PUBLIC HEALTH INTERVENTION GUIDANCE

Prevention of Skin Cancer - Consultation on the Draft Scope: Stakeholder Comments and Response Table

27 June - 25 July 2008

Stakeholder Organisation	Evidence submitted	Page Number(s)	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Bradford Teaching Hospitals NHS Foundation Trust			2 e)	The Clinical Nurse Specialist-Skin Cancer should be inserted into this paragraph.	Thank you, we have amended this section in line with your suggestion.
Bradford Teaching Hospitals NHS Foundation Trust			4.2 d)	It is abysmal that Policy legislation regarding the minimum age of sun-bed use & unsupervised coin operated sun-bed facilities is not being considered / recommended.	Thank you, we appreciate that these are important areas to investigate. In its Cancer Reform Strategy the Department of Health 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 this area at this point in time.
Bradford Teaching Hospitals NHS Foundation			4.2.2 c)	Protective clothing for outdoor workers & providing shade for schools is imperative. It is inconceivable that these integral interventions are not been covered.	Thank you, we informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised

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Trust					(see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing).
Bradford Teaching Hospitals NHS Foundation Trust			4.3	Overall I do not see how a comprehensive guideline can be developed through these key questions whilst ignoring environmental factors. That have been, addressed in other countries to reduce the incidence of skin cancer & early presentation of skin cancer to reduce mortality.	Thank you, we informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources.
Bradford Teaching Hospitals NHS Foundation Trust			General	After working as a specialist nurse in skin cancer for 15 years it is saddening to see a discussion document that has already ruled out policy legislation with regard to reducing the incidence of skin cancer. Regarding cost effectiveness primary prevention must include Health and Safety legislation in the same spirit as smoking cessation underpinned the reduction of Lung Cancer initiatives. Parents / low-paid workers having to pay VAT on	Thank you, see previous response. We do intend to review the publicly available evidence on interventions which provide information; this evidence will be drawn from developed countries including Australia. If the evidence permits we intend to describe the content of the effective interventions and this may include reference to health and safety

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				sunscreens is counterproductive. Australia has already established good sound school policies. Why is England not adapting / building on good legislation?	requirements/legislation.
British Association of Dermatologists			2 d)	It is hard to see how this guidance will complement NICE guidance on any of the 3 topics suggested	Thank you, the scope has been amended to include those pieces of guidance that are related to the overall care pathway for skin cancer.
British Association of Dermatologists			4.2.1	It is hard to envisage exactly how this guidance will be implemented. The description is more in keeping with a research project than guidance	Thank you for your comment. All NICE guidance includes an 'Implementation' section which identifies the key implementation products that will be produced to support this guidance. The purpose of a scope document is set out the parameters for the guidance, including the research questions.
British Association of Dermatologists			4.2.2	Activities that will not be covered seem the most relevant and to exclude all of these makes the guidance too restrictive	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection

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					resources (such as protective clothing). 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). If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
British Association of Dermatologists			4.3	Suggested outcomes will be difficult/impossible to measure. There appears to be no distinction between chronic cumulative UV exposure and acute episodes of sunburn. We have no idea of the incidence of sunburn as it is not generally reported. Skin cancers are under-recorded because they are too numerous (BCCs) for the cancer registries to record. The latent period between UV exposure and skin cancer incidence may be decades	Thank you for your comment. The outcomes listed in section 4.3 were not intended to be an exhaustive list and we have amended the text in this section to make it clear that these are examples. We are also aware of the difficulties with this data set and therefore propose to model the long term health outcomes using intermediate short term indicators as part of the economic analysis.
British			General	It is important to separate “prevention” from “early	Thank you we have amended the scope to

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Association of Dermatologists				detection" both in terms of the intervention and measuring outcomes. In skin cancer terms the term 'secondary prevention' has often been used to describe aiding the public to recognise possible skin cancers (detection) rather than the prevention of re-occurrence. Whereas Primary prevention has been used to describe UV protection in one way or another.	make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
British Association of Dermatologists			General	In conclusion, this type of public health intervention is obviously quite different from the STA scopes we are more used to reviewing and presents different challenges. We feel there is a considerable amount of work to be done on this document	Thank you for your comment. You are correct that there are differences in the types of information presented in public health scopes to those from Single technology appraisals (STA's). We will happily respond to any queries or suggestions and would welcome

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					specific queries and suggestions to help improve the content of the scope document.
British Dermatological Nursing Group			2 e)	Must mention the skin cancer clinical nurse specialist as she is the main person who undertakes health promotion/education	Thank you, we have amended this section as suggested.
British Dermatological Nursing Group			4.2.1	Primary prevention is that the prevents the cancer in the first place (eg change sunbathing habits)	Thank you; we have amended the scope to make it explicit that we only intend to cover primary prevention (ie the prevention of the first incidence of skin cancer).
British Dermatological Nursing Group			4.2.2	This guidance is entitled "Intervention Guidance Prevention of Skin Cancer" and therefore must include environmental factors such as provision of shade in all school playgrounds and reduction of VAT on Sunscreens etc. We cannot change behaviour (ie seek the shade) when we do not provide the means to change (ie no shade is provided).	Thank you for your comment. The title of the guidance is outlined in section 1 of the scope. We informed the Department of Health about stakeholder comments. The referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources. 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). If you feel this issue warrants further

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					guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
British Dermatological Nursing Group			4.2.2	Secondary prevention is that that detects the cancer early. Both can be reduced by the provision of information so should be included in this document.	Thank you we have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
British Dermatological Nursing Group			4.3	Most skin cancers are caused by cumulative sun exposure rather than sunburn so to measure a reduction in the incidence of sunburn would not be very helpful (nor would it be easy as most people who get sunburnt don't seek any medical advice so it would be difficult to get accurate	Thank you for your comment. The outcomes listed in section 4.3 were not intended to be an exhaustive list and we have amended the text in this section to make it clear that these are examples. We have also added

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				figures)	'cumulative sun exposure' to the example outcomes.
British Dermatological Nursing Group			General	It would seem from this document that no "topic experts" have been involved so far. As the most common cancer in the UK it is essential that you closely involve those doctors and nurses who actually see these patients on a daily basis, in the writing of this document.	Thank you for your comment. The purpose of the scope consultation period, alongside other consultation periods, is to ensure that experts and stakeholders in the field are able to provide comment and suggestions to inform the development of this guidance. We will happily respond to any queries or suggestions and welcome specific queries and suggestions to help improve the content of the scope document.
British Dermatological Nursing Group			General	As it stands this document should be called ""Intervention Guidance on the provision of information aimed at the prevention of skin cancer".	Thank you for your comment. The title of the guidance is outlined in section 1 of the scope and this title is in line with your suggestion. We have also asked our website team to re-label the title for this topic on the website to include information provision.
British Dermatological Nursing Group			General	Thank you for starting this process. This document is essential to help us in our work to reduce the incidence of skin cancer and I hope it will be thorough and robust.	Thank you.
British Society for			4.2.2	The list of activities/interventions that will not be covered is perplexing as so many are of vital importance to skin	Thank you, we appreciate that these activities are important areas to investigate. We

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Dermatopathology				cancer prevention	informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources. 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). If you feel further guidance is required, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Cancer Research UK			2 e)	We feel some important healthcare professionals have not been included in the target audience for this guidance. In particular we feel healthcare professionals with new and emerging areas of responsibility (such as pharmacists, practice nurses etc) should be included.	Thank you, the professional listed in section 2e were not meant to be an exhaustive list. We, have however, added pharmacists and practice nurses to this list and included then in section 4.2.1.

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Cancer Research UK			3 d)	We would like to note that while malignant melanoma is more common in women, more men die from it.	Thank you we have amended the scope accordingly.
Cancer Research UK			4.1	We agree that it's very important that no groups are excluded from the guidance. However, considering we know that there are certain high risk groups where morbidity and mortality from skin cancer is higher we are disappointed that the scope does not make provision for targeting of information.	Thank you for your comment. Appendix B of the scope does include reference to importance of identifying, where the data permits; recommendations for different population groups. We have also amended 4.1 to highlight the above point.
Cancer Research UK			4.2.2	We are very disappointed that a wide range of measures that could have an impact on skin cancer morbidity and mortality have been excluded from the scope. We believe that as well as providing information about preventing skin cancer, it is vital that this is followed up with practical interventions/ support that actually allow and encourage behaviour change. In particular we are concerned that even provision of education about sunbeds has not been included.	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources. 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). In its Cancer Reform Strategy the Department of Health announced that it was reviewing

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					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 this area at this point in time.
Cancer Research UK			4.3	We feel that the expected outcomes require more clarity. In particular: • How will incidence of sunburn be measured? • How will the incidence of over exposure to UV be measured? • Behaviour change is far harder to achieve and measure than awareness and knowledge change. As such we feel this should be a separate outcome There is no outcome related to earlier detection of skin cancer	Thank you for comments. We have outlined the outcomes in terms of being as inclusive as possible to capture the different measures used by researchers in their evaluation of information provision interventions. Where the data permits we hope to provide definitions for any outcome measure used. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim

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					to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
Cancer Research UK			General	We welcome the introduction of guidance to address this important area. However we are very disappointed that the proposed scope of the guidance is so narrow. Specifically we are disappointed that the scope only covers provision of public information and excludes other interventions that could have an impact. We are concerned that the narrow scope of the guidance will hinder the ability of health professionals to develop new approaches to skin cancer prevention. Cancer Research UK currently runs SunSmart, the UK's national skin cancer prevention campaign. We produce skin cancer prevention information on a regular basis and use the latest evidence to inform development. We are concerned that the guidance as currently framed will not help us develop other parts of the campaign.	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources. 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). If you feel further topics should be covered

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					please consider making a suggestion through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Cancer Research UK			General	We feel the title is not reflective of what the guidance seeks to achieve as it excludes early detection and other measures that would have an impact on prevention, for example, changes to the structural environment and a range of policy and legislative measures. We recommend that reducing the incidence of both morbidity and mortality of skin cancer should be considered.	Thank you we have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer. Consequently, we have not amended the guidance title in section 1 of the scope. We also informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will

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					now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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).
Centre Evidence Based Dermatology			3 c)	Incidence of BCC in young people increasing – various references (Bath-Hextall et al 2007, Int J of Cancer)	Thank you for your comment. We have amended the scope to highlight the increase in skin cancer incidence within young adults.
Centre Evidence Based Dermatology			3 e)	Risk factors – include smoking and high risk groups e.g transplant patients, individuals with precursor lesions, individuals with a previous NMSC, lowered immunity, people with inherited genetic skin disorders, exposure to PUVA	Thank you for your comments. This section is not meant to be an exhaustive list and we have therefore amended the text to make it clear that these are examples and have inserted a few more examples in line with your suggestions.
Dudley Group of Hospitals NHS Trust			4.2.2	Provision of sun protection, areas of shade in school ground should be included.	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further

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					two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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).
Dudley Group of Hospitals NHS Trust			4.2.2	Sunbed legislation and raising age of sunbed use to 18 should be included	Thank you, we appreciate that these activities are important areas to investigate. In its Cancer Reform Strategy the Department of Health 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 this area at this point in time.

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Dudley Group of Hospitals NHS Trust			4.2.2	Screening programmes should be developed.	Thank you we have amended the scope to make it explicit that we intend to cover primary prevention. We are required to work within the parameters of the referral we have received – please see appendix A for the revised referral from department of health. Consequently, this guidance will not include activities which solely aim to detect the occurrence of skin cancer (such as screening programmes) or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
Gorlin Syndrome Group			General	In terms of providing the public with information the draft guidance is balanced and focuses on appropriate information, raising of awareness and primary interventions that are 'fit for purpose'. However, having given careful consideration to the draft guidance, it is clear that individuals at increased risk of developing skin cancer, i.e. because of their genetic make up or those who have undergone transplant operations, are excluded from the scope of the guidance. As with NICE guidelines "Improving outcomes for people with skin tumours, including melanoma" there has to be some justification in ensuring 'special group' status within the guidance for those at greater risk of developing skin	Thank you for your comments. Section 4.1.1 of the scope identifies that everyone will be included and that we do not propose to exclude any population groups. Appendix B of the scope also includes reference to the importance of identifying, where the data permits; recommendations for different population groups including those at higher risk of developing skin cancer. We have, however, amended section 4.1 to include reference to identifying interventions/activities for specific groups such as those at high risk of developing skin cancer where the data permits.

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				cancer. o For those individuals there is a need to ensure they are targeted and receive specific information and primary interventions to address their special needs. o Barriers exist for members of the public at greater risk of developing skin cancer. There is a need for 'all year round protection' for sun exposed areas of the skin, particularly the face. .Facial sunscreens / moisturisers with high SPF are not readily available on prescription. This needs to be addressed.	We also intend to identify, where the data permits, the barriers that exist for members of the public and to develop recommendations for specific population groups.
Gorlin Syndrome Group			General	Essential that those diagnosed as being at greater risk of skin cancer because of their genetic make up are signposted to appropriate patient support groups for timely and appropriate information.	Thank you. Appendix B of the scope includes reference to the importance of identifying, where the data permits; recommendations for different population groups. We have also amended 4.1 to highlight the above point.
Guys and St Thomas NHS Foundation Trust			3	Sentence 3 "Skin cancer can largely be prevented by, for example, opting to stay in the shade" is better worded as "Skin cancer risk can be reduced by, for example…." It is not realistic to say that skin cancer can largely be prevented by these measures.	Thank you, we have amended the text in line with your suggestion.
Guys and St Thomas NHS Foundation			General	Overall I feel that this will be more effective as programme guidance.	Thank you for your suggestion. We informed the Department of Health about stakeholder comments and the referral originally submitted

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Trust					to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing interventions guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing).
National Kidney Federation			4.2.1	To detect early on coming of all types of skin cancer, I recommend that everyone should have a full body check at least once per year-done by the GP. PCT SHOULD SEND EVERYONE A LEAFLET ENCOURAGING THE PUBLIC TO PARTAKE IN SUCH A FULL BODY CHECK.	Thank you for your suggestion. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer
National Kidney Federation			4.2.1	Schools should be targeted to train our young children good habits, Also I would target literature at universities,	Thank you for your comment, if the evidence permits we intend to provide

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				Workplaces to catch teenagers and the young working population.	recommendations for specific settings and population groups.
National Kidney Federation			4.2.1	New Media- this is the new media outlook, most at risk people use the Internet such as social networking sites, Emedia, and text should also be used	Thank you for your comment, if the evidence permits we intend to provide recommendations for specific information mediums.
National Kidney Federation			4.3	Effective way of getting to Joe public is posters and leaflets in all Schools, Universities, Public Buildings, all workplaces GP practices hospital out patients, And the media in general	Thank you for your suggestions. Evidence permitting we propose to develop recommendations for these areas.
National Kidney Federation			4.3	The content should be hard hitting, along the lines of the HIV and drink, Smoking campaigns, -pull no punches emphasise the end effects of not protecting yourselves from the effects of the sun.	Thank you for your suggestions. Evidence permitting we propose to describe the content of any effective interventions.
National Kidney Federation			4.3	The main factors to pass the message is -adequate Funding, if you do not have the proper funding in place, then you can forget about getting any sort of message out, Other hindrance Factors are co- operation of head teachers, and management of all the places that require information to co-operate in a national campaign	Thank you for your suggestion. Evidence permitting we propose to identify the barriers and facilitators for effective delivery of information related interventions.
National Kidney Federation			General	The Scope is to narrow, needs to widen its cover to include immune suppressed patients, and others	Thank you for your comments. Section 4.1.1 of the scope identifies that everyone will be included and that we do not propose to exclude any population groups. Appendix B of the scope also includes reference to the importance of identifying, where the data permits; recommendations for different population groups including those at higher

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					risk of developing skin cancer. We have, however, amended section 4.1 to include reference to identifying interventions/activities for specific groups such as those at high risk of developing skin cancer where the data permits.
National Kidney Federation			General	The elderly are at great risk, but cost of sun screen is prohibitive, consideration should be given to allow free script for sun screen to all over 65	Thank you, Appendix B of the scope includes reference to the importance of identifying, where the data permits; recommendations for different population groups. We have, also amended section 4.1 to include reference to identifying interventions/activities for specific population groups where the data permits.
National Kidney Federation			General	As I said I feel that the scope is not wide enough for some like myself, a patient of some 30 years and a sufferer of skin cancer for 12 years due to body immune seppresance, but as a patient, would like to help get the message out for a campaign that may help stop future sufferers.	Thank you for your comments. Section 4.1.1 of the scope identifies that everyone will be included and that we do not propose to exclude any population groups. Appendix B has been amended to include reference to the importance of identifying, where the data permits; recommendations for different population groups including those at higher risk of developing skin cancer. We have, however, amended section 4.1 to include reference to identifying interventions/activities for specific groups such as those at high risk

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					of developing skin cancer where the data permits.
National Public Health Service for Wales			4.2.1	Suggest settings should clearly identify access to the elderly who are not at school or work e.g. retirement groups, day centres, health centres	Thank you for your comment, if the evidence permits we intend to provide recommendations for specific settings and population groups.
National Public Health Service for Wales			4.2.2 c)	Please justify the exclusion of activities related to sun protection. This programme will be aimed at providing advice to the public so it seems counterintuitive to exclude individual and group activities that could protect against sun light	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing).
National Public Health Service for Wales			4.2.2 g)	It would seem relevant for the evaluation of parts of the programme to include assessments of both information accuracy and content relative effectiveness. Suggest these should not be excluded	Thank you for your comment. We have amended the scope (section 4.3) to include the assessment of the relative effectiveness and cost-effectiveness of different information mediums. However, the accuracy of different information mediums will not be assessed (section 4.2.2.f). Although we do plan to

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					commission an expert paper outlining the key content that should be included in any information medium/resource. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
National Public Health Service for Wales			Appendix B	Bullet point three: suggest the elderly should be specifically included here under individuals along with children, young adults, and parents. Bullet point five: suggest diversity includes literacy, communication skills, populations with physical and/or mental impairments	Thank you for these suggestions. Appendix B does outline that variations by age will be reported where the data permit; this would include the elderly, children, young adults and parent. We have amended section 4.1 to also make reference to different population groups. Thank you we have amended this text as suggested.
NCRI Melanoma Clinical Studies Group			4.1	It is essential to acknowledge the rapidly changing ethnic variation in the UK, which means that different approaches will be needed in different geographic areas. This is rapidly becoming important in terms of vitamin D policy.	Thank you these comments. We have amended the text in 3 e to include ethnic variation. Appendix B also highlights the importance of identifying, where the data permit, evidence for different ethnic groups.

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NCRI Melanoma Clinical Studies Group			4.2.2	We regret the large list of areas which the guidance will not cover for example sunbed regulations, since a co-ordinated approach is required. The built environment needs to be considered in its role in providing shade in schools, the workplace and public areas.	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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). In its Cancer Reform Strategy the Department of Health 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

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					stakeholders in considering ways in which a balance can be struck between consumer safety and choice. Consequently NICE has not been asked to cover this area at this point in time.
NCRI Melanoma Clinical Studies Group			4.3	Increasing public awareness alone is not sufficient, and evidence based psychological approaches are necessary to implement the most effective strategies for effecting increased awareness into improved behaviour.	Thank you for your suggestion. Evidence permitting we propose to identify (see appendix B) the underlying theory or conceptual model (which may include psychological approaches) for each information medium.
NCRI Melanoma Clinical Studies Group			General	It is appreciated that NICE is proposing to produce a public health guidance on the prevention of skin cancer. This is greatly needed and will be of value to those involved in improving public awareness of the causes of skin cancer, how the adverse effects of ultraviolet light can be avoided and how to detect skin cancer in its early stages.	Thank you. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.

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NCRI Melanoma Clinical Studies Group			General	Skin cancer incidence is escalating and activities directed at skin cancer prevention and early detection will be many orders of magnitude less costly than treatment. It should be recognised that there will be a lag period between alteration in UVR exposure behaviour and the halting of the rising incidence of skin cancer as exemplified by the Australian Sunsmart campaign,therefore a sustained programme of activities is required. Presently delivery of primary prevention and early detection messages is highly variable locally and regionally; resources need to be directed at ensuring that national sun protection messages are delivered in an equable manner by region and locality.	Thank you. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer. We also propose to include the available evidence from developed countries including Australia.
NCRI Melanoma Clinical Studies Group			General	“primary prevention” and “early detection” should be discussed separately in the document, including outcome measures.	Thank you for your suggestion. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the

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					occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
NHS Direct			2	This guideline should also be particularly aimed at Pharmacists and pharmacy chains. Some pharmacies have taken positive action on the use of sun factor SPF 15+ and will only stock this strength and above. This makes a big impact to what the public may have access. If they cannot purchase below 15 then this will directly influence the use of 15 and above.	Thank you, we have amended this section of the scope to include pharmacists; however, please note that this scope will focus on the provision of information in order to ensure that the scope is within the parameters of the referral we have received from the Department of Health (see appendix A).
NHS Direct			2	Application of suncream to children by teaching staff has become impossible in some schools because of the "fear" of allergies to the cream and the role of teachers in applying the cream to children. This area should be considered with input from schools and the role of teacher. Many schools do not have a resident school nurse who could get involved.	Thank you for your comment. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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

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					the final scope (appendix A).
NHS Improvement			2 d)	This guidance will complement the NICE 'IOG on skin tumours including Melanoma' but it is difficult to understand how it will complement the others mentioned.	Thank you, the scope has been amended to include those pieces of guidance that are related to the overall care pathway for skin cancer.
NHS Improvement			3 c)	The comment here implies that GPs treat many skin cancers each year and this is why there is under recording of NMSC. There is under recording of NMSC because the Cancer Registries are unable to cope with the numbers of BCCs and nothing to do with where the cancers are treated.	Thank you for your comment we have amended the scope accordingly.
NHS Improvement			4.2.2 a)	In skin cancer terms the term 'secondary prevention' has often been used, particularly in Australian papers, to describe aiding the public to recognise possible skin cancers (detection) rather than the prevention of re-occurence. Whereas Primary prevention has been used to describe UV protection in one way or another.	Thank you we have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
NHS Improvement			4.3	The questions need to be rewritten to separate 'primary prevention' and 'detection' rather than group them	Thank you we have amended the scope to make it explicit that we intend to cover primary

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				together as the information, evidence, cost effectiveness etc will be very different.	prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
NHS Improvement			4.3	Probably the most difficult part of the guidance will be trying to work out some achievable and measurable outcomes. In reality we have no idea how common sunburn is and we don't even know how common skin cancer is. Again there is a need to have different outcomes for 'prevention' and 'detection'	Thank you for comments. We have outlined the outcomes in terms of being as inclusive as possible to capture the different measures used by researchers in their evaluation of information provision interventions. Where the data permits we hope to provide definitions for any outcome measure used. We have also amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the

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					evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
NHS Improvement			General	We are very please that NICE is proposing to produce a Public Health Guidance 0n the Prevention of Skin Cancer. This will be of great value to all those involved in trying to improve public awareness of the causes skin cancer, how best to avoid the damaging effects of ultraviolet light and how to detect the early signs of skin cancer.	Thank you.
Royal College of Nursing			2 d)	Surely this guidance also complements the NICE IOG for skin tumours including melanoma	Thank you, the scope has been amended to include those pieces of guidance that are related to the overall care pathway for skin cancer.
Royal College of Nursing			2 e)	There is no particular mention of skin cancer clinical nurse specialists. The NICE IOG for skin tumours highlights the role that the skin cancer CNS plays in education and skin cancer prevention. We feel they should be mentioned in this section as this group of healthcare professionals more than any other body, undertake skin cancer prevention work often on a daily or weekly basis (not just once a year).	Thank you, we have amended this section to include skin cancer clinical nurse specialist.
Royal College of Nursing			3 b)	We would include the words that non-melanoma skin cancers are USUALLY easy to treat. It can be very disfiguring and patients can have a large part of their face	Thank you, we have amended this section as suggested.

Stakeholder Organisation	Evidence submitted	Page Number(s)	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				removed, so is not always easy to treat.	
Royal College of Nursing			3 c)	It should be mentioned that skin cancer is the most common cancer in the UK.	Thank you for your comment we have amended the scope accordingly.
Royal College of Nursing			3 e)	Social class- as a rule	Thank you for your comment.
Royal College of Nursing			4.2.1 & 4.2.2	It is stated that secondary prevention is not covered yet the draft scope also states that prevention and detection of a first occurrence IS covered. As far as we are aware, primary prevention is aimed at preventing the disease - sun protection advice etc. Secondary prevention is the early detection of the disease – i.e. information on how to check the skin and what to look for. Secondary prevention/early detection most certainly should be covered as it is this information that will ensure those with a melanoma/skin cancer will seek advice early and thus prevent death.	Thank you for your suggestion. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
Royal College of Nursing			4.2.2 a)	As above, we would disagree with excluding recurrent disease, as most of the prevention in the acute trusts is aimed at high risk people (i.e. immunocompromosed/transplant patients) who are more susceptible to skin cancer. Secondary prevention is just as important as primary.	Thank you for your suggestion. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process

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					and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer. We recognise the importance of secondary prevention. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Royal College of Nursing			4.3	Prevention of skin cancer (sun protection) is different from detecting skin cancer (signs and symptoms) and therefore should be given separate sections on each of these questions.	Thank you for your suggestion. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the

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					incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
Royal College of Nursing			4.3	Sunburn is only a minor indicator of sunbathing habits. Most people who have had a skin cancer have probably not had sunburn but have had chronic sun exposure due to their job or more likely leisure pursuits.	Thank you for comments. We have outlined the outcomes in terms of being as inclusive as possible to capture the different measures used by researchers in their evaluation of information provision interventions.
Royal College of Nursing			General	With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations. The RCN welcomes the opportunity to review this document.	Thank you.
Royal College of Nursing			General	We think this guidance should include something about funding for skin cancer prevention, i.e. what will be forthcoming and who can access this and how	Thank you, data permitting we intend to identify the barriers to effective information interventions which may include funding. The

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					committee will consider the available evidence of effectiveness and cost-effectiveness when producing their recommendations.
Royal College of Nursing			General	To prevent fragmentation in skin cancer prevention campaigns, a national body should be agreed to co-ordinate activities and funding. This would not necessarily be a charity such as CRUK but would include representatives from dermatology, plastic surgery, oncology and health promotion.	Thank you, data permitting we intend to identify the barriers to effective information interventions which may include lack of co-ordination or adequate funding. The committee will consider the available evidence when producing their recommendations.
Royal College of Paediatrics and Child Health			General	The RCPCH welcome the plans for this document. In view of the currently increasing incidence of skin cancer, and also the increasing mortality from skin cancer, action is needed.Stakeholder list: 1.Teenage Cancer Trust – currently running a website/text messaging campaign “shunburn” for the prevention of skin cancer 2. CLIC Sargent – childrens and adolescent cancer charity, integrally involved in direct liaison with schools for cancer prevention and information giving to children and young people 3. CCLG – umbrella organisation for childrens cancer 4. TYAC – umbrella organisation for teenagers and young	Thank you for these suggested stakeholders; Stakeholder registration is voluntary, we will however, contact these organisations to encourage them to register as stakeholders.

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				adults with cancer	
Royal College of Paediatrics and Child Health			General	With regard to children, the document should make it clear that while skin cancer is rare in children, there is sound evidence from 3 continents that excessive sun exposure in childhood increases the risk of skin cancer in later life. It is therefore important to establish sensible and appropriate habits of sun exposure in childhood.“Over-exposure to UV radiation” – needs definition. What constitutes safe UV exposure?	Thank you, we have amended section 3 of the scope to specifically mention children.
Royal College of Paediatrics and Child Health			General	There is good current evidence that most parents are sensible with regard to exposure of their child’s skin to ultraviolet radiation, but these sensible habits tend to be lost when teenage years are reached. The document should therefore emphasise the importance of explaining to teenagers in an appropriate manner the risks of sunburn and excessive sun exposure.No data pertaining to teenagers and young adults (TYA) is cited. The incidence of skin cancers is escalating in this population “Changes in cancer incidence in TYA aged 13 – 24 years in England 1979-2003. In press “Cancer” ; R. Alston, M Geraci, T Eden, A Moran, S Rowan and G Birch.” Therefore public information must take into account the early potential age of onset of skin cancer in deciding target audiences.	Thank you, where the evidence permits we intend to include recommendations for different age groups, including children, teenagers and adults. We have also amended section 3 to specifically mention children.
Royal College of Paediatrics Child Health			3 a)	“Over-exposure to UV radiation” – needs definition. What constitutes safe UV exposure?	Thank you for your comment; we have amended the scope and removed the term over-exposure.

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Royal College of Paediatrics Child Health			3 e)	It is essential that this document acknowledges the changing and varied ethnicity in the UK and does not weaken its effect by political correctness. The appropriate sun protection message for a predominantly white skinned population in the rural south west of England is quite different from that required by a predominantly darker skinned inner city population in say London or Birmingham. This is particularly relevant in regard to the risk/benefit ratio of sun exposure and vitamin D synthesis. Darker skinned populations are more vulnerable than white skinned populations to vitamin D insufficiency. If dark skinned populations were to follow appropriate sun protection advice aimed at white skinned sections of the community, the problem of inadequate vitamin D levels in the blood of darker skinned individuals could be aggravated.	Thank you these comments. We have amended the text in 3 e to highlight the importance of equalities considerations and amended the text in Appendix b to highlight the importance of settings and different population groups. If the evidence permits, the recommendations will reflect the need for varied messages for different ethnic groups.
Royal College of Paediatrics Child Health			4.1	A general campaign aimed at “everyone” over the mass media on its own is not enough. As in other disease campaigns targeted approaches might be better and in this case we would envisage four groups for particular attention; parents/teachers of young children, adolescents (when there is fashion pressure to be tanned etc), adults (particularly younger adults who will have forgotten the “slip slap slop” message in favour of a tan) and adults in general for education in early detection	Thank you. Appendix B of the scope includes reference to the importance of identifying, where the data permits; interventions for different population groups. We have also amended 4.1 to highlight the above point.
Royal College of Paediatrics Child Health			4.2.2	It may be outside of NICE’s remit to suggest policy but this is precisely the sort of thing currently suggested by services in Oceania. For example, suggestions for the	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about

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				built environment particularly in schools, "No at no playtime outside", Slip slap slop etc; again the aim is to target children and young adults.	stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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). Where, the data permits we do propose to develop recommendations for different population groups (please see appendix B).
Royal College of Paediatrics Child Health			4.2.2	It is important to aim to produce a comprehensive report and set of recommendations. This may well involve including items specifically excluded in section 4.2.2 such as the use of sunbeds by young teenagers.	Thank you, please see above response. Also, in its Cancer Reform Strategy the Department of Health 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

Stakeholder Organisation	Evidence submitted	Page Number(s)	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					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 this area at this point in time.
Royal College of Paediatrics Child Health			4.2.2	The hazards of sunbed exposure should be stressed in the document. Sunbed UV exposure is not "safe "UV exposure and is not the appropriate route to augmenting low vitamin D levels.	In its Cancer Reform Strategy the Department of Health 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 this area at this point in time.
Royal College of Paediatrics			Appendix C	No data pertaining to teenagers and young adults (TYA) is cited. The incidence of skin cancers is escalating in this	Thank you for your comment. We have amended the scope to highlight the increase

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Child Health				population. "Changes in cancer incidence in TYA aged 13 – 24 years in England 1979-2003. In press "Cancer" ; R. Alston, M Geraci, T Eden, A Moran, S Rowan and G Birch." Therefore public information must take into account the early potential age of onset of skin cancer in deciding target audiences.	in skin cancer incidence within young adults.
Royal College of Paediatrics Child Health			Appendix C	The new national cancer registry for teenagers and young adults (16 – 24 years) will be collating data for all teenage and young adult TYA cancer incidence. North West Cancer Intelligence Service (NWCIS)	Thank you for this information.
Royal College of Paediatrics Child Health			General	All information in the document should be evidence based, For example, there is no evidence that use of sunscreen reduces the risk of melanoma or of basal cell carcinoma.FYI: The new national cancer registry for teenagers and Young adults (16 – 24 years) will be collating data for all teenage and young adult TYA cancer incidence. North West Cancer Intelligence Service (NWCIS)	Thank you for your comment. The committee will produce recommendations on the best available evidence. However it is not within the remit of this guidance to assess the accuracy of the message content within effective information mediums. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Royal College of Paediatrics			General	The document should make it clear that any benefit of the recommendations is unlikely to be seen for at least a	Thank you for your comment.

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Child Health				decade and probably longer in view of the apparent lengthy latent period between excessive sun exposure and clinical appearance of a resultant skin cancer. Concern that particularly vulnerable groups – eg those who have been treated for childhood cancers, those immunosuppressed for other reasons should be included within the scope of this guidance rather than just the public in general	Thank you; Appendix B and section 4.2.1 have been amended to include reference to the importance of identifying, where the data permits; recommendations for different population groups including those at higher risk of developing skin cancer.
Royal College of Paediatrics Child Health			General	Skin cancer in children is rare. However, there are specific paediatric populations at particular risk of skin cancer in early adulthood due to either drugs which suppress their immune system or a genetic disorder which confers an increased risk of malignancy such as Gorlin's Syndrome and Xeroderma Pigmentosa. These patient groups need to be targeted specifically in the scope, in conjunction with appropriate patient support groups and key healthcare professionals, with emphasis on photoprotection and sensible sun habits. Consideration need to be given to high risk children e.g. immunosuppressed or those with rare genetic skin diseases associated with increased skin cancer risk.	Thank you; Appendix B and section 4.2.1 have been amended to include reference to the importance of identifying, where the data permits; recommendations for different population groups including those at higher risk of developing skin cancer.
Royal College of Paediatrics			General	Individuals in general need to understand the difference between non-melanocytic skin cancers (NMC) and	Thank you for your comment. We intend to describe the content of any information

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Child Health				melanoma and the risks for both. As the population lives longer the incidence of NMC will increase resulting in significant morbidity and costs to the NHS. In 2006/7 the non-melanocytic skin cancers which include BCC and SCC were 67,000 cases in the U.K. of which <600 are fatal. There were about 9,000 cases of melanocytic skin cancer (Melanoma) of which 2,000 were fatal. The risk of SCC is associated with cumulative life time risk of sun exposure and of BCC and Melanoma with intermittent sun exposure. Therefore, for both types of skin malignancy, education during schooling could influence behaviour through adulthood and may help to reduce the overall lifetime risk for that individual of developing skin cancers. The Australian/ NZ models may be helpful here with their Fun in the Sun campaigns etc. Also the British Association of Dermatology should be involved.	medium identified in the evidence. We have also amended the scope (section 4.3) to include the assessment of the relative effectiveness and cost-effectiveness of different information mediums. We also plan to commission an expert paper outlining the key content that should be included in any information medium/resource. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp We propose to include the available evidence from developed countries including Australia. The British Association of Dermatology is a registered stakeholder for this topic.
Royal College of Paediatrics Child Health			General	The guidance should consider aspects from, and reference, longstanding, sophisticated public health campaigns with proven success e.g. in Western Australia and Queensland. Melanoma rates are rising in Australia but less so amongst women and particularly amongst	We propose to include the available evidence from developed countries including Australia, and hopefully we will be able to answer whether primary prevention information campaigns are effective and cost-effective.

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				children aged 9-14 and adolescents 15-19 compared with the UK which has the highest childhood skin cancer rates in Europe. Moreover the death rates from Melanoma are higher in UK than Australia despite the greater population and the lower overall incidence of the disease. This suggests that the early detection health education message has been more successful than the primary prevention campaign in reducing the disease and probably cost burden.	
Royal College of Paediatrics Child Health			General	From clinical experience it seems the population has an increased awareness of skin cancer but only with respect to melanoma. Many patients come to have 'changing moles' checked. It should be emphasised to the public that naevi (moles) change as part of a natural maturation process throughout childhood. This would reduce many fears. Also GP's would be a good group to target here to increase their confidence with respect to diagnosis of maturing naevi in children and thus reduce the need for secondary care referrals. Individuals should be targeted of ANY age who have a mole which changes out of context with any existing naevi, particularly if there is a first degree relative with malignant melanoma. As stated previously individuals should also be made aware throughout life of the need for photo-protection to reduce the lifetime risk of the very much more common	Thank you we have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer. Section 2e outlines that this guidance is intended for general practitioners (GP's) and evidence permitting we intended to make recommendations for specific groups of professionals such as GP's.

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				NMC.	
Royal College of Paediatrics Child Health			Stakeholders list	The RCPCH would recommend that the following groups are approached: 1.Teenage Cancer Trust – who currently running a website/text messaging campaign "shunburn" for the prevention of skin cancer 2. CLIC Sargent – childrens and adolescent cancer charity, integrally involved in direct liaison with schools for cancer prevention and information giving to children and young people 3. CCLG – umbrella organisation for childrens cancer 4. TYAC – umbrella organisation for teenagers and young adults with cancer	Thank you for your suggestions. Stakeholder registration is voluntary; we will however, approach these groups to encourage registration.
Royal College of Pathologists			4.2.2	The list of activities/interventions that will not be covered is perplexing as so many are of vital importance to skin cancer prevention	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection

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					resources (such as protective clothing). 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). If you feel this issue warrants further guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Royal College of Physicians			2 d)	The guidance will also complement NICE guidance on: Improving outcomes for people with skin tumours including melanoma. It is hard to see how this guidance could complement guidance on the other three Guidances listed.	Thank you, the scope has been amended to include those pieces of guidance that are related to the overall care pathway forskin cancer.
Royal College of Physicians			4.2.2	Many interventions which could make a difference have been excluded.	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will

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					now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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). If you feel this issue warrants further guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Royal College of Physicians			4.3	Evidence from Australian public awareness campaigns should inform the Guidance. It will be important to establish that the reduction in the rise of skin cancer is due to dissemination of information to the public, rather than just due to better doctor awareness or screening programmes.	Thank you, we intended to assess the available evidence from developed countries – including Australia. Depending on the evidence found, we hope to find the independent effectiveness and cost-effectiveness of such interventions.
Royal College of Physicians			4.3	The Guidance should be clear of the effects of earlier diagnosis of either first or subsequent skin cancers, and	Thank you we have amended the scope to make it explicit that we intend to cover primary

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				the effects of public awareness and knowledge on that aspect.	prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
Royal College of Physicians			4.3	The Guidance will need to take both chronic sun exposure and acute sunburn into account in this information for public health.	Thank you for suggestions. We have amended the scope to make it clear that the outcomes suggested in this section are only examples. Evidence permitting, we intend to be capture the different measures used by researchers in their evaluation of information provision interventions (including chronic sun exposure and acute sun burn).
Royal College of Physicians			General	From the attendance of our nominee at the stakeholder meeting it is apparent that the scope has been narrowed to look at information on UV exposure only in the prevention of skin cancer. We find this very disappointing as the subsequent guidance is likely to be of limited use. This is because the information in this respect is readily available and widely disseminated via the charitable sector annually.	Thank you, we appreciate that activities other than information provision are important areas to investigate We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further

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				The failure to include other risks (immunosuppression, genetic etc) misses the opportunity to address inequalities in health as the UV message is primarily a caucasian issue. The end-points chosen to evaluate outcomes (incidence of sunburn for example) are not validated, and not collected adequately at present, so unsuitable for such work. The exclusion of measures likely to impact upon behaviour (changes to built environment, VAT on sunscreen etc) is also disappointing. Actions convey information as well as words, and the exclusion of these measures is not likely to assist/motivate the public to change their attitudes/behaviour.	two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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). . If you feel this issue warrants further guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp Appendix B of the scope outlines that we intend to identify information interventions targeted at specific population groups; including those at risk. We have also amended section 4.1.1 and Appendix B to include those at higher risk such as those with history of lowered immunity. The outcomes suggested in section 4.3 are meant to be examples of the types of

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					outcomes that may be covered by the available evidence; we will if the evidence permits report all relevant outcomes and report whether the outcome measures used in the studies are validated or not.
Royal College of Physicians			General	Extensive experience with public education has been gained in Australia and the Guideline will be able to rely heavily on this.	Thank you, we propose to review the available evidence from developed countries – including Australia.
Royal College of Physicians			General	The outcome of a public information campaign can only be measured by comparison of the annual incidence of primary skin cancers in the population. It should be clear how long it would take for such a change to be possible to measure. This would be expected to be many years.	Thank you. We note the difficulties in measuring and calculation the long-term health outcomes; and these will be considered when undertaking the modelling for the economic analysis, when extrapolating short-term indicators to long term health outcomes over many years, and in the guidance committee's consideration of the evidence.
Royal College of Physicians			General	The number of Basal Cell Carcinomas in the population are not recorded by the Cancer Registries – will the effect of this guidance be judged on only melanoma and squamous cell carcinoma incidence?	Thank you. As a change in skin cancer incidence is likely to take several years to appear in the figures the initial impact of this piece of guidance will be measured by it's uptake within the NHS. As the recommendations are based on what is effective it is envisaged that whatever the committee does recommend will ultimately have an impact on skin cancer incidence We also note the difficulties in attributing past

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					exposure to current and future outcomes, and the lack of data for various health outcomes. However, these will be considered when undertaking the modelling for the economic analysis, when extrapolating short-term indicators to long term health outcomes, the assumptions that may have to be made in the modelling due to the lack of data, and in the guidance committee's consideration of the evidence.
Royal College of Physicians			General	The Guidance should include the estimated cost of individual types of information required, the cost per year and a calculation of the number of years a public awareness campaign would need to run to produce a change in public behaviour that would result in a reduction of skin cancers.	Thank you for your suggestions. Where the evidence permits; we will report the costs of any identified information interventions, as well as estimating their cost-effectiveness.
Royal Free Hospital			4.2.2 c)	This would seem to exclude the possibility of recommending the provision of suncream for children which would do more good than the current provision of fresh fruit for school children.	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as provision of sun-cream).

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					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).
Royal Free Hospital			4.2.2 d)	This is a disappointing exclusion because at the very least NICE should be able to recommend to the Government if changes in policy, legislation or taxation are warranted to protect the public	Thank you, please see above response.
Royal Free Hospital			4.2.2 f)	Screening programs are an integral part of any guidance for the prevention of cancer. This should at least be part of the scope.	Thank you, please see previous response.
Royal Free Hospital			4.2.2 g)	The main thrust of the scope seems to be information aimed at the public to change behaviour, and yet this exclusion seeks to exclude any assessment of the usefulness of the information which is counter-intuitive.	Thank you for your comment. We have amended the scope (section 4.3) to include the assessment of the relative effectiveness and cost-effectiveness of different information mediums. However, the accuracy of different information mediums will not be assessed (section 4.2.2.f). Although we do plan to commission an expert paper outlining the key content that should be included in any information medium/resource. If you feel this issue warrants separate guidance, please consider referring the issue

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					through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Royal Pharmaceutical Society of Great Britain			2 e)	The RPSGB urges NICE to review and include community pharmacists as a specific group for which the guidance is aimed.	Thank you, the professional listed in section 2e were not meant to be an exhaustive list. We have, however, added pharmacists to this list and also included them in section 4.2.1.
Royal Pharmaceutical Society of Great Britain			4.1	We support the decision to include all population groups. It is very important to get the sun safety messages across to people of all ages, including children and young adults, to ensure that they carry the sun safety message throughout life. Pharmacists play a key role in helping to raise awareness of these issues to parents and young adults, who are more likely to visit pharmacies.	Thank you. Appendix B of the scope includes reference to the importance of identifying, where the data permits; recommendations for different population groups. We have added pharmacists to sections 2e and 4.2.1.
Royal Pharmaceutical Society of Great Britain			4.2	We hope that the campaign on good sun protection will also extend to protection against exposure to the winter sun.	Thank you we have amended the text in Appendix B to include reference, data permitting, to seasonal variations.
Royal			General	The community pharmacy is an ideal place for the public	Thank you for your suggestions; we have

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Pharmaceutical Society of Great Britain				to obtain information on skin cancer. Trained pharmacists already actively promote the importance of effective sun protection to parents, the general public and young adults; providing counseling around prevention of skin cancers, treating sunburn and other skin related conditions. In addition, Pharmacy-based information, such as touchscreen technology, appears to be effective in raising an awareness of sun risks.	amended sections 2e and 4.2.1 to include pharmacists.
Sanofi-aventis			General	Sanofi-aventis have no comments at this time.	Thank you.
SKCIN – The Karen Clifford Skin Cancer Charity			2 e)	The protection of outdoor workers should also be mentioned.	Thank you for your comment. Given the specific referral reference to the NHS the primary target audience for this guidance will be those working within the NHS. We do, however, recognise in this section that this guidance will be of interest to other sectors and to the general public which would include out door workers. If the evidence permits we will also outline what information resources are effective for outdoor workers.
SKCIN – The Karen Clifford Skin Cancer Charity			3 a)	The use of the term over-exposure to ultraviolet (UV) radiation; whilst we fully understand the term, we feel that it implies that there is a safe level of UV exposure but no-one has defined what the safe level is and the public cannot measure it ! They only know when they have had too much UVB as they start to burn. Therefore the term	Thank you for your comment; we have amended the scope and removed the term over-exposure.

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				should be altered to UV light ?	
SKCIN – The Karen Clifford Skin Cancer Charity			3 a)	The use of the term " high factor sunscreen " is ambiguous as it can be misconstrued as if to mean high SPF. The interpretation has undoubtedly been a contributory factor to the current incidence of skin cancer as the introduction of higher SPF products in the 70's and 80's allowed people to stay in the sun longer without going red whilst still being exposed to UVA light. The guidance should define a minimum SPF (e.g. 30) and a minimum UVA protection (e.g. 5 star.)	Thank you, we have amended this section to make it clear that referring to high protection SPF 30+ products.
SKCIN – The Karen Clifford Skin Cancer Charity			3 e)	The section focuses on regional variations and states that London and The North have the lowest incidence. We are led to believe that there is a DoH funded project in Grassington near Bradford, attempting to address the above-average incidence of skin cancer in that area which has been described as a " hot spot. " We believe that this is related to sun bed use and holidays abroad within an affluent population in a very small geographic area.	Thank you for this information; if you are able to provide full reference details for this project we will pass this onto the contractors producing the evidence reviews for consideration.
SKCIN – The Karen Clifford Skin Cancer Charity			4.2.1	The Bounty parent care Health Advisor network would be an ideal way to access all expectant mothers – a very good target audience who clearly respect the information provided. Surely this is where the necessary change in culture should begin – with the parents of babies and toddlers, progressing through nursery school and on into junior school and beyond.	Thank you for your comment, if the evidence permits we intend to provide recommendations on specific information networks or groups that are effective and cost effective.

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SKCIN – The Karen Clifford Skin Cancer Charity			4.3	As above. This section should cover the urgent need for an effective pre-school and conventional school programme.	Thank you for your comment, where the evidence permits we intend to cover interventions for a range of settings including schools.
SKCIN – The Karen Clifford Skin Cancer Charity			4.3	We support the need for clarity over the issue of Vitamin D. There is no need whatsoever to have exposure to UV light during the school hours of 11a.m. to 3 p.m. when the sun is at its most dangerous.	Thank you. Where the evidence allows we will take into consideration the issue of Vitamin D and UV exposure.
SKCIN – The Karen Clifford Skin Cancer Charity			General	To quote Anthony Morgan, Associate Director, Centre for Public Health Excellence at the Stakeholder Meeting: " We all know that something has to be done – now. "	Thank you.
SKCIN – The Karen Clifford Skin Cancer Charity			General	Unfortunately the government approach to the soaring rates of skin cancer in the UK in no way reflects" public health excellence." Sadly it can only be described as apathetic, there being so much indifference. Hopefully the outcome of the programme will result in both a plan for investment and a plan for reform* in relation to creating greater public awareness. There is strong evidence that there is a distinct lack of public awareness on the subject of skin cancer ! * (NHS Cancer Plan)	Thank you for your comment.
Skin Cancer Research Fund			3	The need for guidance is recognised and certain information is accepted as a given fact eg "over exposure to UV radiation is the leading cause of skin cancer"	Thank you.

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Skin Cancer Research Fund			3 d)	I would suggest that the statistics used in this section illustrate that NO previous intervention strategy used in the UK in the past has had any effect in reducing the incidence of skin cancer and to look for any further evidence to prove the same would be a fruitless exercise. These statistics also show that early detection of skin cancer is unlikely if people do not know what the early signs are and few know how to use sun screen effectively.	Thank you. We will be investigating the effectiveness and cost-effectiveness of information interventions which could supplement current information provision, as well as modelling how these may affect long-term health outcomes.
Skin Cancer Research Fund			4	At the Stakeholder meeting it was stressed that evidence was required as to the effectiveness or otherwise of intervention strategies. I would suggest that the statistics used in Section 3 of the document show that the incidence of all types of skin cancer continues to rise at an alarming rate and is evidence enough that NO strategy has ever worked in reducing the number of cases of skin cancer/burning or deaths from the disease in the UK. In the past all the strategies listed (perhaps with the exception of d) have been used but have not been prolonged campaigns and therefore are not likely to show any marked change in reducing the number of skin cancer cases given the length of time between over exposure to UV light and the development of skin cancer. The failure of an intervention would be difficult to judge between whether the message conveyed was ineffective or whether the campaign had been continued long enough to have made a difference. Some time ago SCaRF funded a project “A study of the	Thank you for your comments. Section 3 outlines the incidence rates for the UK. We will, however, be assessing evidence from developed countries, not just the UK, in order to identify effective interventions that may be applicable to the UK context. If the data permit, the duration of the intervention will also be assessed (please see Appendix B). We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing).

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				prevalence and aetiology of benign melanocytic naevi in childhood as a key to the identification of precursors of malignant melanoma" this was part of a much larger study The Avon Longitudinal Study of Parents and Children (ALSPAC) which aims to assess the ways in which different aspects of the environment affect the health and development of the child and future adult. This research was funded in the knowledge that it would provide a base line of information about a cohort of children and their characteristics sun exposure etc at an early age no conclusions can be reached until the children are again examined 20 or 30 years after the initial examinations to establish links between these different factors. I would question whether the evidence you aim to have exists at all in a way that will be relevant to modern social practice. It is possible to look abroad for successful intervention strategies eg Australia but it may be that the strategy used there will not directly transfer to the UK where peoples' perception is often that the UK is not hot enough or sunny enough to have a skin cancer problem.	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). We also note the difficulties in attributing past exposure to current and future outcomes, and the lack of data for various health and behavioural outcomes. However, these will be considered when undertaking the modelling for the economic analysis, when extrapolating short-term indicators to long term health outcomes, the assumptions that may have to be made in the modelling due to the lack of data, and in the guidance committee's consideration of the evidence. We also plan to review the available evidence from countries such as Australia and the committee producing the guidance will consider the transferability and generalisability of the evidence to the UK when making recommendations.
Skin Cancer Research Fund			4.2.2	While I recognise that certain activities and interventions cannot be included within the scope of this document I do	Thank you, we appreciate that other activities are important areas to investigate. We

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				feel that by excluding some of the topics listed any guidance that emerges from this consultation will not be as effective as it could be if a wider intervention strategy were possible.	informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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). Health.
Skin Cancer Research Fund			4.2.2 b)	This organisation feels very strongly about the lack of provision of shaded areas within school grounds and the fact that even on new builds it is not required that shaded areas be provided for young children who are forced to be outside often during those parts of the day when UV rays are at their most dangerous. Shade provision that is built in to a building project from the earliest stage is the most cost effective method of provision. For the past 10 years this organisation has helped support schools in our local authority areas to improve shade provision, often with the enthusiastic backing of parent groups but this	Thank you, please see above response.

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				retrospective provision of shaded structures is not as cost efficient as including it in the initial building design. When the NICE guidelines are produced we are likely to end up telling parents to protect their children from the effects of sunlight cover up, wear a hat, stay in the shade etc etc and yet these same parents will have to send their children to schools where this has not been taken into account in the building design.	
Skin Cancer Research Fund			4.2.2 d)	The Scottish Parliament is already taking action about un-manned coin operated sun tan salons that may be used by children as young as 14 years un supervised. Again in not addressing this issue the guidelines produced are likely to be seen as a "Do as I say not as I do" document. In ignoring the opportunity to speak out about the potential risks of using sun tan salons the subliminal message is that if NICE does not speak against their use they cannot be bad.	Thank you, please see previous response.
Skin Cancer Research Fund			General	Over the past 10 years working with the Skin Cancer Research Fund I have spoken with very many people about skin cancer and its prevention and need for early detection and treatment at various awareness events and information stands. In speaking with members of the public it is clear that there is a great deal of confusion about the understanding of what skin cancer is and what causes it. Much misunderstanding and misinterpretation arises from conflicting information coming from "official" sources such as the recent questions over the need for Vit D. There is also a lot of "urban myths" about the use of	Thank you for your comments. As identified in the scope we propose to describe the content of any effective information interventions; although, given the tight time frames, we will not be able to assess the accuracy of this content. However; we do plan to commission an expert paper outlining the key content that should be included in any information medium/resource.

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				sun screen creams and it is clear that many are not used effectively. I do hope that any guidelines produced as a result of this consultation will give a clear and uncontroversial factual message.	
Skin Cancer Research Fund			General	There must be some room in this consultation process for new and innovative ideas and campaigns to get the message across rather than continually looking backwards at what has or has not worked in the past. My starting point would be that so far nothing has worked in reducing skin cancer it may be time for a completely new way of putting the message across much more graphic and hard hitting similar to that used in Australia. As well as prevention we must also emphasise the need for early detection and intervention leading to the best outcome	Thank you; we propose to identify publicly evidence from a wide variety of sources including evidence from developed countries (including Australia). Thank you we have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer.
Skin Cancer Solutions			1	In order to significantly reduce mortality from melanoma in the short to medium term, early detection is the key issue. In order to significantly reduce morbidity from melanoma in the medium to long term, prevention is the key issue. Detection of melanoma is included in the activities listed in Sec. 4.2. However, in order to reflect the immediate	Thank you we have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data

Stakeholder Organisation	Evidence submitted	Page Number(s)	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				importance of detection, we would recommend that Guidance titles be amended to include reference thereto, i.e. 'Providing public information to prevent and detect skin cancer: NHS guidance' and 'Providing public information to prevent and detect skin cancer.'	extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer. Consequently we have not made any changes to section 1 of the scope.
Skin Cancer Solutions			2 d)	Although Sec. 4.2.2 excludes the clinical diagnosis of skin cancer from the Guidance, it is important that the public information to be provided on the detection of skin cancer does not conflict with guidance currently provided to clinicians on the diagnosis of skin cancer. We therefore suggest that Sec.2 d) be amended to include reference to NICE Referral guidelines for suspected cancer published June 2005.	Please see above response The scope has also been amended to include those pieces of guidance that are related to the overall care pathway for skin cancer.
Skin Cancer Solutions			3 d)	This section refers to a survey which stated '34% check their moles at least once a month' and '25% never check' implying that 75% do check periodically. At The MOLE Clinic, our nurses have screened over 20,000 people for skin cancer since 2003. Our anecdotal experience suggests that a very small percentage of people 'check their moles at least once a month' and that the vast majority of people rarely if ever check their moles.	Thank you. The figures used in section 3d have been used as an illustration of the public's lack of awareness within the Scope, and will not be used in formulating recommendations.

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				We therefore suggest that the survey results quoted be treated with caution and that the need for public health guidance on this topic is greater than those survey results imply.	
Skin Cancer Solutions			4.3	Sec.4.3 states that one of the expected outcomes of the Guidance is reduction in the incidence of mortality from melanoma attributable to UV exposure. However, it is widely accepted that melanoma can be attributed to UV exposure which occurred many years prior to diagnosis. As a result, a sun burn in childhood may result in a melanoma in adulthood. Many people will therefore develop melanoma for many years to come which was caused by behaviour which occurred many years ago. These melanomas cannot be prevented.	Thank you. We note the difficulties in attributing past exposure to current and future outcomes, and these will be considered when undertaking the modelling for the economic analysis, when extrapolating short-term indicators to long term health outcomes, and in the guidance committee's consideration of the evidence.
Skin Care Campaign			3	Guidance must recommend accurate data collection for clarity of the problem	Thank you for your suggestion. All NICE public health guidance include 'Gaps in the evidence' and 'Research recommendations' sections which highlights data permitting the identified gaps in the evidence and corresponding research recommendations.
Skin Care Campaign			3 f)	It would be useful to compare this to how much is spent on prevention (£104k)	Thank you for your comments. This guidance will analyse whether skin cancer prevention information is cost effective for the NHS to provide.
Skin Care			4.2.1	A high level national campaign needs to be supported	Thank you for your comment, if the evidence

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Campaign				similar to diabetes awareness, early HIV, sexual health campaigns etc that really make a difference	permits we intend to provide recommendations on the specific types of information mediums that are effective and cost effective.
Skin Care Campaign			4.2.1	Children and schools must be targeted effectively – after all why do children get sent out to play in the "midday sun" when they are at school !!?	Thank you for your comment, if the evidence permits we intend to provide recommendations for specific population groups such as children.
Skin Care Campaign			4.2.2 c) d) e) f)	For an effective prevention campaign it is ridiculous not to include these	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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). If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system.

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					Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Skin Care Campaign			4.2.2 g)	Surely accuracy of information is vital	Thank you for your comment. The accuracy of information will not be assessed with respect to its effect on the relative effectiveness and cost-effectiveness. Although we do plan to commission an expert paper outlining the key content that should be included in any information medium/resource. If you feel this issue warrants separate guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Skin Care Campaign			4.3	We need a very simple easy message like SLIP SLOP SLAP that includes advice about avoiding 11-3 exposure	Thank you, evidence permitting we intend to describe the content of effective and cost effective information mediums (such as poster, mass media campaigns) and will draw on evidence from developed countries (such as Australia).

PUBLIC HEALTH INTERVENTION GUIDANCE
Prevention of Skin Cancer - Consultation on the Draft Scope: Stakeholder Comments and Response Table

27 June - 25 July 2008

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Skin Care Campaign			4.3	Clear guidance such as the BADs ABCDE that clearly informs what to do	Thank you, evidence permitting we intend to describe the content of effective and cost effective information mediums.
Skin Care Campaign			General	A full lit search of current available info will highlight that the info is there but needs to be co-ordinated and nationally available	Thank you.
Skin Care Campaign			General	A clear budget needs to be developed for a full scale appropriate campaign (which clearly shows that £104k is nowhere near enough)	Thank you for your suggestion. Evidence permitting we propose to identify the barriers and facilitators for effective delivery of information related interventions; this may include cost.
Skin Care Campaign			General	NICE should be aware that a parliamentary report on skin cancer will be published this summer	Thank you.
Society and College of Radiographers		Pg 3	3 c)	We feel that it would be useful to include evidence of the age profile of those being diagnosed with skin cancer both non melanoma and melanoma - to emphasise that skin cancer, particularly melanoma, is not a cancer of the elderly.	Thank you for your comment. We have amended the scope to highlight the increase in skin cancer incidence within young adults.
Society and College of Radiographers		Pg 4	3 d)	Would it be worth highlighting the high % of cancers that are skin cancers (33%) much earlier in the scope.	Thank you for your comment. We have amended the scope in line with your comment.
Society and College of Radiographers			4.2	It is positive to note the activities and interventions that will be covered – in particular the need to target early childhood services and schools – this we believe will be critical.	Thank you.

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Society and College of Radiographers			4.3	SCoR note the key questions and outcomes but wonder within the expected outcomes section (bullet point 1) "this may be measured in terms of a reduction in the incidence of skin cancer" - how will this be measured when there is no baseline comparator? We would also be interested to understand further how all the subsequent outcomes will be measured.	Thank you for your comment. We note the difficulties in measuring long term outcomes and the lack of appropriate short-term measures, and these will be considered when undertaking the modelling for the economic analysis, when extrapolating short-term indicators to long term health outcomes, the assumptions that may need to be made due to the lack of data, and in the guidance committee's consideration of the evidence.
Society and College of Radiographers			General	The Society and College of Radiographers welcome the development of this public health guidance, particularly as skin cancer accounts for such a high proportion of all cancers (33%). Whilst the Society and College of Radiographers realise how imperative it is to quickly progress, and that obviously information interventions to the public are critical factors to this, we are very disappointed that the work will be limited to "information recommendations" only; for example sun bed regulation will not be a key recommendation from this work. We feel this should be referred back to Ministers with the recommendation that the work is reconsidered as "programme guidance", as stronger recommendations are essential if the guidance is to maximise the reduction in the incidence of skin cancer across the UK. To exclude interventions/activities that will make a real	Thank you, we appreciate that activities other than information provision are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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).

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				difference is extremely disappointing in our opinion and a missed opportunity.	Also, in its Cancer Reform Strategy the Department of Health 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 this area at this point in time. If you feel this issue warrants further guidance, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

PUBLIC HEALTH INTERVENTION GUIDANCE

Prevention of Skin Cancer - Consultation on the Draft Scope: Stakeholder Comments and Response Table

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Society and College of Radiographers			General	However, if this guidance can not be re-considered, the Society and College of Radiographers, would like to suggest that the title of the guidance in Section 2 a) is changed to include the wording in bold below:- **"NICE have been asked by the Department of Health (DH) to develop guidance on a public health intervention for the NHS aimed at preventing skin cancer through provision of information interventions only"**	Thank you for your suggestion. Section 1 of the scope outlines the title of the guidance which is explicit that focusing on information. Section 2a and Appendix A of the scope also explicitly states the referral we have received from the Department of Health.
Society and College of Radiographers			Stakeholders list	We would like to recommend that the Royal College of Radiologists are invited to be stakeholders to this work	Thank you for your suggestions. Stakeholder registration is voluntary; we will however, approach these groups to encourage registration.
UK Skin Cancer Working Party				The importance of cumulative UVR exposure as well as sunburn should be recognised. Research into application of the most appropriate psychological models should be encouraged in order to understand how awareness can be converted into altered behaviour. More data is required to answer the many uncertainties regarding UV exposure and Vitamin D needs, especially for different ethnic groups. Different messages may be required in different geographical areas e.g. inner city Birmingham compared with South West England.	Thank you for your comments. We have amended section 4.3 to include cumulative UV exposure. Appendix B outlines, data permitting, that the evidence will consider any underlying theoretical models (including psychological models) and perceptions of risks and benefits associated with UV exposure (such as exposure to sun as a source of Vitamin D). Appendix B also outlines, data permitting, that we will consider the setting for the available evidence and its applicability to other settings.

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UK Skin Cancer Working Party			2 d)	Guidance will also complement the NICE guidance on the treatment of patients with skin tumours including melanomas, although it is difficult to understand how it will complement the others mentioned.	Thank you, the scope has been amended to include those pieces of guidance that are related to the overall care pathway fro skin cancer.
UK Skin Cancer Working Party			2 e)	There is no mention of the role of the clinical nurse specialist in skin cancer prevention.	Thank you, we have amended this section to include skin cancer clinical nurse specialist.
UK Skin Cancer Working Party			3 a)	As strategies are developed they should make a distinction between behaviour in different seasons and different settings. Advice should focus on recreational behaviour in high dose rate sunshine. The wording "skin cancer can largely be prevented" would be better replaced by "skin cancer may largely be prevented".	Thank you for your comments. If the data permits the guidance will identify interventions for different seasons and settings. We have amended the text in appendix B to include seasons. The text in 3a has also been amended.
UK Skin Cancer Working Party			3 c)	Registration of skin cancer in the UK needs improvement, since this is the ultimate outcome measure. The comment here implies that GPs treat many skin cancers each year and this is why there is under recording of NMSC, while in fact the under recording of NMSC is due to cancer registries omitting to fully register BCCs.	Thank you for your comment. All NICE public health guidance includes 'Gaps in the evidence' which highlights data permitting the identified gaps. The committee can then comment on these areas if they feel they have an impact on the guidance. We have amended the scope regarding the issue of GP's
UK Skin Cancer Working Party			4.1	Yes, guidance is needed for all sectors of the population. Whereas the most at risk groups, including skin types 1&2 will require particular targeting, guidance is needed even for those whose skin cancer risk is low, since otherwise they might inappropriately apply the advice that is issued nationally, putting some groups, particularly those with pigmented skins, at particular risk of vitamin D	Thank you. Appendix B of the scope includes reference to the importance of identifying, where the data permits; recommendations for different population groups. We have also amended 4.1 to highlight the above point.

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				insufficiency.	
UK Skin Cancer Working Party			4.2.1	The document should separate measures for primary prevention from detection of the first occurrence of skin cancer, as the issues are quite different. Early detection of malignant melanoma appears a particular problem in elderly men, but none of the settings mentioned are likely to capture this section of the population.	Thank you for your suggestion. We have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer. The settings referenced in section 2.1 were not intended to be an exhaustive list and we have amended this section to make this clear.
UK Skin Cancer Working Party			4.2.2	The extensive list of omissions is very restrictive. A concerted approach by a range of authorities to reduce excessive UVR exposure is likely to be most beneficial. For example, providing shade in school and the work place will facilitate the public's compliance with guidance on seeking shade. Similarly providing sunscreens free at sporting events and removing VAT will make it more feasible for the public to comply with sunscreen usage advice. Sunbed use is escalating in socially deprived	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to

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				areas with increasing usage by teenage girls and even children. In June2008 the Scottish Parliament outlawed the use of coin operated unsupervised sunbed facilities and raised the minimum age of sunbed use to 18 years. This is a model that should also be followed elsewhere in the UK. Activities should aim to assess the true incidence of skin cancer since this is the definitive outcome measure.	the environment and supply of sun protection resources (such as protective clothing). 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). Also, in its Cancer Reform Strategy the Department of Health 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 this area at this point in time. If you feel further guidance is required, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at

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					http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
UK Skin Cancer Working Party			4.3	The questions need to be written to separate primary prevention and early detection rather than group them together as the information, evidence, cost effectiveness etc will be very different. Achievable and measurable outcomes are required, and could comprise both the surrogate indicator of sunburn and the ultimate outcome of skin cancer.	Thank you we have amended the scope to make it explicit that we intend to cover primary prevention. If information about how to detect skin cancer is covered in activities which aim to prevent the first instance of skin cancer then this will be described during the data extracted process and included in the evidence reviews. However, this guidance will not include activities which solely aim to detect the occurrence of skin cancer or assess the incidence of skin cancer within specific groups. We have amended section 4.2.2 to make this clearer. We have outlined the outcomes in terms of being as inclusive as possible to capture the different measures used by researchers in their evaluation of information provision interventions.
UK Skin Cancer Working Party			General	We welcome that NICE is proposing a public health guidance on the prevention of skin cancer. This is timely since not only are skin cancers the commonest cancer in the UK, but latest figures also show that melanoma has the fastest rising incidence rate in males of any cancer in	Thank you. We propose where the data permits; to develop recommendations for different population groups; including different ethnic groups.

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				the UK. Ultraviolet radiation as emitted in sunlight is the principal cause of skin cancer in the vast majority of cases and the principal avoidable cause of skin cancer. Thus significant and sustained campaigns are required in the UK to improve public awareness of the causes of skin cancer, how to reduce the damaging effects of ultra violet light, and how to detect skin cancer in its early and most treatable stage. Appropriate advice is needed for different sectors of the ethnically diverse UK population, such that appropriate messages are given balancing the beneficial and hazardous effects of exposure to ultraviolet radiation.	
University of Leeds		Pg 4	3 e)	Although the risk of skin cancer increases with age, melanoma may occur in the very young adult indeed it accounts for a significant proportion of cancer in young adults. Moreover sun exposure which is causal begins in early life and therefore an over emphasis on age would not be helpful.	Thank you for your comment. We have amended the scope to highlight the increase in skin cancer incidence within young adults.
University of Leeds			General	Members of our population who are at increased risk of skin cancer are fair skinned and they have evolved to be fair skinned over millions of years, in order to ensure sufficient synthesis of vitamin D. There are many individuals in our population now who are very dark skinned and at northern latitudes are more at risk of rickets than skin cancer. Therefore any advice given must be directed towards those at risk. Thus health advice requires a discussion of skin colour and behaviours.	Thank you for your comments. Appendix B of the scope includes reference to the importance of identifying, where the data permits; recommendations for different population groups (including those at higher risk).

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				I would suggest that the key issue therefore is exploring the concepts of risk and benefits. So, for fair skinned people who have genes which increase their ability to make vitamin D, then intense sun exposure is potentially very harmful. For those with dark skin who have genes which protect the sun from intense sun exposure, then living in the north, their needs are to ensure sufficient vitamin D either by sun exposure or via supplements in the diet. Within the white skinned members of our population, genetic variation determines risk: so that those with red hair, freckles, skin which burns, those with a family history are the ones to which advice should be particularly directed.	
University of Leeds			General	The issue for prevention is that these people can't behave like "everyone else". That is that what members of our population perceive to be normal behaviour: travelling to Spain and lying on a beach, will cause them damage. So there is a great challenge to get this information across. Its not really like smoking: where those who smoke are at increased risk..... and the advice given is relatively simple. The very fair skinned are more vulnerable to what is seen as normal exposure. I would suggest that considering how evolution has equiped those of us who are so fair, to live in low sun conditions, now makes us vulnerable to skin cancer because we have	Thank you for your comments. Appendix B of the scope includes reference to the importance of identifying, where the data permits; recommendations for different population groups; we have also amended this section to include reference (again data permitting) to different setting, seasons and activities such as holidays aboard.

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				access to intense sun exposure, might be explored. The issue therefore is really a question of conveying risk estimation therefore both within the white skinned and within the whole population. This might be seen as a difficult concept but I think that this is the necessary concept to explore.	
Wessex Cancer Trust Marc's Line			3 e)	Individual skin type and the related increased risk from sun exposure should be included in an information campaign.	Thank you for your comment. If the data permits we will prevent evidence relating to individual skin type and risk (please see appendix B).
Wessex Cancer Trust Marc's Line			4.1.1	Research has shown that children of Primary school age exert an influence over their parents' behaviour if they are educated in safe sun exposure, much of this benefit is lost during Secondary school age groups. Perhaps this section of the population should be targeted in particular to reinforce the message to teenage children.	Thank you. Appendix B of the scope includes reference to the importance of identifying, where the data permits; recommendations for different population groups including children. We have also amended 4.1 to highlight the above point
Wessex Cancer Trust Marc's Line			4.2.1	A sustained national public campaign has been lacking, there have been fragmented initiatives developed by individuals often within the public sector and from charities that have largely been localised and so failed to have appreciable impact. It would be beneficial to develop standardised information which has more weight and authority to shape behaviour.	Thank you for your comment, if the evidence permits we intend to provide recommendations on the specific types of information mediums that are effective and cost effective.
Wessex Cancer Trust Marc's Line			4.2.2 c)	In the context of increasingly safety conscious legislation we feel that issues such as protective clothing for outdoor workers, limitation on the use of sunbeds, the built environment particularly for schoolchildren should be	Thank you, we appreciate that these activities are important areas to investigate. We informed the Department of Health about stakeholder comments and the referral

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				covered.	originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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). Also, in its Cancer Reform Strategy the Department of Health 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 this area at this point

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					in time. If you feel further guidance is required, please consider referring the issue through our topic referral system. Stakeholders can suggest future topics for consideration at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Wessex Cancer Trust Marc's Line			4.3	It will be many years before the impact of a campaign can be measured in terms of a reduction in the incidence of skin cancer and using sunburn incidence is impractical and an impossible task. The only short term measures that can be utilised would be changes in behaviour and knowledge both would be subjective. It is essential that a clear message is conveyed related to Vitamin D. Some misleading messages have appeared in the National Press.	Thank you. We note the difficulties in attributing past exposure to current and future outcomes and of using short-term measure as indictors for long-term health outcomes, and these will be considered when undertaking the modelling for the economic analysis, when extrapolating short-term indicators to long term health outcomes, and in the guidance committee's consideration of the evidence. Thank you, evidence permitting we intend to describe the content of effective and cost effective information mediums (such as poster, mass media campaigns).
Wessex Cancer Trust Marc's			General	We welcome the document in that it aims to address the prevention of skin cancer and understand but regret the	Thank you, we appreciate that these activities are important areas to investigate. We

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Line				limitations of the document. Whilst a public information approach is desirable we feel that a wider scope is indicated. It is widely accepted that the principles of skin cancer prevention include limitation of sun exposure however if we fail to provide the public with an environment that assists this behaviour we will be less successful.	informed the Department of Health about stakeholder comments and the referral originally submitted to NICE from the Department of Health has now been revised (see appendix A of the final scope). NICE will now also be developing guidance on a further two linked topic areas: physical changes to the environment and supply of sun protection resources (such as protective clothing). 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).
York Pharma				References: 1. http://www.bad.org.uk/public/cancer/BAD&BSFSUNSCREENFACTSHEET.pdf 2. European Commission Recommendations on Sunscreens (Official Journal of the European Union, L265/36, 26 September 2006)	Thank you for these references – we will send these to our contractors who are producing the evidence reviews for consideration.
York Pharma		Pg 3	3 a)	In all documentation for the draft Scope and for the final Public Health Intervention Guidance the choice of wording around “high-factor sunscreen” must be consistent for all	Thank you, we have amended this section to make it clear that referring to high protection SPF 30+ products.

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				audiences to give clarity of message. It is recommended that the last part of section (a) should read: ".....middle of the day and using a high protection SPF 30+ sunscreen". This is in line with the British Association of Dermatologists (BAD) and British Skin Foundation (BSF) Advice and Fact sheets[1] and is in keeping with the new EU Commission recommendations on the labelling of sunscreens[2.]	
York Pharma		Pg 4	3 d)	Although this section refers to the Office for National Statistics 2003 Survey the wording around a "high factor (SPF +15) sunscreen" is now out of line with the current evidence and information as stated above. The Scope should refer to high protection SPF 30+ sunscreens.[1,2]	Thank you, we have amended this section to make it clear that referring to high protection SPF 30+ products.
York Pharma			4.3 bullet point 5	Suggested new wording for this bullet point: Expected outcomes: "Increase in knowledge and awareness of ways to prevent non-melanoma and malignant melanoma skin cancer attributable to natural and artificial UV exposure. (For example, by wearing a hat in the sun, keeping in the shade, avoiding sunlight around the middle of the day, wearing protective clothing and appropriate use of a high protection SPF 30+ sunscreen."[1,2]	Thank you, we have amended the text in this section in line with your suggestion.
York Pharma			General	By developing this Guidance an expected outcome would also be to increase the awareness in the population of the availability of sunscreens on the NHS and for specific patient types eg current patients with skin cancer, children or adolescents with atopic eczema, transplant patients etc	Thank you.

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