England. Therefore while other countries may choose to adopt NICE public health guidance, the primary aim is to support those policy documents that include England.
Cancer Research UK		3c	There are now more up-to-date statistics available: <a href="http://info.cancerresearchuk.org/cancerstats/types/skin/incidence/">http://info.cancerresearchuk.org/cancerstats/types/skin/incidence/</a>  E.g. In 2006 over 81,600 non-melanoma cases and 10,400 malignant melanoma cases were registered in the UK	Thank you for your comment. We have amended the scope to take into account the updated statistics available from the ONS.

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

Cancer Research UK		3e	Reporting that 'skin damage that occurs at a young age is associated with an increased risk of developing skin cancer later in life' could be interpreted to mean that it is only skin damage at a young age that is associated with an increased skin cancer risk. We would prefer the sentence to read 'skin damage <i>at any age</i> is associated with an increased risk of developing skin cancer'.	Thank you for your comment. We have amended the scope appropriately.
Cancer Research UK		4.2.2	We are disappointed that policy, legislative or fiscal changes will not be covered in the guidance. We believe that a more holistic approach would better tackle the changes that the guidance aims to achieve.	<p>Thank you, we appreciate that these are important areas to investigate. However, NICE are required to work within the parameters of the referral we have received from the Department of Health and therefore we will only be covering the three areas outlined in the final scope (appendix A). Consequently NICE has not been asked to cover policy, legislative and fiscal related interventions at this point in time.</p> <p>Furthermore, it is not feasible within the available timeframe to include all possible areas within one guidance referral. Stakeholders are, however, able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a> for further information.</p>
Health Protection Agency		General	It is unclear why primary prevention measures that focus solely on providing information are not within the scope of this review/guidance as there is so much overlap in the reference material that will need to be consulted. We note however that it is anticipated that one piece of guidance will be produced covering both scopes.	<p>Thank you for your comment. It is not feasible to cover all possible areas of interest within one piece of guidance. Consequently, a number of pragmatic decisions need to be made to ensure that the scope fits within the parameters of the Department of Health referral and to ensure that the work to inform the development of the guidance is manageable within the available timeframe. Stakeholders are, however, able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a> for further information.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

Health Protection Agency		General	It is recognised that the scope is about skin cancer. However UV also damages eyes and all the population are at risk, not just those with fairer skins. A successful skin cancer prevention programme can also give important messages about eye protection, some of which are the same as for skin protection e.g. hat wearing. Including eye protection will help to remove a “white-skin” bias to the advice and recognise the racial diversity in the UK population.	Thank you for these suggestions. NICE are required to work within the parameters of the referral we have received which on this occasion relates to the prevention of skin cancer. Stakeholders are able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a> for further information.
Health Protection Agency		The need for guidance 3c page 3	Have the references been switched round? ONS are responsible for collating and reporting on registered cases of skin cancer whilst CR-UK publish estimates of the true numbers taking into account an estimate of non-registered cases.	Thank you for your comment. We have amended the scope appropriately.
Health Protection Agency		The need for guidance 3c page 3	It is not made clear that some of the statistics refer to England and Wales (those from ONS) and others are UK based.	Thank you for your comment. We have amended the scope appropriately.
Health Protection Agency		Analytical framework diagram page 8	The “change behaviour” box has 3 bullets, the first two lead logically to the next boxes in the diagram. However “more moles detected and monitored” does not lead to fewer sunburns or the possible harms listed. Perhaps it should be in a separate box with no “follow on” boxes?	Thank you for your comment. We have amended the diagram in order to illustrate the range of interventions that could be covered.
Health Protection Agency		4.2.1.2 Comparators	Recognising that the review will be limited by what evidence is available, it should be emphasised that use of protective measures, e.g. wearing hats rather than just having them, is the outcome measure.	Thank you; we have amended the text in this section in line with your suggestion.
Health Protection Agency		4.2.2 Key questions and outcomes	The first question will overlap considerably with what is defined as primary prevention activities.	Thank you.

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>Health Protection Agency</b></p>			<p>It would be useful to look specifically for no-cost environmental changes, such as altering the time of day that outdoor school sports are held as these would only need to be evaluated in terms of effectiveness, rather than cost-effectiveness.</p>	<p>Thank you for this suggestion – we have amended the text in section 4.2.1 to indicate that, data permitting, we will be also be exploring interventions which involve altering the time of day that events in the natural environment are held.</p> <p>Please note that such interventions may involve costs – such as costs associated with altering the timetable, or an opportunity cost when something else could be done.</p>
<p><b>Health Protection Agency</b></p>		<p>4.3 Expected outcomes</p>	<p>Given that most mild sunburn would not be reported to a doctor, A&amp;E or NHS Direct, are data on incidence of sunburns accurate enough to use to define trends? How is it proposed to measure over exposure and cumulative UV exposure?</p>	<p>Thank you. The outcomes listed in section 4.3 are not meant to be an exhaustive list; rather they were intended to provide examples of some of the wide range of possible outcomes that may be reported in the available evidence. Where the data permits we hope to provide definitions for any outcome measure used. We are also aware that sunburn may not always be reported to doctors, A&amp;E or NHD direct and therefore may have to rely on self reported outcomes such as behaviour intention or self reported behaviour change such as increased use of sunscreen. In such cases modelling would be used to estimate exposure using the best available data or through assumptions which will be tested using sensitivity analyses.</p>



## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

Health Protection Agency			The data suggests that, if properly applied, Factor 15 sunscreen ensures adequate protection. The document should state that Factor 30 is used in acknowledgement of poor application practises used by the general public.	Thank you – reference to factor 30 in the scope document is only intended to outline possible examples of some of the interventions that may be covered in the guidance. In order to inform the detail of the guidance document we have commissioned a 'Summary of key messages to be included in public information resources for primary prevention of skin cancer' paper. This paper details that factor 30 is advised in order to compensate for poor application practices.
Health Protection Agency		Appendix B 5 <sup>th</sup> Bullet	We strongly support the consideration of the diversity of the population and recommend age-group specific messages. It should be recognised that (in general) the critical message is for those travelling to areas outside of the UK where the solar index is higher than in the UK.	Thank you. As outlined above, in addition to the evidence reviews we have commissioned a paper which provides details about the key messages to be included in public information resources and will be considered by the committee when drafting the recommendations. Please see <a href="http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490">http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490</a> for further information about this paper.
Health Protection Agency		Appendix B 7 <sup>th</sup> Bullet	The benefit of exposure to solar UV, and the other parts of the solar spectrum, should be taken into account.	Thank you for your comment. We have amended Appendix B to acknowledge the potential deleterious effects.

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

**28<sup>th</sup> May – 25<sup>th</sup> June 2009**

<b>Natural England</b>	4.2.1 (a)	<p>Whilst Natural England appreciates that the ‘activities that will be covered’ is not an exhaustive list, it does omit an important intervention. Under the first bullet about physical changes to the built or natural environment we feel that green spaces / green infrastructure should be explicitly mentioned. This goes beyond ‘public spaces’ which implies a more limited and formal suit of spaces to include street-scapes, and informal publically accessible areas such as urban woodland, or urban tracks and trails.</p> <p>Natural England feels that there is evidence of the importance of UV interception by natural vegetation including that in urban areas and as such it is an area that should be explicitly considered as an environmental modification intervention activity. The significance of vegetative UV interception may be increased by the UK behavioural tendency to ‘go outside’ during fine sunny weather.</p> <p>Listed below are some examples of the literature that may provide evidence for consideration as part of this review.</p> <p>Boldeman C, Dal, H., and Wester, U., (2004). Swedish pre-school children’s UVR exposure – a comparison between two outdoor environments. <i>Photodermatol Photoimmunol Photomed</i> 20 (1) p 2 – 8.</p>	<p>Thank you for this suggestion – we have amended this bullet point to include an example relating to the planting of natural vegetation as suggested.</p> <p>Thank you for these references – we will pass these onto the contractors appointed to review the available evidence for consideration.</p>
------------------------	-----------	--	---

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

**28<sup>th</sup> May – 25<sup>th</sup> June 2009**

<p><b>Natural England</b></p>			<p>Gill, S., Handley, J., Ennos, R. and Pauleit, S. (2007). Adapting cities for climate change: the role of the green infrastructure. Built Environment. 30, 97-115.</p> <p>Gies, P., R. Elix, et al. (2007). "Assessment of the UVR protection provided by different tree species." Photochem Photobiol 83(6): 1465-70.</p> <p>Heisler, G. M., R. H. Grant, et al. (2002). Urban tree influences on ultraviolet irradiance. Ultraviolet Ground- and Space-Based Measurements, Models, and Effects. J. R. Slusser, J. R. Herman and W. Gao. Bellingham, Spie-Int Society Optical Engineering. 4482: 277-290.</p> <p>Grant, Heisler, Goa, Jenks (2003). Ultraviolet leaf reflectance of common urban trees and the prediction of reflectance from leaf surface characteristics. Agricultural and Forest Meterology vol 120:127-139.</p> <p>Heisler &amp; Grant &amp; Rao (2005). UV exposure in the shade. Bulletin of the American Meterological Society. 86(1):p29.</p> <p>Heisler, Grant &amp; Gao (2003). Individual and scattered tree influences on UV irradiances. Agricultural and Forest Meterology. Vol. 120:113-126.</p> <p>Heisler &amp; Grant 1997. Ultraviolet radiation, human health and the urban forest. USDA Forest Service General Technical Report NE-268.</p>	
-------------------------------	--	--	--	--

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

**28<sup>th</sup> May – 25<sup>th</sup> June 2009**

<p><b>Natural England</b></p>		<p>4.2.1.1 (b) Logic Model</p>	<p>We recognise the sense and processes influencing peoples' health as set out in the Interventions, Populations and Settings model. However, the 'Environmental interventions' part of the model tends to suggest built interventions in our view. We feel the model would be enhanced if made explicit the possibility of softer natural environment interventions to reduce UV exposure.</p>	<p>Thank you for your comment. The framework is designed to illustrate the range of interventions rather than to be a comprehensive logic model. We have, however, amended the diagram to make reference to natural areas of shade and have also amended section 4.2.1a in scope to include an example relating to the planting of natural vegetation as suggested</p>
<p><b>Natural England</b></p>		<p>General: Climate Change</p>	<p>How will the guidance take account of the climate change as it is likely to affect patterns and intensity of UV exposure?</p> <p>Prevention of skin cancers is, almost by definition, long-term (childhood to adulthood), and as such Natural England feels that the resultant guidance recommendations need to be 'climate change proofed'. For example, the guidance should indicate interventions that will provide long-term reductions in UV exposure during the daily lives of active individuals.</p> <p>Clear account needs to be taken of adaptive mechanisms that may come on stream and the increased positive or negative health impacts that may arise from these in future climate scenarios.</p>	<p>Thank you for your comment; we acknowledging the importance of this issue and will raise this with the committee reviewing the available evidence for this referral to ensure it is taken into account when drafting the guidance.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

**28<sup>th</sup> May – 25<sup>th</sup> June 2009**

<p><b>NCRI/RCP/RCR/ACP/J CCO</b></p> <p><b>Comments coordinated by Professor Lesley Rhodes NCRI Melanoma Studies Group</b></p>		<p>General</p>	<p>This is an important topic that should be pursued vigorously since it is vital to supplement the information given to the public with provision of the practical means (seeking shade, protecting the skin) to do so.</p> <p>We feel the document is well-produced and recommend that there should be concentration on:</p> <ol style="list-style-type: none"> <li>1. Sun protection and appropriate build environment for school children and employees.</li> <li>2. Providing a clear and unequivocal message concerning sunbeds, including measures to discourage their use, particularly in teenagers.</li> <li>3. Vitamin D requirements should be considered, particularly with reference to ethnic differences.</li> </ol>	<p>Thank you. The committee intends to consider, evidence permitting, interventions focusing on sun protection messages and physical changes to the environment. The benefits and risk of UV exposure will also be included in the economic analysis where data are available.</p> <p>In relation to sunbeds - the Department of Health in its Cancer Reform Strategy has announced that it was reviewing options for the possible regulation of the sunbed industry and that as a first step it would gather more information about the number and distribution of sunbeds and the scale of sunbed use by minors. The Department of Health is currently taking steps to progress this work and is considering ways in which a balance can be struck between consumer safety and choice. Consequently NICE has not been asked to cover policy, legislative and fiscal sunbed related interventions at this point in time. Please note however, that if information about using sunbeds is contained in an information provision related interventions (phase 1 of the guidance) then this will be reported in the evidence reviews and considered by the committee.</p> <p>Thank you for your comment. The committee reviewing the evidence for this referral are aware of the complexities within this topic and will take issues such as Vitamin D into account when considering the evidence and developing their recommendations</p>
--	--	----------------	--	--

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>NCRI/RCP/RCR/ACP/J CCO</b></p> <p><b>Comments coordinated by Professor Lesley Rhodes NCRI Melanoma Studies Group</b></p>		<p>4.2.2.6</p>	<p>It is important that there are some means overall to include legislation regarding sunbeds, a potent source of ultraviolet radiation, and in particular to ban coin-operated beds and raise the minimum age to 18 years, to discourage their use.</p> <p>Removing/reducing VAT on sunscreens is also important to consider as these are expensive and the cost may reduce personal use.</p>	<p>Please see above response in relation to sunbeds.</p> <p>Thank you for your comment. It is not feasible to cover all possible areas of interest within one piece of guidance. Consequently, a number of pragmatic decisions need to be made to ensure that scope fits within parameters of the Department of Health referral and to ensure that the work to inform the development of the guidance is manageable within the available timeframes. Stakeholders are, however, able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a> for further information.</p>
<p><b>Nottingham Skin Cancer MDT</b></p>		<p>3 b</p>	<p>Should add that although non-melanoma is rarely fatal,, it can be severely disfiguring.</p>	<p>Thank you, we have amended the text in this section as suggested.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>Nottingham Skin Cancer MDT</b></p>		<p>4.2.1 a</p>	<p>How can you say that this document covers artificial tanning but then in section 4.2.2 you state that raising the minimum age of sunbed use to 18 and also banning coin-operated sunbeds WILL NOT BE COVERED. You may as well say that sunbeds are not covered.</p>	<p>Thank you for this comment. The Department of Health in its Cancer Reform Strategy has announced that it was reviewing options for the possible regulation of the sunbed industry and that as a first step it would gather more information about the number and distribution of sunbeds and the scale of sunbed use by minors. The Department of Health is currently taking steps to progress this work and is considering ways in which a balance can be struck between consumer safety and choice. Consequently NICE has not been asked to cover policy, legislative and fiscal sunbed related interventions at this point in time. Please note however, that if information about using sunbeds is contained in an information provision related interventions (phase 1 of the guidance) then this will be reported in the evidence reviews and considered by the committee.</p> <p>We have also amended section 4.2.1a to highlight that this phase of the referral (phase 2) is only focusing on interventions to help with prevent skin cancer associated with natural exposure to UV (whereas phase 1: information provision could relate to both natural and artificial UV exposure).</p>
<p><b>Nottingham Skin Cancer MDT</b></p>		<p>4.2.2</p>	<p>It is vital that we discuss raising the minimum age of those who can use sunbeds and also the banning of unsupervised coin-operated sunbeds. These are the 2 most important ways we can prevent young people being exposed to harmful artificial radiation. To ignore these points is severely limiting this document.</p>	<p>Thank you - please see above response.</p>
<p><b>Nottingham Skin Cancer MDT</b></p>		<p>4.2.1 a</p>	<p>The provision of shelters and shade must be compulsory in schools and public places or else how can children stay out of the sun when outdoors?</p>	<p>Thank you – we intend to review the available evidence in this area to determine the effectiveness and cost effectiveness of such interventions.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>Nottingham Skin Cancer MDT</b></p>		<p>General</p>	<p>This is a good starting point but only touches the surface of how to prevent skin cancer with resources and environmental changes. Some key issues are not even mentioned.</p>	<p>Thank you for your comment. It is not feasible to cover all possible areas of interest within one piece of guidance. Consequently, a number of pragmatic decisions need to be made to ensure that scope fits within parameters of the Department of Health referral and to ensure that the work to inform the development of the guidance is manageable within the available timeframes. Stakeholders are, however, able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a> for further information.</p>
<p><b>Nottingham Skin Cancer MDT</b></p>		<p>4.3</p>	<p>It is not feasible or possible to measure the incidence of sunburn or cumulative uv exposure.. Most sunburn is dealt with without ever seeking medical advice and how would you measure the incidence of cumulative sun exposure?</p>	<p>Thank you. The outcomes listed in section 4.3 are not meant to be an exhaustive list; rather they were intended to provide examples of some of the wide range of possible outcomes that may be reported in the available evidence. Where the data permits we hope to provide definitions for any outcome measure used. We are also aware that sunburn may not always be reported to doctors, A&amp;E or NHD direct and therefore may have to rely on self reported outcomes such as behaviour intention or self reported behaviour change such as increased use of sunscreen. In such cases modelling would be used to estimate exposure using the best available data or through assumptions which will be tested using sensitivity analyses.</p>



## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>Royal College of Nursing</b></p>		<p>4.2.2</p>	<p>This document must cover raising the age of sun-bed use to 18 and also banning unregulated coin-operated sun-beds. We know that young people are the main users of coin-operated sun-beds and thus are increasing their risk of developing skin cancer.</p>	<p>Thank you for your comment. It is not feasible to cover all possible areas of interest within one piece of guidance. Consequently, a number of pragmatic decisions need to be made to ensure that scope fits within parameters of the Department of Health referral and to ensure that the work to inform the development of the guidance is manageable within the available timeframes. Furthermore, the Department of Health in its Cancer Reform Strategy has announced that it was reviewing options for the possible regulation of the sunbed industry and that as a first step it would gather more information about the number and distribution of sunbeds and the scale of sunbed use by minors. The Department of Health is currently taking steps to progress this work and is considering ways in which a balance can be struck between consumer safety and choice. Consequently NICE has not been asked to cover policy, legislative and fiscal sunbed related interventions at this point in time. Stakeholders are, however, able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_t opic.jsp</a> for further information.</p>
<p><b>Royal College of Nursing</b></p>		<p>4.3</p>	<p>How does one measure the incidence of sunburn or cumulative sun exposure?</p>	<p>Thank you for comments. The outcomes listed in section 4.3 are not meant to be an exhaustive list; rather they were intended to provide examples of some of the wide range of possible outcomes that may be reported in the available evidence. Where the data permits we hope to provide definitions for any outcome measure used.</p>
<p><b>Royal College of Nursing</b></p>		<p>4.2.1</p>	<p>It should be made compulsory for all schools and public places to provide shade or else how are children to stay out of the sun?</p>	<p>Thank you – we intend to review the available evidence in this area to determine the effectiveness and cost effectiveness of such interventions.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

Royal College of Nursing		4.2.1	Posters to give advice – when it is okay to go out in the sun shine? How much daily allowance is suggested for Vitamin D?	<p>Thank you – we are also reviewing the available evidence on the different ways to provide information, including posters, to determine the effectiveness and cost effectiveness of such interventions - please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.</p> <p>Please note that we have commissioned a 'Summary of key messages to be included in public information resources for primary prevention of skin cancer' paper in order to help the committee formulate recommendations that are detailed as possible. Please see <a href="http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490">http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490</a> for further information about this paper.</p>
Royal College of Nursing		4.2.1 a)	Advice on major fun runs/bike rides etc. start and finish times to avoid 12-3pm – local councils could enforce this when permission is requested to hold the events	<p>Thank you for these suggestions; we have commissioned a 'Summary of key messages to be included in public information resources for primary prevention of skin cancer' paper in order to help the committee formulate recommendations that are detailed as possible. Please see <a href="http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490">http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490</a> for further information about this paper.</p>
Royal College of Nursing		4.2.1 a)	Consult with / advice for local authorities' planning departments – when designing children's play parks/skateboard parks – e.g. build shaded areas. Suggest that any outside sport activities should have shaded facilities.	<p>Thank you for these suggestions, we intend to review the available evidence in relation to physical changes to the environment to determine the effectiveness and cost effectiveness of such interventions.</p>
Royal College of Nursing		4.2.1 a)	Local educational authorities work with schools to move majority of sports plus sport days in schools to the mornings before 12 noon.	<p>Thank you for these suggestions, we intend to review the available evidence to determine the effectiveness and cost effectiveness of such interventions.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>Royal College of Nursing</b></p>		<p>4.2.1.c)</p>	<p>Advice for beach areas/parks and sport facilities – sign posting about dangers of sun burn as well as directions for shade</p>	<p>Thank you for these suggestions; we have commissioned a ‘Summary of key messages to be included in public information resources for primary prevention of skin cancer’ paper in order to help the committee formulate recommendations that are detailed as possible. Please see <a href="http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490">http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490</a> for further information about this paper.</p>
<p><b>Royal College of Nursing</b></p>		<p>General</p>	<p>The scope is very short and only scratches the surface of what is required to prevent skin cancer in the future. It seems like merely an introduction. We would hope to see a more comprehensive document when the guidance is developed.</p>	<p>Thank you; the scope document provides an overview of the parameters for the final guidance document. Please note that there are two linked scopes that will inform the development of the guidance document.</p> <p>It is also not feasible to cover all possible areas of interest within one piece of guidance. Consequently, a number of pragmatic decisions need to be made to ensure that scope fits within parameters of the Department of Health referral and to ensure that the work to inform the development of the guidance is manageable within the available timeframes. Stakeholders are, however, able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a> for further information.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

**28<sup>th</sup> May – 25<sup>th</sup> June 2009**

<p><b>Royal College of Paediatrics and child health</b></p>		<p>General</p>	<p>The evidence for vitamin D deficiency may not be that strong but is increasing (see ASCO 2009) so should be considered in the document too.</p> <p>There are concerns that the overall mortality is not a recordable outcome in this process. Incidence of skin cancer within a population may reflect otherwise healthy life-style options. There is good evidence that athletes are disproportionately affected by skin cancer (amongst others Adams BB, Sports Med 2002; 32(5) 309-21). The greatest threat to future generations is not solar exposure, but inactivity and obesity.</p>	<p>Thank you for these comments. Appendix B of the scope documents outlines, that if the data permits, we will also report on any 'environmental, social or cultural factors that prevent or support use of sun protection resources or use of physical environmental changes made to help prevent skin cancer. (For example, people's perceptions of the risks and benefits of UV exposure, including knowledge that exposure to the sun is a source of vitamin D)'. The benefits and risk of UV exposure will also be included in the economic analysis.</p> <p>If the data permits we will also provide recommendations for specific population groups (such as athletes). We have also amended appendix B to provide an example of an adverse or unintended effects such as reduced physical activity.</p> <p>The outcomes listed in section 4.3 are not meant to be an exhaustive list; rather they were intended to provide examples of some of the wide range of possible outcomes that may be reported in the available evidence.</p>
---	--	----------------	--	---

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

**28<sup>th</sup> May – 25<sup>th</sup> June 2009**

<p><b>Royal College of Paediatrics and child health</b></p>		<p>General</p>	<p>Though most skin cancer is solar related the link is more complex than simple exposure. Certainly lifetime solar exposure is not a risk factor. People with high occupational solar exposure have a reduced incidence of skin cancer. The link becomes even more complex for CMM where solar exposure probably only increases risk by about 1.7x. In other words 2/3 of CMM is probably not solar related. There is also evidence that outcomes for patients with solar CMM are better than non-solar, presumably because the CMM will be on pale skin, in an obvious place and on a middle-class patient. There is evidence that solar exposure is protective against other malignancies and that this is independent of vitamin D. There is also excellent evidence for the benefits of solar exposure in coronary artery disease, MS, depression and some auto-immune conditions, which, added together, have a considerably larger mortality and morbidity associated with them than skin cancer.</p> <p>Sunscreen is ineffective at preventing skin cancer but still appears on all the official advice on the subject.</p> <p>Failure to consider mortality and non-skin cancer morbidity as outcomes is wrong. CCLG would definitely consider analysis of the data in a cancer review as pertinent. NICE will clearly be after a simple message – the problem is that message may be deleterious to health.</p>	<p>Thank you for your comment. The committee reviewing the available evidence for this referral are aware of the complexities within this topic and will take this into account when considering the evidence and developing their recommendations.</p>
---	--	----------------	---	---

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>Royal College of Paediatrics and child health</b></p>		<p>General</p>	<p>Education of young people and families, regarding risk of skin cancer both during and following treatment, is obviously important and although this should be verbally communicated, I think specifically including this topic in the aftercare/follow up publications would also be useful and could be passed onto schools/childcare institutions for the time children are in the care of someone other than family.</p> <p>There is a concern that total sun avoidance could lead an already vulnerable group to becoming Vit D deficient with resultant long term impact on bone density. The evidence for vitamin D deficiency may not be that strong but is increasing (see ASCO 2009) so should be considered in the document too.</p> <p>There should be a reference to the recent data suggesting that vitamin D levels are low in the UK population, associated with a potential risk of morbidity and mortality.</p>	<p>Thank you for these suggestions, we are also reviewing the available evidence to determine the effectiveness and cost effectiveness of information related interventions which aim to prevent the first occurrence of skin cancer – please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.</p> <p>Thank you for your comment. The committee reviewing the available evidence for this referral are aware of the complexities within this topic and will take this into account when considering the evidence and developing their recommendations.</p>
---	--	----------------	---	--

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p>Royal College of Paediatrics and child health</p>		<p>General</p>	<p>Children with cancer have a higher rate than normal of BCC, particularly in areas that have been irradiated. Patients with multiple BCCs have had TBI for BMT for ALL, and skin cancers of the scalp have been recorded after cranial irradiation, and of other areas given radiotherapy.</p> <p>It has been known for many years that after chemotherapy for leukaemia (and probably for other cancers) patients have an increased risk of developing multiple benign naevi, which can, of course, become malignant.</p> <p>Certain patients with cancer have DNA repair defects which increase the risk of several types of cancer, including skin cancer. Such patients are also prone to radiosensitivity. <i>Can our consultees specifically address how this information should be incorporated into the current scope? Also, abbreviations should all be spelt out in full once, then as abbreviations</i></p> <p>Regarding avoidance of skin cancers among the healthy population, perhaps NICE should recommend that sun beds be avoided altogether. <i>This would be an outcome of the guidance, if evidence supports it, therefore are they referring specifically to children? If so, can they cite references?</i></p>	<p>Thank you for these comments; appendix B of the scope document outlines that if the evidence permits recommendations for specific at risk population groups (such as those with a history of lowered immunity or transplant).</p> <p>We have commissioned a 'Summary of key messages to be included in public information resources for primary prevention of skin cancer' paper in order to help the committee formulate recommendations that are detailed as possible. Please see <a href="http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490">http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=43490</a> for further information about this paper (please note that this paper makes reference to the use of sun-beds.)</p>
--	--	----------------	--	---

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

Royal College of Paediatrics and child health		3c	More up to date Cancer Research UK data is available on their website	Thank you – we have amended this section in line with the recent figures provided by the Office of National Statistics.
Royal College of Paediatrics and child health		4.2.1.1	A relatively 'new' set of psychological theories of development suggest that between classical adolescence and adulthood is a phase of 'emerging adulthood'. In this period, many health behaviours may be instituted or changed. As such, a focus area should probably be work in young adults in the workplace to encourage healthy sun behaviours specifically in this group. <a href="http://www.ncbi.nlm.nih.gov/pubmed/10842426">http://www.ncbi.nlm.nih.gov/pubmed/10842426</a> <a href="http://www.ncbi.nlm.nih.gov/pubmed/17347373">http://www.ncbi.nlm.nih.gov/pubmed/17347373</a> <a href="http://www.ncbi.nlm.nih.gov/pubmed/9327479">http://www.ncbi.nlm.nih.gov/pubmed/9327479</a>	Thank you for these suggestions, we are also reviewing the available evidence to determine the effectiveness and cost effectiveness of information related interventions which aim to prevent the first occurrence of skin cancer – please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work. We will also pass these references onto the contractors appointed to review the available evidence for consideration.
Teenagers and Young Adults with Cancer (TYAC)		4.2.1	Encouraging of sun cream application for school age children ,by parents before they go to school or encouraging children to apply the cream themselves ( I know there are child protection issues surrounding teachers being asked to apply sun cream)	Thank you for these suggestions, we intend to review the available evidence in this area to determine the effectiveness and cost effectiveness of such interventions.
Teenagers and Young Adults with Cancer (TYAC)			Teenagers and young people are more receptive to positive suggestions than they are to negative warnings of cancer. Most TYA think a tan makes them look better.	Thank you for these suggestions, we intend to review the available evidence to determine the effectiveness and cost effectiveness of information related interventions. We have also commissioned a qualitative evidence review to explore the barriers and facilitators to information provision – please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.



## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>Teenagers and Young Adults with Cancer (TYAC)</b></p>			<p>The threat of cancer 10 years down the road makes little impression on TYA, skin cancer education can be supplemented with education on the cosmetic consequences of sun damage.</p>	<p>Thank you for these suggestions, we intend to review the available evidence to determine the effectiveness and cost effectiveness of information related interventions. We have also commissioned a qualitative evidence review to explore the barriers and facilitators to information provision – please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.</p>
<p><b>Teenagers and Young Adults with Cancer (TYAC)</b></p>			<p>How are tanning booth operators operated, how and where do they advertise – do they target young women. Are they involved in the scope?</p>	<p>Thank you for this comment. The Department of Health in its Cancer Reform Strategy has announced that it was reviewing options for the possible regulation of the sunbed industry and that as a first step it would gather more information about the number and distribution of sunbeds and the scale of sunbed use by minors. The Department of Health is currently taking steps to progress this work and is considering ways in which a balance can be struck between consumer safety and choice. Consequently NICE has not been asked to cover policy, legislative and fiscal sunbed related interventions at this point in time. Please note however, that if information about using sunbeds is contained in an information provision related interventions (phase 1 of the guidance) then this will be reported in the evidence reviews and considered by the committee.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<p><b>Teenagers and Young Adults with Cancer (TYAC)</b></p>			<p>Safe –sun information needs to be available at summer festivals, at resorts where TYA holiday (winter and summer), sports events (minor i.e. skateboarding as well as major i.e. football)</p>	<p>Thank you for these suggestions, we intend to review the available evidence to determine the effectiveness and cost effectiveness of information related interventions. If the evidence permits recommendations for specific settings and population groups will be made. Please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.</p>
<p><b>Teenagers and Young Adults with Cancer (TYAC)</b></p>			<p>How can we target the message to TYA <u>boys</u> and girls??</p>	<p>Thank you; we intend to review the available evidence to determine the effectiveness and cost effectiveness of information related interventions. We have also commissioned a qualitative evidence review to explore the barriers and facilitators to information provision – please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.</p>
<p><b>Teenagers and Young Adults with Cancer (TYAC)</b></p>			<p>How can we involve TYA focus media written, visual, on-line, social networking, radio etc? Peer to peer messages carry more weight in this age group &amp; most role models in this age group are tanned.</p>	<p>Thank you for these comments, we intend to review the available evidence to determine the effectiveness and cost effectiveness of information related interventions. If the evidence permits recommendations for specific settings and population groups will be made. We have also commissioned a qualitative evidence review to explore the barriers and facilitators to information provision – please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.</p>

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

<b>Teenagers and Young Adults with Cancer (TYAC)</b>			What factors cause TYA to be less likely to use sunscreen as reported by Skin Cancer Foundation?	We have also commissioned a qualitative evidence review to explore the barriers and facilitators to information provision – please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further information about the information provision phase of the work. We also intend to commission another qualitative evidence review to explore the barriers and facilitators to the provision or use of sun protection resources, physical changes to the natural or built environment and multi-component interventions (please see section 4.3 of the scope).
<b>Teenage Cancer Trust</b>		4.2 Activities that will be covered	Public spaces - Teenage Cancer Trust would like this to include the provision of sensible shade (canvas shelters are sufficient) in sports and recreation areas both public and private (e.g. Wimbledon).	Thank you for these suggestions, we intend to review the available evidence in this area to determine the effectiveness and cost effectiveness of such interventions.
<b>Teenage Cancer Trust</b>			We would also like to see public information displayed for those participating in outdoor sports or recreational activities including cycling, walking and running. This should include advice on sun cream, head protection etc.	Thank you for these comments, we intend to review the available evidence to determine the effectiveness and cost effectiveness of information related interventions. Please see <a href="http://guidance.nice.org.uk/PHG/Wave18/4">http://guidance.nice.org.uk/PHG/Wave18/4</a> for further details about the information provision phase of the work.
<b>Teenage Cancer Trust</b>			Teenage Cancer Trust would like to see the provision of sun cream in schools considered as part of wider activity around shaded areas for those participating in sports.	Thank you for these suggestions, we intend to review the available evidence in this area to determine the effectiveness and cost effectiveness of such interventions.
<b>Teenage Cancer Trust</b>			Teenage Cancer Trust would like to see a standard level of information and guidance provided for sun bed users including information e.g. creams to use. This should be reinforced and monitored by local authorities.	Thank you; if information about using sunbeds is contained in an information provision related interventions (phase 1 of the guidance) then this will be reported in the evidence reviews and considered by the committee.

## Public Health Intervention Guidance

### Resources and environmental changes to prevent skin cancer- Consultation on the Draft Scope: Stakeholder Comments and Response Table

28<sup>th</sup> May – 25<sup>th</sup> June 2009

Teenage Cancer Trust			Teenage Cancer Trust believes the NHS can play a more proactive role in encouraging people to protect their skin and enable them to seek guidance when they have any concerns. E.g. Drop in mole clinics, pharmacy guides, screening vans for public events.	Thank you; section 4.2.1 of the scope outlines the areas that this guidance will cover data permitting. It is not feasible to cover all possible areas of interest within one piece of guidance. Stakeholders are, however, able to suggest further topics and areas for consideration. Please see <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a> for further information.
Teenage Cancer Trust			Teenage Cancer Trust would be interested to see some level of training of key individuals within communities who come into regular contact with skin e.g. hairdressers, beauticians, massage therapists etc.	Thank you; appendix b of the scope document outlines the additional areas that will be investigated, evidence permitting. This includes – the status, knowledge and influence of the person delivering the interventions. The guidance will also make recommendations for specific groups if the evidence permits.
Teenage Cancer Trust			Local authorities – there is great scope for local authorities to work with local businesses to act responsibly and encourage their customers and patrons to do the same. E.g. shaded beer gardens, outside spaces for restaurants.	Thank you for these suggestions, we intend to review the available evidence in the area of physical changes to the natural or built environment to determine the effectiveness and cost effectiveness of such interventions.
University of Nottingham		3c – line 7	Non-melanoma is rising in the young, this reference refers to BCC – perhaps put (BCC)	Thank you for your comment we have amended the guidance appropriately.