Hello:

I am speaking on behalf of the Iowa Dermatologic Society, American Medical Association, American Academy of Dermatology, American Academy of Pediatrics, American Society of Oncology, AIM at Melanoma, American Cancer Society, and the Skin Cancer Foundation, and the Iowa Medical Society (IMS).

We all want to ban tanning for minors.

Why? It is now the most common form of cancer for young adults 25-29 years old and the second most common form of cancer for young people 15-29 years old. The majority of these cancers are largely avoidable with sun protection (ultraviolet protection). From 1970 to 2009, the incidence of melanoma increased by 800 percent among young women and 400 percent among young men.

The use of tanning beds has been linked to an elevated risk of melanoma, and teens are among the principal users of tanning devices. The World Health Organization, includes ultraviolet (UV) tanning devices in its Group 1, a list of the most dangerous cancer-causing substances. Group 1 also includes agents such as plutonium, cigarettes, and solar UV radiation. The New Zealand Dermatological Society, Australian College of Dermatologists, and The British Association of Dermatologists all support banning tanning for minors. Ironically, two of these organizations are in areas of high UV risk but still recognize the value of protecting minors from additional ultraviolet radiation.

Research overwhelmingly demonstrates that indoor tanning is dangerous. Indoor tanning is associated with a 75 percent increase in the risk of melanoma, the deadliest form of skin cancer. Melanoma incidence rates have been increasing for at least 30 years and melanoma is increasing faster in young women (15-29 years old) than in young men in the same age group – and a major difference in behavior is that women are more likely to use indoor tanning beds. The melanoma rate was 1 in 600 in 1960 and is now 1 in 60. Melanoma and non-melanoma skin cancers are some of only a few cancers still rising a rapid rate.

Ultraviolet (UV) radiation is the single most preventable cause of skin cancer. The United States Department of Health and Human Services has stated that UV radiation causes cancer, and that UV radiation from artificial sources such as tanning beds and sun lamps is just as dangerous as UV radiation from the sun and should be avoided.
Just one indoor tanning session increases users’ chances of developing melanoma by 20 percent, and each additional session during the same year boosts the risk almost another two percent. (http://www.skincancer.org/skin-cancer-information/skin-cancer-facts)

Please promote legislation to ban tanning to minors. I will provide you with helpful resources, including model legislation drafted by our national organization, the American Academy of Dermatology Association.

It is imperative that young people avoid deliberately seeking a tan. This is the only known way to reduce risk of melanoma not to mention non-melanoma skin cancer, cataracts, and premature aging. We should be educating and protecting students about this dangerous behavior rather than encouraging access to a carcinogen. Minors need protection from avoidable skin cancer risks by banning tanning under age 18.

Arguments that the tanning industry have made include:
1) “Dermatologists use UV (ultraviolet radiation) for certain diseases.” While this is true, we discuss the risk to benefit ratio with the patient prior to discussing this option as this is NOT a first line for for severe psoriasis, cutaneous lymphoma, severe hand dermatitis, or PLEVA. In fact, narrow band UVB and 311nm laser therapy have increased in use based on theoretical less risk of premature aging, non-melanoma skin cancer, and especially reduced melanoma skin cancer risks for patients. The goal is also to reduce the total amount of UV irradiation and ideally limit treatment to just the diseased area. Newer biologic therapies for psoriasis have also moved us away from light therapies because of known skin cancer risks. Dermatologists NEVER push UV therapy on patients without discussing other alternatives. PUVA is well documented to raise melanoma risk after 200 sessions. Dosing is rigid in therapeutic protocols as the risk of cancer is real not imagined. Dosing with heavy tanning goals is not part of any therapeutic protocol and significantly more than controlled UV medical dosing. This is not true in the tanning salon where marked tanning is the goal not control of a disease state. Users of tanning salons can achieve more UV irradiation than living near the equator. The tanning industry is also incorrect by claiming that all light therapy is the same as they have migrated to UVA booths which have little therapeutic value in treating skin disease without using a major photosensitizer, do not promote Vit D, accelerate premature aging, increase risk of basal cell, squamous cell, and especially melanoma skin cancers. Tanning has also been shown to promote addictive behaviors in some users.
2) “People need Vitamin D.” This is true but the only consistent way to obtain vitamin D is through oral supplementation as several studies have shown UVB to be an inconsistent way to obtain Vitamin D. UVA does NOT boost Vit D levels at all. Also, most adult women need calcium with Vitamin D to prevent osteoporosis. Adolescent Caucasian females (the most common tanners in Iowa) are the least likely group to need Vit D supplementation and also not likely to have severe psoriasis, resistant hand eczema, PLEVA, or cutaneous T cell lymphoma. Most medical light therapy is used in adults NOT minors. Dermatologists do try to avoid light therapy in the adolescents/minors. The children and adults most at true risk of Vitamin D deficiency are African Americans as they are at higher risk of lactose intolerance (milk intolerance) and cannot convert Vit D efficiently. This is very different from adolescent Caucasian females.
3) “Artificial tanning is safe.” This is not true. A recent study showed old UVB booths to double melanoma risk. The newer UVA booths actually raise risk over 3 fold! Earlier exposure to UV also raises risk further! Ironically, the UVA booths do NOT increase Vit D levels at all as only UVB raises Vit D but in unpredictable ways. Aggressive tanning can also paradoxically reduce Vit D levels.
4) “Pale Caucasians need color.” There are several ways that patients can get color. This includes the use of dihydroxyacetone via daily gradual tanners, weekly foams, spray booths, and air brush techniques. Dermablend and other cosmetic bronzers are also available to provide safe skin color change. Tanning is not the only way to get color.

Please see these additional references for additional assistance and considerably more detail.

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Melanoma Education Foundation, P.O. Box 2023, Peabody, MA 01960 Tel: 978-535-3080 Fax: 978-535-5602 Email: MEF@skincheck.org

Melanoma International Foundation: http://www.melanomainternational.org/

Iowa Medical Society: "Walton, Kate" <kwalton@iowamedical.org>

Iowa Dermatology Society Contact: <lisa-lammer@uiowa.edu>


Melanoma in Teenagers
http://www.boston.com/news/health/articles/2008/09/21/a_good_tan_is_not_to_die_for_pedroia_tells_students/?page=full
http://www.skincancer.org/true-stories/tales-her-own-story
http://www.sunsafetyforkids.org/

Sun Safety For Kids: http://www.sunsafetyforkids.org/

Skin Cancer Information
http://www.skincancer.org/Search?q=landmark+research+links+melanoma
http://www.skincancer.org/healthy-lifestyle/go-with-your-own-glow/bronzer-not-required
http://www.mayoclinic.com/health/melanoma/DS00439

The Skin Cancer Foundation: http://www.skincancer.org/


http://skincarephysicians.com/skincanceret/index.html

American Cancer Society: http://www.cancer.org/index

The Hill: (12/14, Viebeck) "Healthwatch" blog reports that the "American Cancer Society(ACS) is urging federal officials to impose greater control over the manufacture and distribution of tanning beds, citing an elevated risk of cancer from their use." In a letter sent to HHS Secretary Kathleen Sebelius on Thursday, the ACS alleges that for the past two years, HHS has been "ignoring the advice of an advisory panel that recommended action against tanning beds." They are "not safe and not appropriately regulated," ACS Deputy Chief Medical Officer Len Lichtenstein, MD, wrote in the letter. He also noted that sunlamps "used for tanning are currently regulated by FDA as Class I medical devices" and urged the agency to "reclassify tanning beds to reflect what scientists see as a link between indoor-tanning and skin-cancer-dermatologists-committed-to-educating-public-on-risks .


Melanoma Education Foundation http://www.skincheck.org/

Information on Sun Exposure and UV Radiation, The EPA SunWise Website Homepage http://www.epa.gov/sunwise/index.html
The EPA SunWise UV Index http://www.epa.gov/sunwise/uvindex.html

Use of Tanning Devices and Risk of Basal Cell and Squamous Cell Skin Cancers
http://jnci.oxfordjournals.org/content/94/3/224.short

Safety in the Sun: Protecting your kids from cancer http://www.cdc.gov/cancer/skin/basic_info/children.htm
http://www.nature.com/scitable/topicpage/p53-the-most-frequently-altered-gene-in-14192717
Thank you for your consideration.

Sincerely,

Timothy Abrahamson MD
Iowa Dermatologic Society Representative on the Legislative Committee of the Iowa Medical Society