INDOOR TANNERS AND SKIN CANCER SCREENING

A new survey shows skin cancer screening is underused by indoor tanners. The study, published in *JAMA Dermatology*, examined the prevalence and correlates of skin cancer screening among indoor tanners and nontanners.

The 2015 National Health Interview Survey was a multi-stage, clustered, cross-sectional design with 30,352 participating adults. The response rate for the sample adult data used in this study was 55.20 percent after excluding 1,099 individuals who reported a history of skin cancer (SC) and 2,221 individuals with unknown skin cancer screening or indoor tanning history. The researchers conducted multiple logistic regressions separately for indoor tanners (ITs) and nontanners (NTs), simultaneously including all preselected variables of interest as potential predictors. Formal interaction analyses were also performed to determine if the covariate effects differed significantly between ITs and NTs.

Correlates for screening for tanners and nontanners were older age, higher income, seeking online health information, family skin cancer history, very high sun protection factor sunscreen use, and receipt of professional spray-on tans. Correlates for screening for nontanners only were white race, non-Hispanic ethnicity, email use, having a usual clinic or physician’s office, emergency department visits, previous cancer diagnosis, no worry about medical bills, sun protection, and sunless self-tanning.

Of the 30,352 survey participants, 4,987 (16.43 percent) were indoor tanners—1,505 (30.18 percent) of those ITs had been screened for skin cancer, while 4,951 (19.52 percent) nontanners had been screened for skin cancer.

The study authors concluded, “Indoor tanners have a greater tendency to be screened for skin cancer and to be screened at an earlier age than NTs. However, skin cancer screening is still underused in this high-risk population, even among former ITs. … However, some unscreened (compared with screened) ITs may be putting themselves at greater risk of skin cancer, for example, by also being more likely to use low-SPF sunscreen, thus offering multiple potential avenues for intervention.”

INDIANA BECOMES FIRST “SUNUCATED” STATE IN 2018

The Indiana Academy of Dermatology (IAD), with a grant from the American Society for Dermatologic Surgery Association (ASDSA), helped successfully pass legislation to ensure students are protected from the dangers of UV
Gov. Eric Holcomb signed the bill, making Indiana the first state in 2018 to help better protect children through access to sunscreen at school. The legislation known as SUNucate was introduced by Senator Liz Brown and is designed to eliminate barriers that prohibit students from possessing and using over-the-counter sunscreen in school. Sunscreen often falls under broad-reaching “medication bans” that require a physician’s note or prescription to utilize in school.

“Just as schools allow students to bring and wear hats and gloves on the playground to protect against the cold, all schools should allow sunscreen to protect students from the sun,” said Indiana Academy of Dermatology President and ASDSA member Carrie Davis, MD. “Sun-safe practices are a public health concern, and SUNucate encourages the use of sunscreen in Hoosier students to generate lasting sun-safe practices.”

The Centers for Disease Control and Prevention and the United States Preventive Services Task Force both believe that children should have access to sunscreen and other sun-protective measures in order to reduce the risk of skin cancer.

The need for such legislation arose after concerns were raised by dermatologists and reports in the national media about students being required to bring a note or prescription from a physician in order to possess or use sunscreen, which is classified as an over-the-counter drug by the FDA.

USPSTF RECOMMENDATION STATEMENT ON BEHAVIORAL COUNSELING TO PREVENT SKIN CANCER

The US Preventive Services Task Force (USPSTF) recommends behavioral counseling to help reduce the risk of skin cancer from ultraviolet (UV) radiation in persons ages six-months to 24 years with fair skin types.

The American Society for Dermatologic Surgery Association (ASDSA) applauds the USPSTF Task Force’s endorsement of behavioral counseling to prevent skin cancer. The ASDS/ASDSA says it encourages proactive methods that encourage sun-safe behaviors, knowing that changing behavior and reducing the number of skin cancer cases starts with patient education on sun safety and prevention tactics.

“Behavioral counseling complements the Society’s belief that prevention through patient education, early detection and allowing children to use sunscreen without a prescription are vital steps to reduce skin cancer in the United States,” says ASDS/ASDSA President Lisa Donofrio, MD.

But some groups including the American Academy of Dermatology Association (AADA) are concerned that the guidelines didn’t go far enough.

“We want to stress, however, that skin cancer prevention is important for people of all ages and skin types, not just those with fair skin between the ages of six months and 24 years,” says AADA President Suzanne M. Olbricht, MD, FAAD. “The AADA recommends that everyone, regardless of age or skin type, stay out of indoor tanning beds, and protect themselves from the sun’s harmful UV rays by seeking shade, wearing protective clothing and using a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher. While this is important for young people to reduce their risk of skin cancer in the future, these behaviors should continue throughout life.”

The AADA also expressed disappointment that the new guidelines don’t encourage skin self exams.

For more on the new guidelines read Oncology Watch on page 66.