



# **SKIN CANCER IN THE UK:** **THE FACTS**

**Skin Cancer is the most common cancer in the UK and is rising to epidemic proportions - this report explains *why action is needed to stop this preventable cancer***



**SKIN  
CANCER  
UK**

CAMPAIGNING FOR ACTION



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# FOREWORD

## DR. CHRIS STEELE

A patron of national skin cancer charity SKCIN, Dr Chris Steele MBE is the resident doctor on the popular ITV programme, 'This Morning'. He took part in the very first show 23 years ago and still appears every week. Chris, who qualified as a doctor in 1968, also writes for *Woman* magazine. He himself has had skin cancer – twice! These occurred on his face and his back. The surgical removal of the skin cancer on his face was conducted live on air to bring the skin cancer message powerfully home to viewers.

*Every year there are more new cases of all skin cancers in the UK than breast and lung cancers combined.<sup>1</sup> While the majority of skin cancers are treatable, the most deadly form (malignant melanoma) kills over 2,000 people in the UK each year, with all skin cancers killing a total of more than 2,500 annually.<sup>2,3</sup>*


*Tragically, skin cancer often strikes at a younger age than other cancers, and cases of malignant melanoma have quadrupled over the last 30 years.<sup>4</sup> Yet, skin cancer is preventable in many cases and, if recognised and detected early, the outcomes for patients are good.*

*A variety of relatively low profile media campaigns in recent years have contributed to increased public awareness about the dangers of overexposure to UV - recognised as the main cause of skin cancer - but this awareness has not yet translated into mass behavioural change. It's clear that a greater, more sustained effort is needed.*

*During the summer months in Britain, how often do you see people who are sunburned, yet doing nothing to cover up their damaged skin, let alone putting on sunscreen or seeking out shade? Our children are at risk and outdoor workers are overlooked. It is only when we achieve behavioural change that we will be able to prevent unnecessary deaths.*

*The facts cannot be ignored. Increased funding and action from government health and education departments, working together with clinicians, nurses, teachers, charities, employers and the media, are urgently needed NOW if we are to address the increasing number of deaths from what could well become a UK epidemic.*

*Dr. Chris Steele*



# SKIN CANCER: KEY FACTS

PROVIDED BY  
CANCER RESEARCH UK

Skin cancer - the most common cancer in the UK<sup>1</sup> - can be divided into two main types: non-melanoma skin cancer and melanoma skin cancer (also called malignant melanoma)

Non-melanoma skin cancer is almost eight times as common as malignant melanoma<sup>3</sup>

Of the non-melanoma skin cancers, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) may require complex management, often involving surgical removal of cancers

Skin cancers have the potential to cause death - over 2,521 people die from skin cancer every year in the UK (2006-2008)<sup>3</sup>

Over the last 25 years rates of malignant melanoma in Britain have risen faster than any of the top ten cancers in males and females.<sup>5</sup>

There were 11,767 new cases of malignant melanoma diagnosed in 2008 in the UK<sup>5</sup>

Malignant melanoma is the second most common form of cancer among young adults aged 15-34 years<sup>5</sup>

Malignant melanoma is the fastest growing cancer in men and the second fastest in women<sup>4</sup>

Like most cancers, skin cancer is more common with increasing age, but malignant melanoma is disproportionately high in younger people<sup>6</sup>

Malignant melanoma incidence rates in Britain have more than quadrupled over the last 30 years<sup>5</sup>

Cancer Research UK estimates that malignant melanoma will become the fourth most common form of cancer (in terms of incidence) by 2024<sup>7</sup>

In 2008 over 98,800 non-melanoma skin cancers (NMSC) were registered in the UK, but it is estimated that the actual number is at least 100,000 cases in the UK each year.<sup>5</sup>

**New figures revealed by Cancer Research UK state the fact that two young adults (15-35) are now diagnosed with melanoma every day in the UK!**

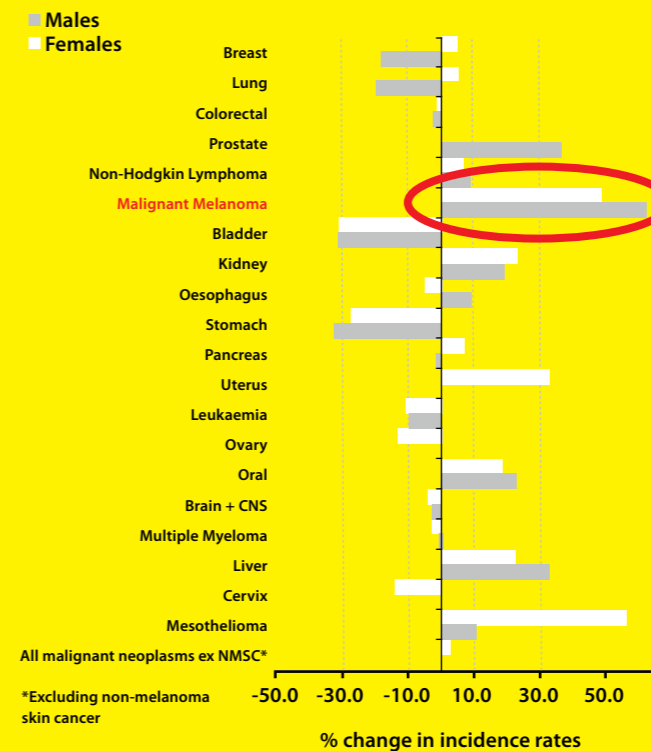
# WHY IS ACTION NEEDED?

## A huge public health problem—and growing...

The rising rate of skin cancer in the UK is a major public health issue. Over the last 25 years, rates of melanoma in Britain have risen faster than any of the top ten cancers in males and females and an average of five people die each day from the disease (2006-2008).<sup>5,3</sup>

Tragically, rates of melanoma, the most deadly form of skin cancer, are disproportionately high in younger people, with almost one third of cases occurring in people under 55 years old.<sup>5</sup> It is estimated that the rate in young people (15-34) will grow by a further 70% in the next 15 years.<sup>8</sup>

Figure 6.4: Percentage changes in the age standardised (European) incidence rates, major cancers, UK, 1998-2007



Source: Cancer Research UK

In November 2008, the All Party Parliamentary Group on Skin released a report\*, 'Skin cancer – improving prevention, treatment and care', which called broadly for better funding of public awareness campaigns, more expertise among healthcare professionals, tougher rules on sunbed use and better co-ordination of cancer services to specifically tackle skin cancer. No fewer than 10 policy recommendations were made. Since that time, the only notable movement has been in the area of sunbeds - in December 2010 Scotland introduced a ban on their use by under-18s, with England and Wales following in April 2011 and presenting a united national front. There has also been a review of skin cancer prevention by NICE.<sup>26</sup> Numbers of skin cancer clinical nurse specialists have increased nationally. Other priorities, including reducing VAT on sunscreen and increasing the numbers of consultant dermatologists to European levels have not been addressed.



## Sunburn or “Shunburn”?\*

Although there are a number of factors that can increase a person’s risk of skin cancer, it is accepted that the major risk factor is exposure to ultraviolet light, either from the sun or from sunbed use.<sup>9</sup> Like other parts of the world, the UK is now reaping a sinister harvest from sun damage acquired during the ‘70s, ‘80s and ‘90s, largely due to people’s increased affluence, greater mobility and the availability of cheap holidays abroad. Yet despite greater public awareness since that period of the need to protect our skin in the sun, there has been negligible change in public behaviour. Research has shown that UK residents are less likely to apply sunscreen at home compared to when they are abroad, suggesting people are unaware they can burn in the UK.<sup>10</sup>

\* Teenage Cancer Trust campaign

Do we see “safety in the sun” messages as a government plot to spoil our fun? Making the most of the sun on our brief summer holidays abroad and weekend picnics in the park are activities we associate with being healthy and with enjoying ourselves, particularly given our unpredictable climate. Are the British public’s lack of knowledge of the dangers of overexposure to UV, and inability to detect the early signs of skin cancer, contributing to the growth in skin cancer? Or does the social pressure to sport a tan outweigh an individual’s concern for their health? The Teenage Cancer Trust provided alarming information concerning the attitude of adolescents towards sun exposure, with over a quarter of teens intent on getting sunburned in order to tan and nearly a third admitting they never use sunscreen while abroad. A majority of teenagers also think the sun is less dangerous in the UK compared to abroad.<sup>11</sup> The charity addresses such problems through its ongoing “Shunburn” campaign, which encourages young people to look after their skin.

Sunbed use continues to be widespread, even among children. In 2009, research from Cancer Research UK, the National Cancer Action Team and the Department of Health estimated that up to 250,000 children aged 11 – 17 were using sunbeds.<sup>12</sup> Such evidence is of grave concern, since sunburn in childhood (and ongoing into adulthood) greatly increases the risk of developing skin cancer later in life.<sup>13,14</sup> This should begin to reduce over time with the new introduction in April of legislation to curb the use of sunbeds in England and Wales, however, Skin Cancer UK is concerned to understand how this law will be policed.





## UK deaths from skin cancer higher than Australia

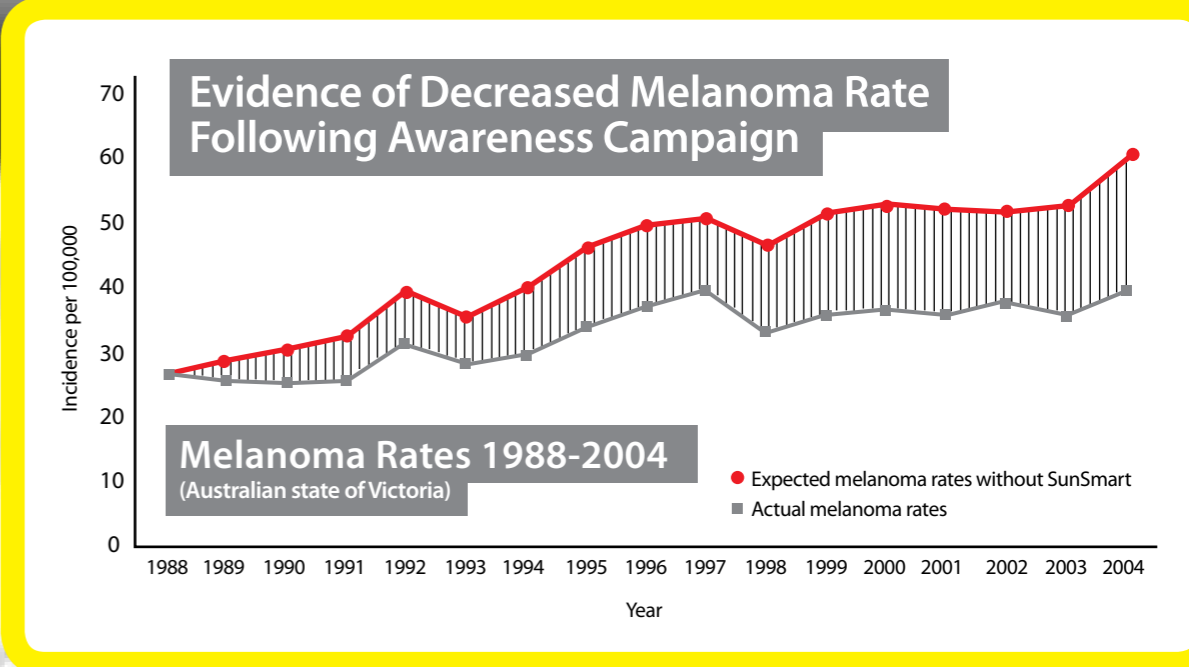
The fact is that more people die from skin cancer in the UK than in Australia, which, with New Zealand, has the highest incidence in the world.<sup>15</sup> The difference is that in Australia, well-funded awareness campaigns over more than 20 years, co-ordinated under one main brand (SunSmart), coupled with a focus on primary and secondary school education, have resulted in considerable improvements in public attitudes to sun protection and early detection of any skin changes. This has resulted in long-term savings to the public health system.

Experts there have demonstrated that, for every dollar spent on sun awareness, AUD\$2.32 will be saved in eventual costs to the Australian healthcare system – representing a 'blue chip investment in health'.<sup>16, 17</sup>

Importantly, the public has also been educated in the signs of what to look for, and widespread mole clinics mean that suspicious changes to a mole can be detected and treated early by health professionals before it becomes life-threatening.

Well documented and consistently evaluated, the Australian awareness activity provides invaluable experience that can be applied today in the UK. The state-based Cancer Councils charities have demonstrated that investment in campaigns across a range of media - including and especially television - results in increased awareness and behaviour change. Moreover, interruption to the campaigns if funding is reduced or withdrawn leads to any gains being quickly eroded.<sup>18</sup>

The greatest impact - and therefore the greatest return on investment - has been demonstrated in those who have had most exposure to the SunSmart message from an early age. For this reason, Skin Cancer UK strongly advocates a focus on primary school education in the UK.<sup>18</sup>



Source: Cancer Council Victoria

## More targeted campaigns needed for “at risk” groups

Over-exposure to UV in childhood indicated by reports (as well as throughout adulthood) increases the likelihood of developing skin cancer in later life, with sunburn in childhood almost doubling the risk.<sup>14</sup> Given this, it is scandalous that sun awareness messages are not mandatory in British schools. Some programmes are in use ad hoc around the country – chiefly the Cancer Research UK “SunSmart” campaign and the “National School Partnership” sponsored by Garnier, both offering classroom material to aid teachers in developing a sun awareness lesson. Unfortunately, both are optional and depend on teachers finding and using these programmes, so currently, the decision whether or not to deliver sun-care advice is largely left to the discretion of the individual teacher.

The British workforce are equally seemingly forgotten when it comes to awareness of the dangers of overexposure to UV – clearly a key issue for those spending eight hours or more, five days a week, outdoors. Both incidental and chronic exposure to the sun – such as may be experienced in many outdoor occupations - carry increased risk of skin cancer.<sup>19</sup> Most health and safety manuals, however, carry no information on the subject. In the construction industry, exposures to carcinogens lead to more than half the occupational attributable cancer deaths in Great Britain (comprising bladder, lung, mesothelioma, skin, sinonasal cancers) as well as a high number of non-malignant skin cancers. Most commonly implicated is exposure to asbestos, followed by solar radiation.<sup>20</sup>

## The costs of skin cancer are soaring

Although it represents a relatively small proportion of the total cost of expenditure on all cancers, the cost of skin cancer is nevertheless considerable and rising at a rapid rate - and is an increasing burden on the NHS.

Based on 2002 figures, the cost is in excess of £240 million – 42% of this figure are costs to the NHS.<sup>21</sup> This cost is higher than NHS costs associated with multiple sclerosis or migraine. Fifty-eight per cent of this cost is due to malignant melanoma and, as rates of the disease increase (43% in the last 10 years), so will the cost.<sup>6</sup>

**Despite this, the level of government funding for public awareness has not kept pace with the sharp increase in skin cancer incidence. Nor are there any analyses being conducted into the cost-effectiveness of treatment and prevention – a situation that is ‘lamentable given the importance of skin cancer as a growing public health problem in the UK;’ (Morris, Cox and Bosanquet, *European Journal of Health Economics*, 2009).**

A skin cancer report on prevention produced by The Cancer Council of Australia and the Australasian College of Dermatology (July, 2008) estimated that regular use of sunscreen during the first 18 years of life could reduce the incidence of non-melanoma skin cancer by approximately 60%.<sup>22</sup> Closer to home, the cancer charity Tenovus and the Institute of Environmental Health in Wales have petitioned the Welsh Assembly to fund sun protection for children. They have calculated that providing sunscreen for the more than 250,000 under-11s would be considerably cheaper than the estimated long-term cost of present treatment for skin cancer in Wales amounting to £14 million per annum.<sup>23</sup>

## Action needed before it's too late

Attempts to manage the rising costs of skin cancer set against the rising incidence of the disease must inevitably lead to the conclusion that successful education to bring about behaviour change will, in the long term, not only bring about huge savings for the NHS but also and, most importantly, save many lives.



# CALL TO ACTION

## HEALTH AND EDUCATION COLLABORATION NEEDED

Skin Cancer UK is seeking the support and involvement of all organisations with an interest in halting the alarming rise in skin cancers in the UK. Whether they are skin cancer-specific charities, an association of clinicians or supportive companies from the private sector, the combination of collective participation in pursuit of a common and unified goal provides a rock solid foundation for bringing about much needed change.

### Specifically, we are calling for:

- **An all year-round, national public health awareness campaign** designed to change behaviour and reduce unnecessary exposure to harmful UV light, with a particular focus on school education. The awareness campaign must also seek to educate all areas of society about the importance of the early detection of skin cancer, how this can save lives and reduce the cost burden on overstretched NHS resources.

Lives can be saved in the future with relatively little additional funding. School classrooms throughout the length and breadth of the country must become the source of behavioural change – in the short term, with the backing of Governors and Head Teachers, and in the long term, as a mandatory part of the school curriculum:

- It should be mandatory for schools to have an enforceable policy on sun safety based on national guidelines for UV exposure.
- The governing bodies of schools (National Governors Association) must become more aware of the implications of sun damage on young skin and of their responsibilities in regard to ensuring that their duties under existing Health and Safety regulations are rigorously applied.
- Head Teachers, via the National Association of Head Teachers should also be made aware of their responsibilities towards pupils outside the classroom but still on school premises.
- Children entering primary school should have some knowledge of the dangers of overexposure to UV. This can be achieved by educating new mothers through parenting clubs and within the pre-school/nursery school environment.

By targeting these key groups with well formulated, scientifically logical and achievable outcomes, we believe we can quickly begin to affect the necessary behaviour change at relatively low cost and achieve long-term savings to the NHS.





# DRIVING BEHAVIOURAL CHANGE AMONG THE GENERAL PUBLIC

There are several ongoing campaigns aimed at raising awareness about the dangers of UV exposure and providing “safety in the sun” messages to the UK public. These are run by a variety of organisations, including Cancer Research UK, Teenage Cancer Trust, Wessex Cancer Trust (MARCS telephone advice line for skin cancer support), Macmillan Cancer Support, Killing Cancers, British Association of Dermatology, SKCIN and a few others including localised charities. They offer valuable resources, information and funding for services. For example, Macmillan Cancer Support funds many skin cancer nurse specialist roles, across the country or in specific regions. SKCIN, founded in 2005, is the only national charity dedicated specifically to skin cancer.

Information is also provided by The Health and Safety Executive, and professional clinical bodies such as the British Association of Dermatology, the Primary Care Dermatology Society, the British Dermatology Nursing Group, the British Association of Skin Cancer Specialist Nurses and the British Association of Plastic, Reconstructive and Aesthetic Surgeons.

Since 2003, Cancer Research UK has managed the government-funded “Sunsmart” campaign, which aims to work with media and commercial organisations to communicate important messages about overexposure to UV light and to promote safe enjoyment of the sun. However, the funding available for this campaign is insufficient to the size of the problem we face – only £518,500 for England, Scotland and Wales in 2010. Greater funding to an overarching group focused on skin cancer would allow more targeted and coordinated messaging with campaigns and channels tailored to individual groups or situations for example, adolescents, the workplace, education in schools and outdoor sport and leisure activities. Currently, there is the risk of fragmentation and duplication with so many groups disseminating prevention messages.

The need for increased coordination between the NHS, local authorities and voluntary groups to change people’s attitudes and behaviour towards sun protection was also one of the many recommendations of the Melanoma Taskforce, led by Sian James MP, in its ‘2015 Skin Cancer Visions report’, published in October 2010.<sup>24</sup>

An analysis carried out by Matrix Evidence for NICE in July, 2010 estimated that a cost-effective campaign that would bring about a change in attitude towards sun exposure (England and Wales including children, adolescents and adults) would involve sustained activity over a five-year period.<sup>25</sup> It is believed that such a campaign would significantly improve individuals’ behaviour in terms of overall sun protection.

The current Government’s policy of re-directing responsibility for public health away from the NHS towards local authorities provides an opportunity for the development of stronger links between public health and local education authorities. The ideal coordinator of a programme to deliver sun safety education to primary school children and their parents is the school nurse in collaboration with teachers. This can only happen if public health budgets are ring-fenced, if there are national mandatory guidelines, and local authorities recognise the massive public health burden that skin cancer represents now and in the future.

**The valuable contributions to public awareness and services by individual organisations should be applauded. However, it is no substitute for a well-funded and joint effort towards awareness, education and training around skin cancer. A unified approach is needed to halt the spread of skin cancer and stop more people dying of this preventable disease.**



# IMPACT OF NEW GOVERNMENT POLICY ON SKIN CANCER EDUCATION AND AWARENESS

The publication of the Cancer Reform Strategy in 2007 laid out the then government's five-year plan for improving cancer care in England, along with a 'Visions' document for skin cancer, among others. The Visions documents do not represent government policy but are intended to provide insight into how cancer services might develop over the next five years.

In addition to the Improving Outcomes strategy published earlier this year, the Department of Health updated its 2012 Visions. The amended Visions for 2015 set out the direction of policy travel in skin cancer and state what the Department hopes the new cancer strategy will have achieved.

The Melanoma Taskforce reviewed the progress made towards implementing those original 2012 visions and created its own 2015 Visions report in 2010.

Of the proposals that make up the Department of Health's new 2015 Skin Cancer Visions, 17 directly echo the recommendations made by the Melanoma Taskforce in its report published last October.

While this is positive news, it remains to be seen if these revised government goals are met. Critical among these recommendations are mandatory training and guidance for healthcare professionals including GPs, medical students, nurses and allied professionals such as chiropodists, pharmacists, physiotherapists, as well as those in the beauty, health and alternative therapies sectors (e.g. hairdressers and swimming instructors), in the early detection, recognition and referral of suspect lesions.

Since last year's publication of The White Paper on Health in July 2010, we have seen a reduction in spend on frontline services in dermatology within the NHS and, as yet, nothing to address raising awareness of the problem or improving early detection of skin cancer. On the legislative front, we welcome the recent legislation to curb the use of sunbeds in England and Wales - the result of successful collaboration between clinicians, MPs and charities - although assurances are needed on how this is to be policed. Worryingly, we have also recently seen the launch of private companies selling 'Mole Check' services via the internet and the High Street, and are concerned over the lack of regulation and control of such services.

In addition, the National Institute for Health and Clinical Excellence (NICE) has recently published guidelines on the prevention of skin cancer.<sup>26</sup> However, media reports suggest that these will not end public confusion around the issues of vitamin D versus sun protection nor the appropriate Sun Protection Factor (SPF) consumers should be using. A future unified awareness campaign must address these issues as consumer confusion can understandably lead to inaction.

Skin Cancer UK supports 15-20 minutes of daily unprotected sun exposure - before 10.00am or after 3.00pm, when UV is at its peak intensity - as being sufficient to generate the minimum required levels of vitamin D. WHO and sun experts in Australia also advise that unprotected exposure where the UV index\* is lower than '3' is considered safe.

*\*The UV index is an international standard measurement of how strong the ultraviolet (UV) radiation from the sun is at a particular place on a particular day. It is a scale primarily used in daily forecasts aimed at the general public.*



# EDUCATION VITAL FROM AN EARLY AGE

## PLANTING THE SEEDS OF SUN SAFETY IN PRIMARY SCHOOLS

Awareness of UV exposure and its link to the development of skin cancer is largely regarded as a public health issue, rather than an educational one, however, the two are inextricably linked.

**The most enduring way to increase awareness of skin cancer, the dangers of overexposure to UV and early detection among children would be to have the subject taught as part of the National Curriculum under PSHE (Personal, Social, Health and Economic Education).**

In Australia, there is clear evidence of the cost-effectiveness of creating awareness within schools. It is apparent that while there are differences in climate and culture, we should learn from their success in demonstrating that education on prevention costs significantly less than treatment over the long-term. Schools in Australia are able to apply for a specific "SunSmart" status, and skin protection is now part of the health education programme in more than 75% of schools across Australia. Some states are higher – Victoria, originator of the 'Slip Slop Slap' campaign, has achieved SunSmart status in 95% of primary schools.

In the Skin Cancer Visions for 2012, Professor Sir Mike Richards, National Clinical Director for Cancer and End of Life Care, acknowledged that the long-term Australian "SunSmart" campaign had been effective in reducing the rising incidence of melanoma. He agreed that similar campaigns in the UK are likely to lead to increased awareness, and may have similar results in promoting earlier detection of skin cancer (which in turn influences prognosis and outcomes such as fewer deaths and reduced scarring).

A more rapid, more cost-effective means of achieving our objective of delivering a more consistent approach to sun safety in primary schools is by targeting key influencers within the educational environment with well formulated, scientifically logical and achievable outcomes, and we believe that a few carefully chosen interventions will quickly begin to affect the necessary behavioural change that is necessary for improving health outcomes of the future.





# FINAL WORD

By tackling a largely preventable, largely treatable cancer with a continuous ongoing national strategy - involving all stakeholders, with its roots in primary and secondary education, aligned with efforts to increase training on detection for primary healthcare professionals, we can hope to halt the chronic epidemic of skin cancer in the UK and, looking forward, save many thousands of lives.



'For too long, the epidemic of skin cancer has been neglected in this country. The shame of it is that simple measures and education in this highly preventable cancer can contribute to a reduction in countless surgeries and even deaths. I applaud Skin Cancer UK for the recommendations in this report and urge the Government to take notice, and take action – it is long overdue.'  
*Barry W.E.M. Powell MCh MA FRCS(Ed) FRCS(Eng)*  
*Burns, Plastic and Reconstructive Surgeon*

**Macmillan Cancer Support is proud to be backing Skin Cancer UK's report:**  
'With the levels of skin cancer rising dramatically among young people, it's more important than ever that stronger measures are in place to protect young people from skin cancer. Tans can be seen as very fashionable but we need to remember that any tan can cause damage and people need to watch over their skin, whatever age they are.'

## THE APPRAISAL TEAM

This document is produced by Skin Cancer UK, initiated and supported by the All-Party Parliamentary Group on Skin, comprising the following organisations:  
SKCIN (Karen Clifford Skin Cancer Charity)  
Skin Care Campaign  
British Dermatology Nursing Group - skin cancer sub-group  
BASCSN (British Association of Skin Cancer Specialist Nurses)



### Richard Clifford – Campaign Chairman

Co-founder and Trustee of SKCIN (Karen Clifford Skin Cancer Charity), Richard has retired from a career in business development, sales and marketing. A member of the Melanoma Taskforce and European Melanoma Advocacy Group, Richard was invited by the All-Party Parliamentary Group on Skin to lead the Skin Cancer UK campaign. Richard's wife, Karen Clifford, died from malignant melanoma in December 2005. With the assistance of family, friends and clinicians at Queens Medical Centre in Nottingham, Richard founded and developed SKCIN to the point where it is now recognised as the UK's leading skin cancer-specific charity.

### Michelle Aldous

Michelle is CEO of industry body Constructing Better Health, which includes 2.2 million outdoor workers.

### Sheena Dryden

Sheena is the Clinical Nurse Specialist for Skin Cancer in South East Scotland, Secretary for the British Association of Skin Cancer Specialist Nurses, committee member of the Scottish Dermatology Nursing Society and member of the UK Oncology Nursing Society, British Dermatology Nursing Group and European Oncology Nursing Society.

### Fiona McMillan

Fiona is External Communications Manager, Bristol-Myers Squibb Pharmaceuticals Ltd. Bristol-Myers Squibb is a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases.

### Anthony Hubbard

Technical director of SKCIN, Anthony has been involved in the development of sun protection development and regularly presents lectures on the science of sun care.

### Debbie Hutchings

Debbie is health and safety adviser at UNITE, Britain's largest union.

### Andrew Langford

Andrew is Chief Executive of the Skin Care Campaign and chairman of the APPGS Skin Cancer inquiry and report.

### David McMillan

David McMillan is a School Governor and retired Head of Healthcare Development for Boots the Chemists.

### Alison Poole

Alison is Professional Relations Director of the Bounty parenting club, which offers much needed advice and support to mums through pregnancy and beyond, helping to make a positive difference to people's experiences of pregnancy and parenthood.

### Saskia Reeken

Saskia is a skin cancer specialist nurse and chairs the British Dermatology Nursing Group skin cancer sub-group.

### Catherine Wheelhouse

Catherine is lead skin cancer clinical nurse specialist at Bradford Teaching Hospitals Foundation NHS Trust and is the Service Development Lead for the Yorkshire Cancer Network Skin Cancer Group.

#### Campaign co-ordination (SKCIN)

Administration – Alannah Beardsmore  
Marketing and Development – Charlotte Fionda  
Creative Design – Kathryn Clifford

#### Public Relations

Berkeley Greenwood, Consultant  
The Secretariat of the All-Party Parliamentary Group on Skin  
Reynolds-MacKenzie

*\* Copies of the APPGS (November 2008) report on skin cancer can be obtained from the Skin Care Campaign [www.skincarecampaign.org](http://www.skincarecampaign.org)*

#### With special thanks to:

- Cancer Research UK
- Craig Sinclair, Director, Cancer Prevention Centre, Cancer Council Victoria; Director, World Health Organisation Collaborative Centre for UV Radiation; and Chair, Public Health Committee, Cancer Council Australia
- Melanoma Task Force
- AND SUPPORTIVE STAKEHOLDERS:
- Bristol-Myers Squibb
- Croda
- St Tropez

## PROFESSIONAL INVOLVEMENT STATEMENT

Statement regarding professional involvement in an advisory capacity to Skin Cancer UK: Catherine Wheelhouse, Sheena Dryden and Saskia Reeken, Lead Clinical Nurse Specialists in skin cancer

We declare that we are willing to participate in sharing our knowledge and experience to support the sub-group's evidence.

We hereby declare we do not endorse any commercial company involved in the sub-group, which presently includes: Bristol Myers-Squibb, St Tropez and Croda, or their produce/brands or any commercial companies that may join the group in the future.

In line with the Nursing and Midwifery Council (NMC) Code of Professional Conduct, a registered nurse:

- Must refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment
- Must not use their professional status to promote causes that are not related to health

Advertising and sponsorship – a registered nurse must ensure that their professional judgement is not influenced by any commercial considerations. It is unacceptable for nurses and midwives to carry any commercial advertising or promotional material on their uniforms

## DISCLAIMER

**Although the appraisal team has made every effort when compiling this presentation, the team cannot guarantee absolute accuracy or completeness of information.**

**We have also strived to obtain as much information as possible from a broad spectrum of sources.**

**Bristol-Myers Squibb has provided communications guidance, editorial assistance and financial support for the launch of Skin Cancer UK.**

**Croda and St.Tropez have also provided support and financial assistance.**

**To request a hard copy of this report please email: [alannah.beardsmore@skcin.org](mailto:alannah.beardsmore@skcin.org)**



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SKCIN (Karen Clifford Skin Cancer Charity)

Skin Care Campaign

British Dermatology Nursing Group - skin cancer sub-group

BASCSN (British Association of Skin Cancer Specialist Nurses)

The logo for Skin Cancer UK features the words "SKIN", "CANCER", and "UK" stacked vertically in a bold, sans-serif font. "SKIN" and "UK" are white, while "CANCER" is yellow. The text is set against a dark circular background with a bright white glow on the right side, resembling a sun or a light source.

**SKIN**  
**CANCER**  
**UK**

CAMPAIGNING FOR ACTION