



Heartland Dermatology

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Diseases of the Skin
Phototherapy
Mohs Micrographic Surgery for
difficult or recurrent skin cancers
Laser Surgery
Sclerotherapy
Collagen
Botox
Liposculpture

POSITION STATEMENT ON INDOOR TANNING

The American Academy of Dermatology opposes indoor tanning and supports a ban on the production and sale of indoor tanning equipment for non-medical purposes. The hazards of indoor tanning have been well documented from experimental sources as well as from epidemiologic studies and clinical observations.¹

With the rising incidence of melanoma in the United States, and the scientific evidence incriminating the use of tanning parlors as an additional risk factor for the development of melanoma as well as increasing usage of tanning parlors for cosmetic tanning by the public, the American Academy of Dermatology encourages implementation of state and local legislation regulating tanning parlors. Further, the Academy encourages appropriate funding of the regulatory agencies responsible for enforcement of those regulations. Additionally, the AAD urges the Food and Drug Administration to take action that will ban the sale and use of tanning equipment for non-medical purposes. We encourage education of the public on the hazards of indoor tanning by schools, government, industry and medical professionals.

Unless and until the FDA bans the sale and use of tanning equipment for non-medical purposes, the AAD supports the following requirements for indoor tanning facilities:

1. All tanning devices should be inspected regularly for defects by all local or state public health department; written reports should be kept for each inspection.
2. A warning sign listing instructions for correct use of the tanning of patrons, and implement emergency procedures in case of injury.
3. A warning statement defining potential hazards and consequences of exposure to Ultraviolet A radiation (UVA) should be signed by each patron.
4. No minor should be permitted to use a tanning bed without written consent of a parent or guardian.
5. Tanning device operators should receive adequate training to correctly operate the tanning facility and tanning devices, recognize injury or overexposure to Ultraviolet radiation, determine skin type of patrons, and implement emergency procedures in case of injury.
6. Tanning device operators should be required to provide sanitary, protective eyewear to each patron for use during tanning.
7. Tanning device operators should limit exposure time to the exposure time recommended by the device manufacturer on the tanning device or in the device operating manual.
8. No person or facility should advertise the use of any Ultraviolet A or Ultraviolet B tanning device using wording such as "safe," "safe tanning," "no harmful rays," "no adverse effect," or similar wording or concepts.

¹The acute effects of tanning beds include redness and sunburn, itching, dryness, nausea, photosensitivity, reaction to patient medications, disease induction (pseudoporphyria, polymorphous light eruption, middermal elastolysis) and disease exacerbation (systemic



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lupus erythematosus, polymorphous light eruption, porphyria, rosacea). Chronic effects include precancers (actinic keratoses) and cancer (basal cell carcinoma and squamous cell). At least three epidemiologic studies show an increased incidence in malignant melanoma among tanning parlor users.