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Cancer Society of New Zealand submission

AS/NZS 2604 Sunscreen Products – Evaluation and Classification

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The Cancer Society of New Zealand is a non-profit organisation that is committed to reducing the incidence and impact of cancer and cancer inequities in the community. We work across the cancer continuum with a focus on prevention, supportive care and funding of cancer research.

The Cancer Society thanks the Joint Standards Australia/Standards New Zealand Committee for its work on AS/NZS 2604:2012 Sunscreen products – Evaluation and classification and welcomes the opportunity to provide comments on the draft AS/NZS 2604:2021.

This submission reflects the collective views of the Cancer Society of New Zealand.

Introduction

Australia and New Zealand have the highest skin cancer incidence and mortality in the world(1). The regular use of sunscreen, along with other sun protection strategies, reduces the incidence of skin cancers (2, 3). Standardised labelling and testing recommendations should assist consumers to select a product which they can trust to protect their skin from the adverse effects of UV radiation.

Specific comments

4.2 Labelled SPF

(a) Remove from Table 1 some of the current compulsory broad spectrum requirements for secondary sunscreen products.

The Cancer Society of NZ does not support the removal of broad spectrum requirements for secondary sunscreen products.

Encouraging consumers to select a sunscreen that protects from the harms of both UVA and UVB is one of the Cancer Society's key messages because broad spectrum SPF sunscreen is effective in reducing skin cancer risk. In New Zealand there is no labelling requirement on the product as to whether it is a primary or secondary sunscreen. It is essential therefore, that if the product is labelled as meeting the Sunscreen Standard that the consumer can be confident it provides effective protection against UVA and UVB rays.

(b) Provide a separate Table 2 for category descriptions and classifications for secondary sunscreens to clearly differentiate between primary and secondary sunscreens

The Cancer Society of NZ supports this change, provided there is no weakening of current compulsory broad-spectrum requirements and that clear and untinted lips products are included as requiring compulsory broad-spectrum protection.

(c) The classification of untinted and tinted lip products.

The lip is particularly vulnerable to UV radiation damage because of anatomical location and thinner epithelium. Given this vulnerability, the Cancer Society of NZ recommends untinted lip products are classified in a manner where they are required to meet broad spectrum and SPF claims of primary sunscreen products.

Untinted lip secondary sunscreen products should be moved to the category 'skin care products'. There are currently inconsistencies between sunscreen products within the Standard. Consumers should be able to expect that that all sunscreen clear lip balm products are providing the same broad spectrum performance as with other sunscreen products.

(d) Allowing the use of integers for labelled SPF for secondary sunscreens.

The Cancer Society of New Zealand does not support the use of integers for labelled SPF secondary sunscreens. We recommend selecting a sunscreen of at least SPF30 because increases in SPF from 30 make minimal difference to sun protection(4). The in vivo testing conditions used to provide sunscreen SPF ratings does not provide a sufficient degree of accuracy to reliably provide integers. For consumers, the use of integers implies a higher degree of certainty with the SPF factor than is the reality.

6.2.1 Mandatory labelling – sprays and aerosols

(g) Clear instructions for the application of sunscreen products in aerosol or spray pump packs.

A recent Queensland University of Technology (QUT) study found there is a significance difference in the performance of aerosol sunscreens in terms of the time taken to achieve the required SPF as stated on the can (5). The quantity of propellant in aerosol sunscreen dilutes the amount of sunscreen dispensed and increases the amount of product needed to achieve adequate SPF coverage. The QUT study reported that the proportion of propellant in aerosol sunscreens ranged from 27%-83%. Therefore, wetness on its own is not a sufficient guide. For some products it can take 14 seconds on a single limb to achieve the required SPF in laboratory conditions. It would be a significantly longer time than this in real world conditions. The packaging usually advises consumers to 'use liberally' or 'apply generously' which is open to interpretation. *Given consumers cannot*



control the flow of sunscreen for aerosols, manufacturers should state the time taken to achieve the desired SPF based on the performance characteristics of their product.

The Cancer Society of New Zealand thanks the Committee for considering our comments and welcomes any opportunity for further input.

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References

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