



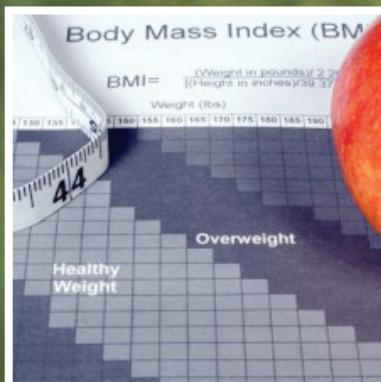
# The Scottish Cancer Prevention Network Newsletter

VOL 3 . ISSUE 2

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# Welcome

A number of people have asked where we find articles of interest for the newsletter and keep abreast of what is going on in the cancer prevention world. Our usual source is peer reviewed academic papers but clearly we only read selected journals relevant to our areas of expertise and probably miss many relevant issues. Many SCPN networkers send us snippets from the media to follow up or tell us about things they feel should be flagged in the newsletter. In the last few months we have enjoyed having student and graduate interns who are slowly introducing us to new media. We have been very pleased with the SCPN website which has had 12,131 page view since October 3rd 2011 (with 3,349 page views in February alone) but there clearly there are other ways to communicate as well.

Blogs, facebook and twitter have all been quite a mystery to us and until recently, we have been unable to imagine where people find the time to log on and indeed how useful these might be. So we have dipped our toes in the water and signed onto twitter and we are amazed at what we have discovered in texts of 140 characters. Getting started on Twitter is easy (see Twitter.com) and there is a lot that can be gleaned very quickly. A brief 5 minutes night and morning allows us to see what the main international cancer agencies are reporting, what journals are highlighting and what respected colleagues are tweeting. We have started timidly (following 22 agencies/people) and to date have seven people following us. The general idea is that people we follow may choose in turn to follow us back if we can tweet interesting 140 character messages. Have a look at @thescpn on Twitter and sign up for tweets even if you don't want to "tweet" yourself you can still read what others write. Excellent for observation and learning and interchange, this is real opportunity to network at ease.

It is clear that advocacy agencies must use social media if we aim to reach and engage with our media active society. This issue of the newsletter highlights some excellent work being undertaken by the Cancer Council of Australia on raising parent's awareness about children's exposure to junk food marketing. In the first week of the campaign, using blogs and twitter the website received over 30,000 hits and over 100 people took advocacy action on line. Over 100 media items were published and the total audience exceeded 5.2 million. We would still like to think there is a role for traditional leaflet, posters and the like but actually it's a diminishing role and training in new media is clearly going to be essential for health communicators... dinosaurs sign up now!

Professor Annie S. Anderson  
Professor Bob Steele

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Recommended by the Editors

Many thanks to all our contributors.  
We welcome any news items, research reports or comments. Please send an email to [a.s.anderson@dundee.ac.uk](mailto:a.s.anderson@dundee.ac.uk)



## Ways to increase Fruit and vegetables in children?

In Scotland, children aged 2-15 years consume on average just 2.6 portions of fruit and vegetables per day, while only 12% of children consume the recommended 5 a day<sup>(1)</sup>. Interventions are therefore greatly needed to encourage an increase of fruit and vegetable consumption. Scotland saw the introduction of the Free Fruit in Schools Initiative as part of Hungry for Success, however cost implications prevented continuation of the scheme for

many school children. The Journal of American Medical Association reports that researchers have investigated whether vegetable consumption in an elementary school could be increased by placing photographs of vegetables in school lunch tray compartments<sup>(2)</sup>. The idea behind this is that children may be influenced to select more vegetables by thinking that this is what other children are typically doing in those compartments. While

the relatively cheap (\$3 per 100 trays) intervention saw an overall amount of consumed vegetables, the amount consumed per student did not increase.

This may not be an entirely successful intervention in encouraging children to eat their 5 a day, but it has created a scope for research to be further developed to bright ideas to be explored.

1. Bromley, C., et al. 2010. The Scottish Health Survey: Volume 1 Main report. The Scottish Government: Edinburgh
2. Reicks, M., et al. 2012. Photographs in Lunch Tray Compartments and Vegetable Consumption Among Children in Elementary School Cafeterias. Journal of American Medicine Association. Available from: <http://jama.ama-assn.org/content/early/2012/01/31/jama.2012.170.full>

## Health Promoting Health Service: Action in hospital settings

### CEL 01 (2012)

The first Chief Executive Letter (CEL 01 (2012) of 2012 from Sir Harry Burns to all NHS boards concerns the health promoting health service concept in hospital settings. This CEL provides much to enjoy in terms of vision including note of the enhanced recovery programme for surgery and transforming care after treatment. In addition this CEL highlights that The Scottish Cancer TaskForce (SCT) is beginning to explore the significant potential of the various cancer

screening programmes to deliver health improvement messages and interventions. One visible sign of health messages is the much improved lifestyle guidance that accompanies the colorectal screening programme... messages about gentle exercise and drinking water have gone and evidence based guidance to reduce the risk of bowel cancer now includes specific guidance (e.g. aim for less than 500g red and processed meat, aim for at least 30 min moderate exercise every day)

and signposting to helpful websites for more information. Such messages may never alone change behaviour but at least we see the NHS endorse a consistent message. It took decades for smoking message to raise public awareness and achieve relevant policy moves , let's hope other behaviours can be supported from healthy public policy in due course. Lots of good examples of health action are provided in the CEL document [http://www.sehd.scot.nhs.uk/mels/CEL2012\\_01.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2012_01.pdf)



## Cancer prevention includes obesity prevention...

### lets care for our children (and adults)

Clearly, many of the public care about children's advertising with a recent poll by the Children's Food Trust (<http://www.schoolfoodtrust.org.uk/schools/projects/the-childrens-food-trust-and-school-food-trusts-childrens-food-conference>) reporting that two-thirds (65%) of the 1,015 parents surveyed said there should be a ban on television advertising of products which were high in fat, sugar or salt before 9pm. Listening to parents/consumers/ is an important way for politicians to hear about views of their constituents and we need to find ways to make these voices heard. In Australia... using social media has improved an important route to making views about food marketing to kids heard as **Lyndal Wellard (Nutrition Project Officer with Cancer Council New South Wales)** describes below.

One of Cancer Council's most recent initiatives is Fat Free TV ([www.fatfreetv.com.au](http://www.fatfreetv.com.au)), an online campaign aimed at raising parents' awareness about children's exposure to junk food television advertising. The site also includes advocacy by prompting visitors to take action through an online petition asking TV networks to reduce junk food advertising to

children.

The Fat Free TV Guide is a website that assists parents to reduce their child's exposure to junk food ads by identifying which programs contain the highest or lowest number of junk food ads. Nutrient profiling was used to assess the foods advertised in popular TV shows, and then the shows were ranked according to the average number of junk food advertisements they contained. The average nutritional value of all the food advertisements in each TV show was calculated, to show how much energy, saturated fat, sugar and sodium a child would consume if they ate one serve of all products advertised in a show.

The campaign was launched using a social media 'Mummy Blogger' event, seeded to selected influential parent bloggers and accompanied by a traditional media strategy. The Mummy Blogger event included an overview of the issue, an interactive 'walk through' of the site and a chance for attendees to record videos of support, while tweeting and promoting the site through other forms of social media. This is the first time a social media launch has been used by Cancer Council NSW to engage the online

community, and was a way of increasing reach to parents, the target audience.

The strategy was deemed a great success. The launch prompted posts on parenting, health, industry and academic blogs, and the #fatfreetv hashtag trended on Twitter in three Australian capital cities. In the first week the website received over 30,000 hits and over 100 people took advocacy action. Online monitoring showed that the majority of online commentary was supportive. Social media was the main driver of traffic to the website, and it fostered new relationships with members of the target audience. Over 100 traditional media items were published, including print, radio and marketing and public relations publications. The total audience exceeded 5.2 million people.

The social media approach used for the launch of Fat Free TV showed that engaging the digital community can be effective in promoting the campaign to a diverse audience and stimulating discussion. Social media is a relatively unexplored tool which can provide advocacy opportunities for food policy and other cancer-related issues.

## Marketing to children in Scotland

In the UK, broadcast marketing of high fat, sugar and salt (HFSS) foods to children is restricted through rules put in place by the Broadcast regulator OFCOM. However, recent research suggests that these have minimal impact at limiting exposure, especially given that the rules DO NOT apply to many programmes that children

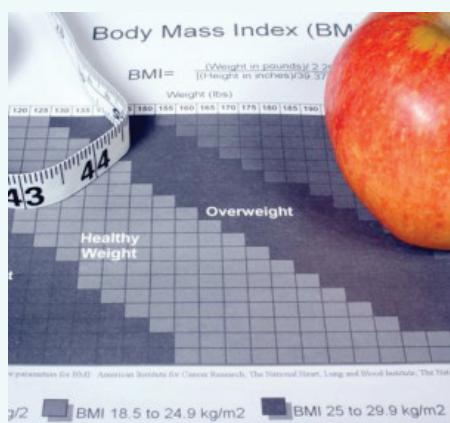
watch (such as soaps and talent shows). The media has reported that our public health minister Michael Matheson has written to the UK health secretary asking for support for a UK wide ban on HFSS food advertising around programmes shown up to 9pm. It will be interesting to see a response especially given that when OFCOM did their initial

consultation on the restrictions they ruled a 9pm ban out of the scope of the consultation declaring that such a ban "would prevent adults from viewing advertisements for most HFSS food and drink products aimed at them". Surely, it would also benefit many adults not to be bombarded with energy dense extras!

## Marketing in Scotland

Of course broadcast advertising isn't the only opportunity for HFSS foods to be marketed to children. The Scottish government agreed to "mapping and exploring possible actions to constrain non-broadcast marketing of high fat, sugar or salt (HFSS) foods to children" within the National Food and Drink Policy (launched in 2009!). Almost three years on it would be interesting to see what the government has done....

## Doctor's BMI and obesity management



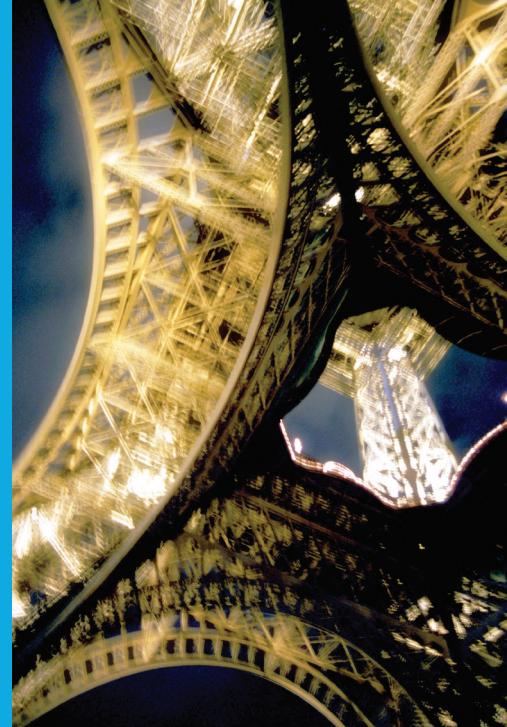
A recent report of a cross-sectional survey published in the medical journal *Obesity*, suggests that physicians with a BMI in the normal range provide the recommended obesity care to patients, and feel more comfortable doing so than physicians with a high BMI<sup>(1)</sup>. The report stated that physicians who have a high BMI themselves are less likely to initiate discussion for weight loss than physicians with a normal range BMI (86% v 11%). The probability of a physician recording an obesity diagnosis was significantly higher in those with a normal range BMI also (93% v 7%).

The 2010 Scottish Health Survey of knowledge, attitudes and motivations to health<sup>(2)</sup> reported that 39% of adults thought their weight to be about right, while 47% thought they were overweight and 8% considered themselves to be very overweight. The SHS measurements however found that 28% were obese. Previous work has shown that 37% of overweight people think their weight was "about right" suggesting that the individual perception of one's own weight may not appropriately correspond with their actual BMI.

As many overweight patients in Scotland are failing to recognise their body weight category, careful thought needs to be given as to how people might avoid this and encouraged and supported to avoid practice weight management and reduce cancer risk, especially if doctors lack enthusiasm about engaging patients on this topic.

1. Bleich, S.N., et al. 2012. Impact of Physician BMI on Obesity Care and Beliefs. *Obesity*. Available from: <http://www.nature.com/oby/journal/vaop/ncurrent/full/oby2011402a.html>
2. Bromley, C., Graham, H. and Sharp, C. 2010. Knowledge, attitudes and motivations to health: A module of the Scottish Health Survey. NHS Health Scotland: Edinburgh.

# French soda tax legislation



New legislation in France to tax sugar sweetened beverages by one euro cent per container, is now in effect. The duty was passed by the Constitutional Council with the aim to reduce obesity levels within the French population but also generate income to combat the euro debt crisis.

France is now one of various European countries to introduce such a measure on food and drink products that contribute towards the public's poor nutrition and health status. Denmark also recently made headlines for introducing 'fat tax' on all food stuffs containing more than 2.3% saturated fat, while Hungary have introduced taxes on a range of pre-packed foods that are high in salt and sugar, for example energy drinks, crisps and chocolate. Both countries are utilising the revenue raised to benefit their health care systems.

In the UK, VAT is currently only added to certain 'luxury' foods such as ice-cream, fizzy drinks and

confectionary, while all other food products remain tax free, including cakes and biscuits. A government report<sup>(1)</sup> considered implementing a food tax approach to improve public health, however the unpopular proposal was promptly removed from the finalised report. Caraher and Cowburn<sup>(2)</sup>, report that there is a case for combining taxes of unhealthy foods with subsidies of healthy food, as it is more likely to receive public support than simply adding tax to foods alone.

While food manufacturers are indignant of such a proposal on their products, expert bodies such as the World Health Organisation and Food and Agriculture Organisation<sup>(3)</sup> state that the pricing of healthy foods is a key element in the prevention equation, driven by the rise in diet-related non-communicable diseases. Therefore if food taxes are to be implemented, the likelihood of success in improving public health could be increased with a form of subsidies on healthier food choices.

Labour Shadow Public Health Minister, Dr Richard Simpson, consequently proposed a motion (supported by Patricia Ferguson, Helen Eadie, Ken Macintosh, Mark Griffin, and Alison Johnstone), to the Scottish Government to consider giving local authorities the power to introduce tax on sugary drinks and use the income to improve school diets and support community-based nutritional improvement initiatives. It was highlighted that the consumption of sugary drinks in Scotland is around 20% more than in England and more than France<sup>(4)</sup>.

While the Scottish Health Survey<sup>(5)</sup> reported that obesity levels could reach 40% by 2030, this motion, *Vive la France*, fell in December 2011 – again verifying the unpopular attitude towards taxing foodstuffs.

1. Caraher, M. and Cowburn, (2005) G. Taxing food: implications for public health nutrition. *Public Health Nutrition*. 8(8), 1242-1249.
2. The Cabinet Office. 2004. Personal Responsibility and Changing Behaviour: The State of Knowledge and Its Implications for Public Policy. London: The Cabinet Office, Prime Minister's Strategy Unit.
3. World Health Organisation (WHO)/ Food and Agricultural Organisation. 2003. Diet, Nutrition and the Prevention of Chronic Diseases. Technical Report Series No. 916. Geneva: WHO.
4. The Scottish Parliament. 2011. Motion S4M-00892: Richard Simpson, Mid Scotland and Fife, Scottish Labour, Date Lodged: 20/09/2011. Available from: <http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S4M-00892&ResultsPerPage=10> (Motion)
5. The Scottish Government. 2011. The Scottish Health Survey: Obesity. Scottish Government, Edinburgh.



## Lung Cancer screening trial

**Sheila Duffy**  
Chief Executive, ASH Scotland

Recent reports of a pilot lung cancer screening programme across Scotland were reported by the media with much excitement, and understandably so.

Scotland has one of the highest rates of lung cancer in the world, and tobacco smoking causes the majority of cases. With early diagnosis patients have a 60 per cent chance of survival, but where the cancer is well advanced at diagnosis the survival rate drops to just one per cent. Currently, early detection rates are poor - 85 per cent of patients remain undiagnosed until the disease has reached an advanced stage and fewer than 9% of patients are still alive five years after diagnosis.

The pilot project is part of the Scottish Government's Detect Cancer Early programme, which aims to increase the early detection of cancer by 25 per cent, enabling patients to be treated when their general health is better and when less

aggressive treatment may be required. Screening will involve those considered at high risk for developing lung cancer - people who have smoked at least 20 a day for more than 20 years. Half of the 10,000 people recruited will get a blood test which will identify antibodies in the blood that are produced by the immune system when lung cancer is present.

Tests based on antibodies have been available for a number of years but until now have not been sensitive enough to accurately detect cancer. Patients with increased levels of the antibodies will then be referred for a CT scan.

There is some evidence to suggest that participating in a randomised controlled trial on lung cancer screening has negative psychosocial consequences for the apparently healthy participants—both in the screen group and in the control group, with the greatest

negative impact for the control group. Also the research trial may raise hopes and expectations of a national screening programme and a general belief that the disease can universally be detected early so decreasing anxiety in relation to smoking. A negative result for lung cancer will undoubtedly be a great relief but should not negate the importance of other smoking related conditions including many lung and cardiovascular problems.

Still, the claims that this test can identify cancer up to five years before it would be detected in other ways suggest there is good potential in this approach, which could, if successful, revolutionise how cancer is diagnosed and mean treatment can start at a much earlier stage.

For the lives of many individuals and their families in Scotland, this could become a real life-saver.

1. Scottish Govt press release: <http://www.scotland.gov.uk/News/Releases/2012/03/lungcancertest09032012>
2. Research on impacts on participants in lung cancer screening trials <http://bmjopen.bmj.com/content/2/2/e000663.full>

# Less meat.... more health

It has been documented in various studies and reports that too much red and processed meat in our diet can significantly increase our risk of developing cancers of the bowel, oesophagus, lung, pancreas and endometrium.

A recent meta-analysis study carried out by researchers from the Karolinska Institute in Sweden (Larsen et al, 2012) suggests that an increase of 50g of processed meat per day in the diet is significantly associated with a 19% increased risk of developing pancreatic cancer. The biological explanation for these results is that processed meats are typically preserved with nitrite, but may also contain N-nitroso compounds, which are known to be harmful to DNA in cells. Red meat alone can stimulate the production of N-nitroso in the stomach, which is then carried to the pancreas through the bloodstream, and increasing the risk of cancer at this site. Research has also found that haem compounds in red meat can damage the lining of the bowel (WCRF, 2007).

Recent research however highlights that high intakes of red meat are also associated with an increased risk of cancer, cardiovascular and total mortality. Harvard School of Public Health (Pan et al (2012)) has

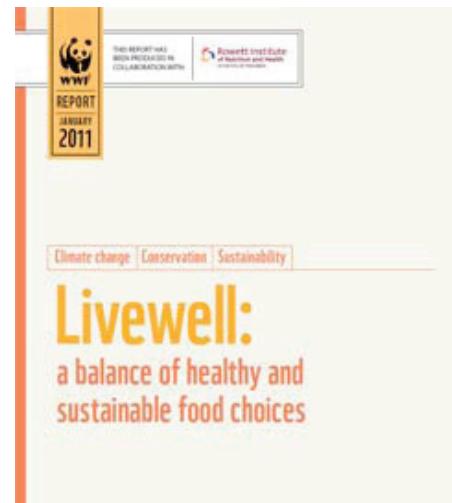
reported findings from the Health Professionals follow up study and the Nurses Health study longitudinal studies covering observations from 37,698 men and 83,644 women over 22 years, documenting 23 926 deaths during 2.96 million person-years of follow-up. All participants were free of cardiovascular disease and cancer at baseline. The authors concluded that substituting red meat with other healthy alternatives can lower ones risk of mortality. Findings of note:

One serving of red meat (85g) per day increased risk of early death by 13%.

One serving of processed meat per day increased risk by 20%

## And the good news?

- Replacing red meat with fish decreased risk of early death by 7%
- Replacing red meat with pulses or low fat dairy products decreased risk of early death by 10%
- Replacing red meat with chicken decreased risk of early death by 14%
- Replacing red meat with whole grains lowered risk by 14%
- Replacing red meat with a portion of nuts lowered risk by 19%



WWF Livewell [http://www.wwf.org.uk/what\\_we\\_do/campaigning/food\\_campaign/livewell\\_2020/](http://www.wwf.org.uk/what_we_do/campaigning/food_campaign/livewell_2020/)

We often fail to appreciate that our attachment to red meat costs us more than just our individual health. The World WildLife Fund (WWF) LiveWell for Life project details some of the costs of our eating patterns to the environment and provides a detailed menu plan for healthy and sustainable diets (using work undertaken at the Rowet Research Institute in Aberdeen). Worthwhile reading for all of us concerned with climate change and global health as well as our own diets.

- Larsson, S.C. and Wolk. 2012. Red and processed meat consumption and risk of pancreatic cancer: meta-analysis of prospective studies. *British Journal of Cancer*. 2012, 1-5.
- Ornish, M.D. Holy Cow! What's Good For You Is Good For Our Planet. *Archives of Internal Medicine*. Available from: <http://archinte.ama-assn.org/cgi/content/full/archinternmed.2012.174>
- Pan, A.N. et al. 2012. Red Meat Consumption and Mortality. *Archives of Internal Medicine*. Available from: <http://archinte.ama-assn.org/cgi/content/full/archinternmed.2011.2287v1>
- WWF Livewell [http://www.wwf.org.uk/what\\_we\\_do/campaigning/food\\_campaign/livewell\\_2020/](http://www.wwf.org.uk/what_we_do/campaigning/food_campaign/livewell_2020/)
- World Cancer Research Fund. 2007. Food, Nutrition, Physical activity and the Prevention of cancer WCRF/AICR London and Washington

# Alcohol consumption and cancer:

Raising the awareness of healthcare professionals to the risks and incidence of alcohol-attributed cancer.

In December 2011 SHAAP held an expert workshop to promote professional awareness of alcohol-attributed cancer and to identify health promotion strategies to reduce cancer risk and incidence.

## Cancer incidence

In Scotland alcohol consumption is higher than that recorded in many other countries in Europe<sup>(1)</sup>. Alcohol increases the risk of cancer and has been attributed to about 6% of new cancer cases per year. The estimated incidence for women is higher (7.6%) than that for men (4.7%)<sup>(2)</sup>.

Drinking alcohol even within the levels of current guidance for sensible consumption can increase the risk of breast cancer. Drinking alcohol at levels above the limits of current guidance for sensible consumption can increase the incidence of cancer within the upper aero-digestive tract, liver and bowel. More than one third of cancers within the oral cavity, pharynx, larynx and oesophagus are attributed to alcohol consumption. A higher incidence of these cancers is also found within the more deprived sectors of society in which smoking, poor diet and drinking alcohol at levels regarded as harmful exacerbate the risk of cancer. Breast cancer is an exception and a relatively high incidence is found in affluent women.

## Promoting change

The impact of alcohol consumption on individual and societal health needs to be embedded and cross-linked into undergraduate courses for healthcare workers.

The high incidence of alcohol-attributed cancer underlines the necessity of action to support a reduction in alcohol consumption to limits within current guidance for sensible drinking. With regard to cancer of the female breast, even drinking alcohol below current guidelines for sensible drinking should not be considered to be risk-free and communicating these risks to women needs to be addressed tactfully by professional groups.

More funding and training in behaviour change and lifestyle modification is required to support staff address their clients' alcohol usage.

## Supporting intervention

Health improvement interventions will require changes to practice planning and delivery in support of long-term client contact and engagement. Low rates of awareness of the cancer risk from alcohol strongly suggest that information needs to be tailored to the specific needs of specific age, gender and differing societal groups. Within current public health improvement programmes that seek to change lifestyle behaviours associated with

health harm, there are opportunities to raise the profile of messages focused on alcohol and cancer risk.

## Professional and public engagement strategies

Improving awareness of health professionals will require information that is tailored to the needs of specific professional groups and recognises the nature of their interaction with the public.

Scottish Health Action on Alcohol Problems (SHAAP) was established by the Scottish Royal Medical Colleges and the Royal College of Nursing to raise professional and public awareness of the health harm caused by alcohol. The report and presentations of the Expert Workshop are accessible through the link below.  
[http://www.shaap.org.uk/  
pages/131Alcohol\\_and\\_cancer.html](http://www.shaap.org.uk/pages/131Alcohol_and_cancer.html)

## Alcohol and cancer visualisation

In Australia, the phase two of the campaign on AlcoholThinkAgain was launched on the 26th March. Two short videos produced in conjunction with the Cancer Council Australia bring hope an instant message relating alcohol to cancer risk. In seconds the power and spread of alcohol is vividly displayed... watch it now <http://www.alcoholthinkagain.com.au/Campaigns/Alcohol%20and%20Cancer%20Campaign.aspx>

1. NHS National Service Scotland (2011). Alcohol Statistics Scotland 2011

2. [http://www.alcoholinformation.isdscotland.org/alcohol\\_misuse/files/alcohol\\_stats\\_bulletin\\_2011.pdf](http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/alcohol_stats_bulletin_2011.pdf)

3. Grant, I., et al., (2009). Alcohol attributable mortality and morbidity: alcohol population attributable fractions for Scotland. <http://www.isdscotlandarchive.scot.nhs.uk/isd/5964.html>

# Big snacks, little cals

Whether you have eaten a light lunch, have a long way to go until your next meal or simply need a nibble to see you through the mundane mid-afternoon, the majority of us would confess to snacking between meals at one time or another. The good news is that snacks can be big sized with little calorie values if they are chosen wisely. Look at the portions of following four snack offerings and guess the calorie value

Bananas and grapes are often given bad press but in fact, each of the above portion sizes contain 100 calories and lets face it, most of us would not stop at 19g of chocolate for a snack!

Bear this in mind next time you need a little pick me up. From the picture you can see you can get away with eating much more when you make healthier food choices. Not only can you eat more but also your intake of fat, sugar and artificial additives is decreased just in one sitting.



## 1. Grapes (167g)

- a) 50 kcals
- b) 100 kcals
- C) 150 kcals

## 2. Banana (105g)

- a) 80 kcals
- b) 100 kcals
- C) 150 kcals

## 3. Chocolate (19g)

- a) 200 kcals
- b) 75 kcals
- C) 100 kcals

## 4. 17 Jelly Beans (27g)

- a) 220 kcals
- b) 100 kcals
- C) 150 kcals

## Another good reason to quit the colas...

Scientists have recently found yet another reason to curb the world's excessive consumption of cola drinks. When consumed regularly, the levels of sugar and high fructose corn syrup in such drinks are a known danger to our health by increasing the risk of obesity, diabetes and cancer.



New work undertaken by The Centre for Science in the Public Interest (<http://www.cspinet.org/new/201203051.html>) recently commissioned a chemical analysis of drinks including Coca-Cola, Pepsi-Cola, Diet Coke and Diet Pepsi, all of which presented high levels of the animal carcinogen 4-methylimidazole (4-MI, or 'caramel colouring' as it is often labelled), a known cause of cancer. CPSI note that when most people see 'caramel coloring' on food labels, they think the ingredient is similar to what you might get by gently melting sugar in a saucepan but, these colorings are made with the ammonia or ammonia-sulfite process.

California has already introduced a maximum level for the carcinogen, which manufacturers can use in their food products before being required to notify consumers of its levels. Based on this risk model, the CSPI estimated that the high levels which were presented

in their findings could be attributed to about 15,000 cancers in the U.S. population.

The CSPI continue to call upon the American Food and Drug Administration (FDA) to ban the use of the colouring, stating that it is 'completely cosmetic' and serves no purpose in products other than colour, which can be acquired from other carcinogen free colourings.

Drinks manufacturers have responded to this report seriously noting that *we have asked.....caramel manufacturers to modify their production process to reduce the amount of 4-MEI in the caramel,*

[http://www.thecoca-colacompany.com/dynamic/press\\_center/2012/03/coca-cola-statement-regarding-caramel-in-our-beverages.html](http://www.thecoca-colacompany.com/dynamic/press_center/2012/03/coca-cola-statement-regarding-caramel-in-our-beverages.html)

## Recommended by the Editors

Founded by three scientists in 1971, The Centre for Science in the Public Interest <http://www.cspinet.org/> has since achieved many accomplishments in making food safety and nutrition in America a top priority. For example, it was CSPI that initially called on the ban for trans-fats in food products, which has steadily declined by more than 50% since 2005. The Centre's newsletter NutritionAction is the largest circulation health newsletter in North America, and contains many thought-provoking articles.

The newsletter for January 2012 included an engaging article about cancer, and how to lower your risk. Did you know that Robert DeNiro, Nelson Mandella and Colin Powel are survivors of prostate cancer? The

article provides information about the risk factors of developing different types of cancer and how risk can be minimised through diet, weight and exercise. While the statistics are from the US, the article is a worthy read. The information in this article can also be found at [www.cancer.gov/cancertopics/wyntk](http://www.cancer.gov/cancertopics/wyntk)



CENTER FOR  
Science IN THE  
Public Interest  
*The nonprofit publisher of  
Nutrition Action Healthletter*



4th International Course in  
Nutritional Epidemiology  
at Imperial College

This advanced and interactive course gives participants a solid grounding in the knowledge and skills that are required to work as a nutritional epidemiologist. Participants are expected to have postgraduate level experience in epidemiology. The current course director is Professor Elio Riboli (who leads the European Prospective Investigation into Cancer and Nutrition (EPIC)), and the faculty comprises world-class researchers from Imperial College and other leading institutions worldwide. The course consists of lectures, computer tutorials, debates and discussions with experts and a small group assignment, with particular focus on current controversies in the field (such as: what proportion of cancer cases could be attributable

to excess alcohol consumption?). There is considerable emphasis on methods for the assessment of 'exposure' (including diet, body size, and physical activity), methodological issues in study design, and pertinent statistical questions, including how best to address measurement error and adjust for total energy intake. Learning how to critically interpret results from nutritional epidemiological studies and evaluate proposed associations between nutritional factors and disease are also key core objectives of the course. Current research priorities in nutritional epidemiology and its future potential are discussed, as well as the implications of scientific findings for nutritional recommendations and policies.

Six WCRF fellowships covering the course fees are available to high caliber applicants who have already demonstrated their potential in nutritional epidemiology or a related area.

Please address enquiries to:  
[nutrition-epi-course@imperial.ac.uk](mailto:nutrition-epi-course@imperial.ac.uk)

Web reference:  
<http://www1.imperial.ac.uk/medicine/teaching/shortcourses/nutritionalepidemiology/>

SCP network member & 2011 course participant John Mooney, from the Scottish Collaboration for Public Health Research and Policy (SCPHRP), is happy to chat informally about the course: [john.mooney@scphrp.ac.uk](mailto:john.mooney@scphrp.ac.uk).

# Thank You

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

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Article research and preparation

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## 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](mailto: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, DD1 9SY

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