



American Academy of Dermatology Association
Excellence in Dermatology™

May 6, 2011

The Honorable Susan C. Fargo
Co-Chair
Joint Committee on Public Health
Massachusetts General Court
State House, Room 504
Boston, Massachusetts 02133

The Honorable Jeffrey Sanchez
Co-Chair
Joint Committee on Public Health
Massachusetts General Court
State House, Room 130
Boston, Massachusetts 02133

Dear Senator Fargo and Representative Sanchez,

On behalf of the 12,000 U.S. members of the American Academy of Dermatology Association (AADA), I am writing to share with you our viewpoints related to indoor tanning, and our support for S 1175. As dermatologists, we dedicate our lives to promoting habits in our patients that ensure healthy skin. AADA is extremely concerned with the growing patronage of indoor tanning facilities by adolescents, and applaud you for taking the necessary steps to further regulate tanning facilities in Massachusetts.

Tanning Device Use is as Carcinogenic as Tobacco Smoking

Ultraviolet (UV) radiation has been classified as a known human carcinogen by the US Department of Health and Human Services (DHHS), and is recognized as “carcinogenic to humans” by the International Agency for Research on Cancer in the same category as tobacco and tobacco smoking, mustard gas, and plutonium among other carcinogenic agents.¹ In addition, Healthy People 2020 include an objective to reduce adolescent use of indoor tanning devices.²

Incidence rates for melanoma and skin cancer continue to climb. According to the American Cancer Society, one in five Americans will develop some form of skin cancer during their lifetime, and one American dies every 62 minutes from melanoma, the deadliest form of skin cancer.

S 1175 would license tanning facilities in the state, prohibit the use of tanning devices by minors under the age of 16 and require in-person parental consent for teenagers 16 and 17 years old.

Skin Cancer is Strongly Associated with Indoor Tanning

Epidemiologic data suggest that most skin cancers can be prevented if children, adolescents, and adults are protected from UV radiation; however, 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 recently 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

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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.

doubled for those who reported more than 10 lifetime sessions.³ The rates of indoor tanning for teen girls in the United States are high; in a national sample, approximately 40 percent of 17- to 18-year-old girls had used indoor tanning in the past year.⁴

Indoor tanning with UV radiation lamps has been linked to melanoma, squamous cell carcinoma, molecular damage associated with skin cancer, and other acute damage to the eyes and skin. Commercial indoor tanning facilities are prevalent in the United States, with an average of 42 tanning salons per major US city. This number exceeded the number of Starbucks and McDonalds in most locations.⁵

FTC Charges ITA with Deceptive & Misleading Advertising

On January 26, 2010, the Federal Trade Commission charged the Indoor Tanning Association (ITA) with making false health and safety claims about indoor tanning. In addition to denying the skin cancer risks of tanning, the ITA's campaign allegedly also made these false claims regarding safety of indoor tanning in a "controlled" environment, and claims regarding vitamin D. There is no scientifically validated safe threshold level of UV exposure from the sun or indoor tanning devices that allows for maximal vitamin D synthesis without increasing skin cancer risk.

From this point forward, the ITA is prohibited from making any false health claims, misrepresenting any tests or studies, and from providing deceptive advertisements to its members. Moreover, future advertisements from the association must contain disclosures regarding the risk of developing skin cancer from use of tanning devices.

Despite Gains, More Regulation Continues to be Necessary

In 2005, the World Health Organization (WHO) issued a statement that no one under the age of 18 should be permitted to use a sunbed – legislative and regulatory bodies around the world are taking action. Tanning advocates often argue that additional regulation of the tanning industry is not necessary. Yet, despite some progress, the tanning industry remains highly unregulated.

Currently, over 35 states and seven local jurisdictions regulate indoor tanning facilities – yet only 11 states fully restrict minors' access (ranging from 13 to 16.5 years old). AADA believes that protecting the public, especially adolescents, and requiring appropriate oversight of the indoor tanning industry is crucial to promoting public health and reducing overall health care costs. The estimated total direct cost associated with the treatment of melanoma in 2004 was \$291 million.⁶ Of course, these figures do not begin to account for the tragic loss of life from this menacing disease.

Our efforts to regulate indoor tanning facilities are not an effort to put indoor tanning facilities out of business. By their own statistics, indoor tanning is a \$5 billion a year industry in the United States. Furthermore, many of these businesses offer spray-on tanning services, which, unlike tanning beds, are not associated with increased skin cancer risk. The growing use of these spray-on tanning services is a reasonable and safe way for tanning facilities to sustain their businesses.

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 Mayer JA, Hoerster KD, Pichon LC, Rubio DA, Woodruff SI, Forster JL. Enforcement of state indoor tanning laws in the United States. *Prev Chronic Dis* 2008;5(4). www.cdc.gov/pcd/issues/2008/oct/07_0194.htm.

⁵ 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.

⁶ The Society for Investigative Dermatology and the American Academy of Dermatology Association, *The Burden of Skin Diseases* 2004. Copyright 2006.

I urge you and your colleagues to enact S 1175 to further regulate tanning facilities in Massachusetts. I appreciate the opportunity to provide written comments on this important public health issue. For further information, please contact Kathryn Chandra, Assistant Director of State Policy for the AADA, at kchandra@aad.org or (202) 712-2615.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron L Moy". The signature is written in a cursive, flowing style.

Ronald L. Moy, MD, FAAD
President, American Academy of Dermatology Association
RLM/kgc