

# National Institute for Health and Clinical Excellence

## PUBLIC HEALTH INTERVENTION GUIDANCE – Implementing Vitamin D guidance

Consultation on the Draft Scope from  
7th Jan – 1st Feb 2013  
Comments on the Draft Scope to be submitted  
no later than 5pm on 1st Feb 2013

### Stakeholder Comments

Please use this form for submitting your comments to the Institute.

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2. Please insert the **section number** in the 1<sup>st</sup> column. If your comment relates to the document as a whole, please put '**general**' in this column
3. **Please note - Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline.**

<b>Name:</b>	<b>Nina Goad</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>	<b>Comments</b> Please insert each new comment in a new row.

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*NB: The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft scope where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.*

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4.2.2	7	<p>We feel that the activities/measures that will not be covered may lead to limited relevance of the proposed guidance. While we appreciate that there is a paucity of available data and evidence regarding vitamin D, for example regarding the biomarkers for deficiency and insufficiency / optimal levels for vitamin D, this type of baseline data is needed to form the foundations of any available guidance. This also applied to the examination of all the various delivery methods for vitamin D, including:</p> <ol style="list-style-type: none"><li>I. diet</li><li>II. supplements</li><li>III. fortification</li><li>IV. sunshine, including all the variables (skin types, geographical location, UV levels etc)</li></ol> <p>We would like to stress the importance of ensuring that the guidance development process does indeed look closely at all barriers / obstacles to uptake by clinicians / the public, including those raised by various stakeholders at the May 2011 workshop:</p> <ul style="list-style-type: none"><li>• The Healthy Start vitamins for children, which may need to be reformulated for a longer shelf life in order to be taken up by stockists</li><li>• Lack of suitable, licensed supplementation products</li><li>• Supply chain issues and lack of profitability for pharmacists</li><li>• Pharmacists not incentivized to provide Healthy Start products</li></ul> <p>We assume these issues will all be addressed but seek clarification.</p>
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4.1.1	5-6	<p>The “population groups at increased risk of vitamin D deficiency” listed in “Groups who will be covered” by the guidance should include:</p> <p>Those who have been advised to avoid sun exposure, due to an increased risk of skin cancer, including those previously diagnosed with skin cancer.</p> <p>An extended list of such groups, for each of the most common skin cancer types, is as follows:</p> <p>Squamous Cell Carcinoma:</p> <ul style="list-style-type: none"><li>•Older people - even those who tend to avoid the sun</li><li>•Builders, farmers, surfers, sailors and people who often are out in the sun, can develop a SCC when they are quite young.</li><li>•Those with a fair skin are more at risk of developing SCC than people with a darker skin.</li><li>•Anyone who has had a lot of ultraviolet (UV) light treatment for skin conditions such as psoriasis will also be at increased risk of getting an SCC.</li><li>•Those whose immune system has been suppressed by medication taken after an organ transplant, or by treatment for leukaemia or a lymphoma.</li></ul> <p>Melanoma:</p> <ul style="list-style-type: none"><li>•People who burn easily in the sun are particularly at risk. Melanoma occurs most often in fair-skinned people who tan poorly. Often they have blond or red hair, blue or green eyes, and freckle easily. Melanomas are less common in dark-skinned people.</li><li>•Past episodes of severe sunburn, often with blisters, and particularly in childhood, increase the risk of developing a melanoma. However, not all melanomas are due to sun exposure, and some appear in areas that are normally kept covered.</li><li>•People with many (more than 50) ordinary moles, or with a very large dark hairy birthmark, have a higher than average chance of getting a melanoma.</li><li>•Some people have many unusual (atypical) moles (known as ‘dysplastic naevi’). They tend to be larger than ordinary moles, to be present in large numbers, and to have</li></ul>
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