NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Providing public information to prevent skin cancer: NHS guidance.

1.1 Short title

Providing public information to prevent skin cancer.

2 Background

a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on a public health intervention for the NHS aimed at preventing skin cancer through the provision of information for the general public.

b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the 'Cancer reform strategy' (DH 2007).

c) This guidance will support the following policy which specifically refers to skin cancer:

- 'The NHS cancer plan: a plan for investment, a plan for reform' (DH 2000).

It will also support the following policy documents:

- 'Choosing health – making healthy choices easier' (DH 2004)

- 'Operational plans 2008/09–2010/11' (DH 2008)
- 'PSA delivery agreement 18: promote better health and wellbeing for all' (Her Majesty's Treasury 2007)
- Tackling health inequalities. A programme for action' (DH 2003)
- 'The new performance framework for local authorities and local authority partnerships: Single set of national indicators' (Department for Communities and Local Government 2007).

d) The guidance will complement NICE guidance on: diagnosis and management of metastatic malignant disease of unknown primary origin; photodynamic therapy for non-melanoma skin tumors and intralesional photocoagulation of subcutaneous congenital vascular disorders. For further details, see section 6.

e) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals, commissioners and managers with public health as part of their remit working within the NHS. It is particularly aimed at: general practitioners, school nurses, public health practitioners and skin cancer specialists such as dermatologists and skin cancer surgeons. It may also be of interest to those working in local authorities and the wider public, private, voluntary and community sectors as well as members of the public.

This guidance will be developed using the NICE public health intervention process.

3 The need for guidance

a) Over-exposure to ultraviolet (UV) radiation is the leading cause of skin cancer. This can occur naturally via sunlight and artificially through the use of sun lamps and tanning beds. Skin cancer can largely be prevented by, for example, opting to stay in the shade,

wearing protective clothing, avoiding the sun during the middle of the day and using a high-factor sunscreen.

b) There are two main types of skin cancer: non-melanoma and malignant melanoma:

- Non-melanoma is the most common and the easiest to treat. There are two main sorts: basal cell and the more serious squamous cell (if left untreated, squamous cell can spread to other parts of the body).

- Malignant melanoma is the most serious and causes the majority of skin cancer deaths.

c) Over 72,000 cases of non-melanoma skin cancer were registered in the UK in 2004 (Cancer Research UK 2008a), although estimates suggest that a much higher number are diagnosed each year (Office for National Statistics 2008). (Many are diagnosed and treated in GP surgeries without being registered [Cancer Research UK 2008a].) Over 8900 cases of malignant melanoma are diagnosed in the UK each year (Cancer Research UK 2008a) – accounting for 3% of all cancer diagnoses. It causes1800 deaths a year (Office for National Statistics 2006). Since the 1970s, the incidence of malignant melanoma has more than tripled in the UK: among males it has increased from around 2.5 per 100,000 in 1975 to 11.0 in 2002; the rate among females has increased from 3.9 to 12.7 per 100,000 during the same period (Cancer Research UK 2006).

d) A recent survey highlighted that 44% of Britons were unable to recognise key signs of skin cancer (for example, a mole which is getting larger or which has an irregular border or colour). Only 34% check their moles at least once a month and 25% never check them. The majority of respondents (85%) thought that skin cancer (non melanoma and malignant melanoma) accounted for less than

10% of the incidence of all cancers in the UK (the actual figure is around 33%) (British Association of Dermatologists 2008). In a 2003 survey, 80% of those questioned mentioned using sunscreen to reduce the risk of skin cancer, but less than half (44%) specifically mentioned a high factor (SPF 15+) sunscreen (Office for National Statistics 2003).

e) Several factors increase the risk of developing and dying of skin cancer including:

- Age and gender – the number of cases of malignant melanoma increases with age and is more common in women (Cancer Research UK 2006).
- Individual risk – skin type, the number of moles, hair and eye colour and family or personal history of skin cancer all affect the risk of melanoma (Cancer Research UK 2006).
- Regional variation – London and the north have the lowest incidence rates, while the highest rates are in the south-west (Office for National Statistics 2005). Sunbed outlets are particularly prevalent in areas of socioeconomic deprivation.
- Social class – currently, malignant melanoma is positively associated with affluence (those from deprived areas show a 60-70% lower incidence rate compared with their more affluent peers) (Cancer Research UK 2006). However, people from more affluent areas are more likely to survive the condition (Cancer Research UK 2008b).

f) In 2005, skin cancer in England was estimated to cost over £190 million. The NHS alone spent approximately £70 million on the condition (Morris et al. 2005).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Populations

4.1.1 Groups that will be covered

Everyone.

4.1.2 Groups that will not be covered

None.

4.2 Activities/interventions

4.2.1 Activities/interventions that will be covered

The provision of information to prevent or detect a first occurrence of skin cancer (primary prevention of non-melanoma and malignant melanoma) attributable to natural and artificial UV exposure. This includes information that improves knowledge and awareness of the causes of skin cancer, the risks of over-exposure to UV, ways to prevent and detect skin cancer and where to get further information. It will also look at how information can change behaviour to prevent skin cancer.

The guidance will focus on the following types of intervention (universal and targeted) in a range of settings including the NHS, early childhood services, schools and workplaces:

a) One-to-one or group-based advice (with or without use of information resources).

b) Mass-media campaigns.

c) Leaflets, other teaching resources or printed material including posters.

d) New media: the Internet (including social networking sites), emedia and text messaging.

It is recognised that a range of other measures, including changes to the structural environment – and to policy and legislation – are worth assessing. However, these are not part of the remit of this guidance.

4.2.2 Activities/interventions that will not be covered

a) Secondary prevention (activities that aim to treat or prevent a re-occurrence of skin cancer).

b) Primary prevention combining information provision with another type of intervention (such as changes to the built environment), where the outcomes related to information provision cannot be disaggregated from the other intervention/s.

c) Provision of sun protection, for example, protective clothing or sunscreen (for outdoor workers), or structural changes to the environment (to provide areas of shade, for example, in public spaces or school grounds).

d) Policy, legislative or fiscal changes. For example, raising the minimum age of sunbed use to 18 years, removing unsupervised and coin-operated sunbed facilities or removing VAT from sunscreen products.

e) Activities which aim to assess the incidences of skin cancer.

f) Screening programmes.

g) Activities which assess the accuracy of the information or the relative effectiveness of the content for different types of information resource.

h) Clinical diagnosis and management of skin cancer.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed, along with some of the outcomes that will be considered as evidence of effectiveness and cost effectiveness.

Question: What are the most effective and cost-effective ways of providing information to change people's knowledge, awareness and behaviour and so prevent or detect a first occurrence of skin cancer attributable to UV exposure?

Question: What content do effective and cost-effective primary prevention and detection messages contain?

Question: What factors help to convey information to prevent or detect a first occurrence of skin cancer attributable to UV exposure? What factors hinder the communication of primary prevention or detection messages?

Expected outcome/s:

These include:

- Reduction in the incidence of morbidity and mortality from non-melanoma and malignant melanoma skin cancer attributable to natural and artificial UV exposure. This may be measured in terms of a reduction in the incidence of sunburn.
- Increase in knowledge and awareness and/or a change in behaviours leading to a reduction in the incidence of over-exposure to natural and artificial UV.
- Increase in knowledge and awareness of the causes of non-melanoma and malignant melanoma skin cancer attributable to natural and artificial UV exposure (such as sunburn).
- Increase in knowledge and awareness of the risks associated with over-exposure to natural and artificial UV.
- Increase in knowledge and awareness of ways to prevent non-melanoma and malignant melanoma skin cancer attributable to

natural and artificial UV exposure. (For example, by wearing a hat in the sun, keeping in the shade, avoiding sunlight around the middle of the day, wearing protective clothing and using sunscreen.)

- Increase in knowledge and awareness of ways to detect skin cancer and get further advice and information.
- Views and experiences of those planning and delivering prevention messages on the barriers and facilitators to practice and on how to overcome the barriers (For example, by providing clear messages on issues such as vitamin D.)
- The public's views and experiences of what prevents them from acting on prevention and detection information – and on how to overcome those barriers.

Current information provision and/or do nothing will be the comparator used to assess effectiveness and cost effectiveness.

4.4 Status of this document

This is the draft scope, released for consultation on 27 June until 25 July 2008 to be discussed at a stakeholder meeting on 17 July 2008. Following consultation, the final version of the scope will be available at the NICE website in September 2008.

5 Further information

The public health guidance development process and methods are described in ‘Methods for development of NICE public health guidance’ (NICE 2006) available at www.nice.org.uk/phmethods and ‘The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public’ (NICE 2006) available at www.nice.org.uk/phprocess

6 Related NICE guidance

Published

Improving outcomes for people with skin tumours including melanoma. NICE cancer service guidance (2006). Available from: www.nice.org.uk/guidance/index.jsp?action=byID&o=10901

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

Intralesional photocoagulation of subcutaneous congenital vascular disorders. NICE interventional procedures 90 (2004) Available from: www.nice.org.uk/IPG090

Under development

Diagnosis and management of metastatic malignant disease of unknown primary origin. Clinical guidelines (May 2010).

Appendix A Referral from the Department of Health

The Department of Health asked the Institute:

'To produce intervention guidance for the NHS on the provision of information for the general public on the prevention of skin cancer'

Appendix B Potential considerations

Depending on the state of the evidence, it is anticipated that the Public Health Interventions Advisory Committee (PHIAC) might consider the following issues in developing the guidance:

- The target audience (for example, health professionals or practitioners responsible for delivery, actions taken and by whom, and context, frequency and duration.
- Whether the intervention is based on an underlying theory or conceptual model.
- Whether the intervention targets specific individuals (for example, parents and young people) or targets the general population.
- Whether the intervention is effective and cost effective.
- Critical elements, for example, whether effectiveness and cost effectiveness varies according to:
    - the diversity of the population (for example, in terms of the person's age, gender, ethnicity or individual risk factors such as skin type or hair and eye colour)
    - the status, knowledge and influence of the person delivering the intervention
    - the way in which the intervention is delivered
    - the content of the intervention
    - the frequency, intensity and duration of the intervention, where it takes place and whether it is transferable to other settings.
- Any trade-offs between equity and efficiency: whether or not interventions have a particular affect on skin cancer prevention rates or the uptake of prevention information among specific population groups.

- Any environmental, social and cultural factors that prevent – or support – effective implementation or uptake of the information (for example, perceptions of the risks and the benefits of UV exposure, including knowledge that exposure to the sun is a source of vitamin D).

- Any adverse or unintended effects).

- Availability and accessibility for different population groups.

Appendix C References

British Association of Dermatologists (2008) Brits unaware of skin cancer risk, new survey reveals. www.bad.org.uk/public/cancer/sun_awareness_press_releases.asp#survey [accessed 10 June 2008]

Cancer Research UK (2006) CancerStats malignant melanoma – UK. London: Cancer Research UK.

Cancer Research UK (2008a) CancerStats incidence – UK. London: Cancer Research UK.

Cancer Research UK (2008b) CancerStats key facts skin cancer. London: Cancer Research UK.

Department for Communities and Local Government (2007) The new performance framework for local authorities and local authority partnerships: Single set of national indicators. London: Department for Communities and Local Government.

Department of Health (2000) The NHS cancer plan: a plan for investment a plan for reform. London: Department of Health.

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Her Majesty's Treasury (2007) PSA delivery agreement 18: promote better health and wellbeing for all. London: Her Majesty's Stationery Office.

Morris S, Cox B, and Bosanquet N. (2005) Cost of skin cancer in England. London: Tanaka Business School.

Office for National Statistics (2003) SunSmart protection survey. London: Cancer Research UK.

Office for National Statistics (2005) Cancer atlas of the United Kingdom and Ireland 1991-2000. London: Office for National Statistics.

Office for National Statistics (2006) Mortality statistics: cause. England and Wales 2005. London: Office for National Statistics.

Office for National Statistics (2008) Cancer statistics registrations: registrations of cancer diagnosed in 2005, England. London: Office for National Statistics.