



June 17, 2019

Melinda Norton, President
American Suntanning Association
PO Box 1907
Jackson, MI 49204

Re: Information Quality Request for Correction, dated 3/18/2019

Dear Ms. Norton:

This letter is in response to the recent Information Quality Request for Correction, dated March 18, 2019. This request is listed as #67 on the HHS website on Information Quality Requests at: <https://aspe.hhs.gov/information-requests-corrections-and-hhs-responses>. Below, we address the five requests (1-5) outlined in the letter, including the three sub-requests comprised within request 1.

Request 1 (first part) and request 3 refer to the web page titled “Policies and Practices for Cancer Prevention: Indoor Tanning Among Minors.” As part of continuing efforts to update CDC web pages, the Policies and Practices page you referenced no longer appears as part of the website.

The second and third parts of Request 1 refer to the page of the website titled “Parents and Friends Can Influence Teens’ Decision About Starting Indoor Tanning” and specifically to the following statements:

Exposure to ultraviolet (UV) rays while indoor tanning can cause skin cancers including melanoma...

Most cases of melanoma are caused by too much exposure to UV rays, which come from both the sun and tanning beds.

Your letter asserts these statements are misleading because they imply that non-burning UV exposure can cause melanoma. The request states that the public should be informed that non-burning UV exposure, whether from sun or from a tanning bed, is not associated with increased risk of melanoma.

After careful consideration of scientific evidence, we respectfully disagree and decline to modify the above-referenced website text. A 2014 study by Vogel and colleagues (1) provides evidence that indoor tanning is a risk factor for melanoma even among persons who reported never having experienced burns from indoor tanning or from outdoor sun exposure. A follow-up assessment and alternative statistical analysis of these study data by Boniol and colleagues (2) conclude that the increased risk for melanoma from indoor tanning is independent of the effect of UV burns. Further, a 2019 evidence review and meta-analysis by Gandini and colleagues (3) reported findings from three cohort studies showing increased risk of melanoma associated with sunbed use. These studies “consistently showed that the risk was higher when exposure took place at a

younger age. In addition, all analyses were properly adjusted for host factors such as tendency to sunburn, hair colour and for sun exposure.” The authors state that the results “suggested that sunbed use adds a specific risk of melanoma independently from individual susceptibility and behaviour in the sun.”

The second request, 2, refers to the web page titled “Indoor Tanning Among Adults in the United States” and to the text:

Indoor tanning is decreasing in the United States, possibly because more people know about its dangers: it increases the risk of skin cancer, including deadly melanoma.

Your letter states that the web text implies that “all indoor tanning carries the same risk of melanoma” and “fails to warn the public about the melanoma risk associated with burning.” You state that while “use of tanning salons is decreasing in the United States...there is no evidence that tanning in other venues is decreasing, and it may in fact be increasing” and request that text be added that “great care should be taken to avoid UV burns when using indoor tanning.”

After careful consideration of Request 2, we decline to modify the above-referenced text. Data from national surveys demonstrate reductions in the proportion of adolescents in grades 9-12 and of adults aged 18 and older who report using artificial sources of ultraviolet light for tanning. As of 2017, 5.6% of teens reported using an indoor tanning device in the previous year, compared to 15.6% of adolescents in 2009. (National Youth Risk Behavior Survey). For adults ages 18-29, the percentage who reported indoor tanning in the past year dropped from 11.3% in 2010 to 6.0% in 2015. These data do not allow for determination of location of the indoor tanning source, tanning salons vs. other venues; thus any conclusion other than what has been reported for an overall decrease in indoor tanning would be speculation. Further, we respectfully decline to add language specific to avoiding UV burns when using indoor tanning, as the webpage, “What Can I Do to Reduce My Risk of Skin Cancer”? includes detailed messages about the importance of protection from UV radiation all year round and from indoor and outdoor sources. (https://www.cdc.gov/cancer/skin/basic_info/prevention.htm)

Request 4 asks for changes to the statement “A tan is your body’s response to injury, because skin cells signal that they have been hurt by UV rays by producing more pigment,” on the web page titled “Parents and Friends Can Influence Teens’ Decisions About Starting Indoor Tanning” (<https://www.cdc.gov/cancer/dpc/research/articles/indoor-tanning-initiation.htm>). The requested modification is “A tan is the result of increased production of melanin in the skin and is the human body’s natural protective mechanism to resist UV.”

We respectfully decline making the modification. The web page language is scientifically accurate, as exposure to UV radiation has been shown in molecular studies to damage DNA in skin cells and to thus trigger a tanning and pigmentation response (4)(5). Moreover, the statement is phrased in plain language, in alignment with CDC’s clear communication standards.

Lastly, request 5 refers to the web page titled “The Burning Truth.” As part of continuing work to review and update our web pages, the page you have referenced no longer appears on the CDC website.

If you wish to appeal this response to your requests for correction, you may submit a written hard copy or electronic request for reconsideration within 30 days of receipt of the agency's decision. 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. Clearly mark the appeal with the words, "Information Quality Appeal" and send the appeal by e-mail to InfoQuality@cdc.gov or to: CDC/ATSDR, Attn: Mailstop H21-8 (attn.: Office of Science Quality); 1600 Clifton Road, N.E., Atlanta, GA 30333.

Thank you for your interest in the quality of information disseminated by CDC.

Sincerely,

/S/

Nicole F. Dowling, Ph.D.
Associate Director for Science
Division of Cancer Prevention and Control (DCPC)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

cc:

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

References

1. Vogel RI, Ahmed RL, Nelson HH, Berwick M, Weinstock MA, Lazovich D. Exposure to indoor tanning without burning and melanoma risk by sunburn history. *JNCI J Natl Cancer Inst* 2014;106(7):dju219.
2. Boniol M, Dore JF, Greinert R, Gandini S, Cesarini JP. Re: Exposure to indoor tanning without burning and melanoma risk by sunburn history. *JNCI J Natl Cancer Inst* 2015;107(5):dju102.
3. Gandini S, Dore J-F, Autlier P, Greinert R, Boniol M. Epidemiological evidence of carcinogenicity of sunbed use and of efficacy of preventive measures. *J Eur Acad Dermatol Venereol* 2019 Mar;33 Suppl 2;57-62.
4. Gilchrest BA, Eller MS. DNA photodamage stimulates melanogenesis and other photoprotective responses. *J Invest Dermatol Symp Proc*. 1999;4(1):35-40.
5. Gilchrest B, Eller M, Geller AC, Yaar M. The pathogenesis of melanoma induced by ultraviolet radiation. *N Engl J Med*. 1999;340(17):1341-1348.