



Scottish Cancer Prevention Network Newsletter

Editorial

"A wake up call that should not be ignored" said Dr Rachel Greig senior policy officer at Breakthrough Breast Cancer in response to figures showing an increased breast cancer incidence of 3.5% in 10 years. Treatments and survival are improving but given the option between avoiding the disease or following a range of fairly unpleasant treatments preventative action seems highly desirable. CRUK highlight both lifestyle factors and changes in reproductive patterns as reasons for the increase. It is notable that recent figures have highlighted alcohol as a cause for 2,500 UK breast cancers per year. Such statements by Dr Greig seem to call for action and policy responses such that prospective politicians in Scotland might have highlighted specific action about cancer pre-

vention in their manifesto pledges. Early detection, drugs and waiting times are all hugely worthy of action but making the link between lifestyle cancer risk reduction remains unspoken.

According to CRUK, cancer is the nation's biggest fear yet around a third of folks think that the disease is down to fate and there is little that can be done to prevent it happening. Clearly there is a mismatch here between what our expensive research on cancer causes has discovered and reported to the scientific community and what the population at large know and believe. Estimates for breast cancer reduction through changing lifestyles (alcohol, obesity and physical activity) are as high as 42% yet either such messages are not being communicated, not believed or viewed with scepticism. It is per-

fectly plausible that people believe "prevention" starts with early detection given the current funding efforts of the National Awareness and Early Diagnosis Initiative to improve early disease presentation and the absence of advocacy for cancer risk reduction by cancer advocates. In a recent press release by CRUK on the future of breast cancer prevention (March 2011) the first line was "*Drugs could be used to prevent breast cancer in women at high risk of disease*". I scoured the article for comment on risk reduction through weight loss, increased physical activity, alcohol reduction for all women (not just high risk) and research findings on these issues but to no avail.

New governments do however provide an opportunity for new thinking. Here's hoping that in Scotland some new thinking can be demonstrated that links our

knowledge about increased breast cancer risk with actions for change. A health department that can support cancer advocates to engage with practical and realistic prevention messages as much as they are supported to encourage early detection, appropriate treatments and reduced waiting times would be most welcome.

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Plain To See

Andrew Lansley, the UK Health Secretary chose No Smoking Day on 9 March as the opportunity to publish the Westminster Government's [Tobacco Plan for England](#). I wrote to Mr Lansley when he was appointed encouraging him to look at the evidence base for introducing plain packaging for tobacco brands - an issue the previous UK government was also committed to investigating. I was therefore delighted that the document sets out plans to consult this year on standard packs for cigarettes. This is a measure that has to be considered and implemented at UK level under reserved powers; although I hope that the Scottish Government which is elected in May will be active in supporting this vital policy.

Cigarette packs are now designed and branded as carefully as perfume boxes and for similar reasons; this is a product that relies on its image to recruit new consumers. Standardised packaging will shut down the features that are designed to attract targeted audiences; the holographic patterns that sparkle under club lights, the i-pod style earphone decoration, the slim elegant purse-sized packs. [Plain](#)



[packs](#) help the health messages to stand out, showing the reality of the product. Strip away the branded imagery and the product itself starts to look distinctly uncool.

There is a growing body of evidence that if tobacco packets used standard packaging free of colour, decoration, and design, it would make health warning messages more prominent, reduce youth smoking and increase prevention, and reduce the continuing link between the false beliefs of different levels of health risks associated with different brands.

Research shows that the tobacco industry is using the pack more aggressively and more effectively as a marketing tool to recruit smokers as other promotional avenues are closed. Tobacco companies are well aware of the power of the pack. Indeed, Jeremy Blackburn of Japan Tobacco International, which produces brands such as Silk Cut and Benson & Hedges has

stated, "marketing restrictions make the pack the hero".

That is why it is disappointing that both the UK Coalition Government and Scottish Government also announced on the same day that they would both be delaying the introduction of a full retail tobacco display ban for smaller retailers by 18 months to April 2015. Evidence from Ireland and Canada, which have introduced display bans show that display bans can reduce youth smoking. I believe this measure along with other prevention policies can actively reduce the current number of 15,000 young people who take up smoking each year.

Smoking is still the biggest killer of Scots with a quarter of all adult deaths due to tobacco. We must do all we can to reduce the attractiveness of cigarettes and smoking to our young people and prevent them becoming addicted to a product that kills half its long term users.

Plain packaging reduces the use of the tobacco packet for promotion. Australia plans to be the first country to introduce plain packaging in 2012 and I hope now that the UK will follow soon.

**Sheila Duffy, Chief Executive
ASH Scotland**



Long term implications of lifestyle and cancer deaths

For some time it has been known that death rates from cancer are higher in Scotland than in other countries, notably Norway and Sweden. Recent research has demonstrated that most of the excess risk of death following breast and bowel cancer in the United Kingdom compared with the Scandinavian countries occurs in older age groups during the first year after diagnosis and especially in the first month of follow-up. Accordingly, a study was performed to look at the characteristics of patients dying within 30 days of being diagnosed with one of these cancers in Scotland.

The study was conducted by using anonymised cancer registry records linked to records of hospital discharge and death. It was then possible to compare patients who died within 30 days of diagnosis with those who survived beyond this time period. It was found that patients dying within 30 days were more likely to be elderly and to have experienced emergency admission to hospital for events unrelated to their cancers. In addition, a substantial number of patients died from causes other than their cancer. It was notable that for colo-

rectal cancer, previous admissions for chronic lung disease or alcohol related illness were more common in those dying in the first 30 days after diagnosis, indicating a major role for smoking and alcohol consumption.

The results of this study suggest that early death after diagnosis of breast or bowel cancer is, in part at least, due to co-morbidity and lifestyle factors in addition to more advanced disease. Further work is needed to find out the precise explanation for these findings and if avoidable factors such as delays and presentation referral or diagnosis exist. It does appear, however, that survival after cancer diagnosis depends on a wide range of factors and not just the quality of treatment. It is reasonable to suggest, therefore, that the differences between the United Kingdom and the Scandinavian countries may be related to the general health of the population rather than differences in the process of care.

Bob Steele

REF Brewster DH et al (2011) Characteristics of patients dying within 30 days of diagnosis of breast or colorectal cancer in Scotland, 2003-2007. *British Journal of Cancer* 4:104(1) 60-70

Obesity costs!

Obesity is associated with the development of a number of cancers including breast and colorectal. Reducing obesity should be associated with reduced overall disease risk but it could be costly if we rely on treatments. In Scotland 134,491 items were prescribed during 2009/10. This is an increase (21,126 prescriptions (18.6%) over the previous year and indicative of possible future trends. Obesity drugs are not a magic formula, they can assist modest weight lost, they are good at kick starting people who have tried everything and they only work with appropriate life style changes. The cost is borne by the public purse, which last year, in Scotland alone, shelled out £4.64 million on obesity prescriptions. Of course this cost does not include days lost off work, obesity related illness and the misery of ill health. Maybe it's time to review our thoughts on who pays obesity costs, like the industries that market over consumption?

Our thanks to Amos Woro, graduate intern, who has assisted in the preparation of the current newsletter and updated



Exercise Helps You Feel Better.....

In each issue we ask a Scottish cancer agency to tell us about their activities around prevention and well being. Fiona Whyte provides a window on action around physical activity for cancer patients.

Macmillan Cancer Support wholeheartedly endorses the Scottish Government's recommendations that adults should accumulate at least thirty minutes of moderate intensity activity on most days of the week. According to the government, at present 67% of women and 56% of men (aged 16-74) in Scotland are not meeting these targets. This means that over 50% of us are not active enough to benefit our health. This is a real concern as physical inactivity is an independent risk factor for developing cancer (and is also associated with increased risk of recurrence).

Macmillan Cancer Support has always valued quality assured research and has supported the implementation of many of the findings of Scottish research. For example, the roll out of 'Active ABC' (After Breast Cancer activity classes) which involves group activity over a period of several weeks, increas-

ing exercise gradually as well as encouraging participants to maintain an activity/exercise journal. This programme was first launched in Glasgow in October 2009 and still runs in several venues supervised by specially trained fitness instructors. Another example of a similar project supported by Macmillan is entitled 'Mbrace' which is also an activity/exercise programme hosted on hospital property. One of the original Scottish researches, Dr Anna Campbell, of Dundee University has recorded an Exercise to Music DVD based on these types of group exercise that she has developed over the past decade working with cancer patients and survivors. This DVD was developed in conjunction with the charity Breast Cancer Care and copies can be obtained from this charity and from www.canrehab.co.uk.

This year Macmillan Cancer

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Support in Scotland is also supporting the introduction and roll out of Chi Gung classes. Chi Gung is the ancient Chinese practice of aligning breath, physical activity with mental and spiritual awareness. This form of activity has been found to be easy and acceptable for both men and women of all ages. For further information on this please contact Janice Preston Senior Macmillan Development Manager

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Date for the diary

Monday 6th June
Royal Society, 22-26 George St
Edinburgh
6pm

Professor Tim Byers
Colorado School of Public Health

"Preventing Cancers of the Breast and Colon by How we Choose to Live each day"

Prof Byers research interests include epidemiological and clinical studies of nutrients as protective factors in colon, breast and lung cancer, studies of cancer treatment decision making by patients and physicians and studies of cancer genetics.

This lecture is free and open to all however please register on line at www.royalsoced.org.uk. The lecture organised by the RSE in association with the Scottish Cancer Foundation, supported by The Cruden Foundation.



Scottish Health Action on Alcohol Problems

Scottish Health Action on Alcohol Problems (SHAAP) was established by the Scottish Royal Medical Colleges and Faculties joined by the Royal College of Nursing, to raise awareness of the nature and extent of harm linked to alcohol use in Scotland and to campaign for evidence based measures to reduce this harm. Government figures show that alcohol consumption has more than doubled since 1950. It is estimated that as many as half of men and a third of women in Scotland regularly drink above "sensible drinking" guidelines. Alcohol related deaths have doubled over the last 15 years and are now twice as high as in England and Wales.

Evidence shows that the more the population drinks the greater the level of harm to health experienced. Cancer is one of these harms, most notably of the mouth, pharynx, larynx, esophagus, colon, rectum and liver, and in women breast. Recent evidence shows that almost one in ten cancers in men and one in thirty three women within Western Europe is related to past or current drinking. Increases in consumption have been fuelled



by falling prices and increasing availability.

SHAAP aims to raise awareness amongst the professions, the public and politicians, of the influence of alcohol on health.

We have been advocates for setting a realistic minimum price for alcohol to reduce the availability of very cheap alcohol that is commonly used by those who are drinking in a damaging way. SHAAP has stressed the importance of improving services for individuals with alcohol related problems and promoting early recognition and intervention before irreparable damage has occurred. Later this year we aim to raise awareness of the influence of alcohol consumption on cancers of various kinds and hope that this is an area in which we can co-operate with those bodies already committed to reducing the prevalence of cancer in our society.

Bruce Ritson, MD
Chairman, SHAAP

Working In Communities

New publications from Community Food and Health (Scotland) reflect the range of advice required by local communities tackling health inequalities and promoting social inclusion. Fact-sheets cover everything from the contribution of local communities, healthy weight strategies, to the benefits of networking and how local groups can apply databases to record the difference they make.

A number of other recent publications has been around cooking skills, including a report on a training initiative to a guide on adapting popular TV formats and top tips from youth workers.

Other recent publications highlight good practice from Scotland's Housing Associations, work within Black and Minority Ethnic communities, community retailing in hospitals and a study of community cafes.

The above publications and information on all CFHS activity, is available from www.communityfoodandhealth.org.uk along with details on how to sign up for CFHS's free quarterly newsletter, e bulletin and publication alert.



A commitment to cancer prevention

The avalanche of leaflets through doors, TV debates, endless political posturing - it must be election time!

With much of the focus on the economy and the impact of spending cuts on public services, public health doesn't seem to be particularly high on the political agenda. However, health is often a key political battleground, and all parties are conscious of both the need to tackle the nation's poor health record, and the positive impact (on health and politics) of previous action, including the now totemic ban on smoking in public places, which is often cited as one of the key achievements of devolution.

But what are the parties saying now about cancer prevention?

Tobacco

Both Labour and the SNP commit to developing a new tobacco control strategy. The SNP say their strategy would "focus on prevention and cessation and include ambitious targets for reducing smoking across Scotland" while Labour's would "tighten up the loopholes in legislation to prevent tobacco advertising on merchandise". Labour also commits to consulting on the desirability of a ban on smoking in cars carrying chil-

dren. The Liberal Democrat manifesto commits to "make progress on smoking cessation measures".

Alcohol

Following the defeat of their attempts to bring in minimum pricing for alcohol in the last session, the SNP commit to reintroducing this measure "as a priority" but concede the need to "build a coalition of support for it in Parliament to match the one that already exists outside of Parliament". Labour also makes significant commitments on alcohol, including delivering a National Strategy for Action on Alcohol "to identify fair and effective measures to tackle alcohol abuse". They also pledge to "continue to support measures to prevent irresponsible alcohol promotions", and to "promote alcohol awareness across all age and income groups and build on current good practice by supporting local alcohol partnerships". The Conservatives reiterate their wish to "see Scotland follow the UK Government's lead and ban the sale of alcohol below the cost of duty and VAT".

Obesity

There are significant commit-

ments from all four parties on tackling obesity, perhaps a good indication of the importance now being attached to addressing this issue. The Liberal Democrats pledge to set a new national objective on obesity, planning to "work with schools and community groups to increase access to sports facilities and clubs, increase the availability of dieticians in GP practices and provide better help and information for individuals and parents". The Conservatives focus on physical activity, committing to setting up a £2m charitable trust fund, to "give all pupils the opportunity of receiving one full week of residential outdoor education at least once between the ages of 11 and 15, and more opportunities to participate in grassroots sport". They also plan to promote sponsored bike schemes to encourage greater participation in cycling. Labour pledge to "sustain and improve on existing provisions for breakfast and lunch clubs in schools and continue to target nurture classes and nutritional support at those children living in the most deprived communities" as well as introducing a new Nutrition Bill. They also want to "get Scotland's children moving by working towards 2 hours of quality PE



in every school, encouraging free access to swimming pools for children and older people and delivering free swimming lessons for primary school children via a new Commonwealth Swimming Fund". The SNP reference their previous obesity strategy and commit to implementing this over the next Parliament. They aim to deliver at least two hours of PE in primary schools and at least two periods of PE in secondary schools for pupils in S1-S4. They also plan to continue "efforts to improve food education in Scotland's schools so that young Scots are empowered to choose fresh, healthy, local and seasonal food".

Health Promotion

Both the Conservatives and the SNP make commitments to 'health checks', designed to give people health advice, identify early warning symptoms and provide referrals for those wanting to improve their health. The Conservatives propose free universal health checks for those aged between 40 and 74. They also plan to work with Community Pharmacy to deliver a range of drop-in services to catch the early signs of potential problems. The SNP pledges to take forward the Life Begins at 40 initiative to help people over 40 check up on their health. They also state that

they would extend Keep Well, which currently provides health checks in certain areas of high deprivation, to cover all of Scotland's poorest communities by 2012. Finally, they plan to start a four-year pilot to test the effectiveness of universal, face-to-face 'health MOTs' for the over 40s.

Early diagnosis

In addition to pledges on prevention, there is a significant focus in the manifestos on early detection of cancer. Both Labour and the Liberal Democrats commit to introducing a new right to see a cancer specialist within two weeks of referral. The Liberal Democrats also pledge to "tackle the unacceptably high number of cancer cases that are only detected for the first time during emergency admission to hospital". The SNP commit to a £30m 'Detect Cancer Early' Initiative with a target of increasing the number of cancers detected at the first stage of the disease by 25%. The first stage of the Initiative would be directed at lung, breast and colorectal cancer.

In all, there are some positive pledges here. It's a testament to the hard work of those working in and advocating on behalf of health promotion and public

health that all the major parties have prioritised these issues. However, the proof is often in the implementation. New strategies, policies and initiatives can provide direction and drive change, but they can also grow dusty on the bookshelves, with warm words but little action. The challenge for us is to hold the next Scottish Government to account, not only for what they say, but also what they do.

Environmental and Occupational determinants of cancer are something we often give little thought to as these are often seen beyond our personal control and hazards are identified and regulated by government restrictions. World wide a substantial percentage of all cancers is caused by environmental and occupation exposures. Pregnant women, foetuses, infants, children and workers are especially vulnerable. Mesothelioma in Scotland is an obvious example.

For those working in these areas the recent Asturias Declaration

http://www.who.int/phe/news/events/international_conference/Call_for_action_en.pdf may be of interest.

Amongst other things it calls for the WHO to lead development of measureable indicators of exposure and disease to guide cancer surveillance in countries around the world



Egg-treme calorie consumption?

Dionne Mackison

Whether decorating, munching or bypassing mass supermarket stockpiles, for the majority of us Easter eggs are a familiar sight at this time of the year. Of seasonal chocolate sales Easter tops the bill at £243 million (with Christmas sales reported at £151 million). When, like this year, Easter falls later retailers have a longer selling window resulting in higher sales. Easter eggs are often the target of price promotions and are used in national advertising campaigns to lure consumers into stores. As with other energy dense products, BOGOF and other multi-purchase campaigns encourage consumers to purchase more than they initially intended. And with 17 million Britons purchasing what calorific and financial impact does this novelty seasonal treat have? Take the quick quiz below to see how egg-tastic your energy density, fat content and retail price knowledge is!!

Q1. Which product contains the least amount of calories?



a) 100g bag of mini eggs



b) Big Mac®



c) 750ml glass bottle of Irn Bru

Q2. Which product contains the most fat?



a) Aero lamb



b) Curly wurly



c) MaltEaster bunny

Q3. Which product contains the most sugar (as sold)?



a) 500 ml Lucozade



b) 178g medium chocolate egg (shell only, additional confectionery not included)

Q1 C lowest is Irn Bru (322 kcals!!), mini eggs 485 Kcals, Big Mac 490 kcals....no small snacks here! Q2 C Malteeser easter bunny has 9.2g, Aero lamb 8.3g and curly wurly 4.5g...as well as loads of sugar!! Q3 B Medium egg contains 56.8g sugar per 100g (178g as sold), lucozade contains 8.7g sugar per 100ml (500 ml as sold)(1g sugar = approx4 kcals)

Dundee Cancer Centre at The University of Dundee

The first approved Cancer Research UK Centre in Scotland was launched in early 2010. The Centre aims to:

- Enhance cancer research and apply discoveries to improve patient care
- Build partnerships and capitalise on the exceptional environment in Dundee
- Enhance existing infrastructure to underpin all ongoing cancer research
- Train cancer researchers of the future
- Expand public engagement and understanding
- Engage with local fundraising

As core staff of the Dundee Cancer Centre Senior Research Nurse, Alison Harrow, and Local Engagement and Development Manager, Sarah Muir work to disseminate knowledge about cancer prevention and early symptom detection. To this end, the Dundee Cancer Centre is holding a Public Forum "Together We Can Beat Cancer", which will take place on Thursday 30th June 5.30-8pm, at the West Park Centre, Dundee. This year's focus will be on colorectal cancer, providing insights into what cancer is, how it develops, what can contribute to cancer prevention and the importance of screening and early detection. Clinical practice is constantly changing to incorporate new treatments which positively impacts on patient quality of care and quality of life; these issues will be explored and explained over the course of the evening. Speakers will include Professor Annie Anderson, Professor Robert Steele, Researcher, Dr Colin Palmer and Jackie Rodgers (colorectal nurse specialist.) We also hope to represent the patient's perspective and include a personal account of colorectal cancer. For more information please visit our website <http://www.dundee.ac.uk/centres/cancer/> or contact Alison Harrow a.harrow@dundee.ac.uk

