

National Institute for Health and Care Excellence

Centre for Public Health

Review decision: October 2013

Consideration of an update of the public health guidance on 'Skin cancer prevention: information, resources and environmental changes' (PH32)

Background information

Guidance issue date: January 2011

Guidance review date: October 2013

The current guidance can be found at: <http://guidance.nice.org.uk/PH32>

Process for updating guidance

Public health guidance is usually reviewed 3 years after publication and then at 3-yearly intervals, to decide whether all or part of the guidance should be updated (see [process manual](#) for further details). The review of PH32 was brought forward as there were likely to be overlaps with a scope for a new piece of guidance on '[Sun exposure: benefits and risks](#)'.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert panel to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations.
- NICE consults with stakeholders on its proposal for updating the guidance.

- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

1 Consideration of the evidence and practice

In July 2013, a questionnaire was circulated to a panel of experts either involved in the production of the original or related guidance or who are known national and international experts in the field. The overall purpose of the questionnaire was to assess whether there had been significant changes in evidence that might require a change in the current recommendations or development of new recommendations. Responses were received from:

- Public Health England
- Cancer Research UK
- British Association of Dermatologists
- Public Health Advisory Committee – Topic expert members for sunlight exposure and vitamin D

It was the opinion of the expert panel that for the areas listed below the evidence should be reviewed with a view to updating the guidance. It was agreed that any update be conducted in the context of the development of the new guidance on '[sun exposure: benefits and risks](#)'.

Information provision – delivery

- **Training of frontline staff** - Recent evidence demonstrates a potential need for better awareness and education amongst health professionals, regarding their knowledge of sunscreens and UV protection. Consideration should be given to recommending the need to ensure all appropriate frontline staff, that could have a role in influencing patients' behaviour regarding sun protection measures, are adequately trained to

ensure the prevention interventions they deliver are safe and of the highest quality.

Information provision – local activities

- **Quality and accuracy of information** - Consideration should be given to strengthening the recommendations around the design, distribution and monitoring of information materials about skin cancer and sun protective behaviour, given recent evidence around variable quality and accuracy of such material.

Information provision – message content

- **Sun screens**
 - **SPF** - Further consideration should be given to recent research on whether a recommendation of SPF 15 or 30 would confer the biggest public health benefit to the UK population.
 - **UVA protection** - Clarification is needed as to whether the circular UVA protection logo is equivalent to the 4 stars UVA protection logo.
 - **Reapplication** - Evidence for re-application of sunscreen every two hours queried.
 - **Reduce skin cancers** - It should be explicitly stated that regular use of sunscreen has been shown to reduce skin cancers.
- **Self-examination** - Greater emphasis should be given to self-examination and the importance of early diagnosis of skin cancer.
- **Risk factors for non-melanoma skin cancer** - Need to more adequately reflect the risk factors for NMSC, such as chronic UV exposure.
- **Appearance based interventions** - There is a growing body of work looking at appearance based interventions and sun protective behaviour; a comprehensive review of this new body of work is recommended.
- **UV Index** - Sun protection messages need to reflect the strength of the UV index. Different skin types will face different levels of burn risk depending on the strength of the sun.

- **Shade and clothing** - Greater focus should be given to recommending shade and clothing as the most effective methods of sun protection, with sunscreen being recommended to protect areas that cannot practically be protected in other ways.

Information provision – Tailoring messages

- **Importance of skin type** - In light of the need to communicate the balance of risks and benefits of sun exposure, the importance of skin type needs to be better reflected in the current guidance. Messages should be more targeted to sub-populations; with discouragement of a blanket approach to sun protection measures across all skin types (the latter may be detrimental to darker skin types if it results in vitamin D deficiency).

Protecting children and young people

- **Balancing risks and benefits of sun exposure** - The language used could better reflect this balance, for example, the guidance could state spending some time in the shade as opposed to seeking shade.

Implementation and post publication feedback

Advice had been sought from NICE in relation to PH32 on the length of time and frequency of sun exposure needed to maintain optimal levels of vitamin D; this will be addressed in the new referral on '[Sun exposure: benefits and risks](#)'.

Stakeholder consultation

Registered stakeholders were invited to comment on the provisional review decision during a 2 week consultation in August/September 2013. 12 stakeholder organisations responded; 11 agreed with the proposal, 1 organisation had no substantive comments (see [Table 1](#) for summary).

While there was broad agreement for the proposal to update the guidance (regarding the areas listed above) within the context of developing new guidance on '[sun exposure: benefits and risks](#)', a few additional issues were raised by stakeholders as well as differences in opinion on the issues raised by the expert panel:

Information provision – message content

- **Sun screens**
 - **SPF** - There were differing views as to whether recommending SPF 15 or 30 would confer the biggest public health benefit to the UK population. New evidence was referenced by a stakeholder in relation to this issue, however, another stakeholder noted that research has not yet resolved the issue and it was suggested that an expert symposium would be needed to enable a conclusion to be reached.
 - **Reduce skin cancers** - There was a difference of opinion between stakeholders as to whether evidence that regular use of sunscreen alone reduces skin cancer is compelling. One cited evidence supporting the view that sunscreen reduced skin cancer, however, another noted that sunscreen can promote sun-seeking behaviour and that there was a need for the guidance to place greater emphasis on shade and clothing sun protection methods.

In addition to the issues raised by the expert panel, stakeholders suggested further consideration of the following issues:

Information provision – local activities

- **Targeting of messages** - need for better awareness of potential adverse consequences of a blanket sun avoidance strategy. It was noted that overall skin cancer awareness levels are low and that more work needs to be done with key target audiences.

Information provision – message content

- **Sun screens**
 - **Single application sunscreens** – need to examine single application sunscreens, which purport no need for re-application.
 - **UVA protection** – need to make clear that the UVA circular logo that appears on sunscreen is not equivalent to the UVA star protection logo.
- **Self-examination** - need to regularly look and feel for all skin changes, not just changes to moles.
- **UV index** - The need to aid understanding of the UV index and its importance in implementing sun safe practice.

Information provision – tailoring messages

- **Tone of message** - The need to look at messaging in terms of tone and relevance

Protecting children and young people

- **Schools' policies** - The need to explicitly cover what schools' policies or guidelines should include. The need to take every opportunity to stress the dangers of skin damage to young people should be stated.

Equality and diversity considerations

The importance of skin type in relation to sun protection measures needs more prominence in the current guidance; blanket approach messages across all skin types may be detrimental to darker skin types if it increases the risk of vitamin D deficiency

Decision

The guidance will be partially updated within the context of the development of new guidance on [‘sun exposure: benefits and risks’](#).

Mike Kelly, CPH Director

Antony Morgan, CPH Associate Director

Clare Wohlgemuth, CPH Analyst

Appendix

Table 1: Stakeholder response to review proposal consultation

Stakeholder	Overall view on proposal	Comments ¹
British Association of Dermatologists	Agree	<ul style="list-style-type: none"> Whether SPF 15 or 30 would confer the biggest public health benefit to the UK population should be a major focus of the update.
Cancer Research UK	Agree	<ul style="list-style-type: none"> Research has not yet resolved the issue of whether SPF 15 or 30 would confer the biggest public health benefit to the UK population – suggest an expert symposium is convened to enable a conclusion to be reached. Evidence that regular use of sunscreen reduces skin cancer is not that compelling; sunscreen can promote sun-seeking behavior. Greater emphasis needed on shade and clothing sun protection methods. The term ‘cutaneous melanoma’ should not be used instead of ‘malignant melanoma’. Update should explicitly cover what schools’ policies or guidelines should include.
Department of Health	No comment	
LEO Pharma	Agree	<ul style="list-style-type: none"> Update should cover the need to regularly look and feel for all skin changes, not just moles.

¹ Some stakeholders agreed with the overall proposal and commented on suggested areas a subsequent update to the guidance should consider.

Stakeholder	Overall view on proposal	Comments ¹
NCRI/RCP/ACP/JCCO	Agree	<ul style="list-style-type: none"> The issue of whether SPF 15 or 30 should be recommended is one of the most important areas for review.
Public Health England	Agree	<ul style="list-style-type: none"> Not aware of evidence that regular use of sunscreen alone reduces skin cancer. Overall skin cancer awareness levels are low; more work needs to be done with key target audiences. Messaging in terms of tone and relevance is crucial especially as they will be competing with other messages which may seem more attractive.
Royal College of Nursing	Agree	
Royal College of Paediatrics and Child Health	Agree	<ul style="list-style-type: none"> The update should perhaps have a separate section for advice to children and young people, at the moment it is combined with outdoor workers; the advice for these two groups is likely to differ.
Skin & Skin Cancer UK	Agree	<ul style="list-style-type: none"> More needs to be done to aid people's understanding of UV and its importance in implementing sun safe practices. The UVA circular logo is not equivalent to the 4 UVA star protection logo developed by Boots. This needs to be covered in the update.
Teenagers and Young	Agree	<ul style="list-style-type: none"> Update should note the need to take

Stakeholder	Overall view on proposal	Comments ¹
Adults		every opportunity to stress the dangers of skin damage to young people.
The Society and College of Radiographers	Agree	<ul style="list-style-type: none"> Update should examine single application sunscreens, which purport no need for re-application.
University of Newcastle-on-Tyne	Agree	<ul style="list-style-type: none"> The update should address the need for better awareness of potential adverse consequences of a blanket sun avoidance strategy.