

# **National Institute for Health and Clinical Excellence**

## **Centre for Public Health Excellence**

### ***Review Decision***

#### **Review of Public Health guidance (PH32) – Skin cancer: prevention using public information, sun protection resources and changes to the environment (NHS and Local Authorities): New Evidence Submitted**

#### **1 Background Information**

Guidance issue date: January 2011

Normal 3 year review (full review): 2014

Interim review following submission of new evidence: April 2012

#### **2 Review Decision**

New evidence submitted did not warrant a change in aspects of the recommendations that relate to the use of levels of Sun Protection Factor (SPF). However it was agreed that text in guidance relating to the use of SPF 15 and sun screen application should be merged to provide a clearer understanding of the 2 issues (specifically in recommendation 3).

### **3 Process for updating guidance**

According to the NICE Public Health process manual

([www.nice.org.uk/phprocess2009](http://www.nice.org.uk/phprocess2009)) guidance is updated if new evidence emerges or if sections of the guidance are no longer relevant. NICE usually checks for evidence 3 and 5 years after publication to decide whether all or part of the guidance should be updated. ***If new evidence is published at other times, NICE may decide to update the recommendations at that time.***

Following the publication of PH32, the British Association of Dermatologists (BAD) wrote to NICE expressing their concern about changes that had been made to one of the recommendations post stakeholder consultation. This concern related to the level of Sun Protection Factor (SPF) in sun screens that should be used to protect from the harmful effects of over exposure to the sun. In October 2011, BAD submitted additional evidence and asked NICE to reconsider the detail included in recommendation 3.

The CPHE Centre Director and the Chair of the Public Health Intervention Advisory Committee (PHIAC) agreed to discuss this evidence at the 17<sup>th</sup> February 2012 committee meeting to consider whether the guidance should be updated.

### **4 Consideration of new evidence**

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE) to produce public health guidance for the NHS and local authorities on the prevention of skin cancer with specific reference to: provision of

information, physical changes to the environment and the supply of sun protection resources.

The guidance was developed by the Public Health Interventions Advisory Committee (PHIAC) using the methods and processes of the Centre for Public Health Excellence (CPHE) and was published in January 2011 (available at: <http://guidance.nice.org.uk/PH32>.)

The guidance has 6 recommendations to support effective and cost effective ways of providing information to change people's knowledge, awareness and behaviour and so prevent the first occurrence of skin cancer attributable to UV exposure. PHIAC developed these recommendations on the basis of reviews of the evidence, economic analysis, expert advice and stakeholder comments. The recommendations cover: the delivery and planning of information provision activities; developing national campaigns and local activities; developing the content of prevention messages; tailoring the message for different population groups and contexts; protecting young people and outdoor workers; and providing shade.

The British Association of Dermatologists were commissioned to produce an expert paper to complement the effectiveness and cost effectiveness reviews by summarizing the key messages that should be included in public information resources. This was considered by PHIAC at its meeting in March 2009 and contributed to the wording of recommendation 3.

Recommendation 3 – 'Information Provision - Message Content' is aimed at commissioners, organizers and planners and a range of local practitioners engaged

in skin cancer prevention activities. It aims to provide guidance on the content to be included in resource materials and the ways in which information should be conveyed. It includes 4 actions covering: how best to explain the ways in which UV exposure can damage the skin; how individuals can assess their own risk; the importance of conveying both the risks and benefits of being in the sun; and the options for protecting the skin against UV damage.

The latter action includes the following sub bullet points:

***Sunscreens** should not be used as an alternative to clothing and shade, rather they should offer additional protection. (Note, no sunscreen product provides 100% protection against the sun.) Choose a ‘broad spectrum’ sunscreen which offers both UVA and UVB protection. It should be at least SPF 15 to protect against UVB and offer high UVA protection (in the UK, this is indicated by at least four stars and the circular UVA logo). Use water resistant products if sweating or contact with water is likely.*

- ***Sunscreen application** Apply liberally half an hour before and after going out in the sun (don’t forget your head, neck and ears). Re-apply at least every 2 hours and immediately after being in water, even if the sunscreen is ‘water resistant’. Also re-apply after towel drying. If applied adequately, SPF 15 should be sufficient.*

Additionally the actions are supplemented by a footnote in the guidance

*SPF 15 is sufficient if applied adequately, however, to take account of behavioural factors (such as people not applying sufficient quantities of sunscreen) SPF 30 was also recommended in an expert paper.*

Elements of this recommendation are based on the expert paper produced by BAD, and PHIAC discussion. Whilst the expert paper recommended the use of SPF 30, PHIAC's final wording took account of the need to achieve a balance between the risks and benefits of exposure to the sun and to ensure consistency with other current advice. Cancer Research UK at the time of publication recommended the use of at least SPF 15. The website (<http://cancerhelp.cancerresearchuk.org/type/skin-cancer/about/preventing-skin-cancer>) was accessed on the 25<sup>th</sup> July and this remains true.

## **5 Consideration of the new evidence by the Public Health Intervention Advisory Committee (PHIAC)**

The PHIAC committee were asked to consider the following evidence submitted by BAD on 12<sup>th</sup> October 2011:

- Loden M et al (2011) Sunscreen use: controversies, challenges and regulatory aspects. *British Journal of Dermatology* 165 255-262
- De Villa D et al (2011) Re-application improves the amount of sunscreen, not is regularity, under real life conditions *Photchem Photobiol* 87 457-60.
- Editorial (June 2011). Do sunscreens have a role in preventing skin cancer. *Drug and Therapeutics Bulletin* 49 (6) 69- 72.

A summary of their discussions at the meeting on the 17<sup>th</sup> February 2012 are as follows:

- PHIAC reaffirmed that the purpose of the guidance was to recommend the most effective and cost effective approaches to providing public health information.
- PHIAC noted that the purpose of the original expert paper from BAD was to summarise current expert knowledge on the advice that should be included in any information resource
- PHIAC considered that the new evidence submitted did not add substantive information to that already contained in the BAD expert paper
- PHIAC noted that in the original referral from Ministers it had not been asked to determine the effectiveness or the efficacy of different sun factors or to advise on these
- PHIAC noted that if a specific review of sunscreens is required then a new referral from ministers would be needed.
- PHIAC was not minded to alter the guidance published in 2011. It was agreed that this view would be communicated to stakeholders along with the new evidence submitted and the stakeholder responses would be considered at a future PHIAC meeting when a final decision about whether to amend the guidance would be made.

## **6 Related guidance**

Metastatic malignant disease of unknown primary origin. NICE clinical guideline 104 (2010). Available from [www.nice.org.uk/guidance/CG104](http://www.nice.org.uk/guidance/CG104)

Skin tumours including melanoma. NICE cancer service guidance (2010). Available from [www.nice.org.uk/guidance/CSGSTIM](http://www.nice.org.uk/guidance/CSGSTIM)

Promoting physical activity for children and young people. NICE public health guidance 17 (2009). Available from [www.nice.org.uk/guidance/PH17](http://www.nice.org.uk/guidance/PH17)

Maternal and child nutrition. NICE public health guidance 11 (2008). Available from [www.nice.org.uk/guidance/PH11](http://www.nice.org.uk/guidance/PH11)

Community engagement. NICE public health guidance 9 (2008). Available from [www.nice.org.uk/guidance/PH9](http://www.nice.org.uk/guidance/PH9)

Physical activity and the environment. NICE public health guidance 8 (2008). Available from [www.nice.org.uk/guidance/PH8](http://www.nice.org.uk/guidance/PH8)

Behaviour change. NICE public health guidance 6 (2007). Available from [www.nice.org.uk/guidance/PH6](http://www.nice.org.uk/guidance/PH6)

Photodynamic therapy for non-melanoma skin tumours (including premalignant and primary non-metastatic skin lesions). NICE interventional procedure 155 (2006). Available from [www.nice.org.uk/guidance/IPG155](http://www.nice.org.uk/guidance/IPG155)

Referral guidelines for suspected cancer. NICE clinical guideline 27 (2005). Available from [www.nice.org.uk/guidance/CG27](http://www.nice.org.uk/guidance/CG27)

## **7 Stakeholder consultation**

The review proposal was issued for consultation in April 2012 following the consideration of new evidence by PHIAC in February 2012. Eleven organizations commented on the proposal during the two week consultation period.

### *For revision*

Two organizations called for the guidance to be revised so that it referred to the use of SPF 30 as the minimum that should be used. Comments included: NICE has failed to properly weigh the evidence in relation to SPF; PHIAC rejected information

from the expert paper in favour of information on a 'charity' website. One organisation supported the BAD recommendation and called for, at the very least for behavioural issues to be transferred from the footnote to the main text.

### *Against revision*

Five organisations were unconvinced about the need to revise the guidance. Reasons given included: the evidence regarding SPF is complex and conflicting, requiring further research and review; the need to strive for a risk and benefits approach and the possible adverse consequences related to lack of Vitamin D; there was evidence to suggest that Vitamin D has an important function in protecting against cancer; the new evidence submitted has been reported in minor journals in comparison to wealth of evidence on known factors on Vitamin D

In addition, two organisations called for consistency with other organisations.

## **8 PHIAC discussions post stakeholder consultation**

Stakeholder comments were considered by PHIAC on the 20<sup>th</sup> July 2012. PHIAC noted:

- The great uncertainty in the evidence relating to SPF levels and ; the polarisation of views from stakeholders;
- Stakeholder comments do not change the views held by PHIAC prior to consultation (as noted in the minutes of the February 2012 meeting) – see section 3 of this report.

- Two new referrals received by CPHE from the DH on vitamin D<sup>1</sup> and safe sunlight exposure<sup>2</sup> provide an opportunity for the evidence on the efficacy of SPF in sunscreens to be systematically reviewed.

PHIAC agreed that the guidance should not be revised; however the current footnote relating to SPF in recommendation 3 should be moved into the main body of text to highlight more clearly the behavioural issues associated with applying sunscreen.

## **9 Equality and diversity considerations**

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

## **10 Conclusion**

The new evidence submitted did not warrant a change to the guidance, although the links between sunscreen SPF level and application of sunscreen could be made clearer in the guidance document. The current footnote relating to these issues should therefore be moved into the main body of the text in recommendation 3.

A full review of the guidance will be carried out in 2014.

**Antony Morgan, Associate Director, CPHE**

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<sup>1</sup> The safe implementation of existing evidence-based guidance on prevention of Vitamin D deficiency, to include recommendations relating to infants, children, older people, pregnant and lactating women and those with limited sun exposure

<sup>2</sup> Safe sunlight exposure for the UK population including the benefits of sun exposure

**Mike Kelly, Director, CPHE**

**September 2012**