

# National Institute for Health and Clinical Excellence

## Centre for Public Health Excellence

### ***Review Proposal: New evidence submitted consultation document***

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

#### **1 Introduction**

Guidance issue date: 2011

Normal 3 year review (full review): 2014

According to the NICE Public Health process manual

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

Following the publication of PH32 in January 2011, the British Association of Dermatologists submitted new evidence in October 2011, on what Sun Protection Factor (SPF) level should be included in any public information

resource used in initiatives aiming to reduce the incidence of skin cancer. In doing so they asked NICE to reconsider the detail included in one of the recommendations in the guidance.

The CPHE Centre Director and the Chair of the Public Health Intervention Advisory Committee (PHIAC) agreed to discuss this evidence at the 17<sup>th</sup> February 2012 committee meeting to consider whether the guidance should be updated. The purpose of this consultation document is to provide background to stakeholders so that they can comment on the new evidence that has been submitted.

## **2 Background information – new evidence**

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE) to produce public health guidance for the NHS and local authorities on the prevention of skin cancer with specific reference to: provision of information, physical changes to the environment and the supply of sun protection resources.

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

The guidance has 6 recommendations to support effective and cost effective ways of providing information to change people's knowledge, awareness and behaviour and so prevent the first occurrence of skin cancer attributable to UV exposure. PHIAC developed these recommendations on the basis of reviews of the evidence, economic analysis, expert advice and stakeholder comments.

The British Association of Dermatologists were commissioned to produce an expert paper to complement the effectiveness and cost effectiveness reviews by summarizing the key messages that should be included in public information resources for the primary prevention of skin cancer. This paper was considered by PHIAC at its meeting on 20<sup>th</sup> March 2009 and contributed to the development of recommendations, in particular, recommendation 3 *'information provision: message content'*

Recommendation 3 – 'Information Provision - Message Content' is aimed at commissioners, organizers and planners and a range of local practitioners engaged in skin cancer prevention activities. It aims to provide guidance on the content to be included in resource materials and the ways in which information should be conveyed. It includes 4 actions covering: how best to explain the ways in which UV exposure can damage the skin; how individuals can assess their own risk; the importance of conveying both the risks and benefits of being in the sun; and the options for protecting the skin against UV damage.

The latter action includes the following sub bullet points:

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

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

Additionally the actions are supplemented by a footnote in the guidance

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

The content of this recommendation is based on the expert paper produced by BAD, and PHIAC discussion. Whilst the expert paper recommended the use of SPF 30, PHIAC's final wording took account of the need to achieve a balance between the risks and benefits of exposure to the sun and to ensure consistency with current advice from Cancer Research UK (currently expressing the use of SPF 15 on their website -

<http://cancerhelp.cancerresearchuk.org/type/skin-cancer/about/preventing-skin-cancer>

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

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

- Loden M et al (2011) Sunscreen use: controversies, challenges and regulatory aspects. *British Journal of Dermatology* 165 255-262

- De Villa D et al (2011) Re-application improves the amount of sunscreen, not is regularity, under real life conditions *Photchem Photobiol* 87 457-60.
- Editorial (June 2011). Do sunscreens have a role in preventing skin cancer. *Drug and Therapeutics Bulletin* 49 (6) 69- 72.

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

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

## **4 Related guidance**

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

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

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

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

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

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

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

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

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

## **5 Equality and diversity considerations**

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

## **6 Conclusion and recommendation**

The guidance should not be updated at this time.

The guidance will be reviewed again according to current processes.

## **7 Next steps**

Following consultation on this draft review proposal, PHIAC will make a final recommendation to the NICE's Guidance Executive. Following that, the outcome will be made available on the website.

**Centre for Public Health Excellence (CPHE)**

**March 2012**