British
Association of
Dermatologists

National Institute for Health and Clinical Excellence
Level 1A, City Tower
Piccadilly Plaza, Manchester M1 4BD

January 28th, 2011

Dear Sir / Madam,

We are writing in response to the recent publication of the NICE guidance on Skin Cancer: how the NHS and local authorities can help prevent skin cancer using public information, sun protection resources and by making changes to the environment.

While we accept that this is a complex subject on which to formulate public health guidance, we are extremely concerned by the interpretation of the evidence and stakeholder comments around one issue in particular – the recommended Sun Protection Factor (SPF).

In our expert paper, which was to form the basis of messages around how people should best protect their skin in the sun, we advised using SPF 30 for adults and SPF 50 for children, with high UVA protection also.

However, when we attended the PHIAC meeting, it was raised by one of the stakeholders that advising SPF 50 for children may not be practical, and instead suggested that SPF 30 should be advised for both children and adults might be preferable. This comment is reflected in the stakeholder responses to the draft guidance. The British Association of Dermatologists was happy to accept that SPF 30 for children might be a more suitable recommendation. However, we were not aware that at any point in the final consultation – either in the stakeholder feedback to the final draft, or at the PHIAC meeting – that the recommended SPF 30 for adults was disputed.

We have highlighted the responses from the two stakeholders who disputed the recommended SPF 50 for children below. Neither questions the recommended SPF 30 for adults, and both suggest that a standard SPF 30 should be advised for both adults and children. We are, therefore, confused as to why the SPF for both adults and children was reduced to SPF 15 in the absence of any stakeholder comments recommending this.

Cancer Research UK:
"Recommending SPF50 sunscreen for children is not an evidence based recommendation. Note that higher factors are unlikely to give much extra protection above an SPF of 30. In Australia, SPF values are not allowed to go beyond 30 and in Europe they must not exceed 50. There is no evidence to suggest children have to use an SPF higher than 30."

The South West Public Health Observatory:
"Would it not be more appropriate, and indeed less confusing to make the same recommendation 'at least 30' for both children and adults. The phrase child encompasses a very wide age group, with children having different needs and attitudes from the very young to teenagers, and of course others in between. Please note this comment applies to other points in the document where SPF50 is cited."

The response from NICE to stakeholder comments on SPF is as follows:
"Thank you, PHIAC considered the available evidence and have changed the text to SPF 15 (and removed reference to a different SPF factor for children). They have also added that SPF 15 should be adequate if applied thoroughly (please see recommendation 3 in final guidance document)…"
"Please note that we have also amended the advice text relating to SPF factors in the guidance following comments from stakeholders - the revised text reflects evidence presented in expert paper 1…"

Please can you inform us what section of "evidence presented in expert paper 1" advises SPF 15? In our expert paper we state quite clearly that public health messaging should recommend SPF 30:

"Choose a sunscreen labelled 'broad spectrum' which means it offers both UVA and UVB protection. Use a 'high protection' sunscreen of at least SPF 30 to protect against UVB."

We were asked to explain why we recommend SPF 30 rather than 15 and provided the following evidence:

[re: SPF 50 for children]: *"Studies suggest that people generally do not apply sufficient quantities of sunscreen to obtain the indicated SPF, as outlined in the section 4(i) below. The recommended SPF 50 takes into account these behavioural factors that lead to a reduced level of protection. If applied adequately, then SPF 30 should be sufficient for children."*

[re. SPF 30 for adults]: *"Generally it has been advised that people should select sunscreens with SPF 30 or higher (Palm and O'Donoghue, 2007). This is because people generally do not apply sufficient quantities of the product. Importantly, the SPF is measured with a sunscreen application thickness of 2 mg/cm; in reality, subjects tend to apply much less of the product, often at an average thickness of just 0.5-1.0 mg/cm (Lautenschlager et al., 2007; Stokes and Diffey, 1997). If a more uniform and appropriate application of sunscreens were employed, there would be*

no need for sun protection factors higher than 15 (Diffey, 2000). The recommended SPF 30 takes into account these behavioural factors that lead to a reduced level of protection2. If applied adequately, then SPF 15 is sufficient."

This was accepted by all the stakeholders in the final consultation, as outlined above. Consequently, the statement in the guidance that *"if applied adequately, SPF 15 should be sufficient"* does not address the wealth of evidence that shows that people do not apply sufficient sunscreen.

In trying to understand the reasons for this unilateral change, we have been informed that the stakeholder comments on SPF 50 for children prompted the committee to review the SPF recommendations (although why this should include the SPF for adults remains unclear). We understand that the process this 'review' took was to look on the websites of Cancer Research UK (CRUK), and the South West Public Health Observatory (SWPHO), which both currently recommend SPF 15. However, CRUK has informed us that the charity had recently undertaken a review of its SPF recommendation and was due to change its advice to SPF 30. The SWPHO does not publicise independent advice on skin cancer prevention but provides a portal of information from a range of organisations on skin cancer. This includes advice from CRUK to use SPF 15 (due to be changed to SPF 30 this year) and from the British Association of Dermatologists recommending SPF 30.

In addition to the stakeholder views outlined above, we would also like to draw your attention to previous stakeholder comments that stress the need to advise use of SPF 30:

> SKCIN – The Karen Clifford Skin Cancer Charity: *"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."*
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> The NICE response to this comment is as follows: *"Thank you, we have amended this section to make it clear that referring to high protection SPF 30+ products."*
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> York Pharma: *"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 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 sheets1 and is in keeping with the new EU Commission recommendations on the labelling of sunscreens[2]."*
>
> York Pharma: *"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]"*

4 Fitzroy Square, London W1T 5HQ
Tel: 020 7383 0266 Fax: 020 7388 5263 email: admin@bad.org.uk

VAT No 645 7496 95 Registered Charity No 256474

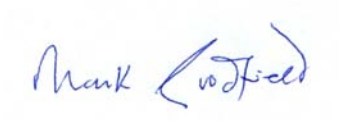
The NICE response to these comments is as follows:
"Thank you, we have amended this section to make it clear that referring to high protection SPF 30+ products."

To change one of the most fundamental recommendations of the guidance, without further consultation and not on the basis of any new evidence or in response to the final stakeholder comments, is in our view, unacceptable.

One of the primary purposes of this NICE review was to provide consistency of messaging around skin cancer prevention. In effect, the advice on SPF now does the exact opposite. In view of the huge amount of work that has gone into this document, it is unfortunate that the advice from NICE now contradicts the advice from the leading skin cancer charities and professional bodies involved in skin cancer prevention campaigns. The BAD will not be changing its position on this since it is based on a practical interpretation of the available evidence, and so there will be continued public confusion and disparity of messaging on a crucial subject. This is unnecessary, perverse, and contrary to the agreed position of the stakeholders after a prolonged consultation.

We look forward to your response.

Yours faithfully,



Dr Mark Goodfield
Chair, Skin Cancer Prevention Committee
British Association of Dermatologists

Dr Stephen Jones
President
British Association of Dermatologists

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