



ESMO Feedback: Cancer Prevention - Reducing the Health Risks Associated with Using Sunbeds

The <u>European Society for Medical Oncology (ESMO)</u> is one of the leading professional organisations for medical oncology, with more than 34,000 members from over 170 countries. ESMO is committed to preventing new cancer cases, improving the quality of cancer care and promoting equal access to optimal treatments for all cancer patients.

In line with its mission to alleviate the societal burden of cancer and advance cancer prevention and control globally, ESMO welcomes the European Commission's (EC) efforts to mitigate the negative health effects associated with the use of sunbeds, including the risk of melanoma, among other types of skin cancer. Moreover, ESMO recognizes that this effort is an important step towards delivering <u>Europe's Beating Cancer Plan</u> and the <u>BECA</u> <u>Report on Strengthening Europe in Fight Against Cancer</u>, concerning the exposure to ultraviolet radiation (UVR) as an important contributor to melanoma risk.

Accordingly, ESMO urges the EU institutions to adopt stricter legislative measures on the use of sunbeds for cosmetic purposes by adults, and totally prohibit their use by minors.

As evidenced by the European Cancer Information System (ECIS), the upward trends in both incidence and mortality across the EU Member States linked to melanoma, underscore the pressing need for implementing preventive measures to reverse this alarming trajectory. According to ESMO's multidisciplinary overview on Melanoma and Other Skin Cancers, increased awareness-raising campaigns and education about melanoma as well as protection from the overall UV exposure may have contributed to a decrease in its occurrence in some countries, such as Australia. At the same time, substantial disparities still exist between countries, in both cancer incidence and mortality, which will require equal consideration. In Europe, there is a significant surge in the overall cutaneous malignant melanoma (cuMM) incidence, with the highest rates concentrated in northern and northwestern countries such as the UK, Ireland and the Netherlands, while Portugal and Spain report the lowest rates.¹

In terms of risk factors, approximately 75% of melanoma cases diagnosed in individuals under 30 years old are linked to exposure to artificial sunlight.² <u>Research</u> also suggests that the risk of melanoma doubles if a person experiences five or more sunburns before turning 18 years old. Importantly, each session of sunbed tanning escalates the likelihood of developing melanoma by 1.8%.

Accordingly, ESMO encourages the EC to focus its recommendations on developing primary melanoma prevention strategies, such as awareness-raising campaigns and education, including the risks of artificial tanning, which target adolescents and young adults (AYA), the general public as well as healthcare professionals. In particular, prevention should include regular skin self-examinations and the monitoring of any unusual moles or changes to the existing ones. Evidence shows that early detection of melanoma can improve treatment outcomes. In addition, such recommendations should be aligned with the <u>European Code against Cancer</u> and ensure access to

¹ Schadendorf D., Zaremba A. (2021) 'Epidemiology, prevention, screening and surveillance of skin cancer' in *Melanoma and Other Skin Cancer: Essentials for Clinicians*, edited by Paolo A. Ascierto et al, pp. 1-6, ESMO Oncology Pro.

² International Agency for Research on Cancer Working Group on Artificial Ultraviolet Light, Skin Cancer (2007) 'The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: a systematic review' in *International Journal of Cancer*, (120), pp. 1116–1122.





information on cancer-related risk associated with the use of sunbeds for all citizens across the EU, in a userfriendly format.

Furthermore, routine examinations by healthcare professional should include inquiries about any observed lesions during self-skin examinations, along with assessments of skin lesions using the ABCDE criteria for melanoma: Asymmetry, Border irregularity, Colour variation, Diameter, and Evolutionary changes. These are the features medical professionals consider when diagnosing and classifying the disease. However, it is important to note that the standard ABCDE mnemonic does not always apply to nodular melanoma due to their characteristic features, including small size, symmetrical appearance, regular borders and uniform coloration, among other symptoms inconsistent with the ABCDE criteria, which can cause difficulties in early detection.

The EC's initiative to reduce the health risks associated with sunbed use, especially concerning melanoma, constitutes a crucial effort to prevent skin cancer in Europe. As such, ESMO reiterates its call for the adoption of stricter legislative measures on the use of sunbeds for cosmetic purposes and totally prohibit their use by people 35 years old, or under.

To conclude, ESMO stands ready to support the EC throughout the process and offers to mobilise its network of medical oncologists, health professionals and researchers to foster the development of robust measures for addressing the impact of artificial ultraviolet radiation.

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