

MEPs AGAINST CANCER ROUNDTABLE SUNBED USE: ALL COST NO BENEFIT

22 JUNE 2017



WHO FACTS & FIGURES

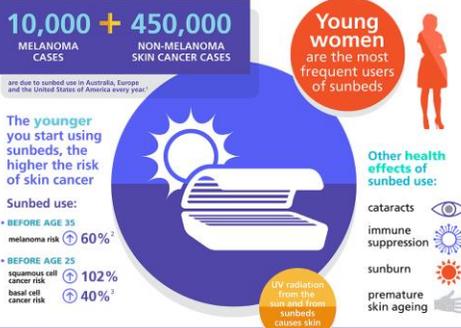
10,000 melanoma cases and 450,000 non-melanoma skin cancer cases are connected to sunbed use in the US, Europe and Australia every year

Risk of melanoma grows by 60% with the use of sunbeds before the age of 35

Other health effects of sunbed use include cataracts, immune suppression, sunburn and premature skin aging

SUNBEDS CAUSE CANCER

Sunbeds pose a risk for all people. The most vulnerable are young and fair-skin people.



¹ Institute for Environmental Health Sciences, University of California, San Francisco, CA, USA
² American Cancer Society, Atlanta, GA, USA
³ American Cancer Society, Atlanta, GA, USA

MEETING OBJECTIVES

Key stakeholders roundtable meeting which discussed the health-related economic implications of sunbed use, the recently published SCHEER 'Opinion on Biological effects of ultraviolet radiation relevant to health with particular reference to sunbeds for cosmetic purposes' and the WHO study 'Artificial tanning devices: Public health interventions to manage sunbeds' which provided a summary of health effects related to sunbed use and a catalogue of interventions that have been used to reduce risk associated with artificial tanning.

INTRODUCTION

MEP Charles Tannock welcomed his co-chair MEP Nessa Childers and other participants and, as a former melanoma patient, expressed concern over the use of sunbeds in young populations across Europe. He stressed the need to spread awareness about the potential health risk sunbeds can cause, and called for legislation as an effective tool to address this issue.

EXPERT PRESENTATIONS

I. Prevalence of use and health risks associated with sunbeds by Dr. Mariano Suppa, Euromelanoma

Dr. Suppa pointed to several studies which showed that over 3400 melanoma cases were every year attributed to the use of sunbeds in Western, Northern and Southern Europe. Reports further showed that in the EU, the prevalence of sunbed use is the highest in Belgium, Latvia and Denmark, and the lowest in Malta, Portugal and Greece, respectively. This could be explained by the sociocultural background, local climate, availability of tanning studios, presence of use-curbing legislation and the impact if prevention campaigns. The use of artificial tanning devices is high particularly among women between 20 and 35 years old.



POLICY INTERVENTIONS

Complete ban

Ban of domestic use

Require doctor's prescription

Display warning signs

Impose tax

Prohibit unsupervised access

Set a minimum age limit

Restrict use for high-risk individuals

Require license for tanning establishments

Require eye protection

Train sunbeds operators

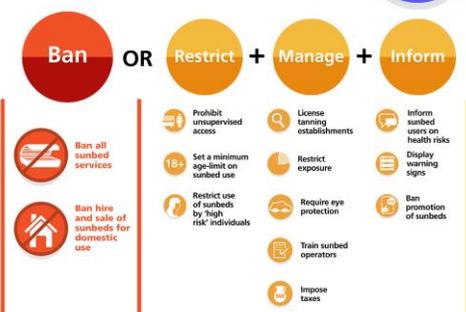
Limit exposure

Inform users on health risks

Ban advertisement and promotions

MANAGING SUNBEDS

Policy measures can reduce health risks



Enforce these policies to prevent health impact



II. Cost of illness of malignant melanoma due to sunbed use by Dr. Magdalene Krensel, University Medical Centre Hamburg-Eppendorf

Dr. Krensel pointed to the fact that there have only been a few studies concerned with the cost of illness of malignant melanoma in Europe. Hence getting a complete picture was impossible due to the lack of data. Studies did not take into account new innovative treatment options nor information on patients' stages of melanoma. On the other hand, factors such as in- and out-patient treatment, medication, care, hospice, mortality, morbidity were taken into account. The difference between the cost of melanoma illness differs greatly in the EU from Bulgaria (€820 per patient per year) to Luxembourg (€14,800). Such numbers however need to be viewed in the context of access to treatment, overall survival rate and the diverse data collection methods in different Member States.

III. EU SCHEER OPINION: Possible next steps by Luca Del Colombo, European Commission, DG GROW

The European Commission and its Scientific Committee on Health, Environmental and Emerging Risks (SCHEER) published an opinion in November 2016 on biological effects of ultraviolet radiation relevant to health with particular reference to sunbeds for cosmetic purposes. The SCHEER concluded that (i) UVR, including UVR emitted by sunbeds, is a complete carcinogen, as it acts both as an initiator and a promoter. The Committee concluded that there is strong evidence that exposure to UVR, including that emitted by sunbeds, causes cutaneous melanoma and squamous cell carcinoma at all ages and that the risk for cancer is higher when the first exposure takes place in younger ages. There is also moderate evidence that exposure to UVR, including that emitted by sunbeds, also increases the risk of basal cell carcinoma and ocular melanoma; (ii) the beneficial effects of sunbed use, such as generation of vitamin D, are outweighed by the adverse effects. There is no need to use sunbeds to induce vitamin D production because alternative sources of vitamin D are readily available; and (iii) there is no threshold level of UV-irradiance and UV-dose for the induction of skin cancer. Hence there is no safe limit for exposure to UV radiation from sunbeds.

Mr Del Colombo further updated the participants on the latest cooperation between DG GROW and DG JUSTICE and the use of sunbeds from the perspective of product safety in the light of the Low Voltage Directive. He encouraged participants to provide feedback on the Commission latest practices and invited interested parties to participate in the working group on sunbeds as of September 2017.

IV. Policy Interventions to Limit or Ban Sunbed Use by Dr. Emilie van Deventer, WHO

Sunbeds were classified as carcinogens in 2009. Since then there has been many evidence-based recommendations such as the 2014 European Code Against Cancer or the 2016 SCHEER opinion. On 21 June 2017 the WHO published a new report called '[Artificial tanning devices: Public health interventions to manage sunbeds](#)' which shows examples from different countries in Europe and



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beyond that regulate the use of sunbeds - ranging from a complete ban (Brazil, Australia) to ban of unsupervised use, age-limits, licensing and awareness campaigns. Dr. van Deventer underlined that most countries characterise sunbeds as consumer products rather than medical devices, so specific legislation may be required to regulate their sale or use. In case countries are not willing to ban sunbeds, there should be proper information, management and restrictions running in parallel to lower skin cancer risk.

INTERVENTIONS & DISCUSSION

Brigitta Boonen, Belgian Cancer Foundation, Euroskin, pointed to an existing legislation in Belgium, but stressed the fact of its constant breach. However, there shall be a new royal decree which would require a doctor's prescription for the use of sunbeds. She deemed sunbed use as emotional rather than rational, hence awareness campaigns were not always effective. It might take decades to change the behaviour. She further countered an industry argument about the loss of jobs which the ban of sunbeds might cause, because not many places provide sunbeds only and people do not usually work with sunbeds full-time. She pointed to a study from the Netherlands which showed that around 500 people would be effected by the ban.

On 26 June 2017 the Belgian Superior Health Council, a governmental scientific advisory body, published an [advice](#) recommending a complete ban of all artificial UVR devices available to the public, with the aim of reducing the risk of skin cancer.

Kurt Annendijck, Stand up to Cancer Flanders, called for a European action against the use of sunbeds and the necessity for proper enforcement of such policies.

Dr. Veronique del Marmol, Euromelanoma, EADV, Euroskin, likewise deemed the employment argument as less relevant than people may think. She further stated that in case sunbeds were not banned, they must be regulated and the question of the implementation of the regulation would be crucial.

Brian Køster, Danish Cancer Society, presented the case of Denmark where there is a regulation in place which is not being properly implemented. Their awareness campaign, however, was a success and the number of young people who are using sunbeds decreased.

Dr. Suppa warned about the numerous myths connected to sunbed use such as pre-vacation tan and underlined the urgency of educating doctors about the sunbed-related risk since they are not always aware sunbeds are first class carcinogens.

MEETING CONCLUSION

MEP Nessa Childers emphasised the constant pressure about employment the industry puts on MEPs and noted that there needs to be some balance and policies which concern sunbeds need to be put in the health perspective, because they, similarly to tobacco, kill people. MEP Childers thanked the speakers and other experts for their active participation in the policy debate.