Public Health Intervention Guidance

SKIN CANCER PREVENTION – INFORMATION, RESOURCES AND ENVIRONMENTAL CHANGES - Consultation on the Draft Guidance – Stakeholder Comments Table (internal document) Thursday 19th August – Thursday 16th September 2010

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Association of Occupational Health Nurse Practitioners AOHNP (UK)	Introduction	1	As the guidance specifically mentions outdoor workers, workplace health practitioners could be included in the list of those with responsibility throughout.	Thank you for this suggestion. We have amended the 'Who should take action' section for recommendation 5 to include workplace health practitioners in line with your suggestion.
Association of Occupational Health Nurse Practitioners AOHNP (UK)	Recommendation 2	7	Add to integrated activities Healthy Child Programme and sure Start..”employee well-being initiatives”	Thank you - we have amended the text in this section in line with your suggestion and moved it into recommendation 1 in the final guidance document.
Association of Occupational Health Nurse Practitioners AOHNP (UK)	Recommendation 5	13	Workplace policies should be based on Risk Assessment and encourage outdoor workers….	Thank you - the first bullet point in this recommendation of text details the need for risk assessments to be undertaken and for policies (including workplace policies) to be developed if needed.
Association of Occupational Health Nurse Practitioners AOHNP (UK)	Section 2 background	15	The actual figure is around 33% could be highlighted in Bold	Thank you for this suggestion - unfortunately we are not able to alter the formatting of the document to highlight individual statistics.
Association of Occupational Health Nurse Practitioners AOHNP (UK)	Section 2 Risk factors	16	Is the list of outdoor workers under occupation based on evidence? Armed forces could be included	Thank you - the data presented in this section is derived from a number of sources including the Outdoor workers and Sports Participants expert paper (expert paper 6). We have amended this

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				section to include military personnel in line with your suggestion.
Association of Occupational Health Nurse Practitioners AOHNP (UK)	3.9	20	Add website for Health and Safety Executive	Thank you - this section of text has been amended in line with your suggestion and this has now been moved into recommendation 5 in the final guidance document.
Association of Occupational Health Nurse Practitioners AOHNP (UK)	3.14	21	Safety considerations may be applicable	Thank you for raising this point, this section of text has been revised (see 3.2 in final guidance document).
Association of Occupational Health Nurse Practitioners AOHNP (UK)	Appendix D 7	65	Involvement of the private sector especially sunscreen manufacturers need to be involved in campaigns	Thank you for this suggestion - Appendix D in the final guidance document identifies that there is a gap in the available evidence base relating to the involvement of the private sector in the design or delivery of information campaign interventions. Consideration 3.15 also identifies that the private sector could play an important role in helping to raise awareness and provision of sun protection advice.
British Association of	General		The expert papers commissioned during the process of compiling this guidance provide a wealth of useful evidence and information,	Thank you, we have revised the recommendation section of the guidance

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Dermatologists			from which key messages should form the core of any prevention campaign, to the possible barriers to effective communication. It would be preferable if more of this had transferred into the actual recommendations.	document and recommendation 3 focuses on message content and is based on the available evidence base including the expert papers (see Appendix C for further details of the evidence used to inform each of the recommendation).
British Association of Dermatologists	General		The advice is somewhat lacking in detail. For example, it might be useful to provide a model for how to run a successful campaign, including points on identifying target audiences, stakeholder and public research / audits to provide data on which to monitor the impact of the campaign, framing messages, piloting the campaign, evaluation and measuring outcomes etc.	Thank you, we have revised the recommendation section of the document and there is now a recommendation on how to develop and evaluate national campaigns and local information and a separate recommendation about how to tailor these activities for specific audiences- please see recommendations 2 and 4 in the final guidance document. The level of detail in these recommendations reflects the available evidence base.
British Association of Dermatologists	General		Skin cancer prevention is a complex topic with numerous variables not experienced by other cancer types (e.g. skin type and risk factor, possible health benefits of UV, etc). In light of this, while recognising that different campaigns' audiences and communications methods may vary, it would be useful to provide a defined set of 'end points' or key objectives to which all relevant	Thank you for raising these points. We have now added a short section covering factors to consider when planning and delivering the recommended activities prior to the recommendations - this section provides details about the health

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			associations could aim.	benefits of UV exposure. There is also now a recommendation on how to develop and evaluate national campaigns and local information and a separate recommendation about how to tailor these activities for specific audiences - please see recommendations 2 and 4 in the final guidance document. The consideration section also acknowledges the complexity of the topic and need to balance the risk and benefits of sun exposure.
British Association of Dermatologists	General		Throughout the guidance, prevention and early detection are somewhat confused. Ideally, the two issues should be properly separated, with one section on prevention (knowing skin type / risk factor, methods of sun protection etc) and detection (self checking, changing moles etc). Early detection methods are mentioned sporadically but not in any useful detail, and seem to be categorised as prevention (e.g. paragraph 2, page 17), while the two issues are very different. If the remit of the guidance is only to cover prevention and not detection, this should be clearly indicated from the outset.	Thank you for raising this - we have added text to the 'Recommendations' section to clarify what this guidance document covers (prevention) and what it does not cover (such as the clinical diagnosis, detection and treatment of skin cancer).

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			However, if early detection is within the remit of this guidance, the advice needs to be far better defined, preferably within its own section. Advice on signs of skin cancer and how to self-check would need to be included (e.g. using the ABCDE rules designed by the British Association of Dermatologists).	
British Association of Dermatologists	1	6-7	*"Planners, organisers and providers of local health promotion activities [should]... continue with any existing local activities which aim to raise awareness of the risks of skin cancer and sources of protection."* This is rather unspecific. Based on what model? What if their current work is inadequate? Should it be continued? Advice here could be more detailed.	Thank you - we have amended the text in this section and moved it into recommendation 1 in the final guidance document. The level of detail in this recommendation reflects the available evidence base.
British Association of Dermatologists	1	8	*"Messages should [explain]... how someone can assess their own risk of sun damage (for example, if they have lots of moles, it should stress the importance of checking their skin regularly for any changes)."* The above statement confuses two separate issues – prevention and early detection. 'Assessing your own risk of sun damage' (i.e. how likely you are to burn and how UV exposure affects your skin) is not done by checking your skin, so the example given is incongruous. A more accurate example might be: "for example, if they have pale	Thank you for these comments - we have amended the text in this section and re-ordered and amended the bullet points in line with your suggestions.

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			skin, red hair and/or freckles, it should highlight that they are at greater risk of skin cancer than naturally darker skinned individuals who do not burn". Additionally, self checking messages and the importance of early detection are relevant to all skin types. This is different to prevention messages which can be more readily targeted at high risk groups, such as pale skinned people.	
British Association of Dermatologists	1	8	*"Messages should address ...any discomfort that may be caused by having to wear protective clothing or sunscreen."* This is slightly unrealistic – how can a campaign address this issue? More specific advice would be helpful.	Thank you for raising this concern - the level of detail in the recommendations reflects the available evidence base. We have, however, amended the text in this section to provide examples of various possible social and practical barriers to using sun protection - please see recommendation 4 in the final guidance document.
British Association of Dermatologists	1	9	*"A positive statement or phrase such as, 'Using sunscreen with sun protection factor (SPF) 30 for adults (or SPF 50 for children) increases the chances of keeping skin healthy and young looking', is effective when trying to prevent skin cancer."* This statement is not entirely accurate as it is the UVA protection in a sunscreen (indicated by UVA stars and / or UVA circle logo) as opposed to the UVB protection (indicated by the SPF) that primarily determines the level of protection against skin ageing; i.e. a product with SPF 30 will not necessarily keep skin 'young looking'.	Thank you for this information - we have amended the text in this section in line with your comment. Please note that PHIAC have also revisited the evidence relating to SPF following comments from other stakeholders and this recommendation has now been revised. Please see recommendation 3 in final guidance document.

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British Association of Dermatologists	1	9	*"Messages should be tailored to ...address any barriers to change that they may face. This includes...the perceived negative consequences of sun protection activities including reduced exposure to vitamin D and a possible reduction in physical activity levels to avoid exposure to the sun."* As the vitamin D issue is an emerging area of research could more specific information be provided about how best to address this, perhaps directing people to the British Association of Dermatologists' or CRUK's statements? Without this guidance advice relating to vitamin D is likely to be misguided, confusing or contradictory.	Thank you - we have amended the text in the guidance document to provide website links to sources of further information on vitamin D - please see recommendation 3 in final guidance document.
British Association of Dermatologists	1	10	*"Who should take action?"* It may also be worth mentioning here the regional / national charities and NGO's who are responsible for delivering such a large proportion of local skin cancer campaigns.	Thank you - the 'Who should take action' section for this recommendation has been amended in line with your suggestion.
British Association of Dermatologists	1	10	*"SPF 50+ sunscreen"* Advice regarding SPF should also mention UVA protection.	Thank you - we have now amended this section of text to ensure covers UVA protection (please see recommendation 3 in final guidance document). Please note that PHIAC have also revisited the evidence relating to SPF following comments from other stakeholders and this recommendation has now been revised. Please see

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				recommendation 3 in final guidance document.
British Association of Dermatologists	1	11	*"Outdoor workers need to protect their exposed skin during the summer by regularly applying high protection sunscreen."* Actual messaging would need to be more specific about sunscreen choice / use, including UVA protection and product reapplication, as per the evidence paper submitted by the BAD on this topic.	Thank you for these suggestions - this section of text has now been revised and moved (please see recommendations 2 and 3 in final guidance document).
British Association of Dermatologists	1	11	*"The following detail ... should be considered for inclusion in skin **protection** messages: Number of moles: People with a lot of moles (more than 50) need to check their skin monthly for any changes."* As above (point 1, page 8) the above statement confuses two separate issues – prevention and early detection. Self checking messages and the importance of early detection are relevant to all skin types.	Thank you - we have amended this section of text in line with your comments (please see recommendations 2 and 3 in final guidance document).
British Association of Dermatologists	1	12	*Sunscreen application: The average adult should apply approximately 35 millilitres [mls] for a full body application.* This is relevant for lotions only and does not take into account the range of other sunscreen formulations now available, such as gels or sprays, as outlined in the evidence submitted by the BAD on this topic.	Thank you - this section of text has now been amended (please see recommendation 3 in final guidance document).
British Association of Dermatologists	1	13	*"Ensure policies for educational and leisure settings aim to: ...encourage parents to provide high factor sunscreen for their children (for the children to apply themselves); provide employees with clear guidelines on how to help children and young people apply sunscreen or how best children can help each other to apply*	Thank you for raising this concern, however, the level of detail and strength of wording in this section reflects the available evidence base. As you have outlined there is variation in current

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			it." As mentioned in section 3.9, page 20, this is an area where there is currently much confusion and disparity, with schools operating vastly differing policies on whether staff can help children apply sunscreen, and even with some schools banning the use of sunscreen for health and safety reasons, varying from concerns of spillage of sunscreens causing slippage, to fears of allergies. Until there is a uniform policy addressing these issues, it is difficult for organisations to offer advice that can be universally ascribed to.	practice and when implementing this recommendation consideration should be given to the local context and current local practice.
British Association of Dermatologists	1	13	*"use a high factor sunscreen (SPF 30+) – including water resistant products – if work involves contact with water or is likely to make someone sweat"* Advice on sunscreen application should also mention UVA protection, as well as reapplication of the product.	Thank you - this section of text has been amended to mention UVA protection.
British Association of Dermatologists	2	14	*"There are two main sorts: basal cell carcinoma and the more serious squamous cell carcinoma (if left untreated, squamous cell carcinoma can spread to other parts of the body and can be disfiguring)."* Both basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are disfiguring, not just SCC. SCC can also prove fatal. The impact of skin cancer cannot just be measured in terms of mortality but also the significant impact of treatment, disfigurement etc.	Thank you, we have amended this section in line with your comments.
British	3.13	21	For clarification, would the authors be agreeable to adding "The	Thank you - this section of text has been

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Association of Dermatologists			time required to make vitamin D is typically short and less than the amount of time needed for skin to redden and burn"? As per the joint statement on vitamin D that CRUK, BAD and other stakeholders formulated.	amended and moved into the recommendation section (please see page 8 of final guidance document).
Cancer Research UK	General		Skin cancer prevention is a complex and intricate area of public health. This is evidenced by the number and complexity of the evidence reviews, analyses and expert papers that were commissioned to inform this guidance. Cancer Research UK was encouraged by the wealth of information that was sought and reviewed and the generally high standard of what was produced for this process and presented to the PHIAC Committee. Members from Cancer Research UK were co-optees to PHIAC and were aware that concerns were discussed by committee members that they did not feel fully immersed in the many complexities of this area. Unfortunately we feel that the many complexities around skin cancer have not been well reflected in the guidance. It currently feels too simplistic and we have concerns regarding how far it will help commissioners and practitioners to navigate this difficult and multifaceted area. For example, there are many barriers to sun protection in the UK, including social norms around tanning, lack of belief in sun's intensity, misconception that melanoma is not serious and easily treated, and trying to understand and overcome these barriers should be an integral point of this guidance, not just a consideration at the message development stage.	Thank your raising these points; we have made a number of amendments to the guidance document to cover the complexities of this topic area. For example, we have added a short section covering factors to consider when planning and delivering the recommended activities (see page 8 of final guidance document); recommendations two and four highlight the need to consider the social and practical barriers to using sun protection when developing and tailoring information messages. The consideration section also acknowledges the complexity of the topic and need to balance the risk and benefits of sun exposure.
Cancer	General		Given the lack of robust evidence for effectiveness of interventions	Thank you for raising this -

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Research UK			specifically with a UK audience and the long lag time between sun damage and cancer development, we feel this guidance has an important role to play in setting clearly defined objectives and endpoints for skin cancer prevention work. This could ensure that all new work, campaigns and interventions commissioned were working towards the same goal, could be evaluated against each other in terms of progress made and would provide important evidence for understanding more about what works in this area. Currently this is a gap in the guidance e.g. should objectives be to reduce sunburn incidence, increase awareness of skin cancer, influence attitudes to sun protection, change reported behaviour etc.	recommendation 1 and 2 in the final guidance document outline the importance of establishing clear and measurable objectives for both national and local prevention activities; and need to evaluate activities using a range of knowledge, attitudes, awareness and behavioural measures. The research recommendations (see section 5 of the guidance document) also outline the need to assess knowledge, attitudes, awareness and behavioural outcomes and the need for studies to identify appropriate proxy measures for skin cancer prevention.
Cancer Research UK	General		It should be made clearer upfront that there was a lack of evidence in this area and some interventions have not been included because there was no evidence available. Otherwise readers may believe certain interventions have not been included because they are not cost effective.	Thank you for raising this point - we have amended the text in the 'What the guidance does not cover' section (see page 7 of the guidance document) to make it clearer that we were not able to produce any recommendations relating to multi-component interventions combining information and resources (such as hats, protective clothing or sunscreen) as these interventions were

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				not found to be cost effective. Similarly, there are no recommendations on the provision of additional shade structures to existing building for the same reason. We have also clarified that there are also no recommendations relating to the provision of resources alone – as no intervention studies were identified in this area and therefore it was not possible to assess the effectiveness or cost effectiveness of this area.
Cancer Research UK	General		We recommend that the language used in the report is carefully checked as there are some instances where meaning could be misinterpreted or is not sensitive to the importance of some sun exposure – e.g. p6, sub-bullet 2 should read 'vulnerable to **the effects** of sun exposure' and p8 bullet 2 use **UV** damage, rather than sun damage and several references throughout are made to the 'risks of skin cancer' rather than 'risks of UV exposure'.	Thank you - we have amended various sections of the document in line with these suggestions.
Cancer Research UK	General		In terms of presentation and style, it would be useful for statements to be referenced or attributed to either the evidence review or an expert paper. For example on p9, is the statement about a positive sunscreen message being more effective evidence based?	Thank you - Appendix C of the guidance documents presents the links between each of the recommendations and the evidence - please see page 51 to 71 of final guidance document.
Cancer	General		There is a lack of distinction between malignant melanoma and non	Thank you - we have amended the text in

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Research UK			melanoma skin cancers throughout.	a number of places to address this point.
Cancer Research UK	1	5	The recommendation about national campaigns is very sparse. It would be useful to include guidance on what national campaigns should aim to achieve and how progress should be measured.	Thank you - the level of detail provided in recommendation 1 reflects the available evidence base. Some amendments have been made to the text in this recommendation in the final guidance document.
Cancer Research UK	1	5	There's a missing point about how campaign funding needs to be sustained. The Australian SunSmart campaign has shown that continuity and long-term funding is necessary for effective results. Plus sustained long term funding allows campaigns to be more cost effective as it aids planning.	Thank you for this suggestion - the text in recommendation outlines the needs to continue to develop, deliver and sustain national campaigns. The committee did not feel it was appropriate to make explicit reference to funding requirements.
Cancer Research UK	1	6	We recommend listing all groups at a higher risk of skin cancer in the brackets. Otherwise it might be interpreted that the brackets contain a complete list rather than an example.	Thank you, we use the term 'such as' in this text to indicate that these are examples as it is not possible to provide a complete list of all the potential at risk groups.
Cancer Research UK	1	6	As well as targeting groups at a higher risk based on epidemiological data, campaigns should also target groups identified through behaviour – e.g. young people getting sunburnt, men being diagnosed at a later stage.	Thank you, we have included an example of a behavioural category in the existing text: ' people who use sunbeds'. The text in this section is provided as examples and is not intended to be an

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				exhaustive list.
Cancer Research UK	1	6	Bullet 2: Campaign material should be reviewed regularly to ensure it is in line with the latest evidence.	Thank you for this suggestion. The existing text makes reference to need for campaigns to be informed by research and piloted and evaluated (please see page 6).
Cancer Research UK	1	6	There should be a recommendation about choosing appropriate channels to reach target audience as the channel can dramatically impact on cost and credibility.	Thank you we have amended the text in line with your suggestion (please see recommendation 4 in the final guidance document).
Cancer Research UK	1	7	Under 'What action should they take' – we feel it's important to make the point that existing local (and national) activities should be evaluated and data on campaign effectiveness should always be taken into account before the decision is made to continue/ adapt and existing campaign. As outlined above, we would welcome a section in this guidance advising on proxy measures for evaluation of skin cancer prevention campaigns.	Thank you - we have amended the text in this section and the guidance now highlights the need to develop and pilot national campaign messages with the target audience and where feasible to also do this for local activities (please see recommendation 2 in final guidance document). Recommendation 1 also highlights the importance of evaluating national campaign activities. The research recommendations (section 6) also outline the need to identify proxy outcome measures.
Cancer Research UK	1	7/8	We recommend listing all groups at a higher risk of skin cancer in the list. Otherwise it might be interpreted that the list contains a	Thank you, we use the term 'such as' in this text to indicate that these are

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			complete list rather than an example. As mentioned above, target audiences should also be chosen based on behaviour (e.g. tanseekers)	examples as it is not possible to provide a complete list of all the potential at risk groups. The bullet point list under the 'What action should they take' section of recommendation 2 also contains an example of behavioural related target groups - such as those using sunbeds.
Cancer Research UK	1	8	Bullet 2 – altitude should be included as a factor and we recommend replacing UV forecast with UV index.	Thank you - the text in this section has now been amended - please see recommendation 3 in the final guidance document.
Cancer Research UK	1	8	We agree that it's important for barriers to be considered and addressed through the message and they also need to be addressed through the intervention itself – e.g. if the target audience believes that covering up causes discomfort it's not enough to just acknowledge this, the intervention should seek to show ways that covering up can be done (such us by using fashionable clothes for young people or providing protective clothing for outdoor workers).	Thank you for raising these suggestions – the text in this section has now been revised (please see recommendation 4 in final guidance document).
Cancer Research UK	1	8	We recommend that a point about communication channels is added here as the right channel should also be chosen to address social and practical barriers.	Thank you – recommendation 4 in the final guidance document outlines the need to ensure that messages are

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				delivered in a way that meets the target audience's preferences.
Cancer Research UK	1	9	Bullet 1 – is this statement based on evidence? If so, it would be useful to reference/ acknowledge. We recommend that messages are tested with the audience before the campaign/ intervention as, in some cases, a negative message may be more effective.	All recommendations produced by NICE are evidence based. The evidence used to inform the development of each recommendation is contained in 'Appendix C The Evidence'. Thank you for these suggestions the last bullet point in this recommendation outlines the need to develop and pilot the format and content of the messages with the target audience (see recommendation 2 in the final guidance document)
Cancer Research UK	1	9	Bullet 3 – we recommend that 'children' is replaced with 'people'.	Thank you – the text in this section has been amended in line with your suggestion – please see recommendation 4 in the final guidance document.
Cancer Research UK	1	10	Under skin type – change to 'People with this type of skin should avoid **over**-exposure to the sun…' Some sun exposure is importance. We recommend more emphasis is given to using a range of protection, rather than advising total sun exposure. It would be useful to include more information about skin type,	Thank you - we have revised this section of text in line with your suggestions and a range of possible protection options are now detailed - please see recommendation 3 in final guidance

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			rather than relying on people to follow a link.	document.
Cancer Research UK	1	10	Recommending SPF50 sunscreen for children is not an evidence based recommendation. Note that higher factors are unlikely to give much extra protection above an SPF of 30. In Australia, SPF values are not allowed to go beyond 30 and in Europe they must not exceed 50. There is no evidence to suggest children have to use an SPF higher than 30.	Thank you for these comments - PHIAC revisited the evidence relating to SPF and this recommendation has now been revised. Please see recommendation 3 in final guidance document.
Cancer Research UK	1	11	The advice provided for outdoor workers is very specific and may be impractical. We recommend that it's more important that campaigners work with employers to adapt and tailor basic messages so they can feasibly be followed.	Thank you - we have amended the text in this text to indicate these actions should be undertaken where possible/feasible (please see recommendations 3 and 5 in the final guidance document).
Cancer Research UK	1	11	People with a large number of freckles are also at a higher risk of skin cancer.	Thank you - the public health need and practice section outlines that those with large number of freckles are also at higher risk.
Cancer Research UK	1	11	Rather than checking monthly, we recommend that people are encouraged to be aware of their skin.	Thank you for this comment - we have now revised the text in this section - please see recommendations 2 and 3 in final guidance document.
Cancer Research UK	1	12	"The average adult should apply approximately 35 millilitres [mls] for a full body application." Whilst this is true in order to deliver the labelled SPF, it is important to realise that this rarely occurs in practice. Typically people apply ½ to ⅓ of this amount resulting in an effective SPF of one-third the labelled SPF.	Thank you - this section of text has now been amended (please see recommendation 3 in final guidance document).

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			We also recommend using a practical example (e.g. two teaspoonfuls full head, neck and arms or tablespoons for full body) as people are unlikely to know how much 35 mls is.	
Cancer Research UK	1	12	Teachers could have an important role to play in providing information on sun safety to children and leading by example when during outdoors activity and should be mentioned here.	Thank you - we have amended the 'Who should take action' section for this recommendation in line with your suggestion.
Cancer Research UK	1	13	Under workplace policies – it may be impractical to suggest workers wear a broad-brimmed hat specifically (particularly if their work requires them to wear protective wear). It would be more practical to suggest policies should encourage appropriate head wear that protects as much of the face and neck as possible.	Thank you - this section of text has been amended in line with your suggestion.
Cancer Research UK	2	14	Background – We recommend replacing 'easiest' with 'less complex'. It should also be noted that squamous skin cancer does cause a number of deaths each year. We recommend rewording bullet 2 to 'MM is the most serious and **is responsible** for the majority of skin cancer deaths.'	Thank you - this section of text has been amended in line with your suggestions.
Cancer Research UK	2	15	The statement on cost is very broad. Does this refer to melanoma or non melanoma cancers?	Thank you - we have expanded this section to provide further details on the costs.
Cancer Research UK	2	15	Cancer Research UK has more up to date statistics on incidence and mortality available here: http://info.cancerresearchuk.org/cancerstats/types/skin/index.htm?script=true	Thank you for your comment. Where applicable the document has been amended.

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Cancer Research UK	2	16	Risk factors: We would recommend prioritising risk factors and changing the wording on bullet 2 to replace 'can increase the risk of death' with a point about how malignant melanoma is more likely to be treated successfully when caught early.	Thank you for these suggestions we have amended the text in the background sections to include your suggestion about treatment being more successful if caught early. We have not prioritised the risk factors as these points are often interlinked and therefore it is not possible to prioritise any one factor over and above another.
Cancer Research UK	2	17	The order of the prevention paragraph is confusing as it goes from prevention to early detection, back to prevention.	Thank you - we have amended this section of the document.
Cancer Research UK	3	18	We feel it's important to acknowledge that it is extremely hard for skin cancer interventions to be assessed in terms of malignant melanoma deaths, hence the importance of agreeing proxy measures as outlined earlier.	Thank you for these comments. The economic analysis included both morbidity and mortality outcomes. The research recommendations also highlight the need to identify appropriate proxy outcome measures (please see section 5 of the guidance document).
Cancer Research UK	3	19	We feel point 3.4 is unhelpful for national campaign planners. We feel that given the many complexities of skin cancer prevention, a national campaign should do more than address just one measurable aspect of behaviour. Likewise a campaign is unlikely to rely just on a booklet to have an impact. Any information resource	Thank you for your comments. We agree mass media campaigns typically have multiple objectives including increasing knowledge and awareness, promoting behaviour change(s) and influencing

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			is likely to be part of a multi-component campaign, not used on its own. An information booklet costing £2 per person would be considered extremely high cost for this type of resource. Has the cost just been calculated for malignant melanoma? What about non-melanoma skin cancer where incidence is significantly higher.	public opinion and policy makers. NICE committees are required to develop recommendations based on evidence of effectiveness and cost effectiveness. The latter is assessed using cost utility analysis which expresses the benefits of an intervention in terms of QALYs (quality adjusted life years). This is a single measure that combines life expectancy and quality of life. This means that the effect of any intervention, in this case mass media, must be assessed in terms of its impact on life expectancy and quality of life. The example costs provided represent the upper limit for these particular types of interventions. Campaigns and resources with costs that exceed these upper limits are highly unlikely to be cost effective unless they are more effective than those considered in the analysis. As you note, an information booklet is likely to cost considerably less. Indeed, in the study modelled the booklet cost was 90 pence yielding an incremental cost/QALY

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				£6,700. Please also note that the economic modelling included both melanoma and non-melanoma deaths. The text in the 'Consideration' section has also been revised to help make this clearer - please see 3.6 in the final guidance document.
Cancer Research UK	3	21	Please can you rewrite point 3.13 to closely reflect our expert testimony. Vitamin D is an extremely complex area and the wording used in our expert paper was carefully chosen to reflect this. Our first point was that it is unclear how much sunlight is needed to produce a given level of Vitamin D and that it varies from person to person based on many different factors. It's also very important to stress that long exposures to the sun can lead to sunburn.	Thank you - this section of text has been amended in line with your comments. It has also been moved to the recommendations section - please see page 8 of the final guidance document.
Department of Health			Thank you for the opportunity to comment on the draft guidance for the above Public Health Intervention. I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you
Health Research Forum	general		This NICE document is seriously flawed. Its advice to the public on skin cancer does not have a secure scientific foundation. The document requires a complete rethink taking into account up to date research on vitamin D. Recent findings show that vitamin D plays an important role in preventing some cancers, and so advice must balance the requirement for vitamin D with risks of over	Thank you for raising your concerns. We have now added a section covering factors to consider when planning and delivering the recommended activities - this section provides details about the health benefits (including vitamin D) of

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			exposure to the sun which is our main source of the vitamin.	UV exposure (please see page 8 of the final guidance document). Recommendation 3 also outlines the need for messages to give a balance picture of risks of overexposure alongside the benefits of being out in the sun. The consideration section also acknowledges the complexity of the topic and need to balance the risk and benefits of sun exposure.
Health Research Forum	3.13	21	The document asserts that "a few minutes" exposure to the sun will provide sufficient vitamin D. This is not correct and is not based on any scientific evidence of which I am aware. If this advice goes forward and is accepted by the public it will do a great deal of harm. Food only provides about 5% of optimum vitamin D in the UK, at most 10%. Healthy adults in the UK are officially advised that they need no vitamin D supplement, and so the remaining 90% of their optimum requirement must come from the sun[1]. Indeed the sun is our natural source of vitamin D.	Thank you - we have now added a section covering factors to consider when planning and delivering the recommended activities - this section provides details about the health benefits (including vitamin D) of UV exposure (please see page 8 of the final guidance document).
Health Research Forum	3.13	21	In the British Isles we can only expect to achieve an optimum vitamin D level that lasts through the winter if we take every opportunity we can to expose as much skin as possible to the sun	Thank you - this section of text has been amended and has now been moved into the recommendations section - please

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			during the summer, while taking care to avoid sunburn. It is sunburn, and not sun exposure as such, that is most closely linked to skin cancer[4]. The maximum safe length of exposure to the sun will vary with skin type, season and time of day.	see page 8 of the final guidance document.
Health Research Forum	3.13	21	It may well extend to over an hour in a person with dark skin who has already had sufficient exposure to be able to tolerate this length of time without burning[1]. Long exposures will also be safe and appropriate for white skinned people[5], provided they have already had substantial exposure and/or if the exposure takes place at off peak times – that is the beginning or end of the season, earlier or later times of day, or on days when there is intermittent cloud.	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document.
Health Research Forum	3.13	21	The advice to limit exposure to "a few minutes" will reduce population vitamin D levels and so raise the risk of bowel cancer and quite possibly other cancers. This dilemma has been recognised by the New Zealand Cancer Society[6] and the Dutch Cancer Foundation (Queen Wilhelmina Fund)[7] and, as explained, can be resolved with careful advice to avoid burning. If there is difficulty getting hold of the Dutch or New Zealand Cancer organizations' advice I am very happy to provide this to you.	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document.
Health Research Forum	3.13	21	References: 1. Gillie O. Sunlight robbery: A critique of public health policy on vitamin D in the UK. *Mol. Nutr. Food Res.* 2010;**54**(1-16). 2. Gillie O. Sunlight Robbery: Health Benefits of sunlight are denied by current public health policy in the UK. *Health Research*	Thank for suggesting these references, however the call for evidence consultation phase ended in September 2009. All NICE guidance, is however, reviewed every 3 to 5 years.

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Forum Occasional Reports 2004;**1:**1-42. 3. Gillie O. Scotland's health deficit: an explanation and a plan. *Health Research Forum Occasional Reports No 3.* 2008 http://www.healthresearchforum.org.uk/reports/scotland.pdf. 4. Gandini S, Sera F, Cattaruzza M, et al. Meta-analysis of risk factors for cutaneous melanoma: II Sun exposure. *EJC* 2005;**41:**45-60. 5. Hall LM, Kimlin MG, Aronov PA, et al. Vitamin D intake needed to maintain target serum 25-hydroxyvitamin D concentrations in participants with low sun exposure and dark skin pigmentation is substantially higher than current recommendations. *J Nutr* 2010;**140**(3)**:**542-50. 6. Scragg R. Vitamin D, sun exposure and cancer: A review prepared for the Cancer Society of New Zealand. New Zealand: Cancer Society of New Zealand, 2007. 7. Dutch Cancer Fund KWF. De relatie tussen kanker, zonnestraling en vitamine D. 2010. 8. Norman AW, Bouillon R. Vitamin D nutritional policy needs a vision for the future. *Exp Biol Med (Maywood)* 2010;**235**(9)**:**1034-45. 9. Ramagopalan SV, Byrnes JK, Dyment DA, et al. Parent-of-origin of HLA-DRB1*1501 and age of onset of multiple sclerosis. *J Hum Genet* 2009;**54**(9)**:**547-9.	Topics for NICE to develop guidance can also be suggested - further information on the topic referral process is available at http://www.nice.org.uk/page.aspx?o=ts.home

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Health Research Forum	Expert paper 4 and 3.12	31 21	The NICE draft document states that its advice on vitamin D comes from Ed Yong who is head of information at Cancer Research UK. But Mr Yong is not an expert in vitamin D. Regrettably Cancer Research UK has taken a partial view of the evidence as can be seen by comparison of their advice (page 21) on vitamin D with the advice and conclusions of the Dutch and New Zealand cancer charities (available from me on request). The view of CR UK needs to be tempered with advice from experts who understand the importance of vitamin D.	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document.
Health Research Forum	3.12	21	This is not a fair or adequate summary of the importance of vitamin D for health. Professor Anthony Norman [8] has pointed out that there are five physiological systems in which vitamin D is active apart from bone. These are the immune system, pancreas and metabolic homeostasis, heart-cardiovascular, muscle and brain systems, and the cell cycle. Deficient vitamin D leads to a deficient cell cycle and certain forms of cancer. An elegant demonstration of the interaction of vitamin D with disease genes has been demonstrated by Ramagopalan et al[9].	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document.
Health Research Forum	3.12	21	Ramagopalan et al[9] have shown that vitamin D binds to 2776 sites on the genome and interacts with genes for several immune system diseases including multiple sclerosis, diabetes type 1, colorectal cancer, lymphocytic leukaemia, rheumatoid arthritis, and lupus. It is vital to base sun exposure advice on a proper understanding of the close connection between insufficient vitamin D and chronic disease. This is lacking in the present document.	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document.

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Health Research Forum	Recommendation 3	9	Skin cancer and melanoma are conflated so suggesting a greatly exaggerated risk associated with skin cancer as a whole. It is suggested that skin cancer is a serious and life-threatening condition when in the large majority of cases it is not. Indeed many skin cancers are relatively trivial problems although they are of course undesirable and do consume health service time. Care should be taken throughout the document to make a clear distinction between melanoma and other skin cancers.	Thank you for this comment; we have amended this document to make the distinction between malignant melanoma and squamous cell carcinoma and other skin cancers clearer.
Health Research Forum	Recommendation 3	9	The document asserts it is a “common misconception” to say “the more someone is exposed to the sun, the more protection they get”. This is highly contentious. While evidence may not be totally clear it does appear, for example, that melanisation of skin may protect against melanoma, quite apart from the benefit of vitamin D which generally increases with increased exposure. Accumulated exposures also enable people to remain longer in the sun and in this sense they gain protection that someone who only goes into the sun for a few minutes will lack.	Thank you – we have amended this section of text – please see recommendation 4 in the final guidance document.
Health Research Forum	Recommendation 3	9	The document asserts that it is a “common misconception” to say “incidental tanning is less dangerous than deliberate tanning”. I know of no scientific evidence that a tan which is the natural incidental response to sun is in itself a risk of any kind. On the other hand deliberate tanning may involve baking in the sun which risks burning and that can be hazardous.	Thank you – we have amended this section of text – please see recommendation 4 in the final guidance document.
Health Research Forum	Recommendation 4	11	The advice to outdoor workers is not well put. In fact evidence suggests that the risk of melanoma is not greater for outdoor	Thank you - we have amended the text relating to outdoor workers - please see

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			workers than for others. The health of outdoor workers is generally better than average and this may be the result not only of exercise but of exposure to the sun. Advising them to stop exposing their skin to the sun is unwise. Advice would be better directed towards warning them to take care when exposing areas that they seldom normally expose which are therefore sensitive and may easily burn.	recommendation 5 in final guidance document.
Health Research Forum	Recommendation 4	11	Outdoor workers should not be told to use suncream routinely because its overall benefit is not clearly established and it may actually increase the risk of melanoma. Furthermore suncream is expensive and outdoor workers who often have low incomes should not be told they need to depend on it when that is not the case. It should be made clear to outdoor workers that it is normal and healthy in hot weather to remove clothing including shirts, and that sun exposure is beneficial so long as burning is avoided. Protection is best achieved by hats and clothing.	Thank you - we have amended the text relating to outdoor workers to outline the range of possible protection options that can be used - please see recommendation 5 in final guidance document.
Health Research Forum	Recommendation 5	13	Suncream is not routinely necessary in this country. In the UK it is only on relatively uncommon clear sunny days that burning is a risk for children and this is mainly on the sports field, when hiking or bathing outdoors, or on the beach. In the UK advice to use suncream may be appropriate in periods of hot weather and in connection with sports. But much of the time suncream is not necessary and it may reduce vitamin D synthesis and contribute to ill-health if over used. This needs to be explained.	Thank you for raising these points - we have amended the text in this section to outline that sunscreen is one of a number of possible protection options that could be used.
Health Research Forum	Recommendation 6	14	The advice to architects and others to provide shade is unbalanced. They should be advised that it is as important to plan	Thank you for raising this point - we have amended the text in the document to

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			for sunny areas as it is to plan for shade. For example, problems have arisen in the case of developers wishing to put up large buildings adjacent to school playgrounds. It is important that school playgrounds are sunny – to provide vitamin D - as well as having shaded areas for children to withdraw to in hot weather. In new builds balconies should wherever possible be provided both front and back so that sun can be obtained, if possible, throughout the day.	emphasise the need to balance the risk and benefits of sun exposure (please see page 8 of the recommendation section, recommendation 3 and 3.2 in the considerations section).
Health Research Forum	Section 2. Public need and practice	15	Skin cancer prevention has had a high profile as a result of the enthusiastic activities of Cancer Research UK so it is difficult to accept that it has had "low priority" as stated in the document. CR UK's old sun-avoidance message is well known – their new "few minutes" message less so. However neither are popular because they do not fit easily with the pleasure people get from sunshine. A better health message is that the sun should be enjoyed but burning should be avoided. This message is evidence based and is more likely to be well received and acted upon.	Thank you - we have amended this section of the document.
Health Research Forum	general		Author's references: A new government policy is needed for sunlight and vit D *Brit J Dermatol* 2005;**154**:1052-61 Sunlight Robbery: a critique of public health policy on vitamin D in the UK. *Molecular Nutrition and Food Research*, 2010;**54**(1-16).	Thank you for suggesting these references, however, the call for evidence consultation phase closed in September 2009. All NICE guidance is, however, updated on a regular basis and therefore any new or additional evidence can be submitted and processed as part of the future update.

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Health Research Forum	general		**I have published peer-reviewed, evidence-based advice on sun exposure which I commend to NICE.** **For source see author's refs above.** **The SunSafe advice:** **1.** Sunbathe safely without burning – whenever you can **2.** The middle of the day is a good time for sunbathing in the UK because UVB, which generates vitamin D in skin, is most intense at this time **3.** Remove as many clothes as you can. Start by sunbathing for 2–3 min each side. Gradually increase from day to day to a maximum of half an hour *per* side in the UK, less abroad **4.** Be cautious. Remember intensity of sun varies with season, time of day and cloud, and allow for differences between individuals in skin tone. Never bake **5.** Do not use sunscreen creams while aiming to boost vitamin D **6.** If feeling hot or uncomfortable expose a different area, cover up, or move into the shade. If continued exposure cannot be avoided, as in some sports, use sunscreen cream **7.** The face is easily over-exposed so it makes sense to wear a hat when sunbathing and when in the sun for a prolonged time **8.** When abroad, where the sun is generally stronger, expose your body for much shorter times until you find out how much is safe	Thank you for suggesting this information, however, the call for evidence consultation phase closed in September 2009. All NICE guidance is, however, updated on a regular basis and therefore any new or additional evidence can be submitted and processed as part of the future update.

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			9. Children benefit from sun exposure, but need guidance **10.** A tan is natural and is generally associated with good Health	
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	General		The NCRI/RCP/RCR/ACP/JCCO are grateful for the opportunity to comment on the draft guidance. We have had sight of the British Association of Dermatologists response and would like to endorse those comments. We would also like to make the following comments.	Thank you.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	General		The guidance is relevant to current practice and should be feasible to implement. It is important there is an adequately resourced central body to coordinate these activities, to ensure consistency of message and expert interpretation of research findings for appropriate updating of message.	Thank you for this suggestion which the committee discussed at its October 2010 meeting. Given the lack of available evidence in this area the committee were unable to recommend the establishment of a central body to co-ordinate skin cancer information activities. Furthermore, it is not the committee's role to recommend the setting up of new 'central bodies'.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	General		We believe that it is unsound to deny the relatively low allocation of resources required to establish simple measures such as shade in school playgrounds and public areas. As knowledge improves, there will be greater usage of these areas. It is inappropriate to consider only melanoma mortality in the cost-benefit analysis, as very large NHS resources are spent on treating sunlight induced	Thank you for your comments. NICE committees are required to make recommendations based on evidence of effectiveness and cost effectiveness. Due to a paucity of studies, an economic model was constructed to estimate the

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			non-melanoma skin cancers (principally basal cell carcinomas and squamous cell carcinomas), which also incur costs through morbidity if untreated.	cost effectiveness of the interventions identified. The provision of shade was assessed using a study of the impact of constructing sails to provide shade. This was not found to be a cost effective use of resources. Nevertheless the committee considered that low cost options may be possible in the context of new building developments. The economic model included an epidemiological component which estimated the relationship between sun exposure and cases of non-melanoma skin cancer (NMSC) and malignant melanoma (MM).
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	General		More forthright messages could be considered, eg. replacing 'if possible, people should wear a hat' with 'people should wear a hat'.	Thank you for this suggestion; we have amended the text in the recommendations to outline the range of possible options that can be used to protect the skin (see recommendation 2). However, it is also important to acknowledge that it may not always be possible for someone to wear protective clothing such as a hat which shades the

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				face and back of neck because of work requirement (see recommendation 4).
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	General		While people with large numbers of moles are at highest risk of melanoma, the guidance should not overlook the fact that malignant change in a single mole can cause fatality.	Thank you for this comment, while the guidance outlines the physical characteristics of those at greatest risk of developing skin cancer, such as those with lots of moles it also recognises that checking skin (including moles regardless of number) is important (see recommendation 3). The guidance document also provides a link to a website where further information about skin type can be found.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 1	7	Effective coordination of message provision should be clearly designated to an appropriate body, and messages created by those with the scientific expertise to understand research data.	Thank you for these suggestions which the committee discussed at its October 2010 meeting. Given the lack of available evidence in this area the committee were unable to recommend the establishment of one body to co-ordinate skin cancer information activities.
NCRI Melanoma Clinical Studies Group/RCP/RCR	Section 1	7-9	More exploration is needed to find what are the effective messages to employ in different population groups eg needs of children, teenagers, young and older adults are likely to vary (including a	Thank you for these suggestions the last bullet point in this recommendation outlines the need to develop and pilot the

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
/ACP/JCCO			different balance of positive and negative massages).	format and content of the messages with the target audience (see recommendation 2 in the final guidance document). Section 5 of the final guidance document provides details of the Research Recommendations identified for this topic.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 1	9	Reduction in exercise and vitamin D synthesis may be actual rather than just perceived negative consequences of sun protection; messages may need revision as research data becomes available.	Thank you - we have now added a section covering factors to consider when planning and delivering the recommended activities - this section provides details about the health benefits (including vitamin D and physical activity) of UV exposure (please see page 8 of the final guidance document).
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 2	14	Both basal cell carcinoma and squamous cell carcinoma can be disfiguring, in fact BCC gains its popular 'rodent ulcer' due to the high degree of local invasion that can occur if neglected.	Thank you - we have amended the text in this section.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 3	18	It is vital the economic modelling includes not only melanoma deaths, but the high morbidity caused by non-melanoma skin cancers and the high financial costs to the NHS of skin cancer treatment. As is stated in the document on page 15, it was	Thank you for this comment - the economic modelling included both melanoma and non-melanoma deaths.

Stakeholder Organisation	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			estimated that the NHS spent approximately £70M on skin cancer treatment in 2002, and the continued escalation in incidence of skin cancer will further increase this expenditure.	
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 3	20	Adding low cost measures such as trees and simple structures to provide shade is a logical way forward, and consistent with the statement on page 63 that 'interventions need to have a very low unit cost to be effective'. As education on sun exposure becomes more effective and the message is taken on board, more people will value shade. Therefore to look retrospectively at trends in the use of shade (page 50) is not necessarily a good guide to future practice.	Thank you; this is an interesting point, however, the recommendations are based on the currently available evidence base. All NICE guidance is updated on a regular basis and therefore any new or additional evidence can be submitted and processed as part of the future update.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 3	18	Information provision alone is not sufficient and more insight is required into the psychology of sun protection, leading to increasingly effective approaches being implemented.	Thank you for these comments - Appendix D of the guidance document outlines the gaps in the evidence base and section 5 outlines the proposed research questions - this includes factors that can aid or hinder the success of interventions.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 3.4	19	Again, an economic analysis should take the range of sunlight induced skin cancers into account and their treatment costs.	Thank you for this comment - the economic modelling included both melanoma and non-melanoma deaths and morbidity related outcomes.
NCRI Melanoma Clinical Studies	Section 3.13	21	The comment is too simplistic as the amount of vitamin D synthesised by the skin depends on a range of factors, notably time	Thank you - this section of text has been amended to address your comments and

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Group/RCP/RCR /ACP/JCCO			of day of exposure, season of the year, and the skin surface area exposed to the sun ie what the person is wearing. Dependent on these conditions, periods may be relatively short but the term 'a few minutes' should not be used as it is unlikely to be as little as this.	has now been moved into the recommendations section - please see page 8 of the guidance document.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	3.15	21	Sunbed legislation alone (banning under 18 years usage) is not sufficient as it is well known that many young teenagers and even pre-teens have been using sunbeds while the legal age limit was 16 years. This occurs both in suntan salons and through the home use of sunbeds. Therefore further efforts are required to attempt to counteract teenagers' wish to use sunbeds, alongside the new legal measure.	Thank you for this comment. This section of text has now been revised - please see 3.14 in final guidance document. Also please note as outlined on page 7 of the final guidance document interventions concerning legislation (such as banning unsupervised or coin-operated sunbeds) arenot within the remit of this guidance.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 5	22	More research is required on practical means for sourcing vitamin D (ie sun exposure and oral means), on motivation for sun bathing and sunbed use and how to counteract this, particularly in teenagers/young people.	Thank you for these suggestions. Section 5 of the final guidance document present the research recommendations identified for this topic.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Section 6	22	Continual updating of the recommendations according to new research findings will be important.	Thank you, all NICE guidance is reviewed every 3 to 5 years to determine if there is new evidence is available and if an update is required.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO		8, 11, 16	The importance of detecting change in just one mole should be mentioned, along with the need for checking by people with multiple moles.	Thank you – the text in these sections has now been amended – please see final guidance document. Recommendation 2 in the final guidance

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				document also outlines the importance of regularly checking the skin for changes – including changes to any moles.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO	Typographical errors	1	Amend 'using public information, sun protection resources and by making changes to the environment' to read 'using public information and sun protection resources, and by making changes to the environment'.	Thank you for this suggestion, we discussed this with our editing team and have retained the original wording.
NCRI Melanoma Clinical Studies Group/RCP/RCR /ACP/JCCO		4	'reinforce' in place of 're-enforce'.	Thank you – we have amended the text as suggested.
NHS Direct			NHS Direct welcome the guideline and have no comment on its content.	Thank you
NHS Sheffield	Recommendation 4	10	Accepting the guidance who will provide the SPF 50+ cream for all children - they will come and ask for it on prescription	Thank you for raising this point. The guidance does not constitute the need for sunscreen to be prescribed. However, the guidance does outline that policies should encourage parents to provide their children with sunscreen.
NHS Sheffield	General		What about pre-malignant problems such as actinic keratoses or Bowen's disease?	Thank you for your comment. While not explicitly mentioned in this guidance the recommendations would be relevant to any prevention activities relating to basal cell carcinoma and squamous cell carcinoma. However, and clinical

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				diagnosis, detection, treatment and management of skin cancer and/or skin cancer related conditions (such as Bowen's disease) are beyond the remit of piece of guidance – please see page 7 of the final guidance document.
NHS Sheffield	General		We need a regular reminder publicity campaign every spring. Need to increase awareness of, 'Spot Checks' in Primary Care. Need to make it fashionable to be sun aware. This is one for Public Health. Lots of these messages could be promoted in schools. Teenage girls are particularly bothered about appearance and feel that a tan is a fashion accessory.	Thank you for these suggestions. Recommendation one contains text about the timing of information messages and recommendations two and four highlight the need to consider the social and practical barriers to using sun protection when developing and tailoring information messages.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes this document. It is comprehensive and timely.	Thank you.
Royal College of Nursing	General	General	We particularly welcome the inclusion of children, young people and the risks of using sun beds in the guidance. Targeted message for this group would be very helpful in the implementation of the guidance.	Thank you.
Royal College of Paediatrics and	General		The guidance appears to mix the terms melanoma and skin cancer. This is not accurate as these are distinct conditions.	Thank you; we have amended the document in a number of places to

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Child Health				address your comment.
Royal College of Paediatrics and Child Health	General		The guidance does not cite risk data for malignant melanoma relating to UK populations of children and young people subject to the sunshine in the UK. No scientific evidence records actual exposures to ultraviolet light. The use of studies from populations with different exposures to ultraviolet light is neither logical nor scientific. No evidence is produced to show why it is considered justifiable to generalise data from the sunny latitudes of Australia, for instance, with the UK. In this sense much of the guidance for infants, children and young people is inaccurate and differs from that in Holland, New Zealand and Canada.	Thank you for raising these points. Recommendations 2 outlines that children and young people are at higher risk of developing skin cancer. Consideration point 3.3 also acknowledges that much of the available evidence is from countries with different climates to the UK. However, the committee felt it was feasible to develop recommendations based on the existing available evidence base and that there was a need to provide guidance on this topic area. The committee have also identified the lack of UK data in the appendix of the guidance document and have recommended that further UK based studies are undertaken (please see section 5 in the guidance document).
Royal College of Paediatrics and Child Health	General		The emphasis on self-examination for moles or possible malignant melanoma is minimal in this document although data are cited to show this is a significant problem. Might it not be more cost-effective to invest in positive health awareness and education than negative messages relating to sun exposure? Such a strategy would have significant beneficial impacts on other public health	Thank you for raising this - we have added text to the 'Recommendations' section to clarify what this guidance document covers (prevention) and what it does not cover (such as the clinical diagnosis, detection and treatment of

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			campaigns.	skin cancer). We have also amended the text in a number of places to provide details about both the health benefits and risk of UV exposure (for example, recommendation 3 outlines the need for messages to give a balanced picture of risks of overexposure alongside the benefits of being out in the sun and the consideration section also acknowledges the need to balance the risk and benefits of sun exposure).
Royal College of Paediatrics and Child Health	General		The guidance does not take into account current public health problems in infants, children and young people in the UK. Obesity in children and young adults is one such. Recommendations to balance physical activity with provision of shade and a media message (3.14) is not evidence based and is likely to reduce any incentive for individuals to exercise and organisations, particularly schools, to provide facilities to do so. Such recommendations will have significant short term cost implications and could well reduce exercise incentives important in managing the obesity problem.	Thank you for raising this point. The point (3.14) to which you refer is from the considerations section and does not constitute a NICE recommendation. The point you refer to is a consideration that was made by the standing committee (PHIAC) in the development of the NICE recommendations..
Royal College of Paediatrics and Child Health	General		The recommendations show no evidence from the stratification of risk data. Is the risk of malignant melanoma and other skin cancers the same in all ethnic groups? If skin colour is important, the extent	Thank you for these comments; we have revised the text in the 'Public health need and practice' section to address these

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			of its impact is critical to guidance given to the public.	concerns.
Royal College of Paediatrics and Child Health	3.12	21	This statement is misleading. Although there are debates as to optimal levels of vitamin D, current surveys in many UK centres show the majority of pregnant mothers, children and adolescents have levels below those recommended.	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document. Recommendation 3 also provides links to websites where further information about vitamin D can be obtained.
Royal College of Paediatrics and Child Health	3.12	21	Misleading statement. Burning is to be avoided. However 'a few minutes' is not based on the physics of UK ultraviolet light exposures. It needs to be based on published science. Ethnicity and skin colour are known to influence this and therefore any guidance has to be directed more specifically and to be appropriate for the diverse population of the UK.	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document. Recommendation 3 also provides links to websites where further information about vitamin D can be obtained.
Royal College of Paediatrics and Child Health	3.15	21	This advice is based on a number of sources of information and is sound. The RCPCH has supported this legislation.	Thank you.
Royal College of Pathologists			Please note that the Royal College of Pathologists have no comments to submit at this stage of the guideline development.	Thank you.
Royal Pharmaceutical Society of Great	General		The RPSGB welcomes these guidelines and is pleased that pharmacists are included in the range of practitioners that have a role in skin cancer.	Thank you

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Britain				
Royal Pharmaceutical Society of Great Britain	Recommendation 2 Information provision: local activities	'7'	We would wish to see pharmacists included in the list of practitioners engaged in provision of local health promotion information. This is now a role that community pharmacists provide as part of the essential services component (public health advice) of the community pharmacy contractual framework.	Thank you for this suggestion - pharmacists have now been added to the 'Who should take action' section for recommendations 1 to 4.
Royal Pharmaceutical Society of Great Britain	Recommendation 3 Information provision: creating the message	'7'	We would wish to see pharmacists included in the list of practitioners creating the message. They are involved in providing health advice and information to the public as part of the essential services component (advice to patients)of the community pharmacy contractual framework. They also advise on and sell products for sun protection.	Thank you for this suggestion - pharmacists have now been added to the 'Who should take action' section for recommendations 1 to 4.
Royal Pharmaceutical Society of Great Britain	Recommendation 4 Information provision: message content	'10'	We would wish to see pharmacists included in the list of practitioners for the same reasons as outlined above.	Thank you for this suggestion - pharmacists have now been added to the 'Who should take action' section for recommendations 1 to 4.
Teenage Cancer Trust	General		This is a really good piece or work which pulls together a number of elements that will together make a big difference. Our particular	Thank you.

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			interest is in mass communications due to our long running skin cancer campaign Shunburn (formerly Rub It In). We have developed the campaign as an integrated communications and education programme which specifically targets teenagers and young adults.	
Teenage Cancer Trust	1	6	• Regarding national mass communication campaigns, Teenage Cancer Trust is keen to work in partnership with the Department of Health and others on integrated campaigns. We are aware that a number of initiatives exist including but not limited to Cancer Research UK's SunSmart and Teenage Cancer Trust's Shunburn as well as a number of brand led activities. • We are in danger of competing for media space, targeting the same audiences and duplicating efforts whilst missing out on groups that don't respond to mass communications or require a more targeted approach. This recommendation may not be appropriate for inclusion in the guidance but we believe that long term impact will not be achieved with a scatter gun and un-coordinated approach.	Thank you for your comment. NICE guidance is based on the best available evidence and while the committee discussed at its October 2010 meeting the suggestion (from a few stakeholders) to establish a central body to co-ordinate skin cancer information activities they were unable to recommend this because of the lack of available evidence in this area they were unable to recommend this. . The recommendations do, however, highlight the need for a low cost, sustainable and integrated approach to information provision.
Teenage Cancer Trust	3.4	19	The same point applies as above. Mass communications need to be low cost, cost effective, long term, sustainable and co-ordinated. A key challenge for Teenage Cancer Trust and one we would imagine most charities have experienced is measurement of	Thank you for raising this point. NICE guidance is based on the best available evidence. The recommendations highlight the need for a low cost, long

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			impact. Fewer, better delivered campaigns would deliver better results and be easier to measure.	term, sustainable and integrated approach to information provision.
Teenagers and Young Adults with Cancer	What the Guidance covers	Page 5	Para one Specific population groups - such as children, Need to add teenagers and young people	Thank you - this section of text has been amended in line with your comments.
Teenagers and Young Adults with Cancer	Recommendation 3 What action should they take?	Page 8 bullet 3	Messages should stress the need to avoid getting burnt…. This may give out wrong message ie what would someone consider is burnt?? Would be better to say avoid prolonged exposure and avoid staying in sun until skin gets red?	Thank you for this suggestion - this section of text has been amended in line with your suggestion (please see recommendation 3 in final guidance document).
The Health Protection Agency	General		Thank you for sending these reviews and expert papers for the HPA to comment upon. Whilst very interesting, there are no matters that bear directly on the expertise of HPA staff. Our only comment is that, recognising that it is not strictly within the scope of the guidance, it is a shame that there is absolutely no mention of or reference to eye effects of UV exposure. For people with dark skins, the eye effects may predominate. It would be good for this adverse effect of UV to be acknowledged or referred to at least once in the guidance. Please continue to include HPA in your consultations, we are happy to scan documents for relevance to HPA and find areas where our expertise may be helpful.	Thank you. The referral received from the Department of Health has asked us to address skin cancer and therefore the effect of UV exposure on eyes is not within the scope of our referral. If you wish to suggest a topic for NICE to develop guidance on information on the topic referral process is available at http://www.nice.org.uk/page.aspx?o=ts.home
The Society and	General		The Society and College of Radiographers (SCoR) is pleased to	Thank you

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College of Radiographers			see that the guidance now includes the effect of physical changes to the environment and the supply of sun protection resources as well as the provision of information. .	
The Society and College of Radiographers	General		Our own experience about information usefulness is having it when it is meaningful – we support the idea of lifeguards promoting sun safe behaviour and wonder about other information opportunities such as on the beach/playground signs etc	Thank you; the recommendations are based on the currently available evidence. All NICE guidance is updated on a regular basis and therefore if evidence relating to beach/playground signs is identified it can be considered as part of the future update.
The Society and College of Radiographers	Recommendation 2		Under the section (recommendation 2) about who should take action regarding information provision it identifies providers of health promotion information, we would like to suggest that special mention is made to those in contact with the student population group ie those working in Higher Education Institutions in particular We believe that this group are at particular risk of exposure (sun/sunbed).and should be targeted.	Thank you for this suggestion - we have now amended the 'Who should take action' section for recommendations 1 to 4 to include a range of education sector workers.
The Society and College of Radiographers	Recommendation 5		Schools do seem confused about whether they can apply cream/whether children can apply their own cream when there might be children around who are allergic. We would recommend that clear policies are developed. Moving outdoor sessions to early in the school day away from the midday sun certainly seem sensible.	Thank you - the level of detail in this section reflects the available evidence base.
The Society and College of	Section 2		We would suggest that information as to why the incidence of skin cancer is increasing should be made available and included in	Thank you for this suggestion - the public health need and practice sections aims

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Radiographers			section 2 'Public health need and practice' to underline the importance of the action proposed. Risk factors are given but what has happened to accentuate these risk factors?	to provide a brief overview of the available epidemiology and policy context - in this instance it was felt that this level of detail was not required as the risk factor section provides an overview of the main factors affecting skin cancer risks.
The South West Public Health Observatory	Recommendations. Recommendation 1. Who Should take action	5	To ensure the strategic development of any skin cancer work, a stakeholder group should be established to oversee any national mass media campaign and all skin cancer prevention work commissioned by Government. This group would be responsible for the future direction of work, commissioning and co-ordination of this programme of work. It should be made up of established experts and should include dermatologists, epidemiologists, public health intelligence, health promotion specialists, social marketing, representation from the Health and Safety Executive, representation from education including Healthy Schools. Please note this is not a complete list.	.Thank you for this suggestion which the committee discussed at its October 2010 meeting. Given the lack of available evidence in this area the committee were unable to recommend the establishment of a central body to co-ordinate skin cancer information activities
The South West Public Health Observatory	Recommendation 2. Who should take	7	The list of professionals cited here, should be more extensive, and representative of professionals across all primary organisations with a responsibility for skin cancer prevention. Other professions to include: dermatologists, cancer nurse specialists, environmental health, health and safety healthy schools co-ordinators, school	Thank you for this suggestion - we have now amended the 'Who should take action' section for recommendations 1 to 4 to include a range of professionals.

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	action.		PHSE co-ordinators, health promotion specialists, public health intelligence ,epidemiologists, and social marketing. All of the above professions have been instrumental in developing and implementing locally devised campaigns. This should be repeated or referenced at other points in this document where this list has been used.	
The South West Public Health Observatory	Recommendation 2: What action should they take. Second bullet	7	Ensuring that skin cancer is embedded in the Personal Social and Health Education curriculum will maximise reach and impact for all school age children. Similarly, for outdoor workers skin cancer prevention needs to be firmly embedded within health and safety policy and guidance directives ensuring maximum adoption of skin cancer prevention activities for outdoor workers.	Thank you for this suggestion - we have now amended the 'Who should take action' section for recommendations 1 to 4 to include Personal Social and Health Education co-ordinators.
The South West Public Health Observatory	Recommendation 2 What action should they take?	7	The South West Public Health Observatory as the National Lead Cancer Registry for skin cancer should be specifically referenced in bullet 1 (on gathering intelligence) as we provide expert help and assistance in skin cancer intelligence. In addition it might be useful to provide a link here to the skin cancer hub http://www.swpho.nhs.uk/skincancerhub/. This website hosts many useful resources including: skin cancer profiles and other data, toolkits on skin cancer prevention and a skin cancer preventions interventions database.	Thank you - we have amended the text in this recommendation in line with your suggestion (please see recommendation 2 in the final guidance document).
The South West Public Health	Recommendations.	9	I am not sure the evidence supports changing current SPF advice from 15 and above to 50 for children (Osterwalder & Herzog, 2009).	Thank you, PHIAC have revisited the evidence relating to SPF and this

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Observatory	Recommendation 3		Would it not be more appropriate, and indeed less confusing to make the same recommendation 'at least 30' for both children and adults. The phrase child encompasses a very wide age group, with children having different needs and attitudes from the very young to teenagers, and of course others in between. Please note this comment applies to other points in the document where SPF50 is cited.	recommendation has now been revised. Reference to a different SPF factor for children has also been removed. Please see recommendation 3 in final guidance document.
The South West Public Health Observatory	Recommendations. Recommendation 4. When to protect	12	Evidence suggests it is not always possible for all groups to find shade at all times We therefore feel additional advice should be included here. Suggested additional text -'When it's not possible to find the shade you should adopt other protective measures such as wearing protective clothing and sunscreen.'	Thank you - this section of text has been amended in line with your comments - please see recommendations 3 and 5 in the final guidance document.
The South West Public Health Observatory	Recommendations. Recommendation 4. Clothing	P12	The advice presented here is quite clearly the ideal and should therefore be framed as such. Alternative options should also be presented here as some groups have attitudinal and/or physical barriers to wearing many of these items.	Thank you - recommendation 4 in the final guidance documents outlines the need to tailor messages to take account of social and practical barriers experienced.
The South West Public Health Observatory	Recommendations. Recommendation 4. Sunscreen	P12	Do we need to make reference (and provide guidance) for sunscreens that are marketed as only requiring one application?	Thank you - the guidance refers generically to sunscreen and provides some details on characteristics and the application of sunscreen that should be considered. It does not provide details about the different types of products available.

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The South West Public Health Observatory	Recommendation 4: Sunscreen application	P12	Most members of the general public will not know what 35mls of look like. We therefore feel a visual description is needed here. In addition, you may need to make reference to sunscreens marketed as requiring one application per day.	Thank you - this section of text has now been amended (please see recommendation 3 in final guidance document).
The South West Public Health Observatory	Recommendation 5 Protecting children, young people and outdoor workers	P12 onwards	We do not feel it appropriate to group together 'children, young people, and outdoor workers in recommendation 5. The interventions, policy framework, and professionals working across these fields will be quite different for each of these target groups. Indeed most local, national and international campaigns maintain these as three distinct groups in all their guidance and campaigns.	Thank you - we have amended the text in this section a little to separate out outdoor workers from children and young people.
The South West Public Health Observatory	Recommendation 5 Who should take action	P12	The terms 'employers' and 'managers' are not meaningful in educational settings. More appropriate titles include: head teachers, healthy schools co-ordinators, PHSE lead teachers.	Thank you - this section of text has been amended in line with your comments
The South West Public Health Observatory	Recommendation 5 What	P13	'Assess if there is a risk of harm from sun exposure' - More clear guidance is required here, with clear links to available resources. Procedures for undertaking risk assessments or audits in schools	Thank you - this section of text has been amended to include website links where further information can be obtained.

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	action should they take?		have not been drafted within the UK, and work will be needed in this area to support schools in this task. Risk assessment guidance for outdoor workers is further developed, and is provided by The Health and Safety Executive. This should be clearly referenced.	
The South West Public Health Observatory	Recommendation 5 What action should they take. Third bullet	P13	Educational and leisure settings should be restructured into two separate and distinct groups as the requirements are quite different (see earlier point).	Thank you - we have amended the text in this section a little to separate out outdoor workers from children and young people.
The South West Public Health Observatory	Recommendation 5. What action should they take	P13	'For their children to apply themselves' – This will be problematic for nursery, early years and infants children as research undertaken by SWPHO suggests. Past guidance has tended to deal with these educational age groups separately because of their distinctive cognitive and physical needs.	Thank you - the level of detail in this section reflects the available evidence base considered by the committee.
The South West Public Health Observatory	Recommendation 5. What action should they take	P13	Additional guidance should be provided here reflecting the fact that most shade in schools is more suitable for passive play and, approximately one quarter of children are physically active throughout lunchtime breaks and not seeking shade (Bowtell, 2010). Supplementary advice should therefore be incorporated here for children undertaking physical activities in peak times and unable to use shade, these children should be encouraged to adopt	Thank you - this section of text has been amended.

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			alternative preventative measures (hats, sunscreen and clothing).	
The South West Public Health Observatory	Recommendation 5. What action should they take	P13	'Encourage children and young people to wear protective...' This guidance should be more specific stipulating what items are recommended. In addition, where school uniforms are used these clothing items whenever appropriate should be incorporated into the uniform list.	Thank you - the level of detail in this section reflects the available evidence base.
The South West Public Health Observatory	Recommendation 5 Workplace policies, bullet 1.	P13	'Wear protective clothing'. This bullet assumes that wide brimmed hats will be suitable protective clothing for all outdoor workers. On building sites where hard hats are worn this will not be appropriate. We cannot look at outdoor workers as one heterogeneous group but tailor make advice for different professions.	Thank you, we have amended this section to take account of your comment.
The South West Public Health Observatory	Recommendations 5 Workplace policies bullet 2	P13	'Stay in shade...' Again, additional advice should be included here recognising that some workers will be in the sun for extended periods without seeking shade. For this group additional advice, stipulating when working in the sun for extended periods, employers and employees should ensure preventative measures are adopted (hat wearing, sunscreen and clothing).	Thank you - this section of text has been amended in line with your comments
The South West Public Health Observatory	2. Public Health need and practice: Background. Bullet 1	P14	The phrase 'Non-Melanoma .....is usually the easiest to treat'. Should be redrafted to account for the morbidity associated with the treatment of non melanoma (squamous cell carcinoma (SCC) and basal cell carcinoma (BCC)) as evidenced in research recently undertaken by The South West Public Health Observatory. This research found high rates of complex repair operations for BCCs compared with melanomas. In addition, another research study	Thank you - this section of text has now been amended.

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			found the number of in-patient bed days devoted to managing BCCs is comparable to those devoted to in-patient management of malignant melanoma. Both studies has been included in the NICE guidance 'Improving outcomes for people with skin tumours including melanoma (update)' published May 2010.	
The South West Public Health Observatory	Protecting children, young people and outdoor workers 3.9	P20	You make reference to education, leisure and the workplace here, but only provide a link for Sunsmart schools	Thank you we have amended the text in this section to include a link to the H&S Executive website. This section of text has also been moved into recommendation 5 of final guidance document.
The South West Public Health Observatory	2. Public health need and practice: Risk factors – final bullet - occupation	P15	I think you have to be very careful when presenting examples, to ensure that those reading do not interpret these as a comprehensive list. A number of key professions are not included here - the military, water sports, festival organisers, outward bound co-ordinators, park rangers. It might be more useful if guidance for employers and employees helps identify when people are more at risk, for example, average number of hours spent working outdoors in the sun.	Thank you, we have amended the text in this section to make it clearer that named professions are examples.
The South West Public Health	Other factors	P21	The management of 'the use of consistent terms' will need to be carefully specified to ensure this policy becomes practice. For	Thank you.

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Observatory	3.17		example all government funded initiatives should adopt the messages proposed by PHIAC.	
The South West Public Health Observatory	5. Recommendations for research	P22	A review of skin cancer prevention research needs should be undertaken to fully understand the main priorities for research in the medium, short and long term. A research strategy should be firmly embedded in skin cancer prevention work funded by Government, and a research team should be incorporated into the stakeholder (referred to in an earlier comment).	Thank you for your comment. Section 5 outlines recommendations for research developed by PHIAC. Appendix D highlights gaps in the evidence and could provide a rationale for what you have outlined.
University of Newcastle-on-Tyne	General		This NICE document presumes that sunlight avoidance strategies targeted at children will reduce the burden of skin cancer in later life. Although intuitively attractive, this supposition has not been scientifically evaluated. The document fails to recognise that Vitamin D deficiency is already rampant in the UK population (Hypponen & Power, Am J Clin Nutr, 2007; Pearce & Cheetham, BMJ 2010) and that any further ramping up on sun-avoidance advice/strategies can only make this situation worse. It is now recognised that Vitamin D deficiency strongly predisposes to Multiple sclerosis (particularly in relation to low Vitamin D status in childhood and in utero –Burton JM, Lancet Neurology, 2010; Lincoln MR, Proc Natl Acad Sci USA, 2009; Staples J, BMJ 2010) and bowel cancer. However, there are very strong associations of Vitamin D deficiency with other autoimmune diseases, such as Type 1 diabetes (Hypponen E, Lancet 2001) and rheumatoid arthritis, and with other cancers, including oesophagus, prostate,	Thank you for raising these points. We have now added a section covering factors to consider when planning and delivering the recommended activities prior to the recommendations - this section provides details about the health benefits (including vitamin D) of UV exposure. Recommendation 3 also outlines the need for messages to give a balance picture of risks of overexposure alongside the benefits of being out in the sun. The consideration section also acknowledges the complexity of the topic and need to balance the risk and benefits of sun exposure.

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			breast and non-Hodgkin's lymphoma, and all cause mortality (Ginde AA, Arch Intern Med, 2009). It would be dangerous to pursue the scientifically-untested sun-avoidance strategy outlined in this document, without looking at the big picture. By dangerous, I mean both for UK children in terms of their disease predisposition, and for NICE, in terms of the risk of future medicolegal actuions.	
University of Newcastle-on-Tyne	3.13	21	The assertion that "a few minutes exposure to the sun will provide sufficient vitamin D" is oft-quoted, but based on wishful thinking, rather than scientific evidence. That it is almost certainly untrue is evidenced by the 50% prevalence of Vitamin D insufficiency (levels <50nmol/L) observed among Caucasian males in the MRC 1958 birth cohort (Hypponen & Power Am J Clin Nutr, 2007). The same study showed a marked North-West vs South-East gradient in prevalence of Vitamin D deficiency. Other studies have shown much higher prevalence of deficiency among ethnic minorities, who were necessarily not represented in the 1958 Birth cohort. Dietary vitamin D provides only about 5% of serum levels in the UK (and just about everywhere else in the world, except Northern Scandinavia and aboriginal arctic populations, where diets are unusually rich in oily fish and/or marine mammals, respectively). Healthy adults in the UK are officially advised that they need no vitamin D supplement, and so are dependent for 95% of their supply on solar UVB-mediated photosynthesis. Even though NICE is an English Institution, its advice is often quoted by verbatim by other health-related bodies north of the border. The consequences	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document. Recommendation 3 also provides links to websites where further information about vitamin D can be obtained.

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			for an ethnic Indian or black child resident in the Orkneys, for instance, do not bear thinking about. Overall, this draft advice has the potential to do a great deal of harm. Indeed the sun is our natural source of vitamin D.	
University of Newcastle-on-Tyne	3.13	21	Vitamin D is stored in body fat and is this released into the circulation during winter and early spring (when ambient UVB 300nm wavelength required for Vitamin D photosynthesis is unavailable). Vitamin D photosynthesis varies with skin type, ambient UVB (season, time of day and cloud cover), surface area of skin exposed and whether sunscreens or SPF-containing cosmetics have been applied (SPF 8 inhibits Vitamin D photosynthesis by 90-95% -Holick M, New Engl Journal Medicine 2007; Pearce & Cheetham, BMJ 2007). Given that sunburn (but not sun exposure per se) has been closely linked with non-melanoma skin cancer, sensible advice would be to expose as large an area of unscreened skin to sunshine, but not for to long and without burning, an approach that maximise Vitamin D photosynthesis, whilst minimising risk of localised skin damage. We should not confuse the advice given to “lifestyle” sunworshippers (use a high SPF all the time and avoid the period around mid-day if you plan to spend your holidays lying around in the sun) to advice given to UK residents during everyday life.	Thank you - this section of text has been amended and has now been moved into the recommendations section - please see page 8 of the final guidance document.
The Sunbed Association			The document references a causal relationship between sunbed use and skin cancer and melanoma. An EU-funded study was conducted by the Luxembourg Health Institute in 2002 into sunbed	Thank you the text relating to sunbeds in the 'Consideration' section has been amended.

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			use and the risk of melanoma in 18-49 year olds. No evidence was found for an association between sunbed use and melanoma. The study concluded that "if an association between sunbed use and melanoma truly existed, then it must be marginal"	
The Sunbed Association		Page 5, 6 & 8	Sunbed users are identified as an at risk/vulnerable group. There is an assumption between sunbed use and skin cancer and melanoma which cannot be proven. To conform with safety regulations, sunbeds are required to comply with a European Standard which means they emit UV levels no greater than that of the Mediterranean mid-day sun. With an average tanning session lasting no more than 20 minutes, it cannot be claimed that sunbed users are at greater risk than people tanning on a beach, in a park or their back garden. Each sunbed user receives a controlled dose of UV that meets European safety standards.	Thank you the text relating to sunbeds in the 'Consideration' section has been amended.
The Sunbed Association		Page 21	It states that the PHIAC has noted the deleterious effects of sunbed use. Responsible sunbed use has not been proven to be harmful. It is over-exposure to UV or burning that can cause problems.	Thank you - we have amended the text in this section.