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The Scottish Cancer Prevention Network Newsletter

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Welcome

Many thanks to readers who provided invaluable online feedback about the newsletter. We were delighted to see that of 116 network members available during the survey period, 64 (55%) kindly returned their comments on design, current content and future articles.

The feedback was hugely encouraging and included requests to cover topics ranging from obesity, research on environmental links and mobile phones. Layout suggestions have been particularly useful and we now have a creative team working on redesigning the new format and style. Furthermore, we were delighted to know that the newsletter is cascaded to over 550 folks and would encourage those who have read and enjoyed the newsletter to email to others or download and print the PDF version (available at <http://tinyurl.com/3nf3og2>) for use in coffee rooms, notice boards (whilst being mindful of paper resources)

SCPN has limited resources but since the last issue we have presented and discussed the work of the network with the Scottish Cancer Taskforce, participated in the Dundee Cancer Centre Public Forum and coached two graduate interns on cancer prevention communications. In addition to the readership survey we are also undertaking a second survey of prevention activities being undertaken by cancer agencies in Scotland. We do have some resources available for folks to use including slide presentations (suitable for public/professionals). We also have a presentation poster about the network and various interactive resources as well as printed newsletter copies. We have answered a steady number of queries for help on resources/advice and invitations to speak. We are planning a SCPN conference supported by Scottish Cancer Foundation in November providing presentations on prevention research and workshops for action in practice (including physical activity promotion).

In August 2009 we started with about 80 folks getting the newsletter and this has increased 6 fold to the 550 that currently have access (plus folk who get a direct link from the website). To gain support for continued work we need to demonstrate a growing interest and would welcome more email members... to join is easy.. just contact a.s.anderson@dundee.ac.uk and mark the subject NEWSLETTER

Professor Annie S Anderson
Professor Bob Steele

Centre for Research into Cancer
Prevention and Screening (CRIPS)

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Lifestyle factors and colorectal cancer risk

The Cup Report (Continuous Update Project expert Panel)

The second World Cancer Research Fund (WCRF) expert report, “Food, Nutrition, Physical Activity and the Prevention of Cancer” published in 2009 highlighted colorectal cancer (CRC) as one of the most preventable cancers. Of course, a healthy lifestyle doesn’t guarantee a cancer free life which will also be influenced by genetic risk but the potential for reducing the gene-environmental interaction that triggers the disease is high. Current estimates suggest that 43% of cases in the UK might be prevented by changes in diet and physical activity.

The WCRF provide a matrix of risk factors that might both prevent or contribute to the development of the disease. For CRC the recent update sees the evidence that dietary fibre protects against CRC cancer move

from “probable” to “convincing”. Thus a diet rich in plant based foods, wholegrains, pulses such as beans, fruits and vegetables combined with plenty physical activity (for which the evidence remains consistently convincing for cancer of the colon) are likely to confer the greatest benefits in the fight against CRC.

What to avoid is equally important. The recent update report confirms previous findings that the consumption of red and processed meat ought to be limited to no more than 500g (18 ozs) (cooked weight per week). As a guide a small portion e.g. 2 slices roast meat or one lamb chop provides a meat portion size of about 70g (2.5ozs), and a standard portion of stewed mince or a small portion of beef casserole provides around 140g (5.ozs) meat. Processed

meat is best avoided where possible.

The evidence that excess bodyweight, abdominal fatness and alcohol for men (and probably for women too), increase CRC risk also remains convincing.

http://www.wcrf.org/cancer_research/cup/index.php

New publications for health professionals

The new WCRF Cancer Prevention Pack contains a range of information on cancer prevention including the new cancer risk wheel. To request a free copy worth £4.00 email informed@wcrf.org

	Decreases Risk	Increases Risk
RECOMMENDATIONS Convincing	Physical activity Foods containing dietary fibre	Red meat Processed meat Alcoholic drinks (men) Body fatness Abdominal fatness
RECOMMENDATIONS Probable		Alcoholic drinks (woman)



Scotland, Sunshine and Skin

Despite our Northern latitude two young people in Scotland are diagnosed with the deadliest form of skin cancer every week, according to new research reported by CRUK. Rates of malignant melanoma are higher in Scotland than anywhere else in the UK, and have more than tripled among those aged 15-34 since the late 1970s. These findings underline the need for folks to get “sunsmart”.

Even in the very north of Scotland (not an area every one associates with high levels of UV exposure) dermatologists like

Dr James Vestey at Raigmore Hospital are re-enforcing the message at local level that we should “avoid sun at the hottest times of the day during the summer (11am to 3pm from March to October) or to cover up and use a high factor sun screen for the small areas of skin which have to be exposed and to wear good quality sunglasses”.

The message that high sun exposure is also associated with premature skin ageing and eye damage is rarely discussed. For some of the population concerned with the concept of

beauty these risks may add additional levers to support behavior change.

The warning on melanomas comes after startling statistics revealed by Cancer Research UK’s SunSmart campaign that the number of young Scots with malignant melanoma has tripled since the 1970s . In 2008 alone, 1164 new cases and 171 deaths due to malignant melanoma were recorded in Scotland indicating the need for greater awareness and support to facilitate sun smart behaviours in order to prevent a greater increase of incidence.

More Information

For daily guidance on personal risk of burning see <http://www.sunsmart.org.uk/advice-and-prevention/uv-index/>

where you can find access to:

MET OFFICE listings for daily UV levels (including Scotland)
http://www.metoffice.gov.uk/weather/europe/europe_uv.html

Skintype information (to guide personal risk) <http://www.sunsmart.org.uk/skin-cancer-facts/your-skin-type/>



Recognition of Alcohol consumption and cancer risk

The recent position statement from the Cancer Council of Australia¹ has delivered the warning that alcohol use in the country is having a major impact on the health of the population. It is estimated that over 5000 cases of cancer (or 5% of all cancers) are attributable to long term chronic use of alcohol each year.

It is noted that mouth and throat cancers are more than 35 times greater for those who are regular heavy users of both alcohol and cigarettes highlighting the need to tackle both cancer causing elements.

The position statement is clear

- Alcohol use is a cause of cancer. Any level of alcohol consumption increases the risk of developing an alcohol-related cancer
- Cancer Council recommends that to reduce their risk of cancer, peo-

ple limit their consumption of alcohol, or better still avoid alcohol altogether.

- For those who choose to drink alcohol, the Cancer council recommends that they drink only within current guidelines.

This position statement is equally relevant to Scotland, although less attention has been given to alcohol and cancer per se. For example, a British Medical Association survey showed in one day GPs saw more than 5,500 patients complaining of alcohol related illness². This devastating trend of alcohol intake is likely to hit the Health Service hard in years to come as Dr Brian Keighley, chairman of the BMA in Scotland notes that “The NHS is buckling under the pressure of having to pick up the pieces of Scotland’s drinking culture which has largely been driven by cheap, strong alcohol.”³ NHS Scotland Alcohol Statistics 2011 have

shown that there was 4439 alcohol-related deaths in Glasgow alone between 2000 and 2009⁴.

The impact of alcohol on cancer is however only slowly being recognized. A recent study from the EPIC group revealed that for cancers that are causally related to alcohol consumption, the proportions attributable to alcohol were 32% in men and 5% in women, with a substantial part being attributable to consumption levels above guidelines for an upper limit of two drinks a day in men and one drink a day for women⁵.

It is notable that SHAAP (Scottish Health Action on Alcohol problems) have recently appointed a project officer (Dr Gerry O’Neil) on Alcohol and Cancer with a meeting on cancer planned for December 2011. Further information to follow.

1. http://www.mja.com.au/public/issues/194_09_020511/win10641_fm.html

2. <http://web2.bma.org.uk/pressrel.nsf/wlu/GGRT-8GGES8?OpenDocument&vw=wfmisc>

3. <http://news.scotsman.com/scotland/SNP-Minimum-alcohol-prices-by.6765543.jp>

4. http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/alcohol_stats_bulletin_2011.pdf p. 69-70

5. Schutz M et al (2011) Alcohol attributable burden of incidence of cancer in eight European countries based on results from prospective cohort study. *BMJ* Apr 7; 342 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3072472/?tool=pubmed>

Physical activity and breast cancer, changing clinical practice

by Anna Campbell

There are a number of strong prospective observational studies demonstrating that for women with breast cancer, around three hours of aerobic activity per week can significantly reduce the risk of cancer recurrence and breast cancer mortality. Pooled effects show that breast cancer specific mortality was reduced by 34% for women who reported being the most active (post diagnosis versus the least active. Based on these findings, there is now a need for a large randomised controlled trial (RCT) on the effect of exercise in preventing breast cancer recurrence and improving mortality outcomes but not only will this be challenging for recruitment and follow up but it also begs the question of what should be advised whilst we wait for results.

A recent paper in Cancer Prevention Research by Schmitz argues that we do not need to wait for RCT data to confirm the above observations and that enough convincing evidence on the physical and psychological benefits of exercise after a breast cancer diagnosis has been collected. Indeed, exercise based cardiac rehabilitation services started six years

prior to published evidence of mortality benefit because of the functional and health care cost improvements.

Breast cancer survivors face the risk of significant long term side effects including lymphoedema and reduced bone health as well as overall functional decline. A recent systematic review and meta-analysis by Speck et al supports the use of exercise to prevent or treat fatigue and lymphoedema and to improve functional status and upper body range of movement.

Schmitz believes that breast cancer survivors will be more motivated to exercise to improve symptoms such as osteoporosis or lymphoedema rather than to prevent cancer mortality and suggests the use of the cardiac rehabilitation model as a template for a proposed cancer rehabilitation programme:

- Phase 1 would address the in-hospital rehabilitation needs immediately post surgery.
- Phase 2 would provide a personalised exercise programme taking into consideration any relevant treatment side effects,

health and fitness abilities (as per This phase would use the same educational components as cardiac rehab)

- Phase 3 would be a community based unsupervised exercise programmes with the safety net of a referral back in the event of any clinical side effects developing.

In Scotland there are a number of evaluation projects looking at different ways of incorporating exercise based cancer rehabilitation into a cancer care package. In addition, Phase 3 programmes are already established in Glasgow and Dundee for women undergoing treatment for breast cancer in the form of community based group exercise classes (Active ABC).

For more information on Active ABC contact Anna Campbell (a.k.campbell@dundee.ac.uk)





Scottish Charter for Physical Activity, an opportunity for cancer prevention agencies to be heard

by Sharon Allison

Low levels of physical activity may account for as much as 30% of uterine cancer, 12% colorectal cancer and 12% of breast cancer (WCRF, 2009). Cancer agencies often have little experience of how to facilitate changes in activity but a new coalition offers an opportunity for working together:

A recommendation from the Five-year review of 'Let's Make Scotland More Active' was: 'a coalition of organisations independent of the Scottish Government who could mobilise, motivate and advocate for physical activity would assist in ensuring the profile of physical activity remained high and would facilitate better delivery and coordination.'

A working group was formed to identify how this could be taken forward and in 2010, when the Toronto Charter for Physical Activity was launched, the working group saw this as an opportunity to translate this global call for action into a Scottish context and to use its framework as a basis for progress towards a national coalition. The Scottish charter for physical

activity was prepared in consultation with a wide range of stakeholders and was shared more broadly with the physical activity and health alliance at the PAHA conference in June 2011.

It is thought that this document will act as a catalyst to bring the coalition together, and to encourage a wider range of organisations that have a potential role in advocating physical activity to engage.

The charter is unique as it provides one platform for multiple organisations and sectors who have an interest in promoting physical activity to come together and have a unified voice on the importance of getting more people more active more often.

It sets out six areas of focus; built & natural environments, education, NHS Scotland, active recreation, transport & planning and workplace.

This Scottish version of the global charter has been developed to support existing policy around physical activity and

to progress policy into action. The next step is to encourage organisations to sign up to support the content of the charter to register their interest in being involved in a coalition to work to increase physical activity levels in Scotland.

Background information and next Invitation to comment on final draft of Scottish charter for physical activity

If your organisation wishes to submit any comments on the final draft charter, they should be sent to Sharon Allison (sharon.allison1@nhs.net) by Friday 15 July 2011.

Invitation to take part in the coalition committee

The initial working group has worked as a group of volunteers and now wishes to make an open invitation and actively recruit membership across all sectors that can contribute to physical activity. If your organisation wishes to take part, a note of interest should be sent to Sharon Allison (sharon.allison1@nhs.net) by Friday 15 July 2011.



Stop-smoking support effective and cost-effective

by Sheila Duffy

Chief Executive, ASH Scotland

There was good news for those working in smoking cessation recently. The smoking cessation statistics for 2010 (calendar year) were published showing 79,672 of Scotland's one million or so smokers tried to quit using NHS services, representing a 7.6% rise on the 2009 figures. These figures are expected to rise further once numbers quitting using support through pharmacy services (which are still being finalised) are also included.

The data of course only show those who try to quit using NHS services - many others will have used different methods to give up. For some smokers, quitting can be difficult and many people need a number of attempts before they quit for good. I was encouraged to see that at least 39% (31,456) of those who attended stop smoking services in 2010 remained quit one month later and at three months 16%. While the percentages may look small (and do not include over 40% lost to follow up), the benefits to long term health for successful quitters are considerable.

In Scotland, 63% of smokers say they want to give up. Concern for their health was cited as a major motivation by around three quarters. Successful quits are always worthwhile in relation to improved health and quality of life. So ASH Scotland welcomed the news late last year that NHS Scotland was renewing the stop-smoking service targets for reaching smokers. As of March 2011 NHS Scotland is aiming to deliver at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.

Estimates suggest that as many as two-thirds to three-quarters of ex-smokers stop without any form of assistance. However NHS services are free and in touch with recent research. They are worth referring on to.

As well as being effective, stop-smoking services are also excellent value for money. Scotland's Health and Wellbeing budget for 2009/10 was £12.5 billion with only £14.75 million

spent on NHS stop-smoking services, and approximately the same being spent in 2010/11. That's just a tenth of one per cent of the total health and wellbeing budget to counter an epidemic that claims 13,300 lives a year in Scotland. Smoking cessation is a highly cost effective treatment. The cost to the NHS per successful quitter is just £557. In terms of life years gained, smoking cessation is also highly cost-effective compared with other treatments. For example, statins to prevent heart disease cost nearly £25,000 in treatment per life year gained; smoking cessation treatment costs under £1000.

Smoking is devastating to our public health, accounting for a quarter of adult deaths every year. Thousands more are affected by smoking-related illnesses, so encouraging quitting is vital for Scotland's health. The success of our NHS stop smoking services is to be welcomed and encouraged, and the successes of individuals who become smoke-free should be celebrated.

Promoting lifestyle change for Prostate Cancer patients- possible approaches

A recent Canadian study by Morz et al (2010) has indicated that overcoming stigmas surrounding diet in male prostate cancer patients may be more difficult than first thought. Many men included in the study stated that they were sceptical or did not trust the research presented to them despite evidence that it may be of considerable help to recovery.

The study found that many males were victim of “deficient health-literacy, male disinterest in self-care and reliance on female partners for health care” as factors leading to the disinterest in a change of diet. As a result, many male prostate cancer patients recovering from the disease did not subscribe to a healthier diet and exercise regime in order to regain health.

Scepticism over the effectiveness of diet change in producing results during recovery prompted one participant to point out that he had “always eaten healthily and I will continue to eat healthily but I’m not expecting it to cure cancer.” Some participants in the study reported a well intentioned but unenthusiastic approach to changing diet highlighting the need for different approaches for motivation and support.

The authors note that being diagnosed with prostate cancer has been proposed as a teachable moment for evaluating dietary practices and as such when men express a “need to do something” around self care that diet is positioned as an opportunity for “adaptive coping”. However, given men’s uncer-

tainty about the evidence relating diet and prostate cancer in contrast to their acceptance to other diet-health connections, diet change promotion in prostate cancer care should target overall health rather than prostate health. Because many diet changes that are prostate friendly are also heart healthy, they might be promoted as best practice models.



Morz LW et al (2010) Prostate cancer, masculinity and food. Rationales for perceived diet change *Appetite* 55 398-406

Getting men involved with healthy lifestyles....a great opportunity!

The FFIT (Football Fans in Training) programme is an innovative venture run by the Scottish Premier League and The New football pools which will be evaluated by a team from the Universities of Glasgow, Strathclyde and Dundee in conjunction with the MRC Social and Public Health sciences Unit in Glasgow. The pilot programme (12 weeks) involving 11 SPL clubs and 303 active participants produced some stunning results including

- an average of 4.9% from starting weight.
- a total of 1,202 kg in weight and 1,142 cm around their waists.
- significant reductions in blood pressure

Whilst Men in the waiting list comparison groups did not show any reduction in weight or waist circumference. The programme offers men the opportunity to get more physically active, change diet and “shed a few pounds” at local SPL clubs. Men who meet the following criterion are invited to contact the recruiting team asap

- Aged 35 to 65 years
- Interested in losing weight, getting fitter and healthier
- Belly size at least 40 inches, or trouser size at least 38ins.

Contact and queries call 0800 389 2129 text FFIT to 88802 or email ffit@sphsu.mrc.ac.uk

For more info see <http://www.scotprem.com/content/default.asp?page=s2&newsid=10354>

Primary Prevention of Cancer is Not Yet Well Addressed in the Political Agenda.....

WHO First International Conference on Environmental and Occupational Determinants of Cancer has created a list of objectives it aims to achieve in the coming years. These include:

- Defining a road map to better address environmental and occupational determinants of cancer, by reviewing the scientific evidence, key policy options and environmental interventions.
- Raising awareness about the substantial percentage of cancers that are caused by environmental and occupational risk factors
- Promoting environmental and occupational interventions in support of primary preventive measures
- Advocating for the integration of primary prevention of environmental and occupational cancers into the global cancer agenda (and the Non-Communicable Diseases (NCDs) agenda);
- Developing partnerships between cancer and environment communities;
- Agreeing on future steps to build a global strategy on environmental and occupational cancer prevention.

To find out more visit the website here; <http://tinyurl.com/68yfthl>

A reminder of Scottish Cancer Challenges

Last month the Office for National Statistics published latest figures for Cancer incidence and mortality in the UK during 2006-2008. The mortality statistics for Scotland compared to the rest of the UK, serve as a reminder of the challenges for change that face Scottish society. Scotland had the

- Highest cancer incidence rates for females in the UK
- Highest overall cancer mortality rates (14 % higher for males and 13 % higher for females than those for the UK as a whole).
- Highest incidence of lung cancer (25 % higher for males, 33 % higher for females than in the UK as a whole)
- Highest mortality rate for lung cancer (25% higher for males, 32% higher for females)

However

- Incidence of prostate cancer was 13 % lower in Scotland than in the UK as a whole,

But

- Mortality rate from prostate cancer was comparable with the figure for the UK

Report: <http://www.statistics.gov.uk/pdfdir/can0611.pdf>

More work to do on 5 a day message

The Food Standards Agency have published a survey on 'food attitudes and behaviours in the UK'. The publication reveals surprising statistics about the nation's perception of 5 a day recommendations. Of the 3,163 adults that took part

82% knew that frozen vegetables counted as part of their 5-a-day; GOOD. 😊

53% thought baked beans counted as part of their 5-a-day; COULD DO BETTER. 😐

And... 24% thought rice and 17% thought jam counted as part of their 5-a-day; BAD. 😞

To find out more about the study visit the link <http://tinyurl.com/foodandyou>

Design communication and triggers

A recent exhibition from young Scottish design graduate Marion Lean aims to explore the possibilities of communicating change in public health promotion through a radical approach using textile and fashion design. Her collection Trigger Mind / Alter Behaviour was predominantly inspired by the destruction and damage caused by smoking and disease risk (including cancer).

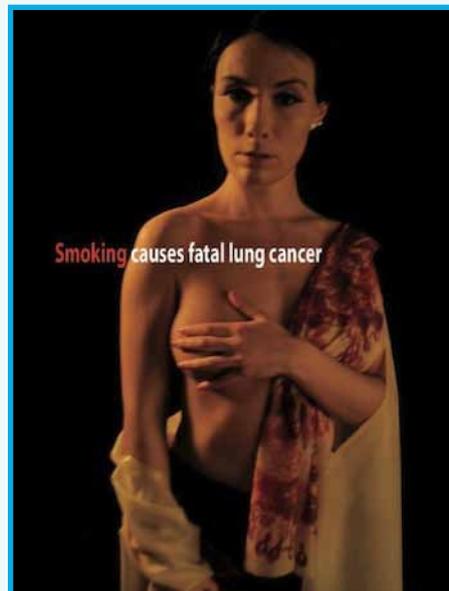
Using materials such as latex that look and act like skin, Lean has created and printed a pattern inspired by detailed images of internal organs and blood cells as a visual reminder of what is being directly affected by smoking. Material choice is then married to the visual research carried out by the designer that included “looking at

smoke itself, in pattern and in form and smoking related damage to cells and tissues”. Taking ideas from images of damaged tissue, the material and patterns combine to create an image which is at once striking and thought provoking, hinting at possible outcomes of unhealthy lifestyle choices.

Lean’s design is explained as an attempt to provide a catalyst for engaging with thoughts about healthy versus less healthy living. She notes that “If we were trying to lose weight we might look at a picture of a slim woman in a bikini as “inspiration” for change, but what I have done is to bring a visual image of cell damage to the surface...to evoke the viewer to consider the ugliness of what lies beneath the skin”.

“What I want to do is think beyond the skin and use utilise textiles as a form of health communication. By using attractive models I envisage my work as a way for smokers to face the damage they are doing internally.” Lean’s collection is aimed at producing a window (albeit an uncomfortable one) on potential damage to the beautiful body and encourages the younger public to consider the damage smoking can cause.

Trigger Mind/Alter Behaviour was as part of the University of Dundee’s Duncan of Jordanstone College of Art 2011 year degree show exhibition. For further information contact marionlean@hotmail.co.uk



Thank You

To all our readers, we hope you have enjoyed the articles in this issue and we appreciate your continued interest.

A big thank you to our graduate interns who have prepared this issue of the SCPN newsletter:

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We want to know what you think

We hope that you have enjoyed this newsletter and we are always interested in feedback to help us continually improve all aspects of the newsletter. You can help us by telling us what you would like to read about in future issues. We would like your comments and suggestions - just email a.s.anderson@dundee.ac.uk

Find out more on our website

If you would like to know a little more about the kind of work that we do you can visit our website at www.cancerpreventionscotland.com. Here you will be able to find up-to-date news, scheduled dates for your dairy, all previous newsletters available and information regarding how to sign up to the SCPN RSS feed for instant access to recent news.

Contact us

If you are interested in the kind of work that we do or would like to contribute to our newsletter please telephone us on 01382 496442, email a.s.anderson@dundee.ac.uk or write to Centre for Research into Cancer Prevention and Screening (Crips), Level 7, Mailbox 7, University of Dundee, Ninewells Hospital and Medical School, Dundee,