



September 4, 2013

Re: Docket No. CDC-2013-0014

Meg Watson, MPH  
Epidemiology and Applied Research Branch  
Division of Cancer Prevention and Control  
Centers for Disease Control and Prevention  
4770 Buford Highway NE., MSF-76  
Atlanta, GA 30341-3717

Dear Ms. Watson:

On behalf of the American Cancer Society (the Society) and the American Cancer Society Cancer Action Network (ACS CAN), and millions of cancer patients, survivors, and their families across the country, we appreciate the opportunity to provide comments regarding prevention of skin cancer through reduction of ultraviolet (UV) exposure on Docket No. CDC-2013-0014.

Skin cancer is the most common cancer in the United States with an estimated that 3.5 million cases diagnosed and 2.2 million people treated for the disease in 2006.<sup>1</sup> The most important avoidable risk factor for skin cancer is exposure to ultraviolet (UV) radiation. UV radiation, in any form, causes DNA damage to skin resulting not only in superficial cosmetic damage, but also more serious and life threatening health conditions including skin cancer, immune suppression, and permanent eye damage. In addition, UV exposure is cumulative over time and sunburns in childhood increase the risk of skin cancer later in life.<sup>2</sup>

More than 76,000 people are expected to be diagnosed with melanoma, the most serious and deadly form of skin cancer, in 2013 and more than 12,500 people are projected to die from the disease.<sup>3</sup> Melanoma is the most common cancer among young adults aged 25-29 and the second most common cancer among those aged 15-29.<sup>4</sup>

The use of indoor tanning devices has been directly linked to an increased risk of melanoma and has been categorized by the World Health Organization's International Agency of Research on Cancer as "carcinogenic to humans."<sup>5</sup> However, the desire to have a tanned appearance causes many people, especially young adults and teenagers, to ignore the warnings and put themselves at risk. In fact, more than 29 percent of white high school girls reported that they have used an indoor tanning device at least

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<sup>1</sup> Rogers HW, Weinstock MA, Harris AR, et al. "Incidence estimate of nonmelanoma skin cancer in the United States, 2006. *Archives of Dermatology*. 2010;146(3):238-287

<sup>2</sup> U.S. Preventive Services Task Force. "Behavioral Counseling to Prevent Skin Cancer: Recommendation Statement". AHRQ Publication No. 11-05152-EF-2. <http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm>

<sup>3</sup> American Cancer Society. "Cancer Facts and Figures 2013". Atlanta: American Cancer Society; 2013.

<sup>4</sup> Bleyer A, O'Leary M, Barr R, Ries LAG. —Cancer Epidemiology in Older Adolescents and Young Adults 15 to 29 Years of Age, Including SEER Incidence and Survival: 1975-2000. National Cancer Institute, NIH Pub. No. 06-5767. Bethesda, MD 2006.

<sup>5</sup> Ghissassi, et al.. "A Review of Human Carcinogens – Part D: Radiation." *The Lancet – Oncology*; 2009: 10.

once in the past year, with rates increasing by age.<sup>6</sup> Misinformation and deceptive practices from the indoor tanning industry and salons are major barriers to reducing UV exposure, as evidenced by a 2012 congressional committee report and a 2010 Federal Trade Commission settlement with the Indoor Tanning Association, because they add to the confusion and put consumers at further risk.<sup>7 8</sup> We have put together an additional document addressing these claims and facts. Please see the attached text.

Many skin cancers also develop as a result of exposure to the outdoor sun and reducing exposure to UV radiation by seeking shade, wearing sun protective clothing, and applying broad spectrum sunscreen is crucial in prevention. That being said, it can be challenging for people, especially children, to protect themselves from the sun due to some school policies. Revisiting school, local, and state policies which may limit access to sunscreen and sun protective clothing may be one way to increase positive behaviors especially among children.

Evidence based research has discovered many interventions that are effective at deterring youth and young adults from risky behaviors related to UV exposure, while also promoting healthy ones. Current guidelines set forth by the United States Preventive Services Task Force (USPSTF) recommend “counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to UV radiation to reduce risk for skin cancer.” The USPSTF found that counseling interventions performed during the primary care visit which focus on cancer prevention or appearance are successful at reducing the intent to use an indoor tanning bed among adolescents.<sup>9</sup> The Community Preventive Services Task Force recommends education and policy interventions that combine community-based communications, policy, and regulation to increase preventive behaviors. They found that interventions among populations in specific settings, such as in primary and middle schools as well as in recreation and tourism, can significantly increase knowledge and change attitudes about sun protection.<sup>10</sup> Additional interventions such as direct peer-to-peer support, social marketing initiatives, workplace initiatives, and public policy actions, may offer additional benefits.<sup>11</sup>

Given what we know about the harmful effects of UV radiation from the sun and indoor tanning devices, we believe that there needs to be a much greater emphasis placed on the dangers of UV exposure through education and policy change. We are encouraged that the Centers for Disease Control and Prevention and the Office of The Surgeon General are considering a response to the public health problem of skin cancer and are looking forward to working together. If we can provide any additional information or if you have any questions, please contact Debbie Kirkland at [debbie.kirkland@cancer.org](mailto:debbie.kirkland@cancer.org)/404-329-7624 at the Society or Adriane Burke at [adriane.burke@cancer.org](mailto:adriane.burke@cancer.org)/202-585-3289 or Sarah Bogdan at [sarah.bogdan@cancer.org](mailto:sarah.bogdan@cancer.org)/202-585-3211 at ACS CAN.

Thank you for considering our comments in your review.

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<sup>6</sup> Eaton DK, Kann L, Kinchen S, Shanklin S, Flint KH, Hawkins J, et al. “Youth risk behavior surveillance—United States, 2011.” *Morbidity and Mortality Weekly Report Surveillance Summaries*, 2012;61(4):1–162.

<sup>7</sup> U.S. House of Representatives Committee on Energy and Commerce Minority Staff. “False and Misleading Information Provided to Teens by the Indoor Tanning Industry – Investigative Report” February 2012.

<sup>8</sup> United States of America Federal Trade Commission. “In the Matter of Indoor Tanning Association, a corporation - Docket Number C-4290 Decision and Order.” May 13, 2010. Available at <http://ftc.gov/os/caselist/0823159/100519tanningdo.pdf>

<sup>9</sup> U.S. Preventive Services Task Force. “Behavioral Counseling to Prevent Skin Cancer: Recommendation Statement”. AHRQ Publication No. 11-05152-EF-2. <http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm>

<sup>10</sup> Community Preventive Services Task Force. “Preventing Skin Cancer: Education & Policy”. Atlanta: Centers for Disease Control and Prevention; 2011. Accessed at [www.thecommunityguide.org/cancer/skin/education-policy/index.html](http://www.thecommunityguide.org/cancer/skin/education-policy/index.html) on 4 April 2012.

<sup>11</sup> U.S. Preventive Services Task Force. “Behavioral Counseling to Prevent Skin Cancer: Recommendation Statement”. AHRQ Publication No. 11-05152-EF-2. <http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm>

Sincerely,



J. Leonard Lichtenfeld, MD, MACP  
Deputy Chief Medical Officer  
American Cancer Society



Christopher W. Hansen  
President  
American Cancer Society Cancer Action Network

## THE FACTS

Despite the well documented facts and scientific studies, representatives from the indoor tanning industry have tried to refute the evidence and exaggerate the health benefits of indoor tanning, often by citing small poorly done studies. Below you will see a list of the most concrete evidence to support a prohibition on tanning by minors.

### **Claim: Tanning devices are sometimes used for medical purposes.**

Medical conditions should only be treated under the supervision of medical professionals using medically recognized treatments. This allows for discussions about the potential benefits, harms and risks associated with a procedure as well as close monitoring for abnormal side effects.

Phototherapy, an FDA approved medical device, emits concentrated UV rays in different ratios than tanning devices. The ratio of UVA and UVB rays are closely monitored and change depending on the skin condition being treated. The rays are often applied only to the specific area needing treatment rather than the entire body and are often used either after a medication has been shown to be ineffective at treating the condition, or in conjunction with a medication.<sup>12</sup> In some cases, phototherapy devices can be used at home under a physician's supervision.<sup>13</sup> The National Institute of Arthritis and Musculoskeletal, and Skin Diseases states, "It is important that light therapy be administered by a doctor. Spending a lot of time in the sun or a tanning device can cause skin damage, increase the risk of skin cancer, and worsen symptoms."

### **Claim: Melanoma rates are higher in older populations than younger ones.**

Since UV radiation is cumulative, it can take a significant amount of time before UV exposure develops into melanoma, which is why higher rates of melanoma are often seen in late adulthood.<sup>14</sup> The current increase in melanoma in older populations is the result of exposure to UV radiation starting in childhood and young adult years. That means preventing exposure to UV radiation as early as possible in a person's life is important.

Recently a concerning trend has appeared showing increasing rates of melanoma in young women. One study showed that the incidence among young white women aged 15 to 39 years increased from 5.5 cases per 100,000 people in 1973 to 13.9 cases per 100,000 people in 2004, a larger increase than in men of the same age. More importantly, is that while this increase stabilized in young men beginning in the 1980's, it began to accelerate among young women in the early 1990's.<sup>15</sup> As mentioned previously, UV exposure is cumulative. With rates increasing in young women, it suggests that this group is getting more exposure to UV radiation at a younger age than previous.

### **Claim: Vitamin D, an essential nutrient for health, is produced by UV rays.**

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<sup>12</sup> American Academy of Dermatology. "Psoriasis". Obtained August 21, 2013 from <http://www.aad.org/media-resources/stats-and-facts/conditions/psoriasis>

<sup>13</sup> National Institute of Arthritis and Musculoskeletal, and Skin Diseases. "Psoriasis" Obtained August 21, 2013 from [http://www.niams.nih.gov/Health\\_Info/Psoriasis/default.asp](http://www.niams.nih.gov/Health_Info/Psoriasis/default.asp)

<sup>14</sup> Lin J, Eder M., Weinmann S., Zuber S., Beil T., Plaut D., Lutz K. "Behavioral Counseling to Prevent Skin Cancer". Agency for Healthcare Regulation and Quality, 2011. Publication No. 11-05152-EF-1

<sup>15</sup> Purdue M., Freeman L, Anderson W, Tucker M. "Recent trends in incidence of cutaneous Melanoma among U.S. Caucasian young adults" *Journal of Investigative Dermatology*, 2008 128(12): 2905–2908.

Vitamin D is an essential vitamin that is needed for bone health. It can be obtained through many different sources including foods, supplements, and even exposure to UV light.<sup>16</sup> However, the amount of UV light needed to produce enough vitamin D is minimal and puts a person at risk for skin cancer among other things, making supplements and food sources the preferable option.<sup>17</sup>

**Claim: Parents should be able to make the choice for their children.**

The use of other harmful consumer products and services (e.g., tobacco and alcohol) are not left to similar discretionary decision-making as they are with indoor tanning device use. A 2011 study published in the American Journal of Public Health revealed several factors that were significantly associated with increased indoor tanning behavior among 14-17 year olds living in the 100 largest U.S. cities. The study noted that adolescents were much more likely to tan indoors if they thought that their parents allowed it (80 percent more likely) or if they had a parent who used indoor tanning (70 percent more likely).<sup>18</sup>

**Claim: Youth will find other ways to get a tan if they are not allowed access to indoor tanning salons. They may purchase a tanning device for their personal use at home.**

Tanning devices are not cheap, costing well over \$1,000 for a new device<sup>19</sup> and also require room for storage – two key issues for many parents. To assume that every teenager who is unable to use a tanning device in a salon due to an age ban will purchase one is an unfounded claim.

**Claim: Tanning device operators go through training. Therefore they can properly educate users about the potential risks of tanning.**

Many tanning salon employees and operators are teenagers themselves, and while they may be taught how to use and operate tanning devices, they are not provided with sufficient information to educate users about the long and short term consequences of using an indoor tanning device. The tanning industry in 2012 settled with the Federal Trade Commission over false claims made to the public regarding the “benefits” of tanning.<sup>20</sup> Additionally, many studies have shown that tanning salon operators actually encourage young women to tan citing health benefits and indicating that there are no potential health concerns.<sup>21</sup>

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<sup>16</sup> American Cancer Society. “Cancer Prevention and Early Detection Facts and Figures 2013”. Atlanta: American Cancer Society; 2013.

<sup>17</sup> American Cancer Society. “Cancer Prevention and Early Detection Facts and Figures 2013”. Atlanta: American Cancer Society; 2013.

<sup>18</sup> Mayer, et al. (2011). “Adolescent’s Use of Indoor-Tanning: A Large-Scale Evaluation of Psychosocial, Environmental, and Policy-Level Correlates.” American Journal of Public Health, May 2011; 101:5.

<sup>19</sup> American Cancer Society Cancer Action Network internet research.

<sup>20</sup> United States of America Federal Trade Commission. “In the Matter of Indoor Tanning Association, a corporation - Docket Number C-4290 Decision and Order.” May 13, 2010. Available at <http://ftc.gov/os/caselist/0823159/100519tanningdo.pdf>

<sup>21</sup> U.S. House of Representatives Committee on Energy and Commerce Minority Staff. “False and Misleading Information Provided to Teens by the Indoor Tanning Industry – Investigative Report” February 2012.