



American Academy of Dermatology Association
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October 26, 2015

Nadine Pfeiffer
Division of Health Service Regulation
Department of Health and Human Services
2701 Mail Service Center
Raleigh, NC 27699-2701

Dear Ms. Pfeiffer,

On behalf of the 13,500 U.S. members of the American Academy of Dermatology Association (AADA), I am writing to share our support for proposed changes to tanning facility regulations, 10A NCAC 15 .1400. This proposal would implement HB 158, which prohibits minors under 18 from using indoor tanning devices and strengthens the warnings visible to the consumer.

As dermatologists, we dedicate our lives to promoting habits in our patients that ensure healthy skin. The AADA is extremely concerned with the frequent patronage of indoor tanning facilities by adolescents, and urge you to take the necessary steps to protect North Carolina's teens from the dangers of indoor tanning.

Tanning Device Use is as Carcinogenic as Tobacco Smoking

Ultraviolet (UV) radiation from tanning beds has been classified at the highest level as a known human carcinogen by the US Department of Health and Human Services, and is recognized as "carcinogenic to humans" by the World Health Organization's International Agency for Research on Cancer in the same category as tobacco and tobacco smoking, mustard gas, and asbestos.¹ In addition, the Centers for Disease Control and Prevention's Healthy People 2020 goals include the reduction of adolescent use of indoor tanning devices.²

In recognition of the dangers associated with tanning devices, the U.S. Food and Drug Administration (FDA) recently finalized changes to its regulation of tanning beds, including a strong recommendation against the use of tanning beds by minors under the age of 18. The order raises the classification for sunlamps and tanning beds to a Class II level, which institutes stricter regulations to protect public health. Additionally, the new order would require tanning bed and lamp manufacturers to label sunlamp products with a visible black-box warning that explicitly states that the sunlamp product should not be used on persons under the age of 18 years. Further, marketing materials must contain similar warnings and inform consumers of the risk of skin cancer.

Shortly after the FDA's rule, the U.S. Department of Health and Human Services' (HHS) Office of the Surgeon General issued a national call-to-action on skin cancer prevention. The national call to action identifies opportunities for the government, public and private

1445 New York Ave., NW,
Suite 800
Washington, DC 20005-2134

Main: 202.842.3555
Fax: 202.842.4355
Website: www.aad.org

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President

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President-Elect

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¹ IARC Working Group. Special Report: Policy; A review of human carcinogens –Part D: radiation. *Lancet Oncology* 2009; 10: 751-52.

²US Department of Health and Human Services. Healthy People 2020. www.healthypeople.gov/hp2020/Objectives, accessed 22 Nov 2010.

organizations, health care providers and individuals to raise awareness of skin-protection practices. Specifically, the call to action recommends state and local policies and legislation to restrict minors' access. It recognizes that indoor tanning laws that restrict minors' access have been effective in reducing indoor tanning among the most at-risk populations.

There is no such thing as a "safe" tan. UV radiation damages the skin's DNA, which is the beginning stage of skin cancer. Use of indoor tanning beds has been linked to melanoma, basal cell carcinoma, squamous cell carcinoma, molecular damage of the skin, and other acute damage to the eyes and skin, and should be avoided.

Indoor Tanning Significantly Increases One's Risk of Developing Skin Cancer

Epidemiologic data suggest that most skin cancers can be prevented if children, adolescents, and adults are protected from UV radiation. However, the deadliest form of skin cancer, melanoma, is the most common form of cancer for young adults 25-29 years old and the second most common form of cancer for adolescents and young adults 15-29 years old. A study published in the *International Journal of Cancer* found that compared with study participants who had never used a tanning bed, the risk of melanoma was 41 percent higher for those who had ever used a tanning bed, and was approximately doubled for those who reported more than 10 lifetime sessions.³

Indoor tanning is no longer only a risk factor for melanoma. New evidence demonstrates that ever-use of indoor tanning beds is associated with a 69 percent increased risk of early-onset basal cell carcinoma (BCC), the most common form of skin cancer. Risk of developing BCC was also higher in those who begin indoor tanning at earlier ages.⁴

Prohibiting use of indoor tanning for all minors under the age of 18 is critical to preventing future skin cancers. Survey data indicate use of these devices increases with each year of adolescence: indoor tanning rates among 14-, 15-, 16-, and 17-year-old girls in 2010 were 5 percent, 13.6 percent, 20.9 percent, and 26.8 percent, respectively.

Tanning Industry Consistently Misleads Customers

In January 2010, the Federal Trade Commission charged the Indoor Tanning Association (ITA) with making false health and safety claims about indoor tanning. The ITA is now prohibited from making any false health claims, misrepresenting any tests or studies, and cannot provide deceptive advertisements to its members. Moreover, future advertisements from the association must contain disclosures regarding the risk of developing skin cancer and disclosures about vitamin D.

In February 2012, the US House of Representatives Energy and Commerce Committee released an investigative report detailing false and misleading health information provided by the indoor tanning industry. This investigation revealed that salons described the suggestion of a link between indoor tanning and skin cancer as a "myth," "rumor," or "hype." It also revealed that four out of five tanning salons falsely claimed that indoor tanning is beneficial to a young person's health. In fact, salons used many approaches to downplay the health risks of indoor tanning, including blaming the use of sunscreen as a reason for rising rates of skin cancer in the US. Many of the salons tried to validate the

³ Cust AE, Armstrong BK, Goumas C, Jenkins MA, Schmid H, Hopper JL et al. Sunbed use during adolescence and early adulthood is associated with increased risk of early-onset melanoma. *Int J Cancer* Jul 28, 2010.

⁴ Ferruci LM, Cartmel B, Molinaro AM, Leffell DJ, Bale AE, Mayne ST. Indoor tanning and risk of early-onset basal cell carcinoma. *J Amer Acad Dermatol* Doi: 10.1016/j.jaad.2011.11.940. Published online December 8, 2011.

safety of indoor tanning by alluding to the fact that unsafe practices would not be allowed by the government. The Committee's report reconfirms that stronger state and federal laws are needed to provide oversight of this industry.⁵

Despite Legislative Gains, Increased Regulation Continues to be Necessary

Tanning advocates often argue that additional regulation of their industry is not necessary. Yet, despite some progress, the tanning industry remains highly unregulated and studies have indicated that state laws requiring only parental consent are ineffective at curbing this dangerous activity. Furthermore, commercial indoor tanning facilities are prevalent in the US, with an average of 42 tanning salons per major US city. This number exceeded the number of Starbucks and McDonalds in most locations.⁶

Although 43 states, including the District of Columbia, and ten local jurisdictions regulate indoor tanning facilities, more must be done. The AADA believes protecting the public, especially adolescents, and requiring appropriate oversight of the indoor tanning industry will have a profound effect on improving public health and reducing overall health care costs. Annually, about \$3.3 billion of skin cancer treatment costs are attributable to melanoma.⁷ Of course, this figure does not begin to account for the tragic loss of life from this menacing disease.

I urge you to support the proposed changes to 10A NCAC 15.1400 in order to protect adolescents and young adults from the dangers of indoor tanning in North Carolina. I appreciate the opportunity to provide written comments on this important public health issue. For further information, please contact Lisa Albany, associate director of state policy for the AADA, at LAlbany@aad.org or (202) 712-2615.

Sincerely,



Mark Lebwohl, MD, FAAD
President
American Academy of Dermatology Association

⁵ US House Committee on Energy and Commerce. False and Misleading Health Information Provided to Teens by the Indoor Tanning Industry Investigative Report. <http://democrats.energycommerce.house.gov/sites/default/files/documents/Tanning%20Investigation%20Report%202.1.12.pdf>, accessed 20 Feb 2012.

⁶ Hoerster KD, Garrow RL, Mayer JA, Clapp EJ, Weeks JR, Woodruff SI, Sallis JF, Slymen DJ, Patel MR, Sybert SA. "Density of indoor tanning facilities in 116 large U.S. cities." *Am J Prev Med* 2009; 36 (3): 243-46.

⁷ U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent Skin Cancer. Washington, DC: U.S. Dept of Health and Human Services, Office of the Surgeon General; 2014: page 1.