Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Association of Dermatologists	General		The document needs to explicitly state the difference between UV from sunbeds and the sun. Any health benefits derived from sun exposure outlined in the document are not necessarily applicable to sunbed exposure, which often carries higher health risks without the same health benefits, and this needs to be made clear. This is crucial to ensure people reading about the benefits of UV light and the risk to benefit ratio do not believe this can be applied to UV beds and that such devices are a reasonable substitute / alternative to sun exposure.	Thank you for your comment, the scope has been amended accordingly.
British Association of Dermatologists	3 (d)	4	Note that insufficiency and deficiency are the not same or interchangeable	Thank you for your comment, the scope now refers to vitamin D deficiency and defines what is meant by this.
British Association of Dermatologists	3 (e)	4	12,818 is NOT the total number of skin cancers, which is closer to 200,000. This is just for one type – melanoma, and does not include non-melanoma cancers which are far more common.	Thank you for your comment, the scope has been amended accordingly.
British Association of Dermatologists	4.1.1	6	“People with more than 50 moles” could be changed to “people with more than 50 moles or atypical moles” - 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 irregular edges or colour patterns. The tendency to have these ‘dysplastic naevi’ can run in families and carries an increased risk of getting a melanoma. As the guidance is aimed at health professionals it is not inappropriate to include this.	Thank you for your comment, the scope has been amended accordingly.
British Association of Dermatologists	4.1.1	6	Outdoor workers – should also include people whose lifestyles or leisure pursuits mean excessive UV exposure, not just workers (e.g. watersports /	Thank you for your comment, the scope has been amended

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			gardening etc)	accordingly.
British Association of Dermatologists	4.1.1	6	People with a family history of skin cancer – could be 'people with a previous skin cancer or family history... etc' although previous skin cancer patients seem to be excluded by 4.1.2?	Thank you for your comment, the management of people with a history of skin cancer is beyond the remit of this guidance.
British Association of Dermatologists	4.1.1	6	Other people at increased risk of skin cancer include: People with a history of severe sunburn (Past episodes of severe sunburn, often with blisters, and particularly in childhood, increase the risk of developing a melanoma)	Thank you for your comment. Please note that no population groups are listed as beyond the remit of the guidance. We envisage many of those with a history of severe sunburn would fall under the other categories listed.
British Association of Dermatologists	4.1.2	6	Can NICE clarify why immunosuppressed patients are excluded?	Thank you for your comment, the scope has been amended and no longer excludes any population group.
British Association of Dermatologists	4.3	10	Some of the expected outcomes may be difficult/impossible to measure (e.g. incidence of sunburn, cumulative sun exposure). Even skin cancer rates are hard to use as measures as non-melanoma skin cancers are under-recorded because they are too numerous (BCCs) for the cancer registries to record. Also, the latent period between UV exposure and skin cancer incidence may be decades	Noted, thank you.

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Improved sleeping patterns and mental health attributable to sun exposure will also be impossible to evaluate. That does not preclude these from being potential outcomes, but it is worth noting that they cannot be validated.	Thank you for your comment. Please note that the scope focuses on risks and benefits related to solar UV exposure only, observing that the main risk from UV exposure is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation of vitamin D by the skin. Outcomes relating to sleeping patterns and mental health are now outside the remit of this guidance.
British Association of Dermatologists	4.3	10	"the views and experiences of the people planning..." and "the views and experiences of the people receiving..." – should these be preceded by the words "improvement to" or similar? As this would be the outcome?	Thank you for your comment, the scope has been amended accordingly.
College of Optometrists and Optical Confederation	General		The College of Optometrists and the Optical Conferderation welcome the inclusion of Eye Disease as stipulated in section 3a as a core driver for the guidance. However, we feel that the scope must contain more robust advice for eye health in relation to UV exposure. The skin on the eye lid is very thin and delicate so it's vital to protect this area from UV rays. There is strong evidence that ultraviolet radiation (UVR) exposure is associated with the formation of eyelid malignancies [basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)], photokeratitis, climatic droplet keratopathy (CDK),	The scope focuses on risks and benefits related to solar UV exposure, observing that the main risk from UV exposure is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			pterygium, and cortical cataract. (Yam and Kwok 2013) (Ultraviolet light and ocular diseases. Int Ophthalmol. *2013* May 31	of vitamin D by the skin. Section 4.2.1. (activities/ measures that will be covered) refers to the provision of information to prevent eyelid malignancies; the reduction of eyelid malignancies are also listed as an expected outcome in section 4.3 (key questions and outcomes).
College of Optometrists and Optical Confederation	General		A powerful but easy message to communicate to the general public is that the simplest method of protecting your eyes from potentially damaging sunlight is by habitually wearing sunglasses when likely to be exposed to UV rays. This message should be relayed to both adults and children, the latter being more susceptible to UV damage as they spend more time outdoors. Since eyes are exposed to UV light even on a dull day, consideration should also be given to providing UV protective coating to children that are provided with vision correction through the NHS. Children should also be encouraged to wear sunglasses and hats while on holidays, especially at the beach. Certain adults are also at increased risk of UV exposure, for example after cataract surgery or that have a risk of skin cancers. We would welcome a recommendation for these adults also to have UV protection on their vision correction (on the NHS if they are eligible for NHS vision correction).	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
College of Optometrists and Optical Confederation	General		There is a European standard for UV protection in sunglasses and it has been proven that lenses meeting these standards will protect against the UV	Thank you for providing this information, we anticipate that

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			spectrum indicated (called the CE mark). (Dain et al. 2010) (British Standards Institution 2006). All sunglasses placed on the EU market should conform to the CE mark. However, there is no mandatory testing in Europe (the sunglass industry is deemed self regulating against a range of CEN/BSI standards) therefore a degree of caution should be exorcised when procuring sunglasses and care should be taken to ensure they are of an appropriate quality. Dain, S.J. et al., (2010) in their paper, Sunglasses, the European directive and the European standard tested 646 CE marked pairs of sunglasses during 2003 and first half 2004 - examined and evaluated for compliance with EN 1836 (the European sunglass standard). They concluded that, with up to 20% non-compliance, self regulation is not working particularly well in providing the public with complying sunglasses. It is therefore recommended that patients are advised that you can't see by observation alone whether or not a sunglass lens absorbs a safe level of UV, so it is important to ensure that they are bought from a reputable source. In cases of doubt, a patient should ask their local optic optician.	the committee will explore these issues when developing the guidance.
College of Optometrists and Optical Confederation	General		Repeated exposure to UV may cause long term damage which could affect sight in later life. Tanning beds use ultraviolet lights that produce both UVA and UVB rays, which can be more powerful in their effect than the sun as the light is concentrated and directed straight at the face.	Thank you for providing this information, we anticipate that the committee will explore these issues when developing the guidance.
College of Optometrists and Optical Confederation	4.2.1		Optometrists and Dispensing Opticians should be included in the targeted list of Health Practitioners for enhanced knowledge, abilities and confidence in giving tailored advice on the benefits and risks of sun exposure and further be considered key players in delivering the messages about UV exposure and its potential effect on eyesight and ocular tissues such as eyelids.	Thank you for your comment, the scope has been amended accordingly.

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department of Health	General		We recognise that there is a lot of public uncertainty about the balance of benefits and risks, so this guidance will be helpful to both health professionals and the public.	Thank you.
Department of Health	Section 3: The need for guidance	Page 4 paragraph e	We do not generally refer to skin cancer as being the most common cancer, particularly as non-melanoma skin cancer is not life threatening, so this may be confusing for the general public. ONS cancer registration statistical bulletins usually exclude NMSC, and tend to highlight malignant melanoma. In view of this, could caveats be added to this paragraph to make the distinction clear between NMSC and malignant melanoma? We suggest the following, or something along these lines: Skin cancer rates (malignant melanoma and non-melanoma skin cancer (NMSC) have increased rapidly in England in the last 30 years, possibly in part owing to increased travel to sunnier countries (Hiom, 2006). Malignant melanoma is the less common but most serious type of skin cancer and the fifth most common cancer in the UK (Cancer Research UK 2013).	Thank you for your comment, the scope has been amended and hopefully clarifies that malignant melanoma is the less common but most serious type of skin cancer. This section now reads: 'Excessive sun exposure, either cumulative over a lifetime or in intermittent high doses, is the main cause of skin cancers and one of the most avoidable causes of cancer risk and mortality in the UK. Skin cancer rates (malignant melanoma and non-melanoma skin cancer) have increased rapidly in England in the past 30 years, possibly partly because of increased travel to sunnier countries (Hiom 2006). In 2010 12,818 cases of malignant melanoma and 99,549 cases of non-malignant

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				melanoma skin cancer were diagnosed in the UK. There were 2203 deaths from malignant melanoma and 546 deaths from non-melanoma skin cancers (Cancer Research UK 2013).'
Doncaster Metropolitan Borough Council	Section 3	3-5	Needs a fine balance between the two arguments as both are important for different reasons. Education of new parents is the key possibly provided by Midwifery/health visitors and allied services to be continued into early years work structure Information needs to be in a format for the particular group/individual. Messages need to be balanced incorporating healthy lifestyles.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Doncaster Metropolitan Borough Council	Section 4	5-11	Ensure messages/campaigns/interventions are designed/tailored to the needs of specific groups/individuals. I.e. Visual/easy read literature/interventions. For differing populations: • Learning Disabilities • Gypsy Travellers • Non English speaking • Prisoners/offenders • Literacy/Dyslexia • Physical disabilities	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			• Cultural differences	
Doncaster Metropolitan Borough Council	4.21	6-7	Media coverage needs to take a more balanced approach and use mixed method activities	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Doncaster Metropolitan Borough Council	4.3	8	Ensuring clear and consistent public awareness messages. Targeting various population groups using appropriate evidence based data and acceptance of informed choice behaviour. Public awareness is the key.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Doncaster Metropolitan Borough Council	General		We will endeavour to incorporate in to our future local public health campaigns.	Thank you.
Health Research Forum	3c	4	Fashion for pale, white skin should also be considered here.	Thank you for your comment; we anticipate that the committee will explore this issue when developing the guidance.
Health Research Forum	3e	4	Skin cancer is introduced here as if it were a single disease and as the “most common cancer”. It is not until later that we are told about the different types and the low mortality of non-melanoma cancer is not adequately explained. Confusion reigns in considering skin cancer because public statements tend to go for headline grabbing ideas linking the “most common cancer” with	Thank you for your comment, the scope has been amended to clarify that malignant melanoma is the less common but most serious type of skin

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			melanoma (high mortality) which is misleading. More care needs to be taken in presentation here.	cancer.
Health Research Forum	4.1.1	6	Outdoor workers are mentioned here. Great care needs to be taken to avoid saying anything which will make outdoor workers alter their lifestyle so as to reduce their vitamin D uptake from sunshine. They are probably the most healthy people in the British Isles and advice could without great care do more harm than good. For example, CRUK has in the past used the slogan “keep your shirt on” – this is far too simple. Outdoor workers often get very hot and want to strip off (e.g. scaffolders) – if they begin to do this at the beginning of the summer they develop a tan which provides much protection. Furthermore because of being exposed to the sun while in an upright posture the impact of UVB on their vertical surfaces is much less than on their horizontal surfaces such as shoulders, cheekbones etc. Continued below…	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Health Research Forum	4.1.1	6	Advice to outdoor workers should not be to cover up regardless but to consider use of suncream on horizontal skin surfaces – shoulders, cheekbones etc. Similar advice may be given usefully to others who spend their weekends outdoors e.g. gardeners. It is wise to remember here the finding of Julia Newton Bishop that such people get less melanoma than others, possibly because they have more vitamin D or possibly because they have become conditioned in some way to the sun by early season exposure.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Health Research Forum	4.1.1	6	Time taken to get optimum vitamin D may also be much longer in people who are sunning themselves in an upright position. Advice that 10-15 minutes of sun exposure is sufficient is not probably the best advice in the UK. It may take longer to get optimum exposure earlier or later in the season or in the day or when the is some cloud in the sky. Continuous sunny weather is rare in the British summer and advice needs to take note of this. In the past advice has	SACN will be assessing the contribution of vitamin D produced through the skin to vitamin D status in the UK, taking account of factors that modify the effects of skin

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			been copied from other countries and has not been tailored to our climate.	exposure to sunlight. The NICE guidance will refer to their findings.
KIT SW – Public Health England – lead for skin cancer	Background section e	P4	The data on skin cancer are misleading: 12,818 cases of skin cancers diagnosed in 2010 relate purely to malignant melanoma not skin cancer. Skin cancer – malignant melanoma and non melanoma skin cancer - would amount to more than 100,000 cases per year in the UK. It needs to be clear. Indeed both groups of skin cancers are mentioned below in the section.	Thank you for your comment, the scope has been amended accordingly.
KIT SW – Public Health England – lead for skin cancer	No specific section		There is a lack of focus on schools, working with school - primary and secondary- , mode of message delivery. There is reference to skin cancer being high in young people in the scope and this guidance is an opportunity to make recommendations on how best young people in school can be made aware of the danger of sun.	Schools are now referred to in section 4.2.1, a as setting for where interventions could be delivered.
Myfanwy Townsend Melanoma Research Fund	General		The charity focuses on funding research and education, it is with reference to education that we have read the scope document and noted the areas of relevance to our work. In 2014 we will be undertaking an extensive education initiative supporting the sports and outdoor pursuits community who with children and young people. Your work could be of significant relevance to our initiative, and impact on the way it evolves in the coming years. We would welcome involvement at any stage of the process. We feel it is very important to make sure that, where possible there is absolute	Thank you for your comments and offer of support. The NICE website details how you can get involved including in terms of developing our guidance and implementing our guidance . In addition you will have the opportunity to comment on draft guidance; it is envisaged that this guidance will be out for public

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			clarity between the 'sun protection' and 'Vitamin D' messaging. The benefits and any negatives need careful balancing and accurate guidance given. We would support any work which makes it straightforward and easy for the public to understand; as it will greatly assist in the clarity of our messaging in terms of sun protection.	consultation in December 2014 until Feb 2015.
National Osteoporosis Society	General		The National Osteoporosis Society welcomes the development of Public Health Intervention Guidance on Sunlight exposure: benefits and risks. There is a need for objective guidance regarding the benefits and risks of safe sunlight exposure.	Thank you.
National Osteoporosis Society	General		The National Osteoporosis Society's 'Sunlight Campaign' has been raising public awareness of the key role of vitamin D in good bone health for over six years. It was the first UK organisation to recommend that people should spend a short time outdoors in summer sun to increase vitamin D levels. Bringing together a wide range of organisations with an interest in vitamin D and sun exposure the National Osteoporosis Society was able to bring consensus (Consensus Vitamin D position statement. www.nos.org.uk/document.doc?id=945) to the messages from bone, cancer and dermatology, agreeing that safe sun exposure is vital for vitamin D production.	Thank you for your comment; we are aware of your work and the consensus vitamin D position statement.
National Osteoporosis Society	3d	4	We feel it would be more appropriate to use the National Diet and Nutrition Survey data for the prevalence of vitamin D deficiency rather than the specified reviews (https://www.gov.uk/government/news/statistical-press-notice-national-diet-and-nutrition-survey-headline-results-from-years-1-2-and-3-combined-2008-09-2010-11).	Thank you for your comment, the scope has been amended accordingly.
National Osteoporosis Society	4.1.1	6	National Diet and Nutrition Survey data states that *There is evidence of low*	Thank you for your comment,

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			vitamin D status (as defined by a 25OHD status < 25nmol/l) *in adults aged 19 to 64 years and children aged 11 to 18 years, both male and female. The proportion of boys and girls aged 11 to 18 years and men and women aged 19 to 64 years who had 25-OHD concentrations below the lower threshold for vitamin D adequacy was 19.3%, 20.4%, 17.1% and 18.6% respectively* and highlights teenagers as a potential group that should be covered.	the scope has been amended accordingly.
National Osteoporosis Society	4.2.2	7	We think it is appropriate that the management of vitamin D deficiency is not covered by this scope but we would like to alert NICE to the National Osteoporosis 'Vitamin D and Bone Health: A Practical Clinical Guideline for Patient Management' which • provides clear recommendations on treatment of vitamin D deficiency in relation to bone health and fracture prevention for primary, secondary and social care health professionals • aids in the identification of people at risk of vitamin D deficiency; propose effective measurement techniques and reference ranges http://www.nos.org.uk/document.doc?id=1352	Thank you for alerting us to this resource.
National Osteoporosis Society	4.2.3	8	The activities/ measures currently being assessed by SACN that will ultimately be included in the guidance will be critical, as depending on the threshold used, the message will be different.	Noted.
National Osteoporosis Society	4.2.3c	8	There will be a difference in the quality of light according to a North-South gradient. It will be important that these changes in locality, along with changes in season, time of day and any overseas travel are considered when making recommendations. Ensuring that the final recommendation is comprehensive, unambiguous and consistent.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
National Osteoporosis Society	4.2.3d	8	The relative contributions of dietary vitamin D and cutaneous vitamin D are to be considered but will other dietary interactions be included? – e.g. calcium is	The work of the Scientific Advisory Committee on

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			'vitamin-D sparing'.	Nutrition (SACN) reviewing the Dietary Reference Values for vitamin D intake can be found at: http://www.sacn.gov.uk/meetings/working_groups/vitamin/index.html
PUBLIC HEALTH ENGLAND	General		My only comment in terms of the recommendations is that, to date, campaigns on skin cancer prevention in the UK appear to have had little effect on behaviour amongst young people in terms of adequate sun protection. More work needs to be done with key target audiences. Messaging in terms of tone and relevance is crucial especially as they will be competing with so many other messages that will seem much more attractive. Also, perhaps more should be done with older audiences who have developed signs of skin cancer but do not present to primary care earlier enough or even realise that they have skin cancer.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance. Additionally, the scope has been amended and section 4.3, key questions and outcomes, now lists 'people of different ages' as a subpopulation for consideration.
Public Health England HP & HWB	Section 2b, footnote 1		Suggest make reference just to Scientific Advisory Committee on Nutrition (not vitamin D working group)	Thank you for your comment, the scope has been amended accordingly.
Public Health England HP & HWB	Section 3a		By implication, the Scope is concentrating on ultraviolet (UV) radiation. UV is a small percentage of "sunlight" reaching the earth's surface from the sun. If the Scope is to be limited to UV, it is suggested that this should be explicit. Exposure to visible radiation from the sun also has risks and benefits, usually	Thank you for your comment, the scope has been amended accordingly.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			related to the time of exposure, optical radiation spectrum at that time of exposure and the relative point in the individual's circadian rhythm. In terms of benefit, appropriate exposure to visible light may have larger consequences for well-being. However, the science in this area is not mature. Therefore, it is suggested that the Scope should be limited to UV with a statement about why.	
Public Health England HP & HWB	Section 3b		Agree that it is difficult to present a simple and coherent message about the balance of risk and benefits of sun exposure. What is needed (though this may be outside the scope of guidance focusing specifically on sunlight exposure) is consideration of what is the optimal level of sun exposure that will minimise mortality and morbidity *in general*. To our knowledge no such guidance exists at present.	Thank you for your comment; this is beyond the scope of this guidance which focuses on risks and benefits related to solar UV exposure, observing that the main risk from UV exposure is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation of vitamin D by the skin.
Public Health England HP & HWB	Section 3d)		This paragraph refers to vitamin D 'insufficiency', 'deficiency', 'low vitamin D status' without any definition of what these terms mean. Suggest just use vitamin D deficiency and define what is meant by this: vitamin D deficiency (indicated by serum 25-hydroxyvitamin D concentration, for example, less than 25 nmol/L)	Thank you for your comment, the scope has been amended accordingly.
Public Health England HP & HWB	Section 3e		The draft correctly highlights the risk to young people of skin cancer, including malignant melanoma. Again this may be outside scope, but NICE needs also to consider the growing risks from artificial as well as natural sources of UV radiation. For example, a research report in the BMJ last year recorded that	This guidance will incorporate a partial update of Skin cancer prevention: information, resources and environmental

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			use of tanning beds was associated with a 67% increase in risk of squamous cell carcinoma and a 29% higher risk of basal cell carcinoma. Furthermore an updated meta-analysis confirmed the significant association with melanoma for ever use of sunbeds and for first exposure before age 35.	changes (NICE public health guidance 32) which will cover information that improves knowledge and awareness of the causes of skin cancer, the risks of over-exposure to UV, ways to prevent skin cancer, and where to get further information.
Public Health England HP & HWB	Section 4.1.2		Patients taking chlorpromazine and some other antipsychotic drugs need to take care in the sun so this exclusion would be worth reconsidering.	Thank you for your comment, the scope has been amended and notes that the management of patients taking antipsychotic drugs are beyond the remit of this guidance.
Public Health England HP & HWB	Section 4.2.3 a)		Definition of threshold – suggest this is changed to following: specified quantitative measure used to demarcate the presence, absence or risk of a health related condition	Thank you for your comment, the scope has been amended accordingly.

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England HP & HWB	Section 4.3		The issue of how to communicate the risks and benefits of sunlight exposure raises issues about risk communication in general. It would be helpful if NICE at some point could consider producing guidance on this, assuming that this is not already picked up elsewhere, for example in its guidance on behaviour change. In the past there have been some differences between NICE and other organisations such as Cancer Research UK on issues to do with sunscreens etc. Have these now been resolved? It would be helpful to have unanimity in this area. Our predecessor organisation, the Health Protection Agency, provided a comment in 2009 when NICE was consulting on its PH32 (skin cancer prevention): "*The data suggests that, if properly applied, Factor 15 sunscreen ensures adequate protection. The document should state that Factor 30 is used in acknowledgement of poor application practises used by the general public.*" However, the above comment was intended to include the UK population when travelling to sunnier climates on holiday. Factor 15 will usually be adequate in the UK, even if poorly applied.	Although beyond the scope of this guidance, we anticipate that the review of evidence and the committee will explore issues related to risk communication in general and apply the findings to solar UV exposure. Section 4.2.1. c. now lists the activities/measures to be covered in this guidance as a result of the partial update of the NICE guidance on skin cancer prevention (PH 32); one of the areas that we anticipate that the committee will explore when developing the guidance is the issue of whether recommending SPF 15 or 30 would confer the biggest public health benefit to the UK population.
Public Health England HP & HWB	General		The Intergovernmental Panel on Climate Change was due to issue a report on 27 September. Will NICE consider any implications arising from the report?	Many thanks for alerting us to this report. We will forward details of this reference to the review team when appointed.

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of General Practitioners	Rebecca Riddell			
Royal College of General Practitioners	General		I think that this guidance is to be welcomed as there does seem to be confusion about what is needed by both professionals and patients. The text considers equality issues apart from those who may not have unrestricted access to sunlight such as prisoners, those in care homes etc.	Thank you for your comment. Prisoners and those in care homes are covered in section 4.1.1. under 'People who have low or no exposure to the sun (for example, people who cover their skin for cultural reasons, and people who are housebound or confined indoors for long periods).'
Royal College of General Practitioners	Tessa Lewis			
Royal College of General Practitioners	General		I welcome the draft scope and have no specific comments on the details.	Thank you.
Royal College of General Practitioners	Mark Rickenbach			
Royal College of General Practitioners	General		I think the focus of the document is correct at this time There is a need to balance the conflicting messages of need for vitamin D and stopping skin cancer	Thank you.
Royal College of General	4.2.3		Advise on vitamin D treatments that is based on real life practice alongside	Thank you for your comment;

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Practitioners			research is much needed	the management of vitamin D deficiency is beyond the remit of this guidance.
Royal College of General Practitioners	General		I do not see equality of opportunity as an immediate issue when I read this document. The conclusions may need to be assessed for this. However the document should state it will assess risks within the social groups and ethnic groups represented in the UK	Thank you for your comment; the review of evidence will search for and report on findings of relevance to both these and other groups where possible. In addition, the issue of equality of opportunity will be explored by the committee when developing the guidance.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop this public health guidance. It is timely.	Thank you for your comments.
Royal College of Nursing	3	3	In the need for guidance, it states that malignant melanoma is disproportionally high in the 15-34 age group. However, there is no reference to gender, which would be important to know. For example, is it in a high proportion of females using sun beds or is it in a high proportion of males doing outside work without wearing a shirt? There will be a large number of overseas travellers in this age group too many to hot countries for short periods exposing themselves to the sun all day and suffering from sunburn. It is important to identify the groups if they are to be given targeted messages.	Thank you for your comment; although not detailed in section 3 of the scope we anticipate that the committee will explore these issues when developing the guidance.
Royal College of Nursing	3 (c)	4	Clothing and covering up completely in the UK is an issue for minority ethnic communities. Many, especially women are unlikely to expose themselves to	Thank you for your comment; we anticipate that the

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			sunlight at all. Perhaps education through schools, mosques, synagogues, Faith Groups would help get the message across.	committee will explore these issues when developing the guidance.
Royal College of Nursing	general	general	There have been several concerns about the interpretation of Health and Safety rules in schools/playgroups etc. Many sunscreens need to be reapplied at intervals but school staff are not allowed to touch the children in order to apply the creams. There also used to be “Foreign Legion” sunhats where children’s necks were also protected but again that seems to have fallen out of favour. Sunglasses too are often missing because of health and safety”rules”.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Royal College of Nursing	4.3	8	For those with disabilities for example blind people. Is there Braille on sunscreen products? We are currently not aware of any but perhaps the Royal National Institute of Blind People (RNIB) has literature for holidaymakers?	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Royal College of Nursing	4.3	8	For holidaymakers there is also a question of cost. For example, for a family of four going abroad, if they were to apply the products as per the instructions they would need a separate budget and suitcase to carry it all.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Dr Patrick Cadigan, registrar RCP	General		**Vitamin D deficiency** We would recommend adding Glass D et al 2009 showing that Vitamin D deficiency is common in women of fair skin in the UK: skin type 1 and this is	Thank you for your comment; we anticipate that the committee will explore these

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			not commonly known that in Caucasians it is the other way round and the fairest are at high risk of Vitamin D deficiency	issues when developing the guidance.
Dr Patrick Cadigan, registrar RCP	General		**Mortality of melanoma** Keep things in perspective as melanoma compared to other cancers has relatively low mortality. Sun exposure may be a factor but screening and reducing sun exposure has not reduced melanoma mortality which is stable all over the world. Proportionally, compared to other cancers, melanoma incidence may be high in 15 to 34 years age group but the number of cases is still very low if not including melanoma in situ. Mortality also very low in that age group so using that age group to frighten is not considered helpful.	Thank you for your comment; the scope details both the number of cases of melanoma diagnosed in 2010 as well as the number of deaths. The scope has been amended and now mentions that it is older people who are more likely to be diagnosed with late stage malignant melanoma.
Dr Patrick Cadigan, registrar RCP	General		**Sun exposure and skin cancer** The sun exposure association is stronger for SCC and BCC than melanoma and the costs of the NHS relates more to non melanoma skin cancers and education about reducing sun exposure should not be frightening but more orientated towards skin ageing and skin damage with potential disfiguring surgery rather than death associated with melanoma.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Dr Patrick Cadigan, registrar RCP	General		**Risk factor for melanoma** Excess of cancers in family especially pancreas, brain and breast.	Thank you for your comment; while this group are not listed please note that no population groups are listed as beyond the remit of the guidance.
Dr Patrick Cadigan, registrar RCP	General		**Ethnicity** Many sun exposure guidelines do not insist that it is mainly Caucasians who	Thank you for your comment; we anticipate that the

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			are targeted and Asians should be aware of this. Not uncommon to hear Asian families putting sunscreens all year round on their children. Not recommended.	committee will explore these issues when developing the guidance.
Dr Patrick Cadigan, registrar RCP	General		**Sunscreens** Sunscreens should not be recommended all year round in the UK and the use of SPF in daily moisturisers throughout the year should be discouraged. More research needed on the effects of sunscreens on Vit D production	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Dr Patrick Cadigan, registrar RCP	General		**Melanoma** Secondary prevention is the most effective way to reduce melanoma mortality and therefore the education of health professionals is important. Primary prevention has not been shown as yet to be effective in reducing melanoma mortality but may be helpful in reducing non melanoma skin cancers.	Thank you for your comment; section 4.2.1 (activities /measures that will be covered) lists: 'Activities to increase health practitioners' knowledge, intentions, ability and confidence in giving tailored advice to people about the benefits and risks of sun exposure, what constitutes safe sun exposure, and how often they offer such advice.'
Royal College of Paediatrics and Child Health	4.3	8	We would advise to add religion as a category, under the questions section.	Thank you for your comment, the scope has been amended accordingly.

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health	General		While we think this document is comprehensive, we would suggest the inclusion of artificial sunlight sources such as sunbeds.	This guidance will incorporate a partial update of Skin cancer prevention: information, resources and environmental changes (NICE public health guidance 32) which will cover information that improves knowledge and awareness of the causes of skin cancer, the risks of over-exposure to UV, ways to prevent skin cancer, and where to get further information.
RNIB (Royal National Institute of Blind People)	**General**	1	We welcome the inclusion within 'the need for guidance' section of a specific acknowledgement to the link between sunlight exposure and cataracts.	The scope focuses on risks and benefits related to solar UV exposure, observing that the main risk from UV exposure is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation of vitamin D by the skin. Section 4.2.1. (Activities/ measures that will be covered) refers to the provision of information to prevent eyelid malignancies; the reduction of

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				eyelid malignancies are also listed as an expected outcome in section 4.3 (Key questions and outcomes).
RNIB (Royal National Institute of Blind People)	**General**	1	There is also some evidence of the link between sunlight exposure and other sight loss conditions and evidence that vitamin D can help to prolong the development of AMD (Age Related Macular Degeneration).	Thank you for your comment.
RNIB (Royal National Institute of Blind People)	**General**	1	There are 1.86 million people in the UK living with sight loss. By 2020 this number is predicted to increase by 22 per cent, and will double to almost four million by the year 2050. The increase can be attributed chiefly to an ageing population; over 80 per cent of sight loss occurs in people aged over 60 years (Access Economics 2009. Future Sight Loss UK 1: Economic Impact of Partial Sight and Blindness in the UK adult population. RNIB).	Thank you for your comment.
RNIB (Royal National Institute of Blind People)	**General**	1	Preventing avoidable sight loss is a public health priority Over 50 per cent of sight loss can be avoided. This statement is based on the number of people whose sight could be improved by wearing correctly prescribed glasses or having the right treatment at the right time.	Thank you for your comment.
RNIB (Royal National Institute of Blind People)	**General**	2	Harmful UVA and UVB rays contained in sunlight may be a factor in a number of eye diseases, in particular cataracts. Cataracts result from changes in the way the cells of the lens are arranged and their water content, which causes the lens to become cloudy instead of clear. When this happens, light cannot pass directly through the lens. Cataracts, in most cases is a treatable condition, nonetheless it causes about a quarter of sight loss in people over 75 in the UK.	The scope focuses on risks and benefits related to solar UV exposure, observing that the main risk from UV exposure is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				of vitamin D by the skin. Section 4.2.1. (Activities /measures that will be covered) refers to the provision of information to prevent eyelid malignancies; the reduction of eyelid malignancies are also listed as an expected outcome in section 4.3 (Key questions and outcomes).
RNIB (Royal National Institute of Blind People)	**General**	2	There are various types of cataracts, which are distinguished according to their location on the lens. Evidence suggests that sunlight exposure increases the risk for some but not all types of cataracts (Jason C. S., Yam, and Kwok Ultraviolet light and ocular disease. International Ophthalmology. 2013).	Notes, thank you for your comment
RNIB (Royal National Institute of Blind People)	**General**	2	The increased risk varies between 2.5 times and four times the risk of someone who is not regularly exposed to sunlight without protection, and the risk increases over time. A study in the United States reported that even low levels of exposure to UV-B in sunlight increases the risk of developing cataracts by about 10 per cent, and 18 per cent in African Americans (West, SK, et al., Sunlight exposure and risk of lens opacities in a population-based study. JAMA, August 26, 1998. Vol. 280, No. 8).	Noted, thank you for your comment.
RNIB (Royal National Institute of Blind People)	**General**	2	Some studies suggest that exposure to high levels of sunlight; particularly the UV light contained in sunlight, throughout a sustained period of a person's life may increase the risk of developing AMD.	Noted, thank you for your comment.

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
RNIB (Royal National Institute of Blind People)	**General**	2	AMD is the leading cause of sight loss in the UK. It is an eye condition that affects a tiny part of the retina at the back of the eye, which is called the macula. AMD causes problems with the central vision.	Thank you for clarifying.
RNIB (Royal National Institute of Blind People)	**General**	2	The latest evidence suggests that there is insufficient evidence to determine whether AMD is related to UV exposure. It is, however, now suggested that AMD is probably related to visible radiation especially blue light, rather than UV exposure. More research is needed to clarify these associations. (Jason C. S., Yam, and Kwok Ultraviolet light and ocular disease. International Ophthalmology. 2013).	Thank you for your comment. The scope focuses on risks and benefits related to solar UV exposure, as opposed to visible light.
RNIB (Royal National Institute of Blind People)	**General**	3	Recent research, conducted on mice, suggests that supplementary use of Vitamin D3 slows down the pace of age-related visual decline. Excess amyloid beta deposition and inflammation are risk factors leading to age-related macular degeneration (AMD). Vitamin D can help to breakdown the deposits and reduce inflammation. The research recommends that further research should be condcuted. (Lee V, Rekhi E, Kam JH, Jeffery G. Vitamin D rejuvenates aging eyes by reducing inflammation, clearing amyloid beta and improving visual function**.** By Neurobiology of Aging 33 (2012) 2382–2389)	Thank you for alerting us to this research. Vitamin D supplementation is beyond the remit of this guidance but we have forwarded your comment to the team at NICE developing the guidance on 'Vitamin D: implementation of existing guidance to prevent deficiency'.
RNIB (Royal National Institute of Blind People)	**What are the most effective and cost-effective ways of presenting**	4	This response will look at people who have a visual impairment and the importance of them having access to messages about the benefits and risks of sunlight exposure.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	and disseminating complex health risk information to help people assess their own (or others for who they have a duty of care for) level of health benefits and risks from sun exposure, and change their sun exposure risk beliefs and sun protection practices accordingly? How does this differ for subpopulations, including: people with physical impairments			

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	(for example, sight issues if relying on visual representation of risk)			
RNIB (Royal National Institute of Blind People)	**As above**	5	Evidence shows that people with sight loss experience difficulty in accessing health services. A survey found that 23 per cent of people with sight loss who had tried to access health care services within a 12 month period experienced some difficulty. A further 8 per cent reported that they had experienced a lot of difficulty in accessing health services (McManus S and Lord C, 2012. Circumstances for people with sight loss: secondary analysis of Understanding Society and the Life Opportunities Survey. NatCen)	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
RNIB (Royal National Institute of Blind People)	**As above**	5	Access includes receiving and being able to read information, for example appointment letters, leaflets on managing conditions, result letters etc. This information is often not provided in a readable format.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
RNIB (Royal National Institute of Blind People)	**As above**	5	Research commissioned by RNIB and conducted by Dr Foster in 2008 found that; • 95 per cent of blind and partially sighted people said they were not asked by NHS staff what format they required when they were given information • 81 per cent said they did not get information about their prescribed medicines, such as dosage instructions and warnings, in a format they could read	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			• 72 per cent reported the information they received from their GP was not in an accessible format (RNIB 2008 Losing Patients; Why are blind and partially sighted people still given health information in a print they cannot read?)	
RNIB (Royal National Institute of Blind People)	**As above**	5	Accessible formats can be made available in large print, Braille, audio, electronically or in clear print.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
RNIB (Royal National Institute of Blind People)	**As above**	5	Information on the benefits and risks to sunlight exposure, therefore, should not only be made available in accessible formats, but also marketed through mediums that blind and partially sighted people access. These mediums may include the radio, social media campaigns and making materials available through organisations of and which support blind partially sighted people	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Seasonal Affective Disorder Association	General		The disability Seasonal Affective Disorder affects 1-2% of the population and 17% suffer to a lesser extent, therefore we feel this vulnerable group of people should be represented in the Guidance. They are at particular risk from the impact of UV rays connected with eye disease and because they seek out the sun to alleviate the various symptoms of SAD, they are at increased risk from sunlight relating to skin cancer. This is exacerbated if they also fall within one of the groups listed on p.5. In addition it is known that people with SAD often have a vitamin D deficiency. Although the condition is named Seasonal Affective Disorder, it is possible to suffer from SAD during summer. People with SAD seek out the sun in summer too. The message we would like to	Thank you for your comment. Please note that the scope focuses on risks and benefits related to solar UV exposure, (as opposed to visible light), observing that the main risk is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation of vitamin D by

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			convey is that SAD sufferers need to be particularly aware of the benefits of sunlight but in addition they need to balance this need with an awareness of the possible dangers linked to greater exposure.	the skin.
Seasonal Affective Disorder Association	3a)	3	Lack of sunlight is also linked to depression. Sunlight exposure is particularly beneficial for people who suffer from SAD because sunlight helps to prevent and alleviate depression and improve sleeping patterns.	Thank you for your comment. Please note that the scope focuses on risks and benefits related to solar UV exposure, (as opposed to visible light), observing that the main risk is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation of vitamin D by the skin.
Seasonal Affective Disorder Association	3b)	3	The benefits are not just to attain optimal vitamin D levels, for people with SAD bright light is essential to controlling their condition. In addition light itself is essential for everyone in controlling circadian rhythms.	Thank you for your comment. Please note that the scope focuses on risks and benefits related to solar UV exposure, (as opposed to visible light), observing that the main risk is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation of vitamin D by the skin.

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Seasonal Affective Disorder Association	4.1.1)	5	People who have SAD , particularly those who in addition fall into one of the groups listed on p.5 are at increased risk.	Thank you for your comment. Please note that no population group are listed as beyond the remit of the guidance.
Seasonal Affective Disorder Association	4.2.1)	6	Bullet point 2. People with SAD can help to balance their risk from sunlight exposure by choosing to use lightboxes which filter UV rays.	Thank you for your comment; we anticipate that the committee will explore these issues when developing the guidance.
Seasonal Affective Disorder Association	4.3	10	Bullet point 8. We would be grateful for some recognition here that sunlight is particularly beneficial for people who suffer from SAD.	Thank you for your comment. Please note that the scope focuses on risks and benefits related to solar UV exposure, (as opposed to visible light), observing that the main risk is skin cancer (including eyelid malignancies) and the main benefit (from the UVB element) is the formation of vitamin D by the skin.
Sussex Community Health NHS Trust	General	8	The Health Promotion Cancer team at Sussex Community Trust has an archive of sunsafety resources on: Environment, Curriculum, Behaviour, Policy developed over the years for use in primary schools which we would be happy to contribute to the pool of evidence and research which will be evaluated to produce the guidance.	Thank you for alerting us to these resources.

Public Health Guidance

Sunlight exposure: benefits and risks - Consultation on Draft Scope
Stakeholder Comments Table

3 September 2013 – 1 October 2013

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

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Teenagers and Young Adults with Cancer (TYAC)			TYAC is supportive of the document. There are undoubtedly huge benefits to be gained from exposure to sunlight but obviously the promotion of sunlight exposure needs to be done responsibly so as not to promote unsafe practice, equally the reverse is true and information regarding the risks of sunlight exposure needs to be delivered appropriately so as not to prevent any exposure. When it comes to delivering the information to young people please consult with charities that work in the field as they will already have good ways of getting information across to young people.	Thank you for your comment. The NICE website details how organisations can get involved, including in terms of developing our guidance and implementing our guidance . In addition, those organisations registered as stakeholders will have the opportunity to comment on draft guidance; it is envisaged that this guidance will be out for public consultation in December 2014 until Feb 2015.