

**National Institute for Health and Care Excellence**  
**Centre for Public Health**

*Review proposal: August 2013*

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

**1 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>

**2 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: <http://publications.nice.org.uk/the-nice-public-health-guidance-development-process-third-edition-pmg5/updating-public-health-guidance>). The review of PH32 has been brought forward as there are 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.

### **3 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. Responses were received from:

- PHE
- CRUK
- British Association of dermatologists
- Public Health Advisory Committee – Topic expert members for sunlight exposure and vitamin D

Suggestions were made by the expert panel to consider amending the following recommendations, either to aid clarification or owing to new evidence:

#### **Recommendation 1: Information provision delivery**

- 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.

#### **Recommendation 2: Information provision: developing national campaigns and local activities**

- Groups who may be at higher risk of skin cancer should also list people with fair or red hair.

### **Recommendation 3: Information provision: message content**

- 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.
- More emphasis should be given to self-examination and the need for early diagnosis.
- Given that the guidance covers skin cancer prevention, including both melanoma skin cancer and non-melanoma skin cancer (NMSC), the information is justifiably skewed towards melanoma, but could more adequately reflect the risk factors for NMSC also, such as chronic UV exposure.
- 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.
- 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.
- Sun protection messages need to reflect the strength of the sun/UV index rather than reference to when it is 'sunny'. Different skin types will face different levels of burn risk depending on the strength of the sun (and not necessarily when it's 'sunny').
- 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.
- It should be explicitly stated that regular use of sunscreen has been shown to reduce skin cancers.
- Given there is a lack of evidence for re-application of sunscreen every two hours, consideration should be given to amending this message to 'reapply often/regularly'.
- Clarification is needed as to whether the circular UVA protection logo is equivalent to the 4 stars UVA protection logo.

### **Recommendation 4: Information provision: tailoring the message**

- The term "cutaneous melanoma" should be used instead of "malignant melanoma", to distinguish it from melanoma in the eye (ocular melanoma) or from melanoma arising within the

meninges. It was noted that melanoma is by definition malignant

- 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).

#### **Recommendation 5: Protecting children, young people and outdoor workers**

- With regards to including a range of sun protection measures in messages, given the need to balance the risk of overexposure with benefits from being out in the sun, the language used could better reflect this balance. For example, spending some time in the shade as opposed to seeking shade
- **Perspective of the expert panel**
    - It was the opinion of the expert panel that the guidance be updated, based on the identification of new evidence and changes to NHS and public health commissioner and service provider structures.
  - **Implementation and uptake of recommendations 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](#)'.
  - **Relationship to other NICE guidance**
    - PH32 overlaps with the scope of the new referral on '[Sun exposure: benefits and risks](#)'; any update of PH32 will be considered in conjunction with this new referral.

## **4 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.

## **5 Recommendation**

- The identification of new evidence in relation to parts of the guidance and changes to the NHS and public health system may warrant an update of PH32.
- It is the view of the team in the Centre for Public Health that the issues raised by experts should be incorporated within the development of new guidance on 'communicating the risks and benefits of sunlight exposure to the general population', the scope of which is due out for consultation in September 2013.

## **6 Next steps**

Following consultation on this draft review proposal, the final recommendations will be made to NICE's Guidance Executive. Following that the decision of the Guidance Executive will be made available on the website.

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