Melanoma Research Alliance

September 3, 2013

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Submitted electronically

Subject: **CDC-2013-0014** – Preventing Skin Cancer through Reduction of UV Exposure

Dear Ms. Watson,

On behalf of the Melanoma Research Alliance (MRA), thank you for the opportunity to provide comments on "Preventing Skin Cancer through Reduction of UV Exposure" as published in the *Federal Register* on August 5, 2013. We applaud the Centers for Disease Control and Prevention (CDC) and the Office of the Surgeon General in the Department of Health and Human Services for your efforts in the fight against skin cancer. Obtaining information from the public on preventing skin cancer through the reduction of UV exposure is an important step, and MRA urges the CDC to strengthen the impact of this program by expanding its focus to incorporate a more comprehensive approach to skin cancer prevention and early detection.

MRA is a public charity that accelerates the pace of scientific discovery and its translation in order to eliminate suffering and death due to melanoma by funding innovative research programs to improve melanoma prevention, diagnosis, staging, and treatment. In addition, MRA works with allies in government, non-profit, and industry to promote awareness about melanoma among the public.

Melanoma is one of the most common cancers in the U.S., and the incidence is rising even at a time when incidence of other common cancers has declined (*Cancer*: 116(3):544-73, 2010). In 2013, more than 76,000 Americans will be diagnosed with melanoma – one every eight minutes – and more than 9,100 will die of the disease – one every hour. Alarmingly, the incidence of melanoma in children, adolescents, and young adults is steadily rising. Melanoma is the second most common form of cancer for young people 15-29 years old. While still unusual, a recent study found that childhood and adolescent melanoma increased 2% a year from 1973 to 2009, driven by 15- to-19 year-olds (*Pediatrics*: 131(5):846-54, 2013). Melanoma is the deadliest of skin cancers due to its ability to spread widely to other parts of the body. Patients with disseminated Stage IV melanoma have a median life expectancy of less than one year. Better approaches for prevention, early detection, and treatment are urgently needed.

Many melanomas could be prevented simply by reducing exposure to UV radiation, the leading environmental factor in the development of skin cancer. At the molecular level, UV radiation is known to damage the DNA of cells, and research has revealed that genomes of melanoma tumors are riddled with the type of DNA damage that is indicative of UV radiation (C>T mutations, which are called "UV signature mutations"). One blistering sunburn in childhood or adolescence more than doubles a person's chances of developing melanoma later in life (*Journal of Dermatologic Surgery & Oncology*: 12:981-6, 1983). A person's risk for melanoma also doubles if he or she has had five or more sunburns at any age (*British Journal of Dermatology*: 144(3):471, 2001). Even a suntan without burning is a sign of skin damage. Therefore, MRA encourages the public to use broad-spectrum sunscreen; wear sun protective clothing, hats, and sunglasses; seek shade; and avoid the sun during midday when UV rays are most intense. Children should especially be protected yet, at the same time, outside exercise is an important part of an active and healthy lifestyle. Communities and schools should provide shaded areas for play and educate children about the importance of skin cancer prevention. Australia's "Slip, Slop, Slap" and SunSmart campaigns are successful models for encouraging sun protective behaviors (*Health Education & Behavior*: 28(3):290-305, 2001). The recommendations and resources developed by the World Health Organization and CDC should be integrated into all schools and other facilities in which children are educated and cared for.

In addition to avoiding UV from the sun, MRA strongly urges additional restrictions and regulations covering indoor tanning devices. Evidence linking the use of UV tanning devices to melanoma has been broadly published. The risk of developing melanoma increases by 75 percent for individuals who have been exposed to UV radiation from indoor tanning, and this risk increases with each use (*International Journal of Cancer*: 120, 1116-1122, 2007). Since 2.3 million teens tan indoors in the United States annually, restricting teens' access to indoor tanning is critical to preventing skin cancer (*Archives of Dermatology*: 139:443-8, 2003). With the Food and Drug Administration's (FDA) recent issuance of proposed tanning bed regulations, there is real momentum about the risks of these devices. Unfortunately, knowledge about the dangers of indoor tanning often does not change behavior (*Photodermatology, Photoimmunology & Photomedicine*, 16(1):15-18, 2000), and young people in particular believe that a tanned appearance is attractive and healthy (*Pediatrics*, 118(3):853-864, 2006). Thus, restrictions for minors, rather than warnings, are critical to reduce the impact of skin cancer developed as a result of indoor tanning.

In addition to primary prevention approaches, there is a need for more research to establish appropriate secondary prevention strategies. In fact, early detection has the potential to significantly reduce the deaths from melanoma. While routine skin screening is not currently practiced in the US, there is emerging knowledge about the effectiveness of screening that might inform such policies. Recent findings from a pilot study conducted in Schleswig-Holstein, Germany, demonstrate the benefits of skin cancer screening on a population-based level. The pilot program, which began in 2003, involved more than 360,000 people aged 20 years or older, who were screened by whole body examination. Nearly three-quarters of exams were performed by general practitioners with referrals to dermatologists if suspicious lesions were found, while the remaining participants were seen by a dermatologist. More than 3,000 new

skin cancers were diagnosed, including 585 melanomas. Data revealed that melanoma mortality was cut in half in the geographic region (*Cancer*, 118(21):5395-402, 2012). This encouraging study has several implications for considering screening programs in the U.S.

Finally, investments in cutting-edge research are critical to improving the prognosis of melanoma patients and all who are at risk. Historically, options for patients for metastatic disease have been severely limited, but the approval of four new treatments since 2011 has considerably changed the melanoma landscape. Given that most of these treatments only benefit a subset of patients, more effective options are urgently needed.

There is unprecedented opportunity to make a difference in the future course of melanoma and other skin cancers. We believe the time could not be more opportune to elevate skin cancer prevention to the forefront of our nation's public health agenda. We commend and thank the CDC for their leadership in helping reduce and prevent skin cancer. Increased efforts are needed to prevent many from receiving a diagnosis of skin cancer in the future.

While the public is becoming increasingly aware of the dangers of UV exposure and the risk for melanoma, much more needs to be done. MRA is eager to support the CDC in identifying evidence-based prevention strategies and practices to help address the rising incidence of skin cancer. Thank you again for the opportunity to submit our comments. We invite the CDC to call upon MRA to assist in collecting the necessary information for the issuance of the Office of the Surgeon General publication. Please feel free to contact me at wselig@curemelanoma.org or 202-336-8939 or Alexandra Carney, MRA Scientific Program Manager at acarney@curemelanoma.org or 202-336-8929 with any questions you may have.

We look forward to working with you and other key stakeholders to ensure that this process yields actionable results and a roadmap for the many steps that need to be undertaken to defeat melanoma and other skin cancers.

Sincerely,

Wendy K.D. Selig
MRA President and Chief Executive Officer