

**National Institute for Health and Clinical Excellence**

**Consultation on the draft PUBLIC HEALTH INTERVENTION Guidance – SKIN  
CANCER PREVENTION: INFORMATION, RESOURCES AND ENVIRONMENTAL  
CHANGES**

**Thursday 19<sup>th</sup> August – Thursday 16<sup>th</sup> September 2010**

**Comments to be received no later than 5pm on Thursday 16<sup>th</sup> September 2010**

**Stakeholder Comments Form**

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<b>Name:</b>		<b>Nina Goad on behalf of Skin Cancer Prevention Committee</b>
<b>Organisation:</b>		<b>British Association of Dermatologists</b>
<b>Section number</b> Indicate <b>section number</b> or ' <b>general</b> ' if your comment relates to the whole document	<b>Page Number</b> (please use a <b>number</b> ie 70)	<b>Comments</b> <sup>1</sup>  Please insert each new comment in a new row.
General		The expert papers commissioned during the process of compiling this guidance provide a wealth of useful evidence and information, from which key messages should form the core of any prevention campaign, to the possible barriers to effective communication. It would be preferable if more of this had transferred into the actual recommendations.
General		The advice is somewhat lacking in detail. For example, it might be useful to provide a model for how to run a successful campaign, including points on identifying target audiences, stakeholder and public research / audits to provide data on which to monitor the impact of the campaign, framing messages, piloting the campaign, evaluation and measuring outcomes etc.
General		Skin cancer prevention is a complex topic with numerous variables not experienced by other cancer types (e.g. skin type and risk factor, possible health benefits of UV, etc). In light of this, while recognising that different campaigns audiences and communications methods may vary, it would be useful to provide a defined set of end points or key objectives to which all relevant associations could aim.

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General		<p>Throughout the guidance, prevention and early detection are somewhat confused. Ideally, the two issues should be properly separated, with one section on prevention (knowing skin type / risk factor, methods of sun protection etc) and detection (self checking, changing moles etc). Early detection methods are mentioned sporadically but not in any useful detail, and seem to be categorised as prevention (e.g. paragraph 2, page 17), while the two issues are very different.</p> <p>If the remit of the guidance is only to cover prevention and not detection, this should be clearly indicated from the outset.</p> <p>However, if early detection is within the remit of this guidance, the advice needs to be far better defined, preferably within its own section. Advice on signs of skin cancer and how to self-check would need to be included (e.g. using the ABCDE rules designed by the British Association of Dermatologists).</p>
1	6-7	<p><i>"Planners, organisers and providers of local health promotion activities [should]... continue with any existing local activities which aim to raise awareness of the risks of skin cancer and sources of protection."</i></p> <p>This is rather unspecific. Based on what model? What if their current work is inadequate? Should it be continued? Advice here could be more detailed.</p>

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1	8	<p><i>"Messages should [explain]... how someone can assess their own risk of sun damage (for example, if they have lots of moles, it should stress the importance of checking their skin regularly for any changes)."</i></p> <p>The above statement confuses two separate issues . prevention and early detection. Assessing your own risk of sun damage (i.e. how likely you are to burn and how UV exposure affects your skin) is not done by checking your skin, so the example given is incongruous.</p> <p>A more accurate example might be: <del>for</del> example, if they have pale skin, red hair and/or freckles, it should highlight that they are at greater risk of skin cancer than naturally darker skinned individuals who do not burn+.</p> <p>Additionally, self checking messages and the importance of early detection are relevant to all skin types. This is different to prevention messages which can be more readily targeted at high risk groups, such as pale skinned people.</p>
1	8	<p><i>"Messages should address ...any discomfort that may be caused by having to wear protective clothing or sunscreen."</i></p> <p>This is slightly unrealistic . how can a campaign address this issue? More specific advice would be helpful.</p>

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1	9	<p><i>“A positive statement or phrase such as, ‘Using sunscreen with sun protection factor (SPF) 30 for adults (or SPF 50 for children) increases the chances of keeping skin healthy and young looking’, is effective when trying to prevent skin cancer.”</i></p> <p>This statement is not entirely accurate as it is the UVA protection in a sunscreen (indicated by UVA stars and / or UVA circle logo) as opposed to the UVB protection (indicated by the SPF) that primarily determines the level of protection against skin ageing; i.e. a product with SPF 30 will not necessarily keep skin young looking</p>
1	9	<p><i>“Messages should be tailored to ...address any barriers to change that they may face. This includes...the perceived negative consequences of sun protection activities including reduced exposure to vitamin D and a possible reduction in physical activity levels to avoid exposure to the sun.”</i></p> <p>As the vitamin D issue is an emerging area of research could more specific information be provided about how best to address this, perhaps directing people to the British Association of Dermatologists or CRUK statements? Without this guidance advice relating to vitamin D is likely to be misguided, confusing or contradictory.</p>
1	10	<p><i>“Who should take action?”</i></p> <p>It may also be worth mentioning here the regional / national charities and NGOs who are responsible for delivering such a large proportion of local skin cancer campaigns.</p>

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1	10	<i>"SPF 50+ sunscreen"</i> Advice regarding SPF should also mention UVA protection.
1	11	<i>"Outdoor workers need to protect their exposed skin during the summer by regularly applying high protection sunscreen."</i> Actual messaging would need to be more specific about sunscreen choice / use, including UVA protection and product reapplication, as per the evidence paper submitted by the BAD on this topic.
1	11	<i>"The following detail ... should be considered for inclusion in skin protection messages: Number of moles: People with a lot of moles (more than 50) need to check their skin monthly for any changes."</i> As above (point 1, page 8) the above statement confuses two separate issues . prevention and early detection. Self checking messages and the importance of early detection are relevant to all skin types.
1	12	<i>Sunscreen application: The average adult should apply approximately 35 millilitres [mls] for a full body application.</i> This is relevant for lotions only and does not take into account the range of other sunscreen formulations now available, such as gels or sprays, as outlined in the evidence submitted by the BAD on this topic.

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1	13	<p><i>“Ensure policies for educational and leisure settings aim to: ...encourage parents to provide high factor sunscreen for their children (for the children to apply themselves); provide employees with clear guidelines on how to help children and young people apply sunscreen or how best children can help each other to apply it.”</i></p> <p>As mentioned in section 3.9, page 20, this is an area where there is currently much confusion and disparity, with schools operating vastly differing policies on whether staff can help children apply sunscreen, and even with some schools banning the use of sunscreen for health and safety reasons, varying from concerns of spillage of sunscreens causing slippage, to fears of allergies. Until there is a uniform policy addressing these issues, it is difficult for organisations to offer advice that can be universally ascribed to.</p>
1	13	<p><i>“use a high factor sunscreen (SPF 30+) – including water resistant products – if work involves contact with water or is likely to make someone sweat”</i></p> <p>Advice on sunscreen application should also mention UVA protection, as well as reapplication of the product.</p>

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2	14	<p><i>"There are two main sorts: basal cell carcinoma and the more serious squamous cell carcinoma (if left untreated, squamous cell carcinoma can spread to other parts of the body and can be disfiguring)."</i></p> <p>Both basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are disfiguring, not just SCC. SCC can also prove fatal.</p> <p>The impact of skin cancer cannot just be measured in terms of mortality but also the significant impact of treatment, disfigurement etc.</p>
3.13	21	<p>For clarification, would the authors be agreeable to adding "The time required to make vitamin D is typically short and less than the amount of time needed for skin to redden and burn"?</p> <p>As per the joint statement on vitamin D that CRUK, BAD and other stakeholders formulated.</p>