Public Health Guidance

Skin cancer prevention: information, resources and environmental changes (PH32) - Consultation on Review Proposal Stakeholder Comments Table

23rd August - 6 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

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	Section 3, recommendation 1		We agree	Noted, thank you.
British Association of Dermatologists	Section 3, recommendation 2		We agree	Noted, thank you.
British Association of Dermatologists	Section 3, Recommendation 3		*"Consideration should be given to recent research on whether a recommendation of SPF 15 or 30 would confer the biggest public health benefit to the UK population."* This should be a major focus of the review of the current guidance, rather than an area for 'consideration' only. In light of recent research (post the Feb 2012 review), the recommended SPF must be raised from 15 to 30. There is a volume of evidence to support this view. The latest research (2013) concludes that "While either sunscreen [15 or 30], if delivering the nominal SPF over the entire exposed skin, would be sufficient to prevent any erythema, the simulation indicates that the combination of the average quantity applied with the variability in thickness over the skin surface will lead to erythema, especially in SPF15 sunscreen users. People who intend spending long periods outside in strong sunshine would be better advised to use SPF30 labelled sunscreens than SPF15 sunscreens". Further conclusions are: "Sunscreen products carry a sun protection factor (SPF) number (relating to UVB radiation) and (often) a star rating (relating to UVA radiation), both of which indicate the potential protection offered. However, the actual protection gained depends heavily on exactly how people use sunscreen, and typically these are applied too thinly. Using a product with a high SPF (30) is a practical way of addressing this issue" and "Failure to prevent sunburn is usually due to the way sunscreen products are applied rather than the technical inadequacy of the product. However, one can argue	Thank you for your comments and provision of references. It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			that if the majority of consumers do not use the product in accordance with the recommendation, then this is a technical inadequacy in itself. Low cosmetic acceptance and the high cost of sunscreen products may result in insufficient use." Furthermore, the article in the Journal Photochemistry & Photobiology (April 2011) by De Villa et al describes research into the effectiveness of reapplication (two coats) to achieve coverage closer to the recommended amount. Their research showed that even with two applications the amount of product on the skin was still lower than the recommended amount. It is the role of this guidance to reflect new and emerging scientific evidence, not to ensure consistency with what is currently being recommended by external stakeholders (i.e. the guidance should determine the advice delivered by external stakeholders, not the other way around). Therefore we feel it imperative that the higher SPF30 is recommended to address this issue. Evidence references: Pissavini M, Diffey B. The likelihood of sunburn in sunscreen users is disproportionate to the SPF. Photodermatol Photoimmunol Photomed. 2013 Jun;29(3):111-5. doi: 10.1111/phpp.12033. PubMed PMID: 23651270. Lodén, M., Beitner, H., Gonzalez, H., Edström, D.W., Åkerström, U., Austad, J., Buraczewska-Norin, I., Matsson, M. and Wulf, H.C. (2011), Sunscreen use: controversies, challenges and regulatory aspects. British Journal of Dermatology, 165: 255–262. doi: 10.1111/j.1365-2133.2011.10298.x Iheanacho, I, Sunscreen SPFs: clear as daylight? DTB Vol 49 DTB2011;49:61, doi:10.1136/dtb.2011.02.0033 Iheanacho, I, Evidence review: Do sunscreens have a role in preventing skin	

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			cancer? DTB June 2011 DTB2011;49:69-72, doi:10.1136/dtb.2011.02.0036 De Villa D, Nagatomi AR, Paese K, Guterres S, Cestari TF. Reapplication improves the amount of sunscreen, not its regularity, under real life conditions. Photochem Photobiol. 2011 Mar-Apr;87(2):457-60. doi: 10.1111/j.1751-1097.2010.00856.x. Petersen B, Datta P, Philipsen PA, Wulf HC. Sunscreen use and failures--on site observations on a sun-holiday. Photochem Photobiol Sci. 2013 Jan;12(1):190-6. doi: 10.1039/c2pp25127b.	
British Association of Dermatologists	Section 3, Recommendation 3		*"It should be explicitly stated that regular use of sunscreen has been shown to reduce skin cancers."* We agree - there is in fact evidence that sunscreen prevents skin cancer and this needs to be included in the recommendations. Conclusions from these studies include that "Subject to the best-available evidence depicted in our model, the active promotion of routine sunscreen use to white populations residing in sunny settings is likely to be a cost-effective investment for governments and consumers over the long term" and "Melanoma may be preventable by regular sunscreen use in adults." Recommendations should explicitly state that regular use of sunscreen has been shown to reduce skin cancers (AK and SCC and melanoma) and to be a cost-effective strategy when used in subtropical climates with high ambient sunshine. While equivalent studies have not been identified specifically for the UK it would seem sensible to encourage sunscreen use for persons at risk (fair skin types, outdoor occupation, outdoor recreational exposure, family or personal history of skin cancer, immunosuppressed, etc). Evidence references:	Thank you for your comment and provision of references. PH32 did not look at the efficacy of sunscreen in terms of preventing skin cancer but rather the effectiveness of the provision of sunscreen. We are aware that concern exists as to whether sunscreen use promotes sun-seeking behaviour and thereby increases UV exposure and skin cancer risk. It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Thompson SC, Jolley D, Marks R. Reduction of solar keratoses by regular sunscreen use. N.Engl.J Med. 1993; 329: 1147-51. van der Pols JC, Williams GM, Pandeya N et al. Prolonged prevention of squamous cell carcinoma of the skin by regular sunscreen use. Cancer Epidemiol.Biomarkers Prev. 2006; 15: 2546-8. Gordon LG, Scuffham PA, van der Pols JC et al. Regular sunscreen use is a cost-effective approach to skin cancer prevention in sub- tropical settings. J Invest Dermatol 2009; 129:2766–71. Green AC, Williams GM, Logan V, Strutton GM. Reduced melanoma after regular sunscreen use: randomized trial follow-up. J Clin Oncol 2011; 29:257–63 Lazovich D, Vogel RI, Berwick M et al. Melanoma risk in relation to use of sunscreen or other sun protection methods. Cancer Epidemiol Biomarkers Prev 2011; 20:2583–93. Hirst NG, Gordon LG, Scuffham PA, Green AC. Lifetime cost-effectiveness of skin cancer prevention through promotion of daily sunscreen use. Value Health. 2012 Mar-Apr;15(2):261-8. doi: 10.1016/j.jval.2011.10.009. Epub 2011 Dec 15.	
British Association of Dermatologists	Section 3, Recommendation 3		*"Given there is a lack of evidence for re-application of sunscreen every two hours, consideration should be given to amending this message to 'reapply often/regularly'."* 'Often / regularly' are subjective terms that are open to different interpretation by different individuals. For this reason, the advice may benefit from a higher	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			degree of specificity. The existing 2-hour guidance is based on the product labelling provided by the majority of sunscreen manufacturers, for where a timescale is provided (rather than those stating 'reapply regularly'). It may be deemed necessary to update this review to examine current manufacturers' guidance on reapplication of their products. A paucity of published data does not necessarily reflect that evidence does not exist to support 2-hourly reapplication, but this needs to be elicited from the manufacturers, who conduct this research and product testing.	
British Association of Dermatologists	Section 3, Recommendation 4		We agree that it is important to state that the health risks and benefits of sunlight exposure are not uniform for the range of skin types, and that more targeted messages are required for different population sectors. The guidance needs to focus more specifically on the higher risk skin types and advise against a blanket approach to sun protection measures across all skin types, which may be detrimental to darker skin types (vitamin D deficiency). Recent work shows that regimes of casual low level sun exposure can produce a "sufficient" vitamin D status i.e. 25(OH)D of 20 ng/mL in the majority of white Caucasian adults living in the UK (Rhodes et al 2010); The same regime, following identical protocols, had little impact in South Asians (Farrar et el 2011), but a dose-response study revealed that a modest increase in exposure dose brought the majority of this group out of the deficiency range, i.e. produced a 25(OH)D of >10 ng/ml, with a mean 25(OH)D of 15 ng/mL (Farrar et al 2013). Thus more targeted sunlight exposure recommendations to South Asians, for example, could be beneficial regarding vitamin D acquisition. Evidence references: Farrar MD, Webb AR, Kift R, Durkin MT, Allan D, Herbert A, Berry JL, Rhodes	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'. SACN are currently considering the contribution of cutaneous vitamin D synthesis to vitamin D status in the United Kingdom taking account of the effects of modifiers of skin exposure to sunlight; the risks of skin damage and other adverse health outcomes associated with sunlight exposure. The findings of SACN will be referred to in the new guidance on 'sun exposure: benefits and

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			LE. Efficacy of a dose range of simulated sunlight exposures in raising vitamin D status in South Asian adults: implications for targeted guidance on sun exposure. Am J Clin Nutr. 2013 Jun;97(6):1210-6. doi: 10.3945/ajcn.112.052639. Epub 2013 Apr 24. Rhodes LE, Webb AR, Fraser HI, Kift R, Durkin MT, Allan D, O'Brien SJ, Vail A, Berry JL. Recommended summer sunlight exposure levels can produce sufficient (> or =20 ng ml(-1)) but not the proposed optimal (> or =32 ng ml(-1)) 25(OH)D levels at UK latitudes. J Invest Dermatol. 2010 May;130(5):1411-8. doi: 10.1038/jid.2009.417. Epub 2010 Jan 14. Farrar MD, Kift R, Felton SJ, Berry JL, Durkin MT, Allan D, Vail A, Webb AR, Rhodes LE. Recommended summer sunlight exposure amounts fail to produce sufficient vitamin D status in UK adults of South Asian origin. Am J Clin Nutr. 2011 Nov;94(5):1219-24. doi: 10.3945/ajcn.111.019976. Epub 2011 Sep 14.	risks'**.**
British Association of Dermatologists	Section 4		We agree	Noted, thank you.
British Association of Dermatologists	Section 5		We agree	Noted, thank you.
British Association of Dermatologists	Section 6		We agree	Noted, thank you.
Cancer Research UK	3 (recommendation 3)		The current proposal states: **'Consideration should be given to recent research on whether a recommendation of SPF 15 or 30 would confer the biggest public health**	It is anticipated that this issue will be considered within the context of the development of

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			benefit to the UK population'. However, there hasn't been any recent research that resolves the issue of which SPF would confer the biggest public health benefit to the UK population. The evidence indicates that for non-intentional exposure SPF 30 would be preferable to 15, but for intentional exposure, SPF 15 would be preferable to 30. We would need to know the proportion of intentional versus non-intentional sun exposure in order to tackle this issue, but that data is currently lacking. When we were consulted in July as part of the expert panel we advised that more research is needed to address the issue outlined above. And we suggested seeking guidance from a range of researchers who have published in the field through an expert symposium. We would like to reiterate our response. We wrote: 'We feel there is conflicting evidence as to whether a recommendation of SPF 15 or 30 would confer the biggest public health benefit to the UK population'. And 'In the medium to long term we therefore call for more research in this area to allow us to understand better the balance of public health harms and benefits at a population level associated with the use of sunscreens of different SPFs in the UK'.	new guidance on 'sun exposure: benefits and risks'**.**
Cancer Research UK	3 (recommendation 3)		**'It should be explicitly stated that regular use of sunscreen has been shown to reduce skin cancers'.** We disagree with this recommendation on the basis of the following 3 points: **1) We believe that overall the evidence that regular sunscreen use can reduce the risk of skin cancer is not compelling.** Studies that have reported a reduced risk of malignant melanoma with regular sunscreen use have a number of methodological weaknesses. One of the	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			most frequently cited studies (Green et al. 2011) has been heavily criticised by other researchers (Goldenhersh & Koslowsky, 2011). A key meta-analysis (Dennis et al., 2003) found no association between sunscreen use and malignant melanoma. The authors highlighted a number of probable sources of confounding that would account for both the positive and negative associations found in the studies included in the meta-analysis. Limitations included: failure to control for skin sensitivity, sunburn history, sun exposure, sunscreen substantivity (adherence to skin), water resistance, SPF, proficiency of application and recall bias. Sample sizes were small and most studies were done before the development of sunscreens with UVA protection and high SPF. Evidence does not support a link between sunscreen use and basall cell carcinoma. Studies linking regular sunscreen use to a reduction in risk of squamous cell carcinoma have a number of limitations (Green et al., 1999, van der Pols et al., 2006). **2) Under certain circumstances sunscreen use promotes sun-seeking behaviour** Evidence suggests that during intentional sun exposure (i.e. sunbathing) any use of sunscreen, but in particular use of sunscreen with a higher SPF, tends to influence behaviour to increase the length of time spent in the sun with no reduction in sunburn frequency (Autier 2007, Thieden et al. 2005), thereby increasing UV exposure and potentially also skin cancer risk. **3) More emphasis should be placed on shade and clothing as sun protection methods** Given that the evidence for shade and clothing as measures of sun protection is stronger than sunscreen (Holman et al. 1986, Autier et al. 1998, Wachsmuth et al. 2005), Cancer Research UK would like to re-emphasise the importance	

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of focusing on shade and clothing as the most effective methods of sun protection, with sunscreen used mainly to protect areas that cannot practically be protected in other ways.	
Cancer Research UK	3 (recommendation 4)		The term "cutaneous melanoma" should be used instead of "malignant melanoma", to distinguish it from melanoma in the eye (ocular melanoma) or from melanoma arising within the meninges. It was noted that melanoma is by definition malignant. We disagree with this recommendation for the following reasons: 'Malignant melanoma' is a much more common term and could cause confusion if changed. The additional details regarding location could be added subsequently, rather than in the name, to better serve all audiences, e.g. how CRUK Stats team do on their website (http://www.cancerresearchuk.org/cancer-info/cancerstats/types/skin/incidence/): Incidence statistics for malignant melanoma of the skin (cutaneous) by country in the UK, age and trends over time are presented here. Melanomas can also occur in other body organs, such as the eye, but such data are not shown here. On this page "malignant melanoma" refers to malignant melanoma of the skin only. Melanomas can be in situ as well, so it is not, by definition, malignant, as stated in the recommendation, hence why CRUK Stats Team usually specifies "malignant melanoma" because of this.	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'.

Public Health Guidance

Skin cancer prevention: information, resources and environmental changes (PH32) - Consultation on Review Proposal Stakeholder Comments Table

23rd August - 6 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cancer Research UK	3 (recommendation 5)		Re recommendation 5. As per our previous comments (July 2013), it would be useful to have more detailed guidance around protecting children from sunburn and reducing their risk of skin cancer, particularly in the school setting. The guidance should explicitly cover what schools' policies or guidelines should include.	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**
Cancer Research UK	General		We'd like to reiterate that the incidence figures need to be updated. The latest available figures are for 2010 and can be found here: http://www.cancerresearchuk.org/cancer-info/cancerstats/types/skin/incidence/	The incidence figures will be updated within the new guidance on 'sun exposure: benefits and risks'.
Cancer Research UK	General		Our comments in summary: • The evidence linking sunscreen use to a reduction in skin cancer risk is not compelling. • Under certain circumstances sunscreen use promotes sun-seeking behaviour. • More emphasis should be place on shade and clothing as the most effective forms of sun protection. Sunscreen should be the last line of defence. • More research is needed to address the issue of intentional versus non-intentional sun exposure and which SPF recommendation would confer the biggest public health benefit to the UK population. • We suggest seeking detailed guidance from experts in the field on the conflicting evidence around sunscreen harms and benefits by way of a symposium.	Thank you for your comments.
Department of Health	General		**Department of Health has no substantive comments to make, regarding this consultation.**	Noted, thank you.
LEO Pharma	General		LEO Pharma agrees with all the proposed amends. Please see below for	Noted, thank you.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			comments on the specific recommendations.	
LEO Pharma	Recommendation 1		General dermatology training for GPs is minimal and not mandatory therefore any amendment to recommendation 1 which further encourages better awareness and education is welcomed.	Noted, thank you.
LEO Pharma	Recommendation 3		Actinic keratosis (AK) is a skin condition triggered by long-term sun exposure or using sunbeds. It often appears as red, rough sandpapery patches of skin[1] often on the face, balding scalp, back of hands and trunk of body and affects two million people aged 40 and over[2]. Although many people know to check their moles for changes, skin cancers that are not related to moles are over 8 times more common[3], now accounting for a third of cancers detected in the UK. 65% of squamous cell carcinoma (SCC), a form of skin cancer results from AK. It is therefore important to emphasise the need for people to regularly check (look and feel) for all skin changes, not just in moles. Checking your skin regularly means any potential problems are more likely to be found and treated at an early stage. Finding any problems early reduces the risk of a more serious conditions developing. *References* *1 Stockfleth E et al. Eur J Dermatol. 2008; 18:651-59* *2 Memon A et al. Br J Dermatol. 2000; 142:1154-9* *3 David JL. Phys Sportsmed. 2000; 28:79-85*	Thank you for your comment and provision of references; it is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**
LEO Pharma	Recommendation 4		As many people have not heard of actinic keratosis it is particularly important to ensure messages are simple and succinct. Tailored information is needed to target key sub groups. A recent survey conducted by Cancer Research UK[4] highlights, death rates from malignant melanoma, the most serious type of skin cancer, are 70 per cent higher in	Activities to increase people's understanding of their own level of health risk and benefit

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			men than women, despite similar numbers being diagnosed with the disease each year. This is because men present much later and do not wish to bother their GP. Men and women also tend to develop skin cancer in different places – more often on the back and chest for men and on the arms and legs for women. If something does develop on your back then it may be more difficult to spot. *Reference* *4 http://cancerresearchuk.org/cancer-info/news/archive/pressrelease/2013-08-20-skin-cancer-death-rates-70-per-cent-higher-in-men*	from sun exposure will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'.
LEO Pharma	Recommendation 5		Non melanoma skin cancer (NMSC) is 30% more frequent than previously assumed in Europe and whilst it is less aggressive than the malignant melanoma it occurs ten times more frequently[5]. Sun damage to skin is a growing problem. Every year there are more new cases of skin cancer in the UK than breast and lung combined[6]. The biggest risk factor for the development of AK is a long time exposure to UV, therefore any efforts to strengthen the recommendation to raise awareness with children and outdoor workers is important / needed. *References* *5 http://epiderm-network.eu/* *6 Skin Cancer UK. Skin cancer in the UK: the facts. http://skcin.org/documents/scuk-download-version-(1)*	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**
NCRI/RCP/RCR/ACP/JCCO	General		**Recommendation 1: Information provision delivery** *Recent evidence demonstrates a potential need for better awareness and education amongst health professionals, regarding their knowledge of sunscreens and UV protection. Consideration should be given to*	Noted, thank you.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommending the need to ensure all appropriate frontline staff, that could have a role in influencing patients' behaviour regarding sun protection measures, are adequately trained to ensure the prevention interventions they deliver are safe and of the highest quality We agree.	
NCRI/RCP/RCR/ACP/JCCO	General		**Recommendation 2: Information provision: developing national campaigns and local activities** *Groups who may be at higher risk of skin cancer should also list people with fair or red hair.* We agree	Noted, thank you.
NCRI/RCP/RCR/ACP/JCCO	General		**Recommendation 3: Information provision: message content** *Consideration should be given to recent research on whether a recommendation of SPF 15 or 30 would confer the biggest public health benefit to the UK population.* We believe that this is one of the most important areas for review in the current guidance and that there is sufficient evidence now available to support the recommended SPF being raised from 15 to 30. In particular, research by Pissavini et al (Pissavini M, Diffey B. The likelihood of sunburn in sunscreen users is disproportionate to the SPF. Photodermatol Photoimmunol Photomed. 2013) has recently shown that the actual protection gained depends on how people use sunscreen, and that the frequent combination of quantity and distribution of sunscreen applied leads to erythema, especially in SPF15 sunscreen users. They conclude that 'people who intend spending long periods outside in strong sunshine would be better	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			advised to use SPF30 labelled sunscreens than SPF15 sunscreens'.	
NCRI/RCP/RCR/ACP/JCCO	General		**Recommendation 3: Information provision: message content** *It should be explicitly stated that regular use of sunscreen has been shown to reduce skin cancers.* We agree - there are convincing data to support the effects of regular sunscreen use in prevention of AK and SCC (Thompson SC, Jolley D, Marks R. Reduction of solar keratoses by regular sunscreen use. N.Engl.J Med. 1993; 329: 1147-51; van der Pols JC, Williams GM, Pandeya N et al. Prolonged prevention of squamous cell carcinoma of the skin by regular sunscreen use. Cancer Epidemiol.Biomarkers Prev. 2006; 15: 2546-8) and more recently, melanoma (Green AC, Williams GM, Logan V, Strutton GM. Reduced melanoma after regular sunscreen use: randomized trial follow-up. J Clin Oncol 2011; 29:257–63). Moreover, in subtropical regions, this has proven to be a cost-effective strategy (Thompson SC, Jolley D, Marks R. Reduction of solar keratoses by regular sunscreen Gordon LG, Scuffham PA, van der Pols JC et al. Regular sunscreen use is a cost-effective approach to skin cancer prevention in sub- tropical settings. J Invest Dermatol 2009; 129:2766–71; Hirst NG, Gordon LG, Scuffham PA, Green AC. Lifetime cost-effectiveness of skin cancer prevention through promotion of daily sunscreen use. Value Health. 2012 Mar-Apr;15(2):261-8) and it is likely that this is the case in the UK at the very least for high risk populations. *Given there is a lack of evidence for re-application of sunscreen every two hours, consideration should be given to amending this message to 'reapply often/regularly'.* Our concern with such an amendment would be that interpretation of what constitutes 'often/regularly' may vary between individuals. Some guidance is	Thank you for your comment and provision of references. PH32 did not look at the efficacy of sunscreen in terms of preventing skin cancer but rather the effectiveness of the provision of sunscreen. We are aware that concern exists as to whether sunscreen use promotes sun-seeking behaviour and thereby increases UV exposure and skin cancer risk. It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			required and perhaps it should be indicated that the frequency may vary depending on factors such as sweating, water exposure etc and often required 2 hourly	
NCRI/RCP/RCR/ACP/JCCO	General		**Recommendation 4: Information provision: tailoring the message** *The term "cutaneous melanoma" should be used instead of "malignant melanoma", to distinguish it from melanoma in the eye (ocular melanoma) or from melanoma arising within the meninges. It was noted that melanoma is by definition malignant* We agree *In light of the need to communicate the balance of risks and benefits of sun exposure, the importance of skin type needs to be better reflected in the current guidance. Messages should be more targeted to sub-populations; with discouragement of a blanket approach to sun protection measures across all skin types (the latter may be detrimental to darker skin types if it results in vitamin D deficiency).* We agree – emphasis should be placed upon the importance of understanding personal skin type in terms of sun sensitivity and how this influences the need for sun protection practices	It is anticipated that these issues will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**
NCRI/RCP/RCR/ACP/JCCO	General		**Recommendation 5: Protecting children, young people and outdoor workers** *With regards to including a range of sun protection measures in messages, given the need to balance the risk of overexposure with benefits from being out in the sun, the language used could better reflect this balance. For example, spending some time in the shade as opposed to seeking shade.*	Noted, thank you. It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**

Public Health Guidance

Skin cancer prevention: information, resources and environmental changes (PH32) - Consultation on Review Proposal Stakeholder Comments Table

23rd August - 6 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We agree	
NCRI/RCP/RCR/ACP/JCCO	General		**Equality and diversity considerations** *The importance of skin type in relation to sun protection measures needs more prominence in the current guidance; blanket approach messages across all skin types may be detrimental to darker skin types if it increases the risk of vitamin D deficiency.* We agree – as in our response to recommendation 4.	Activities to increase people's understanding of their own level of health risk and benefit from sun exposure will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'.
NCRI/RCP/RCR/ACP/JCCO	General		Our experts are generally in agreement with the other recommendations (not specifically discussed above) in the proposal.	Noted, thank you.
Public Health England	Recommendation 3		PHE supports the suggestion that more emphasis should be given to self-examination and the need for early diagnosis	Noted, thank you.
Public Health England			PHE supports the need to make greater use of interventions that emphasise the benefits to physical appearance of avoiding excessive sun exposure (given the very long lead time for the development of skin cancer, interventions based on warning people about the risks of this are unlikely to be effective on their own)	Noted, thank you.
Public Health England			PHE would be interested to see the evidence that regular use of sunscreens alone reduces skin cancer. Cancer Research UK's advice is that sunscreens can be useful for protecting the skin from the sun but that they will not provide protection from sun damage on their own. They recommend that they are used together with shade or clothing to avoid getting sunburn. There is also a risk that they may lead to a false sense of security and result in people spending longer in the sun.	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'.
Public Health England	Recommendatio		PHE agrees with the need to balance the risks and benefits of being in the sun	Activities to increase people's

Public Health Guidance

Skin cancer prevention: information, resources and environmental changes (PH32) - Consultation on Review Proposal Stakeholder Comments Table

23rd August - 6 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	n 5		and I note the plan to consider the length and frequency of sun exposure needed to maintain optimal levels of vitamin D. However, what is also needed (though this may be outside the scope of guidance focusing specifically on skin cancer prevention) is consideration of what is the optimal level of sun exposure that will minimise mortality and morbidity *in general*. To PHE's knowledge no such guidance exists at present.	understanding of their own level of health risk and benefit from sun exposure will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'.
Public Health England	Section 5		The issue of how to communicate the risks and benefits of sunlight exposure raises issues about risk communication in general. It would be helpful if NICE at some point could consider producing guidance on this, assuming that this is not already picked up elsewhere, for example in its guidance on behaviour change.	
Public Health England	General		The evaluation of the skin cancer prevention campaign, Sunsmart, from 2003-2008 showed that there was a significant trend towards increased awareness of the importance of protecting children, checking moles and going to the doctor about moles as well as avoiding getting sunburnt. Significantly more people also reported using shade, covering up and avoiding sunbeds to protect themselves from skin cancer. Overall, however, awareness levels were low, as were the proportions of people reporting SunSmart behaviour. More work needs to be done with key target audiences. Messaging in terms of tone and relevance is crucial especially as they will be competing with so many other messages that will seem much more attractive. Also, perhaps more should be done with older audiences who have developed signs of skin cancer but do not present to primary care earlier enough.	It is anticipated that these issues will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'.
Public Health England	General		We are in agreement with all suggestions made	Noted, thank you.

Public Health Guidance

Skin cancer prevention: information, resources and environmental changes (PH32) - Consultation on Review Proposal Stakeholder Comments Table

23rd August - 6 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Nursing	General		The Royal College of Nursing welcomes the consultation on the review proposals for this guidance.	Thank you.
Royal College of Nursing	General		The consultation paper appears to be clear and contains relevant information and recommendations.	Thank you.
Royal College of Nursing	5		The RCN notes that in view of the evidence, the guidance warrants an update. The RCN equally notes the recommendation that issues raised should be incorporated within the development of new guidance on 'communicating the risks and benefits of sunlight exposure to the general population' which is due to commence in September 2013.	Noted, thank you.
Royal College of Paediatrics and Child Health	Section 3, Recommendation 5 (*Protecting children, young people and outdoor workers*) and others.		With reference to the original document, it would be helpful to pay particular attention to way the advice on the guideline as a whole is communicated to parents but also to young people and children (the latter needing graphics/visual aids to strengthen the message). Perhaps it would be best if there was a separate section for advice to children and young people as at the moment it is combined with outdoor workers. The advice for these two groups of individuals is likely to be different.	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**
Royal College of Paediatrics and Child Health	Section 3.10, Recommendation 5		The recommendation that all babies and young children up to the age of 5 years have vitamin D supplementation should be mentioned.	Noted, thank you.
Skcin & Skin Cancer UK	Section 3, Rec 1		We agree	Noted, thank you.
Skcin & Skin Cancer UK	Section 3, Rec 2		We agree	Noted, thank you.
Skcin & Skin Cancer UK	Section 3, Rec 3		Bullet Point 1 – Skcin have been recommending the use of SPF 30+ since 2006, there is a volume of evidence that suggests that what is an SPF 15 in laboratory testing can be around half that protection in practice due to the	It is anticipated that this issue will be considered within the context of the development of

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			application thicknesses most people would apply at. This may be an educational/awareness/training inadequacy, however, as this will always vary and some may not want to apply as thickly for appearance, personal, costs reasons it is important to encourage the use of higher factors (30+) and regular reapplication.	new guidance on 'sun exposure: benefits and risks'.
Skcin & Skin Cancer UK			Bullets 2-5 – We agree	Noted, thank you.
Skcin & Skin Cancer UK			Bullet Point 6 – We need to always refer to the strength of UV light and not the strength of the sun (as the two can be different!). Skcin refer to UV index in all educational materials and prompt the use of sun safe precautions when level reach 3+ (as they do in Australia). More needs to be done here to aid peoples understanding of UV and its importance in implementing sun safe practices.	Noted, thank you. It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'.
Skcin & Skin Cancer UK			Bullets 7-9 – We agree	Noted, thank you.
Skcin & Skin Cancer UK			Bullet Point 10 – The UVA circular logo is not the equivalent to 4 UVA protection logo developed by Boots. This is of great concern to Skcin as a charity. If information given in the following two documents – Official Journal of the European Union, Commission Recommendation (Sept 06) on the efficacy of sunscreen products and claims relating thereto, and the Boots 'Revised guidelines to the practical management of UVA/UVB ratios according to the Boots star rating system' (available on request) are taken into account, it can be seen that a product which meets the criteria to display the UVA circular logo can in actual fact be as low as 2-3 stars! Skcin always recommend 4* UVA plus in all materials, but are concerned that the star rating symbols are diminishing and the UVA circle is being used as a replacement. Skcin would like to see this investigated further and consider the need for	Noted, thank you.

Public Health Guidance

Skin cancer prevention: information, resources and environmental changes (PH32) - Consultation on Review Proposal Stakeholder Comments Table

23rd August - 6 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			someone technical on the committee – suggestion Prof Brian Diffey	
Skcin & Skin Cancer UK	Section 5		General - Just to note that Skcin currently have sun safe accreditation/award schemes running that are aimed at protecting children and outdoor workers – see, http://www.sunsafeschools.co.uk http://www.sunsafenurseries.co.uk and http://www.sunsafeworkplaces.co.uk Happy to and do recommend spending time in shade during peak UV hours, rather than just 'seeking shade'.	Noted, thank you.
Teenagers and Young Adults (TYAC)	General		TYAC supports the review proposals but would always like to see it stressed about skin damage to young people being done at every appropriate opportunity.	Noted, thank you.
The Society and College of Radiographers	1; Information Provision Delivery		Concern about single application sunscreens I.e. P20 which purport that they do not need to be re- applied	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**
University of Newcastle-on-Tyne	General		The proposed amendments are all tending in the same direction; ie. showing better awareness of potential adverse consequences of a blanket sun-avoidance strategy (specifically the long-term risks of vitamin D deficiency and of multiple sclerosis). However, they do not go far enough in this direction. Hopefully the separate NICE guidance on risks & benefits on sun exposure will prompt a more wholesale reappraisal of PH32 in 2015.	It is anticipated that this issue will be considered within the context of the development of new guidance on 'sun exposure: benefits and risks'**.**

Document processed	Stakeholder organisation	Number of comments extracted	Comments
British Association of Dermatologists.doc	British Association of Dermatologists	9	

Public Health Guidance

Skin cancer prevention: information, resources and environmental changes (PH32) - Consultation on Review Proposal Stakeholder Comments Table

23rd August - 6 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Cancer Research UK.doc	Cancer Research UK	6	
Department of Health.doc	Department of Health	1	
LEO Pharma.doc	LEO Pharma	5	
NCRI-RCP-RCR-ACP-JCCO.doc	NCRI/RCP/RCR/ACP/JCCO	8	
Public Health England.doc	Public Health England	7	
Royal College of Nursing.doc	Royal College of Nursing	3	
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	2	
Skcin & Skin Cancer UK.doc	Skcin & Skin Cancer UK	8	
Teenagers and Young Adults (TYAC).doc	Teenagers and Young Adults (TYAC)	1	
The Society and College of Radiographers.doc	The Society and College of Radiographers	1	
University of Newcastle-on-Tyne.doc	University of Newcastle-on-Tyne	1	