



January 25, 2017

Barton Bonn, President
American Suntanning Association
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Dear Mr. Bonn:

This letter is in response to two recent Information Quality Requests for Correction to CDC from the American Suntanning Association. The letter dated March 25, 2016, requested removal from the CDC website of the bullet point referencing a study by Wehner and colleagues published in 2014. The letter dated April 27, 2016, requested removal of the entire CDC web page titled “Indoor Tanning is not Safe” (http://www.cdc.gov/cancer/skin/basic_info/indoor_tanning.htm). Both letters are posted on the HHS Information Requests for Corrections Website at <https://aspe.hhs.gov/information-requests-corrections-and-hhs-responses>) under item #60, CDC—Health Effects of Indoor Tanning.”

The first request we are addressing in this response involves a request for removal of the entire CDC web page titled “Indoor Tanning is not Safe” (www.cdc.gov/cancer/skin/basic_info/indoor_tanning.htm). The request stated that there is no scientific evidence that indoor tanning in commercial tanning salons increases the risk of melanoma. Your letter draws a distinction between indoor tanning in salons compared to home use. Your letter also points out that the CDC website inaccurately implies that bans on indoor tanning among minors in some cities and counties apply to both salon and home use.

After careful consideration, we respectfully decline your request to remove this web page, however we have added a clarifying heading and footnote to the page. The web page addresses public health risks related to indoor tanning; its content is not specific to home use or commercial tanning salons, and is intended to communicate risks of indoor tanning regardless of setting. The statements on the website are supported by a substantial body of scientific evidence that has consistently shown that indoor tanning increases the risk of developing skin cancer, including squamous cell carcinoma, basal cell carcinoma, and melanoma. The magnitude of association varies from study to study, reflecting different populations, settings, and methodologies. The International Agency for Research on Cancer (IARC), part of the World Health Organization, classified UV-emitting tanning devices as “carcinogenic to humans” (Group 1) in 2009 based on strong evidence linking use of these devices to increased risk of skin cancer (1, 2). This conclusion relates to UV-emitting tanning device use, regardless of setting. In

addition, the U.S. Department of Health and Human Services' Report on Carcinogens states that "exposure to sunlamps or sunbeds is known to be a human carcinogen"(3). The findings of this report are similarly applicable to sunlamp and sunbed use regardless of setting. The body of scientific literature and these important documents support the accuracy of the statements on CDC's web page related to indoor tanning. To emphasize that statements about the association between indoor tanning and skin cancer are based on the IARC and HHS reports, we have added an explicit statement at the top of the web page, with links embedded to the IARC and HHS reports.

In your letter, you correctly point out that laws restricting indoor tanning among minors in some states, cities, and counties apply to tanning in commercial salons, not home use. We have added a footnote to the webpage to clarify that there is variability in the specific restrictions across states and localities and in the extent to which they apply to commercial versus home use.

The second request we are addressing in this response involves removal of the bullet point referencing a study by Wehner and colleagues published in 2014 (4). The letter requested removal of the following statement:

A 2014 study by Wehner and colleagues estimated that more than 400,000 cases of skin cancer may be related to indoor tanning in the United States each year – causing more than 245,000 basal cell carcinomas, 168,000 squamous cell carcinomas, and 6,000 melanomas.

After carefully reviewing your request and considering the web page, we have made some edits to the web page. First, we have added a clear statement that UV exposure from natural and artificial sources is classified as a human carcinogen by the International Agency for Research on Cancer (IARC) and by the U.S. Department of Health and Human Services. Both IARC and HHS are cited in this section, with embedded links to the authoritative reports supporting the statement. Second, we have changed the label to the section of the web page that mentions the Wehner study from "Statistics" to "International Meta-analyses," to characterize the information presented in this section. This change helps to clarify that the section reports the results of relevant studies, rather than making it potentially appear that it is reporting official statistics.

In the Wehner et al. paper, studies containing information about prevalence of indoor tanning were identified using standard guidelines for systematic review methodology accepted in the field. Based on all the studies they found in the literature, Wehner et al. estimated prevalence of exposure to indoor tanning among adults and adolescents both for lifetime and for past-year exposure. They estimated that, if the lifetime exposure was 35%, more than 400,000 cases of skin cancer may be related to indoor tanning in the United States each year. As the actual prevalence of lifetime exposure in the United States is currently unknown, we are unaware of any more reliable estimate.

The bullet point on the webpage includes an embedded link to the PubMed listing for the Wehner et al. study. The PubMed entry includes a summary of the findings of the study as well as a detailed comment by Dr. Pettiti that summarizes many of the main points she presented in your attachment to the request for correction. This link thus includes detailed information about

the methodology that was used by Wehner et al., the key findings, as well as the limitations, as outlined by Dr. Pettiti's comment. The inclusion of the link allows web page visitors to understand the methodology and limitations and draw their own conclusions.

If you wish to appeal this response to your requests for correction, you may submit a written appeal or electronic request for reconsideration within 30 days of receipt of our response. The appeal must state the reasons why the agency response is insufficient or inadequate. You must attach a copy of your original request and the agency's response to it. Also, clearly mark the appeal with the words, "Information Quality Appeal" and send the appeal to InfoQuality@cdc.gov or to the following address:

Centers for Disease Control and Prevention
Management Analysis and Services Office
1600 Clifton Road, NE, Mailstop F-07
Atlanta, Georgia 30333 Fax: (770) 488-4995

Sincerely,

Greta M. Massetti, PhD
Associate Director for Science, Division of Cancer Prevention and Control

cc:

Lisa Richardson, MPH, MD, Director, DCPC
Rachel Kaufmann, PhD, Associate Director for Science, NCCDPHP

References

1. International Agency for Research on Cancer, World Health Organization. Exposure to Artificial UV Radiation and Skin Cancer. Lyon, France: International Agency for Research on Cancer; 2006. <http://www.iarc.fr/en/publications/pdfs-online/wrk/wrk1/ArtificialUVRad&SkinCancer.pdf>. Accessed May 20, 2015.
2. International Agency for Research on Cancer Working Group on Artificial Ultraviolet (UV) Light and Skin Cancer. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: a systematic review. *Int J Cancer*. 2006;120(5):1116-1122.
3. NTP (National Toxicology Program). 2014. *Report on Carcinogens, Thirteenth Edition*. Research Triangle Park, NC: U.S. Department of Health and Human Services, Public Health Service; 2014. <http://ntp/niehs.nih.gov/pubhealth/roc/roc13>
4. Wehner MR, Chren MM, Nameth D, Choudhry A, Gaskins M, Nead KT, Boscardin WJ, Linos E. International prevalence of indoor tanning: A systematic review and meta-analysis. *JAMA Dermatol* 2014;150(4):390-400.