



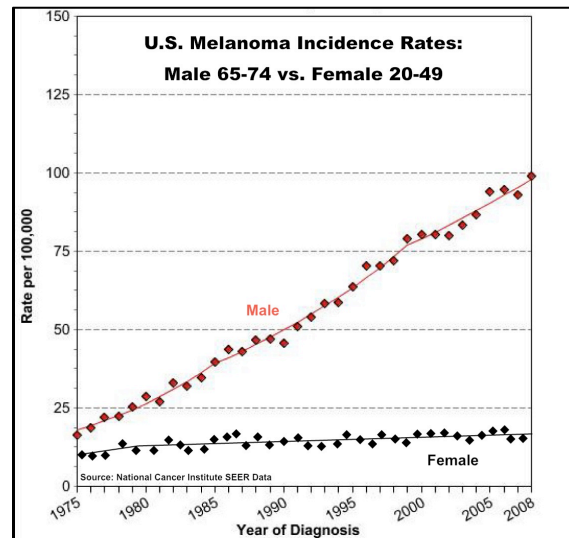
Mayo Mis-Statements Show That Money, Not Public Health, is Real Issue for Derms Authors Attack Tanning Without Any Actual Tanning Data; Flip Male/Female Data

JACKSON, Mich. (April 2) -- The single county that Mayo Clinic dermatology researchers used to produce a new study of melanoma incidence has 15 times more dermatologists per capita than the rest of the country - a confounding stat that Mayo failed to disclose and which explains why the paper suggested an increase that isn't in the national data.

"This is too obvious to be just an oversight," International Smart Tan Executive Director Joseph Levy said. "Dermatologists continue to 'reverse-engineer' bogus studies to sell their competitive attacks. They continue to use sunbeds in their offices for cosmetic treatments."

In promoting a paper published today in the journal Mayo Clinic Proceedings, Mayo dermatology researchers told the media in an embargoed press conference last week that data from one single Minnesota County were somehow more accurate than the National Cancer Institute's national cancer registry and misled the media into believing that melanoma is increasing "especially" in young women and that "the incidence of melanoma has escalated and young women are the hardest hit." None of those allegations are true.

(1) The county where Mayo collected data for their study has 15 times more practicing dermatologists per capita than the national average. Olmsted County, with just 144,000 residents in 2010, has 68 practicing dermatologists -- one for every 2,118 residents, according to Lifescript.com, a web site that tracks 720,000 U.S. doctors. In comparison, Jackson, Mich., a county of 160,000 residents, has just 3 practicing dermatologists. Nationwide, there is about one dermatologist for every 33,448 citizens, according to U.S. Census data.

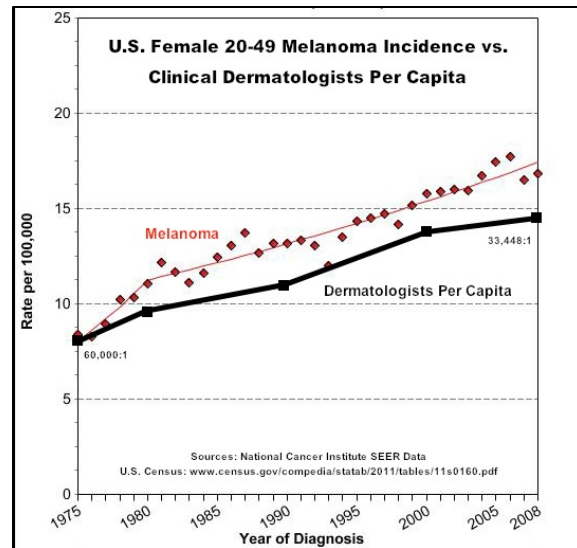


"Having 15 times more dermatologists per capita is the obvious default explanation for increased diagnosis in Olmsted County," Levy said. "Mayo Dermatology is attempting to allege that their data are somehow more accurate than the national data, but they left out the biggest and most relevant variable in their analysis completely. It's the most obvious explanation. Dermatology markets its mostly cosmetic services to young women."

(2) That becomes especially significant when you look at the Mayo report's Olmsted County data more closely. The data do not show any increase in "thick" (Stage II or beyond) lesions in women 18-39 (Mayo reported only 8 stage II-IV cases in 40 years in women 18-39, with only 2 in the last 10 years). In fact, lesions in this category were twice as common in Olmsted County males (16 in 40 years), which Mayo also failed to address.

(3) Even Mayo admits that melanoma mortality rates in women 18-39 actually decreased since 1970. While the Mayo derms attempt to explain this anecdotally as treating the disease earlier, those who analyze cancer incidence data as a profession disagree. According to research published in the Journal of the National Cancer Institute, it is virtually impossible for actual incidence of a disease to increase if mortality is decreasing.^{i,ii} In such a case, increased detection and not an actual increase in disease incidence is the default explanation. Mayo ignored this.

(4) The Mayo study did not publish Olmsted County melanoma rates for other age groups for comparison. The National Cancer Institute's melanoma data for the United States -- based on reports from 17 cities nationwide since 1970 -- show melanoma increasing much faster in men than in women and especially in older men, with the increase in incidence in women closely matching the increase in clinical dermatologists per capita nationwide, according to U.S. Census data.



(5) Melanoma mortality rates for women have decreased for more than 20 years, according to the National Cancer Institute's data. In fact, according to NCI data, melanoma incidence in women under 20 is about 0.5 per 100,000 -- or about 5 in 1 million -- and has not increased at all in the last decade. Dermatology has reported otherwise to the press, relying on anecdotal information to support their case.

"This Mayo report attempts to reverse-engineer selective data to rationalize an incorrect frame that dermatology has created that is in no way supported by real data," Levy said. "For Mayo Dermatology to suggest that melanoma is increasing 'especially' in young women is absolutely misleading."

(6) The study contains no data whatsoever about sun exposure habits or sunbed usage. So why is dermatology targeting indoor tanning in this paper, when dermatologists (including those at Mayo) use sunbeds themselves to treat purely cosmetic skin conditions? "This is just one more attempt by the cosmetic dermatology industry to unfairly attack its smaller cosmetic competitor," Levy said. "Big dermatology has been trying to recover the \$5 billion in phototherapy sessions lost to the indoor tanning industry when consumers discovered that inexpensive indoor tanning sessions worked just as well for their cosmetic skin conditions."

PROFESSIONAL MEDIA: International Smart Tan Network is the educational institute serving professional North American tanning facilities. For more information, contact Joseph Levy, executive director, International Smart Tan Network, at 800-652-3269, or joe@smarttan.com.

ⁱ Welch HG et al. Overdiagnosis in Cancer. J Natl Cancer Inst 2010;102:1-9

ⁱⁱ Levell NJ et al. Melanoma Epidemic: A Midsummer Night's Dream? Br J Dermatol. 2009 161, pp630-634