

**PUBLIC HEALTH INTERVENTION– PROVIDING PUBLIC INFORMATION TO PREVENT SKIN CANCER
 Consultation on the Evidence from 6th March – 3rd April 2009**

Stakeholder Organisation	Evidence submitted	Document Name & No	Section No	Page No	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cancer Research UK		General	General		<p>We welcome the introduction of guidance to address this important area. However we remain concerned that skin cancer prevention is being addressed in three separate pieces of guidance. We strongly believe that health promotion programmes need to integrate a mix of strategies to affect behaviour change. We feel that the narrow scope of this guidance, the difficulty of directly linking information provision with behaviour change and the loss of valuable data due to separation of the three parts will hinder the process and adversely affect outcomes.</p> <p>Specifically we are concerned that this review excludes evidence that covers multifactoral interventions and that this type of evidence will remain excluded even if the decision is taken to combine the guidance at the end.</p>	<p>Thank you for your comments; it has been agreed with Department of Health that one piece of guidance, linking the three separate components contained in the referral, will now be produced (rather than producing separate pieces of guidance for each component of the referral).</p> <p>Please note that the available evidence focusing on multi-factoral interventions will be assessed as part of this referral.</p>

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Cancer Research UK		General	General		<p>There is increasing evidence to suggest that the use of sunbeds increases the risk of malignant melanoma.</p> <p>A sub-committee of the Health Protection Agency Committee on Medical Aspects of Radiation in the Environment (COMARE) has been set up following a request by the UK Health Departments to “assess and advise Government...on the health effects of natural and man-made radiation and to assess the adequacy of the available data and the need for further research.”</p> <p>This committee will publish a comprehensive report in 2009 and we feel it is vital that the guidance is aligned with this report.</p>	Thank you for highlighting this important forthcoming publication. We will ensure that the committee considering the evidence is notified of this publication.
Cancer Research UK		Review of effectiveness and cost effectiveness	General		<p>We are concerned that this review does not address the question regarding the key content of cost effective interventions.</p>	Thank you, for raising this. We have commissioned a synthesis of the data which would, data permitting, cover this point we will also use the fieldwork with expert professionals later on in the process to identify if any further content related areas/topics are missing
Cancer Research UK		Review of effectiveness	General		<p>The majority of interventions considered are one-off interventions. How is consideration being given to their</p>	Thank you for raising this point. The long term

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		and cost effectiveness			effectiveness in the long-term?	effectiveness of interventions that have been only been evaluated over the short-term can be extrapolated through our work on modelling using various assumptions for the cost-effectiveness analyses.

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Cancer Research UK		Review of effectiveness and cost effectiveness	General		<p>We feel that there is a significant lack of consideration of evidence of the long-term impact of sustained information provision and campaigning. We would like to submit the following evidence for consideration:</p> <ul style="list-style-type: none"> ○ Dobbins et al. <i>Am J Prev Med</i> 2008;34. This paper shows that population-based prevention programmes incorporating substantial television advertising campaigns into a mix of strategies may be highly effective in improving a population’s sun-protective behaviours. ○ Montague et al. <i>Health Education & Behavior</i>, Vol. 28 (3): 290-305. This paper describes the success of the Victoria SunSmart programme between 1980-2000. ○ Sinclair et al. <i>Radiation Protection Dosimetry</i>. Vol. 91, Nos 1–3, pp. 301–302 (2000) This paper focuses on the key strategies that have encouraged positive change in the behaviour and attitudes of the Victorian population and the research that has documented the outcomes. 	Thank you for submitting these references. We passed these on to our review team for full appraisal and the results of their appraisal are presented in appendix 1.
Cancer Research UK					<ul style="list-style-type: none"> ○ Skin cancer prevention. A blue chip investment in Victoria. Developed by the SunSmart team and the Centre for Behavioural Research in Cancer, Cancer Council Victoria. This report highlights the successes of the long commitment 	Thank you for submitting these references. We passed these on to our review team for full appraisal and the results of

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					<p>to skin cancer prevention in Victoria and gives a summary of the SunSmart programme between 2003 and 2007.</p> <ul style="list-style-type: none"> ○ Skin cancer prevention: A blue chip investment in health. The Cancer Council Australia & The Australasian College of Dermatologists <p>This report provides evidence to support a national skin cancer prevention programme in Australia.</p>	<p>their appraisal are presented in appendix 1. .</p>

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Cancer Research UK		Review of effectiveness and cost effectiveness	General		<p>Cancer Research UK has run the SunSmart programme since 2003. The programme aim is to increase the profile of skin cancer and effective methods of sun protection. The objectives of the campaign are:</p> <ul style="list-style-type: none"> • To increase knowledge of the causes of skin cancer and importance of early detection amongst defined target groups • To increase awareness of actions that can be taken to prevent skin cancer • To positively influence attitudes to sun protection <p>Given the modest funding (provided by the UK Health Departments) and size of the population, it was agreed when the programme was set up that behaviour change targets would be unrealistic. It was always hoped, however, that SunSmart might start to change attitudes and possibly impact on behaviour over time.</p>	Thank you for providing this information.

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Cancer Research UK					<p>Cancer Research UK commissions a full breakdown of impact measures such as changes in knowledge, attitudes and behaviour towards sun protection from the Office for National Statistics. This research was previously commissioned on a bi-annual basis until 2007 when, due to budget cuts, it was reduced to annual. These surveys were completed in February and September of each year from 2003-2006, February 2007 and again in February/ March 2008.</p> <p>Cancer Research UK is compiling a five year analysis of the ONS data to identify population trends. Initial analysis of the trends indicates some significant increases in awareness and self-reported practice of sun and skin cancer protection actions.</p> <p>We would like to submit the interim report outlining significant trends.</p> <ul style="list-style-type: none"> o SunSmart Survey 2003-2008: Significant Trends <p>http://publications.cancerresearchuk.org/WebRoot/crukstored/CRUK_PDFs/SS0308TA.pdf</p>	<p>Thank you for submitting this article. We passed this on to our review team for full appraisal and the results of their appraisal are presented in appendix 1.</p>
Cancer Research UK					<p>Activity reports detailing the outcomes of campaign activity on a yearly basis are available upon request.</p>	<p>Thank you, please see above response.</p>

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Cancer Research UK	Carter et al. (2008) Priority setting in health: origins, description and application of the Australian Assessing Cost-	Review of effectiveness and cost effectiveness	General		<p>We would like to submit the following evidence for consultation.</p> <ul style="list-style-type: none"> ○ Carter et al. Expert Rev. Pharmacoeconomics Outcomes Res. 8(6), 593-617 (2008). <p>This article reports on the Assessing Cost Effectiveness (ACE) initiative in Australia, including review of skin cancer prevention cost effectiveness in terms of DALYs.</p>	Thank you for submitting this reference. We passed this on to our review team for full appraisal and the results of their appraisal are presented in appendix 1.
Cancer Research UK	Effectiveness initiative. Expert Rev. Pharmacoeconomics Outcomes Res. 8(6), 593-617	Qualitative evidence review		11	<p>We have a range of unpublished qualitative research from focus groups that supports conclusions drawn in the review about perceived susceptibility and severity of skin cancer, photoageing concerns and positive perception of tanning.</p> <ul style="list-style-type: none"> ○ Summary reports are published on our website and full breakdowns are available on request. http://info.cancerresearchuk.org/healthyliving/sunsmart/about-sunsmart/campaignresearch/?a=5441 	Thank you for submitting these articles. We passed these on to our review team for full appraisal and the results of their appraisal are presented in appendix 1.
Cancer Research UK		Qualitative evidence review	General		<p>We feel that there is a significant gap relating to the public's perception of sunburn. Sunburn is a significant risk factor for the development of skin cancer.</p> <ul style="list-style-type: none"> ○ We would like to submit a summary report from focus groups carried out in December 2008 examining the public's understanding of and attitude to sunburn. (Full report available on request) http://publications.cancerresearchuk.org/WebRoot/crukstoredb/CRUK_PDFs/SS-sunburn-summary.pdf 	Thank you for submitting this article. We passed this on to our review team for full appraisal and the results of their appraisal are presented in appendix 1.

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Cancer Research UK		Summary of key messages	General		<p>We are concerned about how the proposed key messages will be used in the guidance. Effective key messages should be tailored according to audience, media and objective of intervention. There is not a one size fits all solution to messaging and when planning an intervention, messages should be developed and tested specifically for that purpose, ensuring that all barriers (particularly ones that may be peculiar to a particular audience, region or demographic) are taken into account.</p> <p>We strongly feel that these messages are not accessible for the wide range of audiences who need to be targets for skin cancer prevention messages. In many cases, technical terms have been used as opposed to lay language.</p> <p>Examples of this issue are particularly evident in message 3 relating to clothing where it is unrealistic to expect that people would listen to advice to wear a broad-brimmed hat, long sleeved top and trousers in sunny weather.</p>	<p>Thank you for your comments. The purpose of this document is to provide an overview of the range of possible key messages that could be delivered. Clothing is recognised to be one of a range of important methods of prevention. The committee deliberating the evidence will consider how to appropriately use this information, combined with the other data to derive recommendations which are specific for particular audiences and media.</p>
Cancer Research UK		Summary of key messages	Section 1	8	<p>We agree that categorising individuals by skin type can be useful. However these categories should not be used on their own to communicate to individuals who is at risk as they do not take into account other risk factors such as number of moles and family history.</p>	<p>Thank you; we have passed this to our contractors who produced this report. The number of moles and family history has now been added to the risk section of this report.</p>

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Cancer Research UK		Summary of key messages	Section 1	8	It should be acknowledged that a high proportion of sunbed users experience erythema. Please refer to the following study. http://www.ncbi.nlm.nih.gov/pubmed/19085965	Thank you for submitting this article. We have passed this to our contractors for consideration and this reference has now been added to section 1.
Cancer Research UK		Summary of key messages	Section 1	9	We would like to point out that much of the evidence indicating that vitamin D may reduce the risk of internal malignancy comes from ecological studies that have weaknesses. This was highlighted in the IARC monograph. http://www.iarc.fr/en/Publications/PDFs-online/IARC-Working-Group-Reports/Vitamin-D-and-Cancer	Thank you for submitting this article. We have passed this to our contractors for consideration and this reference has been added to section 1 to help clarify the point.
Cancer Research UK		Summary of key messages	Section 1	10	We contest that oral supplementation of vitamin D through diet or dietary supplementation is an easy solution to achieving adequate vitamin D levels. The IARC monograph concluded that more research is needed in this area. http://www.iarc.fr/en/Publications/PDFs-online/IARC-Working-Group-Reports/Vitamin-D-and-Cancer	Thank you for raising this and submitting this article. We have passed this to our contractors for consideration and the text in this section has now been amended to outline that oral supplementation is “an additional means of achieving adequate vitamin D levels”.

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Cancer Research UK		Summary of key messages	Section 1	10	We feel strongly that maintaining an adequate vitamin D status and protecting against increased risk of skin cancer are not mutually exclusive. We feel that it is easy for most people to gain enough exposure to UV to sustain adequate vitamin D without increasing their skin cancer risk. We feel that this balance is not currently explicit in this document and messages.	<p>Thank you for raising this important point. While it was not the remit of this report to debate interventions or ways to deal with significant vitamin D deficiency in the UK, the report does advocate in a number of sections exposing the skin to small amounts of sunlight to obtain vitamin D but below the levels of exposure that would significantly increase the risk of skin cancer.</p> <p>For example, in section 1 (4) (iii) the report states that “it has been suggested that advice aimed at reducing the frequency of episodes of sunburn may have the net effect of reducing vitamin D levels. ...This is unlikely to be a significant factor because of the very short period of time in the sun needed for maximum</p>

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						vitamin D synthesis. The committee will also have further opportunities to debate this important issue and to request testimony from key topic experts if needed.

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Cancer Research UK		Summary of key messages	Section 2	11	This message shouldn't be based on skin type alone – people with lots of moles and freckles, and those with family history are at increased risk.	Thank you; we have passed this to our contractors who produced this report. The number of moles and family history has now been added to the risk section of this report.
Cancer Research UK		Summary of key messages	Section 2	11	We are not aware of specific evidence recommending SPF 50 plus for children.	Thank you for highlighting this. SPF 50 was recommended to take into account irregular or inadequate application methods. This section has now been expanded to clarify that if applied adequately, SPF 30 would be sufficient.

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Cancer Research UK		Summary of key messages	Section 2	12	The 11am-3pm recommendation applies to the UK and certain other countries, but given differing solar noon in other countries, this message could lead to people putting themselves at risk when abroad.	<p>Thank you for raising this important point. The existing text already acknowledges differing solar noon in other countries: “Because time zones and daylight saving time separates solar noon from the ascribed noontime (Ting, 2003), a convenient rule of thumb is that if your shadow is longer than you are tall, there is relatively less danger from UVR (Palm and O’Donoghue, 2007). This principle can be applied anywhere in the world.”</p> <p>Cancer Research UK’s Sunsmart campaign also advises “The sun’s UV rays are strongest in the hours around midday. This is why it’s best to spend time in the shade between 11am and 3pm.”</p>

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Cancer Research UK		Summary of key messages	Section 2	12	We feel that the advice to 'avoid any sun exposure' is too strong given the beneficial effects of some sun exposure.	Thank you for highlighting this. The report advocates small amounts of sun exposure as appropriate for obtaining vitamin D, provided that this is at a level below that which may cause sunburn. However, as skin types I and II can burn in less than 10 minutes, consequently sun exposure at peak hours / times should be avoided. However, the text has now been amended to clarify that this refers to 'deliberate' sun exposure.
Cancer Research UK		Summary of key messages	Section 2	12	The UV index does not finish at 10. Much higher values have been reported in other countries, particularly in the southern hemisphere.	Thank you for highlighting this – this was based on information provided by the HPA. The text has, however, been amended to include 11+.

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Cancer Research UK		Summary of key messages	Section 2	14	<p>We contest the statement that cotton has a UPF of 5-9. While there is great variability, the majority of fabrics have UPF values of 15 or more. Even the majority of cotton fabrics have UPF values of 10 or more.</p> <ul style="list-style-type: none"> o http://www.ncbi.nlm.nih.gov/pubmed/11710968 	Thank you for highlighting your concern on this area – the text in this section has now been amended in line with your comment.
Cancer Research UK		Summary of key messages	Section 2	14	<p>We do not support the recommendation to use a high factor sunscreen of SPF 30 or more. There is evidence showing that higher factor sunscreens cannot compensate for poor application. As quantity of sunscreen applied falls, SPF decreases exponentially. At the average application level of 0.5 mg/cm², increasing SPF cannot compensate for the insufficient application. At this level, the effective SPF never exceeds 3, even if a sunscreen has an advertised SPF of 80. As such, messages on correct application are vital.</p> <ul style="list-style-type: none"> o http://www.ncbi.nlm.nih.gov/pubmed/17493070 <p>Additionally there is evidence to suggest that use of higher factor sunscreens increases the duration of exposure suggesting people use higher factor sunscreens to stay out in the sun longer.</p> <ul style="list-style-type: none"> o http://www.ncbi.nlm.nih.gov/pubmed/10433619 o http://www.ncbi.nlm.nih.gov/pubmed/11027441 	Thank you for highlighting your concerns on this particular section of the report. We agree that messages on correct application are vital. The text relating to application has now been amended to clarify that if applied adequately, an SPF 15 would suffice, however SPF 30 allows for inadequate application. The section on missed areas of application has also been moved so as not to imply that a higher SPF will rectify inadequate application.

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Cancer Research UK		Summary of key messages	General		We feel that avoiding sunburn is a significant gap in these messages currently.	Thank you for highlighting this gap. The text has now been amended to address this gap.
Cancer Research UK		Summary of key messages	General		Cancer Research UK has commissioned a wide range of qualitative research among various target audiences to help inform the development of messages, activities and materials for the SunSmart campaign. Summaries of this research are available on our website and full reports are available upon request. http://info.cancerresearchuk.org/healthyliving/sunsmart/about-sunsmart/campaignresearch/?a=5441	Thank you for submitting these articles. We passed these onto the team who produced the qualitative evidence review for full appraisal. The results of their appraisal are presented in appendix 1.
Department of Health		General	General		Thank you for the opportunity to comment on the evidence for the above Public Health Intervention. I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation. However, you may wish to be aware that (with regard to the executive summary of studies identified after the sifting process) in our view, there appears to be little clear evidence regarding interventions for the work.	Thank you.
Health Protection Agency		Applicability of findings from other countries to the UK.	General		Many of the papers reviewed in the study do not relate directly to the UK population and a number are from Australia. There is a much greater burden of sun-induced disease in Australia and a longer history of hard hitting sun	Thank you for raising this important point. The location for any included studies (and therefore its

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					protection health promotion campaigns. Care is needed in translating findings from Australia directly to the UK.	applicability to this country) will be considered by the committee when producing the guidance.

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Health Protection Agency		The “key messages” review: A summary of key messages to be included in public information resources for the primary prevention of skin cancer. Authored by the British Association of Dermatologists , January 2009 for the National Institute for Health and Clinical Excellence (NICE)	General		<p>The key messages paper provides a useful evidence based review of the health risks of UVR and the key messages for the public.</p> <p>The HPA also keeps under review the scientific evidence on the harmful effects of ultraviolet radiation (UVR). HPA would be willing to be consulted when the content of Health Protection Pubic messages are being formulated to ensure that they are in line with the best scientific evidence.</p> <p>There needs to be a clear indication about the times of year when sun avoidance is appropriate for the UK. This is quite complex, especially if it is possible to exceed a minimal erythemal dose (MED) at ski resorts in Scotland in the winter. HPA supports the general use of the shadow rule, i.e. there is no problem if your shadow is longer than you are tall. Most people can understand this.</p> <p>The MED varies for a given individual from spring to summer. Greater caution may be needed earlier in the year.</p> <p>HPA suggests that there should be more audience-targeted messages. For example, when travelling to sunnier locations for short periods, and for different age groups.</p>	<p>Thank you.</p> <p>Stakeholders are provided with opportunity to provide additional evidence and comments at the evidence consultation stage and then are able to provide comments on the draft guidance later in the process.</p> <p>The text has now been amended in line with your suggestions.</p> <p>The purpose of this document is to provide an overview of the range of possible key messages that</p>

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						could be delivered. The committee deliberating the evidence will consider how to appropriately use this information, combined with the other data to derive recommendations which are specific for particular audiences and media.

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Health Protection Agency		The “key messages” review: A summary of key messages to be included in public information resources for the primary prevention of skin cancer. Authored by the British Association of Dermatologists , January 2009 for the National Institute for Health and Clinical Excellence (NICE)	General		<p>We note that the key messages’ review supports the use of very high factor sun screens. The scientific evidence is that Factor 15 is adequate if used correctly. However the key messages’ review clearly explains that higher factors are recommended as a compensation for poor application technique. In the past, the higher factor products have been less cosmetically appealing to use, but this may be changing. We feel it would be useful to reinforce that, if properly applied, a factor 15 screen gives adequate protection.</p> <p>HPA notes that harmful effects of UVR on the eye are only mentioned in a footnote and not at all in the section on global burden of disease. Whilst we acknowledge this document is primarily about the "skin" messages, the overall public message should reinforce the need to protect the eyes with hats and wrap-around sunglasses.</p> <p>There are reports of increasing use of sunbeds, especially by younger people and it would be helpful to include messages about the harmful effects of sunbeds in any UVR health promotion campaign. Therefore, HPA strongly supports the final key message.</p>	<p>Thank you for highlighting your concerns on this particular section of the report. We agree that messages on correct application are vital. The text relating to application has now been amended to clarify that if applied adequately, an SPF 15 would suffice, however SPF 30 allows for inadequate application.</p> <p>We will ensure that this point is raised with the committee in order that it can be taken into account as appropriate.</p> <p>Thank you.</p>

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National Cancer Research Institute, Royal College of Physicians, Royal College of Radiologists, Association of Cancer Physicians, Joint Collegiate Council for Oncology		Review of Effectiveness and Cost-Effectiveness	General		This is a well researched document which identifies the key papers and describes their contents accurately. The document also draws attention in the executive summary to limitations and weaknesses of the current literature.	Thank you.
National Cancer Research Institute, Royal College of Physicians, Royal College of Radiologists, Association of Cancer Physicians, Joint Collegiate Council for Oncology		Review of Effectiveness and Cost-Effectiveness	General		The authors rightly draw attention to the lack of good quality data in this area, and also to the fact that very little of the data which is in print is from the UK. The bulk is from the US, and a small quantity from Australia. Variables such as the ethnic mix of the populations and the ambient UV in the areas studied e.g. Perth Western Australia may make extrapolation of findings in these areas to the UK inappropriate.	Thank you. The location for any included studies (and therefore its applicability to the UK) will be considered by the committee when producing the guidance.

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National Cancer Research Institute, Royal College of Physicians, Royal College of Radiologists, Association of Cancer Physicians, Joint Collegiate Council for Oncology		Review of Effectiveness and Cost-Effectiveness	General		In general the assessments of efficacy reported relate to knowledge and are very short term, being assessed only weeks or months after the programme. Evidence of impact on attitudes and behaviour is clearly required, and also some evidence of resulting permanent behavioural change.	Thank you for raising this; the final guidance document will, alongside providing recommendations, summarise the gaps in the available evidence base and suggest research recommendations as a result of these gaps.
National Cancer Research Institute, Royal College of Physicians, Royal College of Radiologists, Association of Cancer Physicians, Joint Collegiate Council for Oncology		Review of Effectiveness and Cost-Effectiveness	General		Assessment of behavioural change should not rely solely on self-reported behaviour, but would benefit from direct quantification of personal sun exposure levels	Thank you; we recognise that quantification of personal sun exposure levels is ideal; however, in the absence of this level of data being available we have relied on other measures (such as self-reported behaviour). The evidence review outlines the limitations associated with the available evidence and the committee will consider these factors when producing the guidance. NICE public

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						health guidance documents also summarise the gaps in the available evidence base and suggest research recommendations as a result of these gaps.
National Cancer Research Institute, Royal College of Physicians, Royal College of Radiologists, Association of Cancer Physicians, Joint Collegiate Council for Oncology		Review of Effectiveness and Cost-Effectiveness	General		The sensitive issue of skin colour and public health messages about sun exposure does have to be considered, particularly in the light of current vitamin D concerns. It is quite possible that a dark skinned adult or child could do more harm than good if they adopted sun protection regimes which would be beneficial for fair skinned Caucasians.	Thank you for raising this; the committee will consider the evidence from this review, alongside the other evidence reports including the 'key messages' report when producing the guidance. The committee are also responsible for equity proofing the guidance before it is published to ensure that recommendations do not have detrimental or harmful consequences for particular groups.
National Cancer Research Institute, Royal College of Physicians,		Review of Effectiveness and Cost-Effectiveness	General		Research is needed into risk benefit to health of levels of ultraviolet exposure for people of different skin types/colour	Thank you for highlighting this gap in the evidence. The final guidance document will, alongside providing

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Royal College of Radiologists, Association of Cancer Physicians, Joint Collegiate Council for Oncology						recommendations, summarise the gaps in the available evidence base and suggest research recommendations as a result of these gaps.

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National Cancer Research Institute, Royal College of Physicians, Royal College of Radiologists, Association of Cancer Physicians, Joint Collegiate Council for Oncology		Review of Effectiveness and Cost-Effectiveness	General		The authors define secondary prevention in this field as prevention of cancer recurrence. A more usual definition of this term in skin cancer education is earlier diagnosis, resulting in reduced mortality.	Thank you for raising this; in order to ensure that the work did not duplicate other NICE guidance (which has covered issues such as detection) and was in line with the referral received from the Department of Health it was necessary to apply a number of inclusion and exclusion criteria and to select definitions for these (we were aware that this particular criteria could be variably defined and selected this one to ensure that the work was manageable in the available time frame). Stakeholders are able to suggest other areas for possible topic selection – please see http://www.nice.org.uk/page.aspx?o=ts.home for further information.
National		Summary of	4 i	9	The document recognises the important role that sunlight	Thank you.

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Osteoporosis Society		key messages – Background and context			plays in producing vitamin D.	
National Osteoporosis Society			4 ii	9	We welcome the acknowledgement that high levels of vitamin D benefit bone health.	Thank you.

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National Osteoporosis Society			4 v	10	<p>Second paragraph: refers to 'patients'. Should this be patients or people?</p> <p>States that patients should not be advised to forsake photoprotection for cutaneous vitamin D supplementation, and that oral supplementation is an easy solution to maintaining vitamin D. However, the recommendations do not include messages around maintaining healthy vitamin D levels. The issue is further complicated by the difficulty in agreeing RDAs for vitamin D.</p>	<p>Thank you, we have amended the text as suggested.</p> <p>The text in this section has now been amended to outline that oral supplementation is “an additional means of achieving adequate vitamin D levels”.</p> <p>It is not part of the remit for this piece guidance to produce recommendations relating to maintaining healthy vitamin D levels. Stakeholders are, however, able to suggest other areas for possible topic selection – please see http://www.nice.org.uk/page.aspx?o=ts.home for further information.</p>

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National Osteoporosis Society		Summary of key messages – Recommendations	General	11-17	Despite acknowledging the role of sunlight in producing vitamin D and the benefit to bone health, the recommendations do not include specific messages about how to ensure vitamin D levels are maintained, including oral supplementation.	Thank you; please see above response.
National Osteoporosis Society			1 ii	11	It would be useful to define 'young children'.	Thank you for this suggestion, the t3xt has been amended to specify 'babies' and a statement added to explain the risk of overheating.
National Osteoporosis Society			2	12	We welcome the shift in messaging which acknowledges the need for some exposure to sunlight to produce vitamin D.	Thank you.
National Osteoporosis Society			4 ii	16	The recommendation is that people apply sunscreen half an hour before going outside. Studies show that sunscreen prevents synthesis of vitamin D and so application of sunscreen in this way will further limit vitamin D production.	Thank you; this recommendation relates to when periods of prolonged sun exposure is planned – not for short bursts of unprotected sun exposure recommended to obtain adequate vitamin D levels.

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National Osteoporosis Society		Summary of key messages – Footnotes		18	Footnote ** acknowledges that the authors recognise that skin cancer prevention measures may impact on other health issues relating to vitamin D and that this is an important issue that needs to be addressed. We agree and feel this needs to be addressed at the earliest possible opportunity.	Thank you; stakeholders are able to suggest other areas for possible topic selection – please see http://www.nice.org.uk/page.aspx?o=ts.home for further information.
Royal College of Pathologists		General	General		The Royal College of Pathologists has no comment on this guideline at the moment.	Thank you.
Royal College of Nursing		General	General		With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations. The RCN welcomes the opportunity to review this evidence synopsis and support proposals to develop this guidance.	Thank you.
Royal College of Nursing		General	General		The guidance developers need to make sure that there is information available regarding non-malignant skin cancers –	Thank you; the guidance will cover both non-

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					particularly what to look for and not just concentrate on mole watching.	malignant and malignant skin cancer prevention information messages. If the available data covers information messages about detection then this will be included in the guidance.
Royal College of Paediatrics and Child Health		General	General		<p>This is a well researched document which identifies the key papers and describes their contents accurately. The document also draws attention in the executive summary to limitations and weaknesses of the current literature.</p> <p>The following are important aspects of the review:</p> <ol style="list-style-type: none"> 1. The authors rightly draw attention to the lack of good quality data in this area, and also to the fact that very little of the data which is in print is from the UK. The bulk is from the US, and a small quantity from Australia. Variables such as the ethnic mix of the populations and the ambient UV in the areas studied e.g. Perth Western Australia may make extrapolation of findings in these areas to the UK inappropriate. 2. In general the assessments of efficacy reported relate to knowledge and are very short term, being assessed only weeks or months after the programme. Clearly longer-term benefit is required, 	<p>Thank you.</p> <p>The location for any included studies (and therefore its applicability to the UK) will be considered by the committee when producing this guidance.</p> <p>The final guidance document will, alongside providing recommendations, summarise the gaps in the available evidence base and suggest research recommendations as a result of these gaps.</p> <p>The health risks and</p>

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					<p>and also some evidence of resulting permanent behavioural change.</p> <p>3. The problem of a possible deleterious effect of sun protection advice in the UK where disturbingly low levels of serum vitamin D have been reported at a population level within the past 2 years are not considered in any of the publications.</p>	<p>benefits associated with vitamin D are covered in the 'Key messages'. In order to ensure that this guidance did not duplicate other NICE guidance (which has covered areas such as detection) and was in line with the referral received from the Department of Health it was necessary to apply a number of inclusion and exclusion criteria and to select definitions for these (we were aware that this particular criteria could be variably defined and selected this one to ensure that the work was manageable in the available time frame).</p>

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Royal College of Paediatrics and Child Health					<p>4. The sensitive issue of skin colour and public health messages about sun exposure does have to be considered, particularly in the light of current vitamin D concerns. It is quite possible that a dark skinned adult or child could do more harm than good if they adopted sun protection regimes which would be beneficial for fair skinned Caucasians.</p> <p>5. Only 2 articles were considered adequate in terms of evaluating cost effectiveness. One is from Australia where occupationally acquired skin cancer is a notifiable disease, and one from the US on a paediatric population extrapolates skin cancers theoretically prevented on inadequate data. This clearly is a very difficult area in which to gather useful data, as cost effectiveness really has to weigh skin cancer prevented in a test population against the cost of an educational campaign. The time lapse between sun protection behaviour and development or not of skin cancer makes this very challenging.</p> <p>6. The authors define secondary prevention in this field as prevention of cancer recurrence. A more usual definition of this term in skin cancer education is earlier diagnosis, resulting in reduced mortality.</p>	Although challenging, the long term effectiveness of interventions can be extrapolated through modelling using various assumptions for the cost-effectiveness analyses.
Sanofi-aventis		General	General		Please note that sanofi-aventis have no comments at this time.	Thank you.
Teenage Cancer					<ul style="list-style-type: none"> ▪ Teenage Cancer Trust is advised on all of our skin 	Thank you; please see

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Trust					<p>cancer activity by Professor Rona Mackie, Senior Research Fellow at the University of Glasgow. As an extended member of the Teenage Cancer Trust team, her comments are included below:</p> <p>This is a well researched document which identifies the key papers and describes their contents accurately. The document also draws attention in the executive summary to limitations and weaknesses of the current literature. The following are important aspects of the review:</p> <p>The authors rightly draw attention to the lack of good quality data in this area, and also to the fact that very little of the data which is in print is from the UK. The bulk is from the US, and a small quantity from Australia. Variables such as the ethnic mix of the populations and the ambient UV in the areas studied e.g. Perth Western Australia may make extrapolation of findings in these areas to the UK inappropriate.</p> <p>In general the assessments of efficacy reported relate to knowledge and are very short term, being assessed only weeks or months after the programme. Clearly longer-term benefit is required, and also some evidence of resulting permanent behavioural change.</p> <p>The problem of a possible deleterious effect of sun protection advice in the UK where disturbingly low levels of serum vitamin D have been reported at a population level within the</p>	above response to Royal College of Paediatrics and Child Health.

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					<p>past 2 years are not considered in any of the publications.</p> <p>The sensitive issue of skin colour and public health messages about sun exposure does have to be considered, particularly in the light of current vitamin D concerns. It is quite possible that a dark skinned adult or child could do more harm than good if they adopted sun protection regimes which would be beneficial for fair skinned Caucasians.</p> <p>Only 2 articles were considered adequate in terms of evaluating cost effectiveness. One is from Australia where occupationally acquired skin cancer is a notifiable disease, and one from the US on a paediatric population extrapolates skin cancers theoretically prevented on inadequate data. This clearly is a very difficult area in which to gather useful data, as cost effectiveness really has to weigh skin cancer prevented in a test population against the cost of an educational campaign. The time lapse between sun protection behaviour and development or not of skin cancer makes this very challenging.</p> <p>A minor point but the authors define secondary prevention in this field as prevention of cancer recurrence. A more usual definition of this term in skin cancer education is earlier diagnosis, resulting in reduced mortality.</p>	
Skin Cancer Research Fund		A summary of key messages to be included	General		SCaRF supports the recommendations put forward in this document for public information for the prevention of skin cancer	Thank you.

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		in public information resources for the primary prevention of skin cancer – British Association of Dermatologists				
The Society and College of Radiographers			General		The Society and College of Radiographers feels there needs to be more public awareness about the use of sun beds (or artificial tanning devices).	Thank you, we appreciate that these are important areas to investigate. In its Cancer Reform Strategy the Department of Health announced that it was reviewing options for the possible regulation of the sunbed industry and that as a first step it would gather more information about the number and distribution of sunbeds and the scale of sunbed use by minors. The Department of Health is currently taking steps to progress this work and will consult with the health and Safety Executive and other stakeholders in considering ways in which a balance can be struck between consumer safety and choice. Consequently NICE has not been asked to cover this

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						area at this point in time.
The Society and College of Radiographers			General		UV radiation is a known carcinogen and sunbeds are an artificial source of exposure, both to workers and members of the public. Some research has suggested that exposures from sunbeds are responsible for some 100 deaths from malignant melanoma each year. Sunbeds are used purely for cosmetic purposes. No other cosmetic would be allowed to do this without an investigation.	Thank you, please see above response.
The Society and College of Radiographers			General		There is a need to ensure public safety from exposure to ultraviolet radiation from the use of artificial tanning devices and a requirement for all commercial premises offering such devices to be licensed. An area of particular concern is the unsupervised solaria (sunbed) market. One of the other concerns is that there are no restrictions on the frequency and duration of use and children have been found using the solaria. There is concern that where solaria are part of larger establishments, e.g. hairdressing salons, nail parlours, fitness, leisure or “health” centres, there may be pressure put on employees to have a tanned skin to act as walking adverts for the facilities. This could either be by offering a discount on time in the solaria or free use.	Thank you, please see previous response.
The Society and College of Radiographers			General		There is concern that the risks are not being effectively communicated to the public users. Many operators will project the view that using a solarium is a “safe” way to	Thank you, please see previous response.

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					acquire a tan. The HSE guidance for users is generally posted on the wall. However, it is pure text and in black and white, i.e. no visual impact.	
The Society and College of Radiographers		Review of effectiveness of information interventions to prevent skin cancer			<p>The quality and heterogeneity of the enormous number of studies identified obviously seriously undermines their value as a body of evidence. Limited conclusions are made (e.g. verbal information to children increases their knowledge) and, due to the reporting style of the studies, reproducing the interventions would be difficult. It seems that UK based RCTs are required to establish which intervention is most effective (and not harmful) in each population group with an appropriate outcome measure (each seems to have its problems). The UK climate (i.e. varied and unpredictable) is so different from that where most of the studies took place, which coupled with the attitude of the UK population to risk, makes preventing skin cancer in the UK a unique challenge. I was quite surprised that only one reviewer had extracted the data from 90% of the studies (another reviewer checking only 10%). Expert opinion was also not sought. Other deviations from the planned protocol are also given on page 30. Time seems to have been an issue.</p> <p>However, the reviewer has provided an extremely detailed report and identified important considerations for future research.</p>	<p>Thank you, for raising this. We have commissioned a synthesis of the data which hope will provide a concise summary of the available evidence base.</p> <p>The final guidance document will, alongside providing recommendations, summarise the gaps in the available evidence base and suggest research recommendations as a result of these gaps.</p> <p>Two skin cancer experts have been recruited as co-optees to support the committee in its deliberations of the evidence. NICE also provides all registered stakeholders, many of</p>

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						whom are topic experts in this area, with the opportunity to be consulted at three stages of the process: scope development, evidence and draft guidance.
The Society and College of Radiographers		Review of cost-effectiveness of information interventions to prevent skin cancer			Only two studies were found with limited applicability (Australian and USA) and data. Further cost analysis work is required.	Thank you, the final guidance document will, alongside providing recommendations, summarise the gaps in the available evidence base and suggest research recommendations as a result of these gaps.
The Society and College of Radiographers		Review of barriers to and facilitators to conveying information to prevent skin cancer			This was a very interesting and informative review of qualitative research, presenting useful evidence regarding the development and delivery of information. I found the Health Belief model to be a valuable framework for addressing the subject, although the authors do acknowledge that there is no consensus on the appraisal methods of qualitative research. Again the need for more UK research is identified.	Thank you.

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Appendix 1

Evidence consultation skin cancer: stakeholder evidence suggestions – review team appraisal results

Organisation	Evidence – reference/link	Assessment result at title/abstract and full paper (if relevant), including primary reason for exclusion
Cancer research UK	<ul style="list-style-type: none"> ○ Dobbinson et al. Am J Prev Med 2008;34. <p>This paper shows that population-based prevention programmes incorporating substantial television advertising campaigns into a mix of strategies may be highly effective in improving a population’s sun-protective behaviours.</p>	This paper was identified and excluded in the original effectiveness and cost effectiveness evidence review (see Appendix 8, page 441) because the study design did not meet the inclusion criteria.
Cancer research UK	<ul style="list-style-type: none"> ○ Montague et al. <i>Health Education & Behavior</i>, Vol. 28 (3): 290-305. <p>This paper describes the success of the Victoria SunSmart programme between 1980-2000.</p>	This paper was identified and excluded in the original effectiveness and cost effectiveness evidence review (see Appendix 8, page 443) based on study design. This was not a primary study, but a discussion of the Slip! Slop! Slap! and Sunsmart campaigns over 20 years.
Cancer research UK	<ul style="list-style-type: none"> ○ Sinclair et al. <i>Radiation Protection Dosimetry</i>. Vol. 91, Nos 1–3, pp. 301–302 (2000) <p>This paper focuses on the key strategies that have encouraged positive change in the behaviour and attitudes of the Victorian population and the research that has documented the outcomes.</p>	This paper was identified and excluded in the original effectiveness and cost effectiveness evidence review (see Appendix 8, page 439) based on study design. This was not a primary study, but a description of the Sunsmart Programme in Victoria.
Cancer research UK	<ul style="list-style-type: none"> ○ Skin cancer prevention. A blue chip investment in Victoria. Developed by the SunSmart team and the Centre for Behavioural Research in Cancer, Cancer Council Victoria. 	We could not access this article or find it from the information provided.

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	This report highlights the successes of the long commitment to skin cancer prevention in Victoria and gives a summary of the SunSmart programme between 2003 and 2007.	
Cancer research UK	<ul style="list-style-type: none"> o Skin cancer prevention: A blue chip investment in health. The Cancer Council Australia & The Australasian College of Dermatologists <p>This report provides evidence to support a national skin cancer prevention programme in Australia.</p>	This report was not identified in the searches, as it was not a published article. If it had been identified, it would have been excluded at the sifting stage based on study design. It was not a primary study on an intervention to prevent skin cancer, but rather discussed the benefits of skin cancer prevention campaigns, using mainly evidence from surveys.
Cancer research UK	<p>Cancer Research UK has run the SunSmart programme since 2003. The programme aim is to increase the profile of skin cancer and effective methods of sun protection. The objectives of the campaign are:</p> <ul style="list-style-type: none"> • To increase knowledge of the causes of skin cancer and importance of early detection amongst defined target groups • To increase awareness of actions that can be taken to prevent skin cancer • To positively influence attitudes to sun protection <p>Given the modest funding (provided by the UK Health Departments) and size of the population, it was agreed when the programme was set up that behaviour change targets would be unrealistic. It was always hoped, however, that SunSmart might start to change attitudes and possibly impact on behaviour over time.</p> <p>Cancer Research UK commissions a full breakdown of impact measures such as changes in knowledge, attitudes and behaviour towards sun protection from the Office for National Statistics. This research was previously commissioned on a bi-annual basis until 2007 when, due to budget cuts, it was reduced to annual. These surveys</p>	This report was not identified in the searches as it was not a published article. If it had been identified, it would have met the initial screening criteria but not the full inclusion criteria and it would have been excluded based on study design. It is an analysis based on the intervention being available, not a comparative study of before and after inception of SunSmart.

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	<p>were completed in February and September of each year from 2003-2006, February 2007 and again in February/ March 2008.</p> <p>Cancer Research UK is compiling a five year analysis of the ONS data to identify population trends. Initial analysis of the trends indicates some significant increases in awareness and self-reported practice of sun and skin cancer protection actions.</p> <p>We would like to submit the interim report outlining significant trends.</p> <ul style="list-style-type: none"> ○ SunSmart Survey 2003-2008: Significant Trends <p>http://publications.cancerresearchuk.org/WebRoot/crukstoredb/CRUK_PDFs/SS0308TA.pdf</p> <p>Activity reports detailing the outcomes of campaign activity on a yearly basis are available upon request.</p>	
Cancer research UK	<ul style="list-style-type: none"> ○ Carter et al. Expert Rev. Pharmacoeconomics Outcomes Res. 8(6), 593-617 (2008). <p>This article reports on the Assessing Cost Effectiveness (ACE) initiative in Australia, including review of skin cancer prevention cost effectiveness in terms of DALYs.</p>	<p>This paper was not identified by our searches. It is not specifically on skin cancer but on priority setting. It uses a number of conditions as examples, but only mentions skin cancer in one table. There was no methodology or citation provided for the origin of the figures presented. This article would not have met the inclusion criteria for the review of economic studies based on study design.</p>
Cancer research UK	<p>We have a range of unpublished qualitative research from focus groups that supports conclusions drawn in the review about perceived susceptibility and severity of skin cancer, photoageing concerns and positive perception of tanning.</p> <ul style="list-style-type: none"> ○ Summary reports are published on our website and full breakdowns are available on request. <p>http://info.cancerresearchuk.org/healthyliving/sunsmart/about-</p>	<p>At the time of the review, these reports were available only as summary documents, rather than full text, on the Cancer Research UK website, and were not therefore included. due to the very limited information provided about aims, methods and findings, making sensible quality assessment and data extraction impossible.</p> <p>Thanks to Cancer Research UK for now supplying these</p>

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	sunsmart/campaignresearch/?a=5441	<p>documents in full.</p> <p>Their inclusion, however, is beyond the scope of our review at this stage.</p>
Cancer research UK	<ul style="list-style-type: none"> ○ We would like to submit a summary report from focus groups carried out in December 2008 examining the public’s understanding of and attitude to sunburn. (Full report available on request) <p>http://publications.cancerresearchuk.org/WebRoot/crukstoredb/CRUK_PDFs/SS-sunburn-summary.pdf</p>	<p>At the time of the review, these reports were available only as summary documents, rather than full text, on the Cancer Research UK website, and were not therefore included. due to the very limited information provided about aims, methods and findings, making sensible quality assessment and data extraction impossible.</p> <p>Thanks to Cancer Research for now supplying these documents in full.</p> <p>Their inclusion, however, is beyond the scope of our review at this stage.</p>