

SunSmart Detection and Prevention Leaflets

**Summary findings of attitudes towards the sun protection messaging in
a selection of Cancer Research UK's awareness materials**

(May 2006)

1. Background Methods and Sample

In 2006, Cancer Research UK decided to revise its two cancer awareness leaflets associated with skin cancer entitled 'Malignant Melanoma' and 'Skin Cancer' to reflect emerging evidence about targeting sun protection messages. The charity commissioned the Institute of Social Marketing to evaluate the revised versions of these leaflets and to provide guidance on ways to communicate the key messages about skin cancer prevention and early detection in leaflet format.

Qualitative focus group methods were utilised, bringing together a homogeneous group of people to discuss issues freely and openly under the direction of a group moderator. Eight focus groups of 6-8 respondents were conducted across the UK (Central Scotland, North East and South East England).

The quota criteria reflected the following:

- Gender: male (3), female (3) and mixed groups/couples (2).
- Socio economic group: C2DE (5) and ABC1 (3).
- Age: 24-35 (2), 36-50 (3) and 51-65 (3) years.
- Location: Central Scotland (3), North East England (3) and South East England (2).

The detailed sample is outlined in Table 1.

Table 1: Sample Breakdown

Group	Gender	Age	Socio-economic grouping	Location
G1	Male	24-35	ABC1	Central Scotland
G2	Male	36-50	C2DE	South East
G3	Male	51-65	C2DE	North East.
G4	Female	24-35	C2DE	North East
G5	Female	36-50	C2DE	Central Scotland
G6	Female	51-65	ABC1	South East
G7	Mixed / couples	36-50	ABC1	North East.
G8	Mixed / couples	51-65	C2DE	Central Scotland

In addition, the following was taken into account:

- Skin types: respondents' skin types were mainly types 1 and 2 (fair skin), a few participants had olive skin or darker.
- Respondents had actively sought a suntan (not restricted to sunbeds) or taken a sunny holiday in the last 24 months

2. Conclusions & Recommendations

Overall, the findings suggested that there was scope to contribute to public education of skin cancer, with respondents generally receptive to further information and advice on both prevention and detection. Each leaflet presented a different challenge. Promotion of early detection was seen as perhaps a more conventional education exercise, although there was a continuing need for sensitivity and clarity. The prevention leaflet, promoting awareness and regular use of the UV Index, represented a larger-scale challenge. It seeks to prompt a marked change in people's habits and to achieve this there was seen to be a need to develop an information infrastructure and to ensure the consistency of message across a range of agencies.

3. Summary of Findings

3.1 Overall awareness and behaviour

Skin cancer was perceived as a relatively familiar cancer. It was also perceived to be less 'scary' than many others, consequently there appeared to be a greater willingness to consider the cancer at a personal level in comparison with other cancers.

"But it is one that you can see. I mean if you think of lung cancer or any other cancer, you don't know that it's there, you can't see it."

(Female, 24-35, C2DE, NE)

"More than any cancer, I think this is the least frightening cancer of all of them."

(Mixed / Couples, 36-50, ABC1, NE)

Most felt they were fairly knowledgeable, although they were generally more comfortable with recommendations for prevention of skin cancer than detection. However, it was apparent during discussions that there were some gaps in knowledge and understanding. Awareness and detailed understanding of the UV index was relatively low, and very few respondents applied it to personal protection behaviour. Whilst all were aware of the term 'skin cancer', awareness and understanding of the term melanoma was much lower, and few had heard of 'non-melanoma skin cancer'.

Respondents' main motivation to protect their skin focussed on avoidance of pain and inconvenience. Skin cancer appeared to act as a secondary factor. Older and female respondents tended to take greater responsibility for themselves and their family. Those who had been directly affected by skin cancer or painfully sunburnt in the past also took greater care.

"I made a mistake one year, we'd gone to Skegness but we'd just gone for a walk and he [child] asked to take his t-shirt off. Took his t-shirt off, it was less than an hour but his back was, that night it was terrible. We don't burn now. 'No, keep it on!'"

(Female, 24-35, C2DE, NE)

Day-to-day skin protection decisions tended to be based on direct observation of the prevailing weather conditions and 'common sense', rather than accessing information such as the UV index. Experiences of being 'caught out' in the UK were common although more care was likely to be taken abroad.

"You take it for granted in this country don't you, you don't think of yourself of getting burnt like. If you go abroad you think, 'Oh right I am going to get burnt abroad', so you cover up a bit. But in this country you don't seem to think it's going to hurt you but it does."

"One sign of the sunshine and everybody is out in flip-flops and shorts with their top off, and it doesn't matter where you go it happens."

(Male, 51-65, C2DE, NE)

It was felt that women had a stronger desire for a tan than men and some women (especially younger respondents) acknowledged taking risks with their own health, whilst ensuring that their children were well protected. They were also more likely to use sunbeds, often as preparation for a holiday.

"Well before I go on holiday I always use sunbeds for a few weeks leading up so you're not going out into the sun from the English weather and straight into the hot sun abroad and I find that that does help. I do still use factor 10 or 12 when I am abroad."

(Female, 24-35, C2DE, NE)

In relation to detection, the benefits of early detection and hence early treatment were widely accepted. Most maintained that if they noticed skin changes they would seek personal advice from their doctor, but there were some indications that in practice some may procrastinate.

"You've just got to keep an eye on them really. If you know you've got a mole, just be extra careful. Ask people to check on places that you can't see yourself, like your back or somewhere like that."

"Well if you're worried, you just go to the doctors."

(Female, 24-35, C2DE, NE)

"No I think you'd think, 'I think I've got something, I need to get it checked out.'"

"Unless you're like me and put it off."

(Female, 24-35, C2DE, NE)

Detection of skin cancer was of greater intrinsic interest than skin protection, because less was known about it.

3.2 Leaflets

The findings identified a number of pointers for developing each leaflet.

The Detection Leaflet (see appendix 1):

- *Titles:* Two titles were considered, with *'detecting skin cancer'* the most popular. *'Malignant Melanoma'* was not a term that was universally known or understood. There was confusion about the term *'melanoma'* especially, with some unable to pronounce it. This title was seen to be unduly clinical and threatening and would be a turn-off. Most respondents preferred *'detecting skin cancer'* as it utilised much more accessible language than malignant melanoma and the concept was less threatening. *"More people would relate to that rather than, you know, to the 'skin cancer' rather than 'malignant melanoma'."*
(Mixed / Couples, 36-50, ABC1, NE)
- *Information format:* Between two options describing the signs of melanoma, there was an overall preference for the ABCD format, especially among men. This was perceived to have greater clarity and less dense text. The use of bullet points made it more inviting to the reader. The dense text of the major/minor format was less inviting. There was a risk of skipping reading information in this format. Importantly, the greater emphasis on major/minor signs and differing action highlights the difficulty of conveying relative urgency. This approach appeared to give an ambiguous message in relation to the call to action, which was generally interpreted as immediately seeking advice from a doctor as soon as a change is noted.
- *Photographs:* Use of photographs was a useful point of entry into the text and was widely welcomed as few respondents had a clear idea of what melanomas look like. However, the research suggested that a clearer sense of scale was needed, together with a more natural skin appearance.
- *Information on non-melanoma skin cancer:* This was included in this leaflet and to a lesser extent in the protection leaflet. Not all respondents were familiar with the term *'melanoma'* and introduction of *'non-melanoma'* tended to increase confusion, without appearing to add useful insights. Again, the concept of degrees of danger and of

urgency in taking action was a difficult message to convey. There was also a real risk of 'non-melanoma' being interpreted as 'non-cancer'.

The Prevention Leaflet: (see appendix 2)

- *Awareness of skin type*: The images of the hands illustrating skin types were a useful device to engage the reader and most respondents were able to identify their skin type.
- *The UV Index*: Moving to the UV awareness panel, few read the introductory text. It is possible that elements of the 'true or false' paragraph on UV could be used to help focus attention here.
- *'Burn Risk'*: The 'burn risk' table created significant problems. It initially appeared complicated, an impression enhanced with further reading. There was a risk of reading the columns and rows incorrectly. This suggested that there was scope for clarifying some aspects, for example consistent numbering for skin types rather than changing to Roman numerals, and consistency in colour coding details. Links with the triangles used in weather forecasts might also help.
- *Suggested protection actions*: There was little interest expressed in reading the final column outlining recommended actions, largely because of 'switch off' from the table. Importantly, there appeared to be scope for serious misinterpretation across the table and the action points, either accidentally or wilfully for those seeking to justify lower protection levels.
- Taken together, there is a need for greater integration and simplification of the table. The sense of relief when reading the more recognisable recommendations in the SunSmart code further illustrates the challenges of assimilating the new information.

Responses confirmed the strategic advantages in developing separate leaflets, reflecting differing targets and focus. However, a small minority felt that there should be further cross-over of information, for example, a picture of a melanoma in the protection leaflet. It was suggested that directing readers to the website via both leaflets may go some way towards addressing these concerns.

Appendix 1: Detection Leaflet

Cover Options



Interior Panels

Major Minor Signs (Alarms)

Skin cancer facts

Skin cancer is very common in the UK. Finding skin cancer early saves lives, so it is very important to know the signs. Skin cancer often appears as a change in a mole or a patch of normal skin. If you notice changes that happen over weeks or months you should act without delay. Most changes are not caused by cancer, but do need to be checked out by a doctor.

There are two main types of skin cancer – **malignant melanoma**, also known as melanoma, and **non-melanoma** skin cancer. Non-melanoma is far more common, but melanoma is much more dangerous.

Most of the information in this leaflet is about melanoma. When found early and treated quickly, the serious skin cancer can be cured. The leaflet also describes the signs of non-melanoma skin cancer. It is much less dangerous than melanoma, but is very common and still needs early treatment.

What causes skin cancer?

Both types of skin cancer are usually caused by too much sun. Sunburn can double the risk of skin cancer. Lots of sun over your lifetime can also increase your risk.

What are the signs of melanoma?

The most common sites for melanoma are the leg in women, the back in men and the face in older people. But melanomas can grow anywhere, sometimes on the side of the foot or the buttocks.

You may have some moles or dark patches on your skin that are flat or slightly raised. Usually these will remain harmless all your life.

But if you notice any of these three **major signs** developing in a mole, freckle or normal patch of skin see your doctor without delay. Changes that happen over weeks or months are:

- **size** Look out for a mole or dark patch that gets larger or a new one growing.
- **shape** Edges of a melanoma may be irregular, blurred or ragged. Ordinary moles tend to have a smooth, regular shape.
- **colour** Ordinary moles are all one shade. The colour of a melanoma may be uneven, with more than one shade.

Look out for these four **minor signs** in a mole or dark patch. If you notice any of them and they do not return to normal within two weeks, see your doctor:

- bleeding, scabbing or crusting
- inflammation or a redden edge
- large size. A mole that is bigger than the blunt end of a pencil, at least firm in diameter.
- change in sensation, itchy or painful.

Photographs of melanoma

Sign	Melanoma
Ragged outline of a melanoma	blurred/ragged outline
Uneven colour of a melanoma	multiple colours
Abnormal surface of a melanoma	abnormal surface
Inflamed edge of a melanoma	inflamed edge
Large size of a melanoma	larger than the blunt end of a pencil

Does melanoma spread?

Melanoma will spread to other parts of the body if left untreated. Some melanomas spread more quickly than others. It is essential to see your doctor as soon as you notice any changes.

ABCD Rule

Skin cancer facts

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What are the signs of melanoma?

You may have some moles or dark patches on your skin that are flat or slightly raised. Usually these will remain harmless all your life, but moles or patches of normal skin that change over weeks or months in adult life should be shown to your doctor.

Check your skin regularly for changes. If you notice any of the following signs developing, see your doctor without delay.

The ABCD rule

Asymmetry The two halves of a melanoma may not look the same.

Border Edges of a melanoma may be irregular, blurred or jagged.

Colour The colour of a melanoma may be uneven, with more than one shade.

Diameter Many melanomas are at least 6mm in diameter (the size of a pencil eraser).

Other signs of melanoma

These include:

- A mole that **bleeds**.
- A **fast-growing** mole.
- A **scaly or crusted** growth on the skin.
- A sore that **won't heal**.
- A mole that **itches or hurts**.

Where can melanoma start?

The most common sites for melanoma are the leg in women, the back in men and the face in older people. But a melanoma can grow anywhere, sometimes on parts of the side of the foot, or the buttocks.

Does melanoma spread?

Melanoma will spread to other parts of the body if left untreated. Some melanomas spread more quickly than others. It is essential to see your doctor as soon as you notice any changes.

What are the signs of non-melanoma?

- A new growth or sore that does not heal within four weeks.
- A spot or sore that continues to itch, hurt, crust, scab or bleed.
- Persistent skin ulcers that are not explained by other causes.

Back Panels

Alarms (ABCD Rule)

What will happen at the doctor's?

If your doctor isn't sure whether your mole/skin patch or growth is okay you will be referred to a hospital specialist. If your specialist thinks it might be a skin cancer, it will be removed in a simple operation under local anaesthetic. The skin will then be examined under a microscope. If it is skin cancer you may be given further treatment and invited to attend regular check-ups at the hospital.

What causes skin cancer?

Both types of skin cancer are usually caused by too much sun. Sunburn can double the risk of skin cancer. Lots of sun over your lifetime can also increase your risk.

Who is most at risk?

Everyone needs to check their skin for changes, but some people are more likely than others to get skin cancer. These people tend to have one or more of the following:

- fair skin that tends to burn in strong sun
- red or fair hair
- lots of moles or freckles
- a personal or family history of skin cancer
- had sunburn, especially when young

Further information

Visit Cancer Research UK's SunSmart website www.sunsmart.org.uk

For more about cancer with our patient information website www.cancerhelp.org.uk, click on 'specific cancers' then 'melanoma skin cancer'.

If you want to talk in confidence about cancer call our information nurses. Direct line 020 7961 8333 or freephone 0800 CANCER, that is 0800 224 237.

For more about how to be SunSmart, please see our 'Preventing skin cancer' leaflet.

Order copies of this and other cancer awareness leaflets online at www.cancerresearchuk.org/leaflets

About Cancer Research UK

Cancer Research UK is the leading charity dedicated to research on the causes, treatment and prevention of cancer. If you would like to support our work please call 020 731 6499 or visit our website www.cancerresearchuk.org

SunSmart
CANCER RESEARCH UK

Feb 2016
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Magnifying Glass (Major/Minor)

The signs of non-melanoma

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About Cancer Research UK

Cancer Research UK is the leading charity dedicated to research on the causes, treatment and prevention of cancer. If you would like to support our work please call 020 731 6499 or visit our website www.cancerresearchuk.org

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Appendix 2: Protection Leaflet

Cover Options



Interior

Skin cancer facts

Skin cancer is very common in the UK, and more people get it each year. Most skin cancers are caused by too much sun. They could be prevented by taking care in strong sunshine and avoiding sunburn.

There are two main types of skin cancer: **malignant melanoma** and **non-melanoma** skin cancer. Non-melanoma is by far the most common but melanoma is much more dangerous.

Who is most at risk?

Some people are more likely than others to get skin cancer. These people tend to have one or more of the following:

- fair skin that tends to burn in strong sun
- red or fair hair
- lots of moles or freckles
- a personal or family history of skin cancer
- had sunburn, especially when young

As a general rule, the fairer your skin, the more careful you should be in the sun. Knowing your skin type will help you work out when you need to protect yourself.

Know your skin type

Experts identify six different skin types. Colour and tone vary a lot within each skin type, but it is a useful guide. Match your natural hand colour to the photo. Choose the description that most closely matches your hair and eye colour and what happens to your skin in strong sun.

Type 1
Often burns, rarely tans. Tends to have freckles, red or fair hair, blue or green eyes.

Type 2
Usually burns, sometimes tans. Tends to have light hair, blue or brown eyes.

Type 3
Sometimes burns, usually tans. Tends to have brown hair and eyes.

Type 4
Rarely burns, often tans. Tends to have dark brown eyes and hair.

Type 5
Naturally brown skin. Often has dark brown eyes and hair.

Type 6
Naturally black skin. Usually has black-brown eyes and hair.

The UV index

The solar ultraviolet index, or UV index is a measure of the sun's strength. The higher the value, the greater the danger from the sun and the less time it takes to damage your skin.

The UV index varies depending on where you are in the world, the time of year, the weather, the time of day and how high up you are.

On a clear summer's day in the UK, the UV index may reach 7 around midday but it is rarely higher. Near the equator the UV index is often greater.

Between October and March the UV index is normally lower than 3, so even people with fair skin do not need to protect themselves. You can check today's UV index forecast by visiting the SunSmart website.

This table shows how you can use the UV index to work out the burn risk for your skin. The higher your risk, the better protection you will need.

Skin type	UV index					
	1	2	3	4	5	6
1	Very high	High	Very high	Very high	Very high	Very high
2	High	Very high	Very high	Very high	Very high	Very high
3	Very high	Very high	Very high	Very high	Very high	Very high
4	Very high	Very high	Very high	Very high	Very high	Very high
5	Very high	Very high	Very high	Very high	Very high	Very high
6	Very high	Very high	Very high	Very high	Very high	Very high
7-10	Very high	Very high	Very high	Very high	Very high	Very high

When do I need to protect myself?

Very low risk: No protection needed. It will take two hours or more for skin to go red.

Low risk: Take care around midday and do not spend too long in the sun unprotected. It will take between one and two hours for skin to go red.

Medium risk: Take care around midday and do not spend too long in the sun unprotected. It will take between one and two hours for skin to go red.

High risk: Cover up or seek shade between 11 and 3. Use factor 15+ sunscreen on exposed skin. Skin will go red in 30 minutes to one hour.

Very high risk: Be sure to cover up or stay in the shade between 11 and 3. And use factor 15+ sunscreen. Skin can go red in as little as 15 minutes.

If your skin goes pink or red after time in the sun then you need to take more care.

Back Page

How to be SunSmart in the summer sun

Those most at risk are people with fair skin, lots of moles or freckles, or a family history of skin cancer. Know your skin type and use the UV index to find out when you need to protect yourself.

Spend time in the shade between 11 and 3. The sun is most damaging to your skin in the middle of the day. Find shade under umbrellas, trees, canopies or indoors.

Make sure you never burn. Sunburn can double your risk of skin cancer.

Aim to cover up with a t-shirt, hat and sunglasses. When the sun is at its peak, sunscreen is not enough.

Remember to take extra care with children. Young skin is delicate. Keep babies out of the sun especially around midday.

Then use factor 15+ sunscreen or higher. Apply sunscreen generously and reapply often.

also Report mole changes or unusual skin growths promptly to your doctor.

True or false?

Sunscreen is all I need to protect myself from the sun.
False. No sunscreen blocks out all of the sun's UV rays. When the sun is at its peak the best ways to protect yourself are to seek shade or cover up. Sunscreen should be used as the last line of defence against the sun and should not be used to spend longer in the sun.

It's better to use the UV index than the temperature to work out how likely I am to burn.
True. The UV index is a measure of the sun's strength. It is not always highest when it's hottest. The UV index is highest around midday but the maximum temperature is often later in the afternoon. By knowing your skin type and using the UV index you can work out when you need to protect yourself from the sun.

We all need lots of sun to get enough vitamin D.
False. Vitamin D is used to build and maintain strong bones. Our bodies need some sunshine to make this vitamin. But fair-skinned people don't have to spend a lot of time in the sun to make enough vitamin D. It's certainly not necessary for anyone to go red.

Skin cancer is very common in the UK, even though we don't have a hot climate.
True. There are now more deaths from skin cancer in the UK than in Australia. With rates set to triple in the next 30 years, it's never been more important to protect our skin from the sun's harmful UV rays.

Further information

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For information about finding skin cancer early please see our Detecting Skin Cancer leaflet.

Order copies of this and other cancer awareness leaflets online at www.cancerresearchuk.org/leaflets email publications@cancer.org.uk or call 020 7061 8333

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www.cancerresearchuk.org
www.cancerhelp.org.uk

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