



British Association of Dermatologists
Willan House
London
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North West London
Collaboration of Clinical Commissioning Groups

June 29th 2017

Dear Sirs

Re: Choosing Wisely consultation.

On behalf of the British Association of Dermatologists including the Skin Cancer Prevention Sub-Committee, we would like to highlight our concern about the current 'Choosing Wisely' consultation.

We fully understand the need to scrutinize NHS budgets and ensure cost savings where appropriate, however, we would strongly argue that several of the medicines included in the review are essential for specific groups of patients and are therefore not appropriate for inclusion in the review.

(1) Sunscreens

Sunscreens are especially important in those with photoallergies or photosensitive diseases such as porphyria and lupus, those with DNA repair disease who will die before the age of 20 without sun protection and those who are immunosuppressed with greatly increased skin cancer risks.

There is no doubt that skin cancer-prone genetic disorders such as xeroderma pigmentosum (XP) must have access to free sunscreens as children with this devastating condition develop fatal skin cancer and die before their teenage years, unless they adopt strict photoprotection measures. Without sun protection, people with photosensitive diseases such as Gunther's disease, porphyria and lupus may develop extensive skin disease causing hospitalisation, requiring expensive drugs and may suffer permanent, disfiguring facial scarring. Similarly, there are severe "photo-allergies" such as chronic actinic dermatitis that make it impossible for the sufferers to venture outdoors without adequate photoprotection, but there are also important additional groups that are not covered by the current criteria.

In particular, there are a small but increasing number of patients who are on life-long immunosuppressive therapy to prevent rejection of an organ transplant, or who are treated

long-term with a photosensitizing drug such as azathioprine, for suppression of inflammatory bowel disease (ulcerative colitis or Crohn's disease). These drugs are essential for the welfare of these patients, yet they bring a significantly increased risk of skin cancer unless these patients are able to adequately protect themselves from the sun. A more than 100-fold increased risk of skin cancer, characteristically multiple skin cancers bringing significant morbidity and mortality, is confirmed for organ transplant recipients living in the UK (Harwood 2013) and azathioprine is both photosensitizing and mutagenic (O'Donovan 2005; Karran 2016). We feel it is essential to advocate use of appropriate sunscreens for these immunosuppressed patients especially as their cancer risk is iatrogenic, caused by the drugs we prescribe. Preventative use of sunscreen (on prescription) should save the NHS money as population-based studies in Australia have proven that skin cancer rates will significantly reduce with monitored use of sunscreens (Green 2011).

(2) Antihistamines

These drugs are crucial for those with urticaria and angioedema who are often young or working age people, who can suffer disabling and sometimes life-threatening illness, which is controlled by antihistamines. Chronic, severe urticaria is often associated with significant morbidity and a diminished quality of life [Weldon 2006]. Physical urticaria also tends to be more severe and long-lasting. In histamine-mediated diseases, second-generation antihistamines are often first-line treatment. Treatment of urticaria often requires doses of antihistamine above that which is available over the counter and therefore must be prescribed.

(3) Emollients

'Complete emollient therapy' is the mainstay of treatment for all patients with eczema as the most important part of their treatment. Emollients must be applied several times every day to help maintain skin barrier function. These are the basis of treatment and withholding these is likely to result in a large increase in hospital referrals which the NHS would be unable to manage.

In addition, 1 in 5 children under five suffer with eczema. There is a significant negative impact on the psychological wellbeing and quality of life of parents of children with eczema. NICE guidance states that 250-500g of emollient per week should be used by a child under 12 years with atopic eczema. Withdrawing prescriptions for essential treatment, and the subsequent financial burden that this places on these families, is not acceptable. For some families a choice will be made not to spend the £8-10 per week on emollient. This will result in a deterioration of eczema control in the community in one of your most vulnerable groups of patients.

(4) Treatments for acne.

Acne can have profound social and psychological effects. These are not necessarily related to its clinical severity. Even mild acne can be significantly disabling. Multiple studies have demonstrated the significant impact of acne and its sequelae on emotions, daily activities, social activities, study/work, and interpersonal relationships [Harazika 2016]. This excess psychosocial morbidity can be reduced by effective treatment [Tan 2004]. Furthermore, acne is associated with a greater psychological burden than a variety of other disparate chronic disorders.

It is worth noting that with all of these disorders, withdrawal of treatment on prescription will not only result in an increased burden on an already underrepresented patient population, but the subsequent worsening of disease severity and psychosocial impact will create further demands on NHS resources, negating perceived cost savings.

In conclusion, we urge you to take into consideration the needs of skin disease patients during the course of this review. For all the reasons stated above, we do not believe that the above mentioned items constitute a low priority prescription for the patient groups described, and would therefore not be appropriate for inclusion in any subsequent NHS funding review process.

Thank you very much for your consideration of our arguments.

Kind regards



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Charlotte Proby, Chair, British Association of Dermatologists Skin Cancer Prevention Committee. Professor of Dermatology, University of Dundee.

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