



SCPN 

The Scottish Cancer Prevention Network Newsletter

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Welcome

Many SCPN activities focus on diet, obesity, alcohol, exercise and cancer screening with less focus on tobacco. This is primarily because we feel that the association between tobacco and cancer is well known and we already have significant action on smoking reduction in place (including the excellent work by ASH Scotland). In Tayside we delight in our smoke free hospital premises and grounds (including a wonderful arboretum in the Ninewells hospital site) and the innovative Quit4U programme piloted in local areas of deprivation with encouraging results. It seems a very long time ago since we became ex-smokers and we see fewer patients smoking. However, a range of contributions in this issue of the newsletter and in the wider press serve to remind us that we must not become complacent about smoking.

Lung cancer is still the most common cancer in Scotland and the number of cases continue to rise in women with a 17% increase between 2000 and 2010 (1). Around a quarter of Scots smoke and they are more likely to come from deprived areas where we also find more obesity, more stress and more chronic disease. In the health promoting health service there is much work to be done in promoting smoking cessation at any age and stage. Whilst many people are inclined to believe that they are too old to quit or to reap any benefit from quitting, even with a cancer diagnosis smoking cessation offers considerable risk reduction in co-morbidities. A recent paper (2) reported that, at diagnosis 13.7% of patients with colorectal cancer were smoking and five months later that had reduced to 9.0% respectively- good news but it could be even better.

Health data also show that a major improvement in our most vulnerable communities could be achieved by smoking cessation. We all have a part to play whether as individuals (in supporting friends and patients to quit or supporting campaigns) or as organisations. The tobacco industry is large and powerful but, we, even as a small nation have considerable potential to show that we can act to support health for all. Supporting the move for standardised tobacco packaging is one important opportunity to show your commitment. The details of this campaign and its importance are set out in the article by Sheila Duffy but if you are sceptical just spend one minute looking at a you-tube presentation on what children see when they see cigarette packets and how the industry can so easily capture the excitement of the next generation. <http://tinyurl.com/84bdlwd>

Professor Annie S. Anderson
Professor Bob Steele

(1) ISD Cancer Incidence in Scotl
and (2010) <http://tinyurl.com/conyj4b>

(2) Park ER et al (2012) A snapshot of smokers after lung and colorectal cancer diagnosis Cancer 118(12) 3153-64

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The case for the HPV Vaccine

In September 2008 a national program was launched to vaccinate all girls between the ages of 12-13 against human papillomavirus (HPV). The vaccine helps protect against certain strains of HPV which can cause cancer. By 2009/10 it was reported that 87% of girls in their second year of high school (S2), in Scotland, were administered the HPV vaccine (1).

A recent question has arisen surrounding the vaccine - whether or not boys should be encouraged to be vaccinated. Although men are

obviously not at risk of cervical cancer, recent research suggests there may be a link between infection with HPV and several other diseases. These include oropharyngeal (oral and throat) cancer and genital warts. There is also a possible increased risk of anal and penile cancers.

The position of NHS Scotland is currently that the priority is to “directly protect girls against cervical cancer. By protecting all girls against the two most common causes of cervical cancer, eventually the level of protection will

be raised because there will be fewer viruses circulating” (2). The hope is this will create a “herd immunity” where a sufficient proportion of the population are immune, thereby reducing the risk of a susceptible individual coming into contact with the virus.

For more information on the vaccination please see the NHS website: <http://www.nhs.uk/Conditions/HPV-vaccination/Pages/Introduction.aspx>

1. ISD Interim HPV uptake rates for Year 2 (2009/10) - NHS Board, as at 16 August 2010 <http://www.isdscotland.org/Health-Topics/Child-Health/Immunisation/HPV-Archive.asp>
2. Immunisation Scotland Why aren't boys being given the HPV immunisation? <http://www.immunisationscotland.org.uk/vaccines-and-diseases/hpv.aspx#boys>

Minimum Alcohol Pricing Bill passed by Scottish Government

At the end of May, the Scottish Government passed a Bill that proposes to save hundreds of lives each year. The Alcohol Minimum Pricing Bill was passed and is set to introduce a minimum price of 50p per unit.(1) The Bill will target products that are low cost in relation to the content of alcohol.(1)

This would lead to some alcoholic drinks increasing in price substantially. For example, Tesco Value Vodka would increase from £8.72 to £13.13, and Tesco Strong Cider increasing from just £1.80 to £4.67.(2)

It has gained general support

from the British Medical Association, alcohol charities and the police, and aims to change Scotland's relationship with alcohol. Sales per capita are 23% higher in Scotland compared to England and Wales.(3) As part of the wider framework for action, the overall aim is to achieve social and cultural change.(4)

Following a model by the University of Sheffield, it is estimated that 60 fewer deaths and 1600 fewer admissions to hospital will be seen as a result of the Bill. After 10 years of the legislation, 300 fewer deaths and 6500 fewer admissions to hospital will be

seen annually.(1)

The University also published an independent review into the effects of alcohol pricing and promotion and found that an increase in alcohol pricing was associated with chronic and acute health problems such as cancer, strokes and accidents. Excessive alcohol consumption is said to cost us £3.6 billion per year, which equates to £900 per adult living in Scotland.

The Bill is proposed to come into force at the earliest date of April 2013.(1)

1. Scottish Government. Alcohol Minimum pricing Bill passed. Available: <http://www.scotland.gov.uk/News/Releases/2012/05/alcohol24052012> 20.6.12
2. Scottish Government. Minimum price for alcohol. Available: <http://www.scotland.gov.uk/News/Releases/2012/05/minimum-pricing14052012> 20.6.12
3. Scottish Government. Alcohol. Available: <http://www.scotland.gov.uk/Topics/Health/health/Alcohol> 20.6.12
4. Scottish Government. Changing Scotland's Relationship with Alcohol: A Framework for Action. Available: <http://www.scotland.gov.uk/Resource/Doc/262905/0078610.pdf> 20.6.12



Breast cancer and alcohol intake – how good is our guidance?

Dr Ian Grant, Principal Researcher, Scottish Public Health Observatory

Overall, more than 100 epidemiological studies have evaluated the association between alcohol consumption and the risk of breast cancer. Taken together, all of the results from these studies suggest that low to moderate alcohol consumption (i.e. in the order of one alcohol drink per day) is associated with an increased risk for breast cancer, and that the risk rises with increasing intake. In a large pooled analysis of more than 50 studies, Hamajima et al (2002)(1) found a significantly increased risk (relative risk, 1.13; 95% CI, 1.07–1.20) for an intake of 18 grams (g) alcohol per day. Recent international systematic reviews have concluded that the evidence is now convincing that alcohol consumption is a cause of pre-menopausal and post-menopausal breast cancer and that there is a strong dose response pattern without a threshold effect. (2),(3) Further studies published since these international reviews continue to confirm the association between alcohol consumption and risk of breast cancer; the largest of these studies, conducted by the European Prospective Investigation into Cancer and Nutrition and based on 4300 cases, reported a significant 13% increase in risk for breast cancer for intakes of ≥ 20 g alcohol per day, which corresponds to an increase in risk of 3% per 10 g intake of alcohol per day (95% CI, 1–5%).(4) Despite the overall consistency in

the association between alcohol and an increased risk of breast cancer, several important questions remain concerning the nature of the dose response association. These include whether the association between alcohol intake and breast cancer risk is affected by the timing of alcohol exposure (e.g. current or lifetime), modified by other risk factors and potential confounders or effect modifiers of the relationship such as, reproductive factors, deprivation, folate intake, use of hormone replacement therapy or is more pronounced among women diagnosed with hormone receptor positive tumours or in certain histologic subtypes.

Nevertheless despite these factors and the often small magnitude of excess risk, the association is of great importance because of the apparent lack of a threshold, the large number of Scottish women drinking small amounts of alcohol and the high incidence of the breast cancer in Scotland.

An added barrier to understanding the association between alcohol consumption and an increased risk of breast cancer concerns the term ‘drinks’ used in the epidemiological literature. This term is meant to denote standard drinks in the respective country or area surveyed, yet the use of the ‘standard drink’ concept is complicated by different

standards across countries and even within countries. In the UK, there is no ‘standard drink’ measure since the alcohol unit, which varies by drink type and serving size, is the mainstay measure used in the majority of research and for public health messages on safe and excessive drinking levels. The UK standard unit measure is seen as being equivalent to 8 grams, lower than the gram equivalencies (range 12–26 g) of standard drinks in epidemiological studies. Relying simply therefore on reports from the international literature on the association between alcohol consumption and breast cancer can be confusing; in the current Scottish Government cancer strategy, ‘Better Cancer Care, An Action Plan’, drinking more than three units a day is highlighted as increasing the risk of breast cancer.(5) The threshold of ‘three units’ (e.g. equivalent to 24 grams in Scotland/UK or 2 medium sized (175ml) glasses of wine) is, however, misleading and, is not consistent with the international evidence which shows an increased risk of breast cancer associated with drinking approximately >15 g/d (= >2 ‘UK’ units). In the end, the best advice in face of the uncertain nature of the alcohol breast cancer association would be not to exceed one medium sized glass of wine a day (i.e. no more than one unit per day).

1. Hamajima et al. (2002) (The Collaborative Group on Hormonal Factors in Breast Cancer) Alcohol, tobacco and breast cancer – collaborative reanalysis of individual data from 53 epidemiological studies, including 58515 women with breast cancer and 95 067 women without disease. *British Journal of Cancer*; 87:1234-1245.
2. World Cancer Research Fund/American Institute for Cancer Research (2007) Food, nutrition, physical activity: a global perspective, Washington DC American Institute for Cancer Research.
3. International Agency for Research on Cancer (2010) IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. Vol: 96, Alcohol Consumption and Ethyl/Carbamate. Lyon IARC.
4. Tjønneland A, Christensen J, Olsen A, Stripp C, Thomsen BL, Overvad K, Peeters PH, Gils C.H, Bueno-de-Mesquita HB, Ocké MC (2007) Alcohol intake and breast cancer risk: the European Prospective Investigation into Cancer and Nutrition (EPIC) Cancer Causes and Control; 18:361-373
5. Scottish Government (2008) Better Cancer Care, An Action Plan outlines the way forward for cancer services, which are required to support all those in Scotland who find themselves living with and beyond cancer. Scottish Government, Edinburgh; HMSO.



Role of obesity in cancer survival and recurrence: What to advise cancer patients?

At a workshop in November 2011 held by the US Institute of Medicine's (IOM) National Cancer Policy Forum, experts met to discuss the role of obesity in cancer. The workshop provided an insight into the latest research into the link between obesity and cancer, including the underlying mechanisms of this relationship. In relation to advising patients the following key points were made:

- When diagnosed with cancer or once they have completed their therapy, patients are often very amenable to lifestyle interventions as recommended by healthcare professionals. The cancer diagnosis therefore provides an ideal "teachable moment" for clinicians to educate about lifestyle changes in cancer survival and recurrence.
- Exercise can prevent lymphedema in breast cancer survivors and might prevent patients developing a secondary cancer. Many cancer patients are especially likely to benefit

from weight loss and increased exercise because they are older, overweight or are suffering from another disease simultaneously. While weight loss cannot guarantee an extended remission or survival, there are general benefits from losing weight. Perhaps more importantly weight loss can offer an improved quality of life.

- Implementation of an exercise or weight loss program can be assisted by having a pet that requires walks, necessitating exercise for the cancer sufferer. A cancer survivor described how she and others were able to monitor their own progress is through weight loss and exercise apps. These are also thought to improve a patient's likelihood of sticking to a given regime. There are however obvious difficulties when using electronic or social media aides such as unreliable internet access and/or limited accessibility by an older population.

- Not all clinicians are taking advantage of this opportunity to educate patients about behaviour change and more needs to be done to better inform those delivering the diagnosis. The manner in which this advice is given is also paramount. Giving general vague advice and an accompanying leaflet is not sufficient.
- There was some debate that the evidence of the impact of obesity on cancer outcomes was lacking. However, after discussion the evidence was deemed to be growing and sufficient. With obesity ever more prevalent, action must be taken now.

For more information or to access the full workshop summary, please see: <http://www.iom.edu/Reports/2012/The-Role-of-Obesity-in-Cancer-Survival-and-Recurrence.aspx>

Tea consumption and prostate cancer- an area for further exploration

Prostate cancer is the most common form of cancer within the Scottish male population. A recent study(1) has found that there may be a link between tea consumption and risk of prostate cancer.

Researchers from Glasgow University followed 6000 participants over 37 years in The Midspan Collaborative study, and found that men who consume more than seven cups of tea per day have a 50% increase of prostate cancer, when compared to those who drank less than four cups per day.

A quarter of those studied were noted as heavy tea drinkers, and of this group, 6.4% of these participants developed prostate cancer during the course of the study.

The participants aged between 21 and 75 were asked about aspects of their lifestyles

such as alcohol, coffee and tea consumption as well as general health. They also attended a screening appointment.

Researchers are unsure whether tea itself can be a risk factor for prostate cancer, or if indeed the tea drinkers taking part in this study lived to an age where prostate cancer is more common.

The research also highlights that heavy tea drinkers were more likely to be teetotal, have healthy cholesterol levels and less likely to be overweight.

After adjustment for these factors, there was still a link found between tea consumption and increased risk of prostate cancer.(1)



1. Shafique, K., McLoone, P., Qureshi, K., Leung, H., Hart, C. and Morrison, DS. Tea consumption and the Risk of Overall and Grade Specific Prostate Cancer: A Large Prospective Cohort Study of Scottish Men. *Nutrition and Cancer*. 2012 (E publication ahead of print)

The evaluation of the smoking cessation Quit4u pilot

Paul Ballard & Andrew Radley
NHS Tayside



What is Quit4U?

Quit4u is an innovative smoking cessation service which was commissioned by the Scottish Government and developed by NHS Tayside. The intervention was targeted at smokers in deprived areas of Dundee and has subsequently been implemented in disadvantaged areas of Angus and Perth & Kinross. The intervention, which was launched as a pilot in Dundee in March 2009, combines a 'whole package' of supports for people wanting to quit smoking. In addition to behavioural support (through groups or a pharmacy) and pharmacotherapy, quit4u offers a payment of £12.50, in the form of grocery vouchers, for every week participants are 'smoke free', up to a maximum of 12-weeks. Weekly carbon monoxide (CO) tests monitor whether or not someone has smoked over the previous week.

NHS Health Scotland commissioned a three year evaluation of the intervention which was undertaken by ScotCen Social Research in partnership with the University of Edinburgh and University of Aberdeen .(1)

Evaluation Aims

The three-year evaluation aimed to:

- Assess the effectiveness, including cost effectiveness of quit4u;

- Identify the 'mechanisms of change' - the individual, social and service design/delivery factors contributing to take up and quit rates at one, three and 12-months post-quit date;
- Draw generalisable conclusions to inform future work

Methods

The quantitative analyses drew on ISD smoking cessation statistics (2) for the period March 2009 – December 2010. Quit4u quit attempts at one month, three months and 12-months post quit date were compared with a matched sample of similar quit attempts by people using NHS smoking cessation services either in Tayside or elsewhere in Scotland.

More in-depth data on experiences of quit4u was obtained through in-depth interviews and focus group discussions with participants, a 12 month, small scale follow up survey of 130 recruits as well as interviews with service planners and professionals involved in delivery

Results - Take up rates:

- Between the launch of quit4u in March 2009 and the end of March 2011, 2,042 people had signed up to quit4u.
- Over this period there was an

increase in take up of smoking cessation services among people living in deprived areas of Tayside. However, there were also similar increases in other parts of Scotland.

Quit rates:

- Based on self-reported smoking status, as recorded for the purposes of the ISD smoking cessation dataset, quit4u had higher quit rates at one month, three months and 12-months post quit date compared with average quit rates for a matched population using other NHS smoking cessation services in Scotland (figure 1 below).

It is also noticeable that Quit4u had lower levels of 'lost to follow-up'. This reflects greater continued contact between the service and clients, which in turn is likely to have improved quit rates. This does though mean that there is some uncertainty about the exact size of the difference in effectiveness between quit4u and non-quit4u smoking cessation services because it cannot be assumed that all cases 'lost to follow-up' are failed quits attempts.

What makes the difference?

The type and quality of behavioural support available to people:

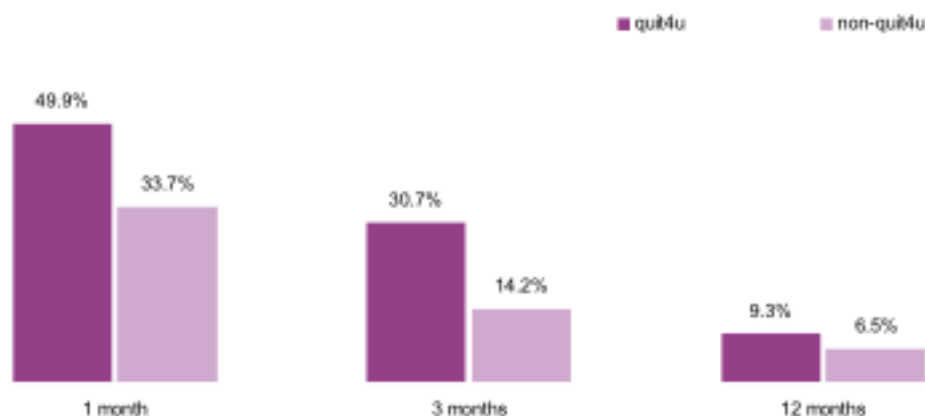


Figure 1: Comparison of quit4u and non-quit4u self-reported quit rates at one month, three months and 12 months post quit date

(Source: ISD National Smoking Cessation dataset)

The increased effectiveness of quit4u, in terms of increased effectiveness, seems to be particularly influenced by the achievement of much better quit rates than expected among those attending pharmacy-based services.

Around 44% of quit4u attempts were made with group support, compared with 18% of non-quit4u attempts. Although the differences between quit4u and non-quit4u quit rates (3),(4),(5) were less pronounced for those obtaining support through groups compared with those attending pharmacy services, in general group support tends to be associated with higher quit rates , , .

Quit4u also makes use of rolling groups which people can join and continue attending for as long as they feel it is useful. Quit4u participants found this of benefit, providing them with an opportunity to learn from others at different stages of their quit attempts.

The weekly CO tests

The weekly CO testing in groups and in pharmacies was identified by participants as an important motivator in encouraging them to continue with their quit attempt. In addition, the CO testing may have helped to provide an additional focus for encouragement

and support.

Pharmacotherapy support

Proportionately more quit4u attempts were made using varenicline, compared with the rest of Scotland (18% compared with 11%). Other evidence has shown varenicline to be associated with higher quit rates (6). Similarly, for people signed up to quit4u, the use of varenicline was associated with higher quit rates at one and three months compared with other kinds of pharmacotherapy.

The financial incentive

Around one-third of quit4u participants interviewed for the small scale survey felt that the financial incentive encouraged them to sign up to the scheme.

Peer support

The geographical focus of quit4u encouraged people to sign up with people they knew, providing an opportunity for support from friendship and kinship groups.

Conclusions

The evaluation shows that quit4u is both an effective and a highly cost-effective model for encouraging people living in areas of deprivation to attempt to quit smoking.

While the financial element has a role to play for at least some people, what emerges from the evaluation is the importance of the 'whole package' – the combination of elements which together encourage people to sign up and stay engaged with the service.

Acknowledgements

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1. Ormston, R. et al. Evaluation of quit4u, Edinburgh: NHS Health Scotland; 2012. <http://www.healthscotland.com/documents/5827.aspx>.
2. ISD NHS. Smoking Cessation Services Statistics (Scotland) 1 April 2008 to 31 March 2011, Edinburgh: NHS ISD; 2011.
3. Brose, L, et al. What makes for an effective stop smoking service? Thorax. 2011; 66: 924-926.
4. Bell, K, et al. NICE Rapid Review – The effectiveness of NHS intensive treatments for smoking cessation in England, London: NICE; 2006.
5. Bauld, L, et al. The effectiveness of NHS smoking cessation services: A systematic review. Journal of Public Health. 2009; 32(1): 71-82.
6. NHS Health Scotland and ASH Scotland. A guide to smoking cessation in Scotland, Edinburgh: NHS Health Scotland; 2010.

Celebrity cancer

In June 2012, Kerri-Anne Kennerley became the most recent celebrity to reveal that she had been diagnosed with breast cancer. A well-known TV personality in her native Australia, Kennerley has been a reporter and host of several TV programs. She most recently appeared as a contestant on "Dancing with the Stars".

In the two days following her announcement, telephone calls requesting mammogram appointments at a national breast screening service rose by more than 300%. Many women actually mentioned when they called that it was because of Kennerley

that they had decided to book an appointment. The brave move to go public with her news resulted in an increased awareness and thousands of women took action.

Kennerley said in an interview that she was surprised at her diagnosis as she "didn't have any of the risk factors". In fact gender and age are the two biggest risk factors associated with breast cancer. Kennerley is female and over 55, meaning she actually was statistically at risk of the disease.

A similar situation arose when singer Kylie Minogue went public with her cancer in 2005. The news prompted

a 40% increase in average weekly BreastScreen bookings across four states and a huge volume of news coverage relating to breast cancer.

Currently in Scotland, around 75% of women take advantage of the free, 3-yearly screening service for 50-70 year olds (1). During 2009/10 the Scottish Breast Screening Programme (SBSP) screened almost 173000 women and detected just fewer than 1400 cancers (2). It would be interesting to speculate on the effect of celebrity endorsement of breast screening uptake in Scotland .

1. ISD Scottish Breast Screening Programme - <http://www.isdscotland.org/Health-Topics/Cancer/Breast-Screening/>
2. National Services Division Breast Screening - <http://www.nsd.scot.nhs.uk/services/screening/breastscreening/>

HELP MAKE CIGARETTE PACKAGING LESS NOTICEABLE.

Support plain packaging and protect our children

HERE



Plain facts, active commitments

On this year's World No Tobacco Day (1) which took as a theme ending tobacco industry interference, Anne Jones, the Chief Executive of ASH Australia, came to Scotland at the invitation of the International Union Against Tuberculosis and Lung Disease to launch its FCTC Article 5.3 toolkit (2). The toolkit offers guidance to Governments on protecting health policies against tobacco industry interference, in line with the international Framework Convention on Tobacco Control (3). Also launched on WNTD was a wiki produced by the University of Bath – Tobacco Tactics (4) – which monitors and publishes the tobacco industry's actual interference tactics in the UK.

Australia's courageous Government leadership drove through world-leading legislation(5) which will require standardised packaging for tobacco products from 1 December this year. Plain or standard packaging keeps text and health warnings, but colours and fonts are prescribed and the glitzy pack designs we see aimed at young people become drab, sludge coloured boxes. Australia's law was passed in line with the evidence that standardised packaging is less appealing to young people, less misleading to consumers, and enhances health warnings on packs.

Predictably, the tobacco industry has mobilised massive

resources against Australia. Despite its relatively small market of 3 million smokers, these have included various legal challenges at national and international levels and a flood of freedom of information requests.

In Australia, adult smoking prevalence remained broadly at the level of that in Scotland (24%) for some time, but has now declined to 15% (2010). Australian governments have agreed upon a target of 10% or less of adult smoking prevalence by 2018. To achieve this, Australia must double its quit rate and halve the take-up of smoking.

Initial inspiration for end-game thinking in Australia came from New Zealand, where the Maori party driven by high tobacco use that was devastating its communities, pushed for an aspirational 2025 target. This was to be achieved by strategic comprehensive tobacco control measures to reduce use including:

- Price/tax controls
- No advertising/promotions
- Measures to de-normalise smoking
- Increasing smoke-free public places
- Preventing tobacco industry interference.

Australia also committed to a strategic and comprehensive package of tobacco control measures, backed by a national drive to protect children from

tobacco.

In Scotland, our new national tobacco strategy is currently in draft, expected to be published late this year or early 2013. There are welcome indications that Scotland's Government, like Australia's, plans to be active and comprehensive in tackling tobacco as we go forward.

There is also currently a UK consultation(6) on plain packaging for tobacco underway, jointly run by the Westminster Department of Health and the Scottish Government and supported by a systematic evidence review(7) by the Public Health Research Consortium. As in Australia, the tobacco industry is doing everything it can to interfere with and disrupt these proposals, including running industry-funded postcard campaigns and petitions through retailer outlets, paying marketers to collect signatures against plain packaging, and running a sustained campaign of misinformation in the retail press and wider media.

The consultation on standardised tobacco packaging runs to 10 July 2012, and needs both organisational and individual support. Sign up here now to show your support for plain packaging for tobacco in the UK: <http://www.ashscotland.org.uk/policy/plain-packaging-campaign/support-the-plain-packs-protect-campaign>

1. <http://www.who.int/tobacco/wntd/2012/en/index.html>
2. <http://www.tobaccofreeunion.org/content/en/446/>
3. <http://www.who.int/fctc/about/en/index.html>
4. http://www.tobaccotactics.org/index.php?title=Main_Page
5. <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/tobacco-label-passedleg#.T-nCCxflzSg>
6. <http://www.dh.gov.uk/health/2012/04/tobacco-packaging-consultation/>
7. http://phrc.lshtm.ac.uk/project_2011-2016_006.html

Scotland Against Cancer Conference - Prevention on the agenda

The 2012 Scotland Against Cancer conference took place on 30th April at the Royal College of Surgeons in Edinburgh. The ninth event of its kind, the conference is run by Cancer Research UK on behalf of the Scottish Parliament's Cross Party Group on Cancer.

As in previous years, cancer prevention was a key topic for discussion. In her address to the conference, Health Secretary, Nicola Sturgeon acknowledged that while the evidence on the link between smoking and lung cancer was well known, there is now a growing body of evidence that suggests that many other cancers are linked to lifestyle choices, and that this should encourage government to act. Ms Sturgeon outlined recent achievements in tobacco control, sunbed legislation and action on alcohol. However, she stated that recent statistics on skin cancer – a 62% increase over the past ten years – should serve as a “wake-up call” that more needs to be done.

The conference also includes an opportunity for delegates to input their own views and experiences through the discussion group sessions, and the session focusing on prevention brought together patients, researchers, clinicians and practitioners. The group agreed that there is a strong evidence base for the need for action on prevention, and for some interventions, but this needs to be put into practice. They also noted that prevention work doesn't feature strongly in the Scottish Cancer Taskforce's

agenda; but felt that there is a need for a real and tangible programme of work. The group considered the experience of those working on tobacco control in counteracting industry lobbying, and that other areas of prevention could benefit from this. The group also discussed issues of fault and blame relating to lifestyle, and the challenge of talking about lifestyle changes without stigmatising individuals.

In terms of communicating prevention messages, the group identified three key themes – the challenge of explaining the concept of risk to people in a meaningful way; the need to challenge misinformation about lifestyle factors and cancer risk and the need to frame messages in a more positive manner.

The group felt that prevention messages were often negative and more could be done to highlight the benefits of a healthier lifestyle to people, both in terms of cancer prevention, but also general wellbeing.

It was also felt that more use could be made of both community networks, both locally and online, to distribute prevention messages; and that the NHS could better mainstream prevention, using every healthcare contact as an opportunity to discuss lifestyle changes. Cancer screening was seen as an important opportunity for this, and it was noted that the Scottish Cancer Prevention Network is currently investigating this. In addition, the group felt that people would likely be more or less susceptible to change at different life stages, and that this should be explored further in order to best target interventions. Other opportunities identified by the group included the role of pharmacists in promoting good health, and the need to better integrate their work with that of GPs and other primary care health professionals. In terms of future priorities, the group felt that action on obesity would benefit from more attention.

Scotland Against Cancer Conference 2012

Surgeons' Hall, Edinburgh
Monday 30th April 2012



Salt intake drops in England

The Department of Health (England) announced on the 21st June that the average intake of salt has decreased from 9.5 to 8.1g per day.⁽¹⁾ This was stated as the lowest salt intake of any developed country worldwide. This evidence comes as proof that there is progress being made toward lowering intake of salt south of the border.

It is estimated that this reduction in salt intake will prevent 20,000 cases of heart failure, heart attacks and strokes. It is claimed that if we reduce our current intake to that of the recommendation (no more than

6g per day) then 17,000 lives could be saved annually.⁽¹⁾

In Scotland however the picture is not so good. In June 2011 The Food Standards Agency (FSA) published research indicating no significant change in the amount of salt consumed by people in Scotland since 2006. People in Scotland are eating nearly 9g per day on average, which is 50% higher than the recommended 6g per day.

Clearly more work to be done in this part of the world!



1. Department of Health. Report on dietary sodium intakes . Available: <http://www.dh.gov.uk/health/2012/06/sodium-intakes/> 22.6.12

Young women and cervical screening: planning for the future

Dr Christine Campbell, University of Edinburgh

Cervical cancer is the second most common cancer in women and kills around 20 women in UK each week. Although the incidence has been greatly reduced through organised screening over the past two decades, the incidence in Scotland is higher than other parts of the UK.

In Scotland, a vaccination programme has been in place since September 2008: girls aged 12-13 (S2) are immunised routinely, and there was an introductory catch-up vaccination of girls up to those aged 18 years.

The Chief Scientist's Office has funded a five-year programme of research that began in April 2010, and is led by Dr Margaret Cruickshank at the University of Aberdeen. The aim of the 'Scottish Cervical Cancer Prevention Programme' is to assess and model the impact of HPV 16/18 immunisation on the performance of the current cervical screening service, and the effectiveness of alternative cervical screening strategies to optimise cancer prevention in the HPV immunisation era.

As part of this programme of work, researchers at the University of Edinburgh will soon be carrying out a survey of young women across Scotland. The questions cover the following topics:

- Attitudes and understanding regarding the HPV vaccination as a preventative activity for cervical cancer
- The influence of receiving the vaccination on understanding of cervical cancer risk and sexually transmitted infections
- Perception of the relationship between HPV vaccination and cervical cancer screening
- Future information and education needs

We've tested the questionnaire wording using cognitive interviews with young women with a range of educational backgrounds, and have ethics approval for the study. 6000 young women aged 18-22 years old from across Scotland will be mailed the questionnaire. We plan to oversample in the central belt area of Scotland as we know that although the uptake of the vaccine is

high, participation in cervical screening among young women has been low in recent years in this geographical area.



We hope to obtain the views of those who haven't had the HPV vaccine as well as those who have. Among young women who are already in the screening age range we hope both those who have taken part and those who have declined an invitation to attend will return a completed questionnaire. Ultimately we hope a better understanding of how much young women in Scotland know about the HPV vaccine and the need to still attend for cervical cancer screening will help inform cervical cancer prevention strategies in the future.

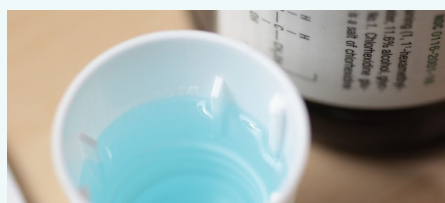
Ask the expert

Query: Should we all move to using alcohol free mouth wash to cut our risk of oral cancer or is this only relevant for people who smoke?

The potential association between use of mouthwashes and an increased risk of oral cancer has been a source of controversy for several decades. In recent times, attention has focused on a role for those mouthwashes containing alcohol. It is now thought that acetaldehyde (the first metabolite of ethanol) is the most significant agent for cancerous change in the mouth.

A recent study at Kings College London has shown that the use of ethanol containing mouthwashes is associated with a rise in acetaldehyde levels within the mouth (1). However this rise is

transient and should be considered in the knowledge that many of the fruits and vegetables that we eat every day contain levels of acetaldehyde that may be even higher than that after using alcohol containing mouthwashes!



Furthermore, a recent meta-analysis by

Boyle and colleagues (in press) of all published epidemiological studies of mouthwash use and oral malignancy revealed no statistically significant association between mouthwash use and risk of oral cancer. They also found no significant trend in risk with increasing daily use; and no association between use of mouthwash containing alcohol and oral cancer risk.

I hope this reassures your readers that based on current evidence there is no need to switch to an alcohol free mouthwash, particularly if you don't smoke.

Answer (kindly provided by Graham Ogden (Professor of Oral Surgery, University of Dundee))

1. Moazzez, R., Thompson, H., Palmer, R.M., Wilson, R.F., Proctor, G.B. and Wade WG. Effect of rinsing with ethanol-containing mouthrinses on the production of salivary acetaldehyde. *European Journal of Oral Sciences* 2011 Dec;119(6):441-6.



SCPN Prize Winner: Fiona McKay

The first winner of the SCPN prize for creative communications has this year been awarded to Fiona McKay, from the Duncan of Jordanstone College of Art and Design. The prize aims to highlight innovative communications about behavioural risk communications in degree show work. The piece can be done in any medium and Fiona's work incorporates photography and screen printing, creating a provocative and dynamic display on Scottish drinking culture.

Having grown up with parents who own a local pub - and more recently having worked behind the bar - Fiona's piece is very much a personal insight. Those in the photos are regulars she has come to know and it is their life stories and situations that have provided her raw materials.

The pub is tailored for "an

older, working class stereotype" and Fiona has aimed to capture something of the micro community, social dynamics and underlying issues faced by users. Fiona hopes that people will be able to connect with the images and texts. The photos are not contrived or staged but instead capture moments of genuine pleasure between friends, capturing something of the male bonding and camaraderie of pub time. The texts which form a significant part of the piece sit in juxtaposition to these photographs. The texts used are from songs that discuss issues faced by those in the photos. The lyrics used include: "You can't find no salvation, you have no expectations, Anytime, anyplace, anywhere" from Bob Dylan's "No time to think". The texts are emotive and are united by the themes of depression, loneliness and dependence on alcohol.

Fiona says, "I have not sought to damn or berate the individuals portrayed. Instead, I wish to draw attention to their social position and their own perception of individual identity".

Fiona has come to recognise the value an artist's work can have on promoting a healthy lifestyle. Whilst researching alcohol advertising for her dissertation she became more aware of the vast number of advertisements around us and the importance of their aesthetic appeal.

Fiona's images could be used for teaching purposes such as workshop discussions on the role of alcohol in Scottish culture. For more information or to request use of the images please contact Fiona: fionamckay242@hotmail.co.uk

Health professionals unite to combat obesity

A campaign to combat rising levels of childhood obesity was launched in April this year. From surgeons and psychiatrists to paediatricians and GPs, health professionals are coming together to tackle what has been branded as Britain's "single greatest public health threat".

In Scotland 21% of Primary 1 children (aged 5) are overweight with 10% classified as obese (1). The UK currently has the highest rate of obesity in Europe with a third of children overweight by the age of 9. Obesity in children under the age of 11 has risen by more than 40% in the last ten years and based on current trends, half of children will be obese or overweight by 2020(2).

Under the auspices of the Academy of Royal Medical Colleges (AORMC), several key areas of obesity will be examined. These will include action that can be taken by individuals such as diet, exercising and parenting as well as areas for action by organisations, the medical profession and the government.

Their work will involve seeking the views of healthcare professionals, local authorities, education providers, charities, campaign groups and the public. It is hoped that this consortium will contribute substantially to the evidence base for action with the potential to support changes in advertising, labelling taxation, minimum pricing and improvements to health

education in schools.

The campaign's steering group comprises representatives from all twenty one Royal Colleges and Faculties and is chaired by Professor Terence Stephen. Professor Stephen has said that by "speaking with one voice we have a more of a chance of preventing generation after generation falling victim to obesity-related illnesses and death."

The campaign's first report will be published later this year and will be used as a platform for campaigning activity which will continue into 2013. For more information or to keep up to date please see: <http://www.aomrc.org.uk/projects/obesity-steering-group.html>

1. ISD Primary 1 Body Mass Index (BMI) Statistics School Year 2010/11 24 April 2012 <http://www.isdscotland.org/Health-Topics/Child-Health/Publications/2012-04-24/2012-04-24-BMI-Summary.pdf?52607363463>
2. AoMRC Medical Profession united in fight to defuse obesity time-bomb <http://www.aomrc.org.uk/about-us/news/item/medical-profession-united-in-fight-to-defuse-obesity-time-bomb.html>

SCPN in numbers

Not to be too boastful of our achievements, but at the network we are very proud of our reach and have decided to share our efforts with our readers. Here are our current statistics... help us increase interest in cancer prevention in Scotland by sharing our contact information.

June 29th 2012

- Network members signed up for Newsletters and emails: 230

- Twitter (since April 2011)(@thescpn): 83 Followers
- Facebook (since May 2012)(www.facebook.com/theSCPN): 70 Likes
- Website hits (since October 2011) (www.cancerpreventionscotland.co.uk): 5417 website views (since October 2011)/12.4 Average page view per day (for June 2012)

We need your help...

In order to maximise our capacity and

ensure we are targeting our resources in the right areas we need your help. We would be very grateful if members of the network and readers of the newsletter/website complete our online survey monkey questionnaire <https://www.surveymonkey.com/s/cancerprevention2012>. The survey is very short and will help to guide our future work. Network members will also get a request by email to undertake this survey during July.

Date for the diary...

Following the success of the 2011 Conference, we are delighted to announce the date of our 2012 SCPN Annual Conference. So clear your diaries for **Friday the 9th of November 2012**.

The conference on **Translating lifestyle theory to healthy practice for the reduction of cancer occurrence and recurrence** will be held in the Melting Pot, Rose Street, Edinburgh.

This year we are delighted to host Professor Wendy Demark-Wahnefried from The University of Alabama. She has published widely on effective lifestyle interventions that improve the overall health of cancer survivors and their families. Other topics which will be covered in the conference include smoking cessation, motivating effective exercise strategies for cancer patients and facilitating healthy diets through community food

initiatives. For up to date information on conference details follow us on twitter (@thescpn) /facebook (www.facebook.com/theSCPN) or check in with our website (www.cancerpreventionscotland.co.uk).

Please contact us early if you want to reserve a place (j.z.hampton@dundee.ac.uk). Cost £25 for the day with concessions for the unwaged.



One Day

Could you commit to fundraising one day of research in Scotland?

One Day is an initiative seeking to equip researchers at Breakthrough Breast Cancer Research Unit, Edinburgh, by encouraging individuals to raise the £2200 required to fund a day of research. Those who have already committed to the scheme are raising funds to celebrate days such as, “the day I got to drink a glass of champagne with my wife” or “the day I finished my

chemotherapy”.

One Day offer support in fundraising and will mark the day you fundraise for by issuing a certificate and offering a tour of the research facilities in Edinburgh that the money raised will support.

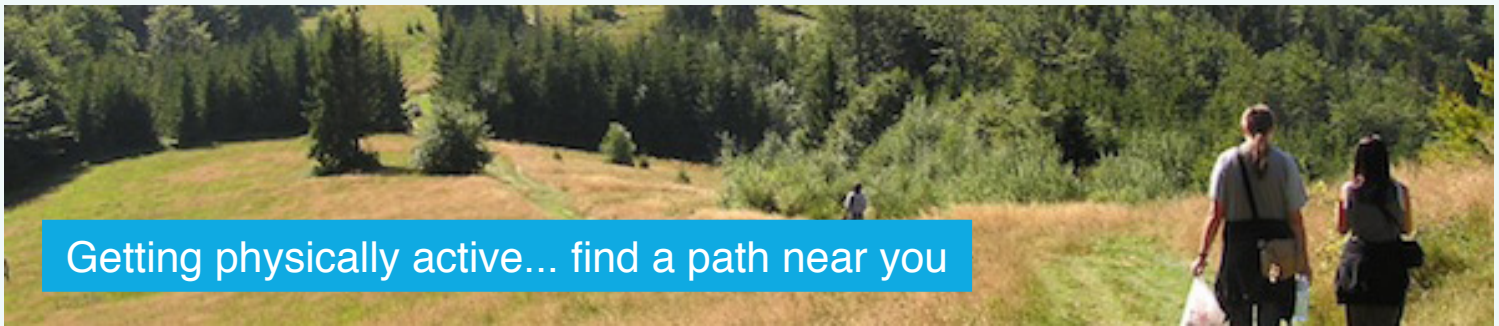
For more information or to choose your day please see: <http://oneday.breakthrough.org.uk/>

Seniors get fit with “walking football”

A new approach to getting older men active is emerging across the UK. With football clubs backing the projects, “walking football” is taking off. The rules of the game remain unchanged, except for one key difference – players must walk and are not permitted to run.

Any player deemed to be running will cause the opposing team to be awarded a free kick. These rules have been used previously in football training to help players improve their passing skills. The sessions currently underway are succeeding in allowing former football

players and novices alike who are unable to play a conventional five-a-side game to engage in physical activity... See the action! <http://www.bbc.co.uk/news/uk-18380173>



Getting physically active... find a path near you

Paths for All are a partnership of more than twenty national organisations seeking to promote walking for health, as well as the development of multi-use path networks in Scotland. Paths for All strives to increase the number, quality, and accessibility of paths available to everyone and reduce the proportion of the population who are physically

inactive.

Anyone can access information about local walks and accessible routes in a variety of locations throughout Scotland. For more information on walks near you, see: <http://www.pathsforall.org.uk/pfa/health-walks/find-a-health-walk.html>

In addition, Paths for All provide support and training on leading health walks and developing paths in your local area. For information on getting started, or training opportunities in your area see: <http://www.pathsforall.org.uk/pfa/training/training-courses.html>

Dolphins in action for the benefit of SCPN members

We were delighted to receive a most welcome cheque from Livingston and district Dolphins amateur swimming club to support the activities of SCPN. This donation has come via George Kelly who nominated us as recipients following excellent efforts by club members in the pool and on the pitch. Participants included Victoria Broe the daughter of the club secretary who completed 42 lengths followed by a series of laps around the school football pitch on a bitterly cold day. This money (dolphin fund) will be used to help support SCPN members to attend our annual conference, which this year will be on Friday Nov 9th, Melting Pot, Edinburgh.



To sell or not to sell, the latest soft drink controversy

New York City Mayor Michael Bloomberg is proposing a ban on the sale of large soft drinks (1). Under the proposals, drinks larger than 16 ounces would be made unavailable across various public places (including restaurants, fast food outlets, cinemas and sports stadiums etc.). The ban would not apply to diet drinks, fruit juices, dairy-based drinks or alcoholic beverages.

The proposed ban has the support of many health experts, but the media have circulated adverts contrary to the experts, making claims such as: "New Yorkers need a Mayor, not a Nanny" in the New York Times (2). Many have criticised Mayor Bloomberg's proposals. As people would still have the option to buy more than one soft drink, some critics of the

proposal are sceptical as to whether the ban would in fact help combat obesity. In response, Bloomberg insists that the public need to be made aware of the dangers they are imposing on themselves by consuming an energy dense diet.



In the UK the soft drinks market is enormous with over 230 litres being

consumed per person in 2010 (3). While the 32 ounce (nearly 1 litre) cup sizes in the US can seem unfamiliar in the UK, some manufactures have started heading in that direction. In 2010 Britvic launched a 600ml bottle for Pepsi, Pepsi Max, Diet Pepsi, 7Up Free, and Tango and have consequentially seen a large increase in sales.

The calorie density of popular soft drinks are often unappreciated by the consumer. Even soft drinks marketed and promoted as healthy alternatives to soft drinks can often be calorific. When consuming these drinks daily, weight gain at an alarming rate can be expected and perhaps the Mayor of New York isn't being so unreasonable.

1. New York City Department of Health and Mental Hygiene Proposed resolution to amend Serving Sizes in Food Service Establishments (Health Code Article 81). <http://www.nyc.gov/html/doh/downloads/pdf/notice/2012/amend-food-establishments.pdf>
2. Consumer Freedom The Reviews Are In: New York's "Great Dictator" A Massive Flop. http://www.consumerfreedom.com/wp-content/uploads/2012/06/Bloomberg-nanny_final_outlines.pdf
3. British Soft Drinks Association The 2011 UK Soft Drinks Report. <http://www.britishtsoftdrinks.com/PDF/2011%20soft%20drinks%20report.pdf>

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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scotland.co.uk**

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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, DD1 9SY