

**SCPN** 

The Scottish Cancer Prevention Network

# Newsletter

VOL 4 . ISSUE 1

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# Welcome

Happy New Year to readers, tweeters, facebookers and friends! January, traditionally the month long celebration of Hogmany drinking, hang over cures and Burns nights celebrations has taken a new twist for 2013. It marks the start of CRUK's Dryathlon month which is a new fundraising campaign that challenges social drinkers to give up alcohol for January to raise money for CRUK.

Just as worthy as Movember (<http://uk.movember.com/>) and not only a great fundraiser but a challenge to all of us to think seriously about our alcohol intake. A quick look at the DRYATHLON site ([www.dryathlon.org.uk](http://www.dryathlon.org.uk)) takes us to the Dryathlete's village with virtual trophies at every milestone (depending on funds raised). There is also rumour of a Golden Pass (suggested donation £15) to enable a special occasion to be celebrated. To help convert alcohol free days into cash, site viewers can perform a quick slide rule manoeuvre which shows cash (and calories) saved with each drink. Never wishing to miss a fundraising trick, CRUK suggest that if non-drinkers are designated drivers then passengers might like to donate a little more than petrol money to a good cause. Many of you may be reading this mid-month and wishing that you had known earlier but it can be marked on the calendar for 2014, or you could do a "dry run" and see how you cope for the next two weeks.

February 4th is World Cancer Day when everyone should give some thought to cancer prevention, treatment and patients. SCPN would like to invite you to mark Feb 4th 2013 by making this day an alcohol free day in your diary. For those already taking part in the Dryathlon why not extend by 4 more days and share your tips on good soft drinks with all of us.

Professor Annie S. Anderson  
Professor Bob Steele

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## Alcohol and Cancer Risks:

### A Brief Guide for Health Professionals... how to help

In Scotland, the number of cancers diagnosed each year has increased over the last 10 years from 26,169 cases in 2000 to 29,449 in 2010-12. Strong evidence has emerged of plausible mechanisms whereby alcohol may cause cancers of the oral cavity, pharynx, larynx, oesophagus and liver. Each year, approximately 6% of new cancer cases are estimated to be attributable to alcohol consumption.

SHAAP (Scottish Health Action on Alcohol) provides a coordinated, coherent and authoritative medical and clinical voice to support the reduction of alcohol related harm in Scotland. In 2011, SHAAP held an expert workshop, **Alcohol and**

**Cancer: Raising Awareness** and they have now published **Alcohol and Cancer Risks: A Guide for Health Professionals**.

With 49% of men and 38% of women in Scotland still exceeding the recommended drinking guidelines, there is a greater need for clinicians to talk about alcohol use during consultations. Reducing alcohol consumption to levels within the current guidance for sensible drinking will reduce the risk of developing an alcohol-attributable cancer.

This new guide, produced by SHAAP, gives you the most up to date information about the link

between cancer and alcohol as well as practical tips on 'how to' make that crucial intervention.

SHAAP's brochure summarises risks, guidelines for sensible alcohol consumption and describes how Alcohol Brief Interventions (ABIs) in health care settings can help save lives. It also provides links to sources of information and support in delivering ABIs.

The brochure can be downloaded from SHAAP's website, [www.shaap.org.uk](http://www.shaap.org.uk). Hard copies can also be requested by emailing [shaap@rcpe.ac.uk](mailto:shaap@rcpe.ac.uk).

## Stacking the odds against recurrence

Whilst there is an increasing body of evidence to suggest that diet, activity and other lifestyle factors might influence a range of morbidities, well-being and recurrence in colorectal cancer (CRC) survivors, little is known about patient beliefs in this arena. With support from Bowel Cancer UK the authors undertook six focus groups in community locations in the UK to explore perceived patient needs and beliefs about the role of lifestyle. (1)

The findings suggest that many

CRC survivors actively sought lifestyle advice but experienced confusion, mixed messages, culturally inappropriate guidance and uncertainty about evidence of benefit. There was scepticism over the role of diet and physical activity as causes of cancer, in part because people believed their lifestyles had been healthy prior to diagnosis. The concept of changing lifestyle to "stack the odds in their favour" (against recurrence) appeared a more realistic message. CRC survivors who had made or maintained dietary

changes highlighted the importance of these contributing to wellbeing and achieving a sense of control in their life.

The authors conclude that a dogmatic approach to lifestyle change may lead to perceptions of victim blaming and stigmatisation. Personalised guidance on lifestyle choices which are evidence informed appeared to be a desirable part of care planning and should be built in to survivorship programmes

1. Anderson AS, Steele R, Coyle J (2013) Lifestyle issues for colorectal cancer survivors - perceived needs, beliefs and opportunities. Support Cancer Care 21:35-42



# Breast Screening Review

Audrey Birt, Scotland Director, Breakthrough Breast Cancer

Last year, the UK Government announced a review of the evidence for breast screening as a result of on-going criticism from some quarters that the screening programme overstated the benefits and downplays the harms associated with screening.

The review reported in October <http://www.informedchoiceaboutcancerscreening.org/breast-cancer-screening-review-calls-for-clear-and-accessible-information-on-harms-and-benefits/> and showed that breast screening can save lives—around 1300 a year in the UK, that's around 130 here in Scotland. But there are some downsides to screening reported in the review. The data suggests that 1 in 5 of those diagnosed through screening is overdiagnosed. So some women are diagnosed and treated for a cancer that is at such an early stage it may not have caused them harm in their lifetimes. The problem is we don't know at the moment which of those 1 in 5 cancers will grow and become

harmful so all women in this situation will be offered treatment. To put these numbers in context, this translates to 1% of all the women screened at risk of overtreatment.

But let's not forget that also means 4 in 5 women who have a cancer diagnosed through screening are having treatment for a cancer that will cause them harm if left untreated, and may not have been found without screening.

But I guess a big question is how do women make sense of this report? What do women do when the screening appointment drops through the door? It's vital to read the information to decide to attend screening – or not, armed with the facts and confidence about possible actions to take. More information is also available through websites such as the Department of Health and breast cancer charities but these sites will be updated as the recommendations around information are developed over the next few months.

Breakthrough Breast Cancer will continue to work with governments in England and Scotland to get the leaflet as clear as possible and also provide and update information to enable informed choice at all times.

So, where now? Undoubtedly there is a need to push for more research to improve the evidence and increase the direction of targeted screening and treatment. However, it is essential to communicate authentically and clearly with women to aid their decisions to attend screening and any subsequent need for treatment. Finally and crucially women need support to help make a decision that's right for them.

Breakthrough, along with other charities Breast Cancer Care and Breast Cancer Campaign, have looked at the outcome of this review and feel that yes, this is good news for women.

**Audrey Birt, Scotland Director, Breakthrough Breast Cancer**

## Changes in Cervical screening

The UK National Screening Committee (NSC) has published recommendations to change the age that women receive their first invitation for cervical screening from 20 to 25. This recommendation follows from the observation that cervical cancer in women under the age of 25 is rare, and

the majority of abnormalities picked up by screening in this age group will clear up of their own accord. The introduction of HPV vaccination in 2008 has also changed risk for younger women, offering them immunity to the virus that causes around seven in 10 cases of cervical cancer.

The committee also advises that women over 50, who are routinely called for screening, should be invited every five years, rather than every three years and that the upper age of screening should be extended to 64 years of age.



## New Year, new ambitions

Sheila Duffy, Chief executive ASH

The recent decisive ruling in the Supreme Court in favour of the Scottish Government and against Imperial Tobacco and the failure of its vending machine subsidiary Sinclair Collis to pursue its legal case further after two defeats in the Scottish courts bodes well. This ruling clears the way for the implementation of delayed tobacco point of sale display restrictions in larger retail premises and a ban on the sale of tobacco from self-service vending machines from April next year.

Also in 2013 the Scottish Government will publish its new, comprehensive tobacco strategy for the next five years. There has already been some media coverage of the stated intention to commit to a smoke-free future as Finland and New Zealand have already done - the latter by 2025. Aiming for an adult smoking rate of 5% or less in roughly a generation is an ambitious but an achievable target. It depends on effectively helping the 69% of adult smokers who say they want to be smoke-free to achieve their ambitions, and preventing the next generation from becoming addicted to tobacco.

Tobacco is a product that is sold on image and branding. In blind taste tests, most smokers can't tell the difference between brands of cigarette. The industry is selling a dream, which for many becomes a solid nightmare. And the industry itself remains a pervasive and malignant influence in our society. It works through lawyers, lobbyists and funded front groups like FOREST and the Tobacco Manufacturer's Association in a perpetual game of smoke and mirrors. It seeks to throw attention on its customers, smokers, and away from the lethal and addictive product it continues to peddle. A product which is unlike anything else that can be bought over the counter in that when used as the manufacturers intend, it reliably kills one in two of its long-term consumers.

Fiscally, tobacco remains a drain on both the national economy and on individual household budgets. As well as the monetary costs to Scotland in terms of NHS treatments, there are direct costs from fires, litter, costs to business from absence due to ill health and the costs of secondary damage to

health from breathing tobacco smoke. In human terms, the costs of lives and families damaged by heart disease, strokes, cancer and lung disease are incalculable.

Tobacco is an epidemic - one that claims more than 13,000 lives every year in Scotland. From existing research, we know the damage that pre-natal exposure to tobacco smoke does in physical and mental terms, and the evidence about the harmfulness of breathing tobacco smoke also continues to mount. Emerging research is also starting to point towards the epigenetics of tobacco use, where the substance switches genetic triggers that may adversely affect not just the next generation but our grand-children too. I believe it is time to examine closely the role of tobacco as a determinant of health inequalities in our society.

As we move into 2013, I'm proud of the continuing commitment I see to putting tobacco out of fashion and creating a future in which our children can breathe fresh air.

## Date for your diary...

### Vaccines to Prevent and Treat cancer

Monday, June 24th at 6pm, The Royal Society, Edinburgh

Professor Ian Frazer (Director of Research, Translational Research Institute, Brisbane) will discuss how knowledge about viral infections has been used to develop vaccines for the

prevention of cervical cancer and how they have been shown to be effective. Future challenges including action in the developing world will also be discussed. This lecture is organised

by The Scottish Cancer Foundation, supported by The Cruden Foundation. The lecture is open to all and free to attend - registration required ([www.royalsoced.org.uk](http://www.royalsoced.org.uk))



# Alcohol and Liver Cancer

Dr Jacqueline CM Paterson, Ninewells Hospital, Dundee.

Incidence and mortality of hepatocellular (HCC) or liver cancer is increasing in Scotland and the UK as a whole. Figures published by the Information Services Division Scotland report 393 (M 269, F 124), new cases of liver cancer in 2010, - an increase in incidence of M +59.4%, and F +10.3% since 2000 and 420 (M 263, F 157) deaths in 2011 - an increase in mortality of M +44.6% and F +11.8% from 2001.(1)

Survival rates for HCC in Scotland are however continuing to improve. Male and female one-year and three-year survival in 2005 – 2007 was significantly higher when compared to those in 1985 – 1987. This was also true of five-year survival rates in women. However, lower survival rates are linked to older age, deprivation and alcohol-related admissions. (2)

HCC rarely develops in a normal liver. It is usually associated with cirrhosis, particularly if due to alcohol, viral hepatitis and most recently recognized non-alcoholic fatty liver disease. Although the majority of those with alcohol related cirrhosis do not develop HCC, this remains the commonest cause of HCC development, arising on average 4-5 years after cirrhosis diagnosis. The risk of HCC development in alcoholic cirrhosis is increased when combined with obesity, hepatitis B or hepatitis C infection. Due to the increased risk of HCC in patients with established cirrhosis, regular screening for HCC by liver ultrasound scanning is recommended every 6 months. (3)

Alcoholic liver disease accounted for 6733 hospital discharges during 2009/10.(4) Over the same period, analysis of alcohol sales indicate that 1190 units per adult were sold,

equivalent to 22.9 units or nearly a bottle of whisky per person per week for every adult in Scotland. It is hoped that the minimum pricing bill will be pivotal in reforming our cultural relationship and social attitudes to alcohol. If successful, predictive modeling has postulated that 10 years after its introduction the bill could contribute to 300 fewer deaths and 6500 fewer hospital admissions annually. (5)

Whilst improvements in survival rates of liver cancer pay testament to innovations in medical treatments and advances in liver transplantation it is clear that any reduction in the excessive consumption of alcohol in Scotland offers much potential to further capitalise upon this progress.

**Dr Jacqueline CM Paterson, Ninewells Hospital, Dundee.**

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5. Scottish Government. Alcohol Minimum pricing Bill passed. Available: <http://www.scotland.gov.uk/News/Releases/2012/05/alcohol24052012>

## Can you answer the questions?

A new report called **Action on Obesity - comprehensive care for all** was published by the Royal College of Physicians in January 2013 and sets out a strong message to health professionals about the need to develop effective management pathways of obesity. The report suggests the development of

multi-disciplinary teams for weight management, elaborates on GP's role in obesity and discusses weight management for health service employees. The authors recommend a lead physician within each hospital to lead on obesity and the need for an independent group to work on obesity

advocacy. They also highlight that all healthcare professionals should know **"the ten essential facts"** about obesity. Check out your knowledge on

<http://www.rcplondon.ac.uk/sites/default/files/action-on-obesity.pdf>

## Roll on Traffic Light Labelling

Breakfast is often described as the most important meal of the day. Many of us reach for that breakfast cereal which is aggressively marketed as a healthy option but do we really know what is in it? **Which?** has campaigned for government and food industry action to help us choose what foods are better for us. In their report **'What's in your bowl? The most popular breakfast cereals compared'** they highlight the confusion with some retailers putting traffic light labelling on their packaging while others use a percentage guideline daily amount (GDA) system without colour-coding nutrient levels. This all serves to confuse us consumers and make like for like comparisons between brands difficult.

Their research found that salt levels had improved across the board since their last evaluation in 2009 with 84% meeting salt targets which had been set for the end of 2012. Not all good news however with a 30g serving of one own brand cereal containing more salt than a large bag of ready salted crisps!

Sugar levels were found to be high in 32 of the 50 cereal brands examined, especially those which were marketed at children and surprisingly some which were specifically marketed as 'healthy'. Only one cereal could be given a green traffic light for low levels of fat, sugar and salt (although the manufacturer does not provide traffic light colour coding to show this). Eight of the 50 cereals had no front-of-pack nutrition labelling and only 14 included traffic light colour-coding to show nutrient

levels (all supermarket own-brands). Nutrition information per serving was also given inconsistently making it difficult to compare products.

There are alternatives to high salt/sugar processed cereals... Award winning Chef Tony Heath from The Apron Stage, Stanley has provided us with a spicy start for the day which will last all week

### Poached Fruit mix

4 – 6 dessert apples  
1 cooking apple  
4 – 6 slightly under ripe plums  
2 firm pears may also be added  
Ground cinnamon and clove to taste, or use whole as an alternative  
Sugar to taste (if you really need it!!)  
Water

Peel, quarter and core the apples and pears, chop into smaller pieces approx. ½ inch size.

Cut the plums in half, remove the stones and chop the halved plums about the same size as the apple. Place all the chopped fruit into a wide shallow pan, just cover with cold water, sprinkle over the sugar and the spices, approx. 1/4tsp of cinnamon and slightly less of clove.

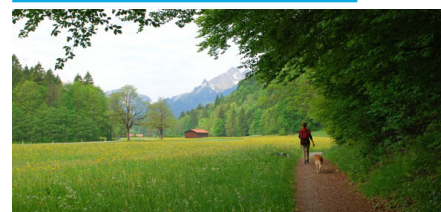
Place the pan on the stove with lid on and on a low heat slowly bring the fruit to a simmer, remove the lid and allow the contents to bubble away for perhaps 5 – 7 minutes by which time the cooking apple will have broken down but the dessert apples and plums

will have just softened up, remove from the heat and cool as quickly as possible, place in to a lidded container and store in the fridge.

Add the poached fruit to your favourite wholegrain, unsweetened cereal and mix with fresh fruit and natural yoghurt for a good start to your healthy living day.


(Editor's note... spicy poached fruit is also a great topping for winter porridge)

### Walk with a Doc ....



Walking is great for all sorts of reasons... even the doctor says so. In many parts of the world the Doctor not only says so but actually does so and what's more does and says at the same time! Requirements are a physician who is willing to get walking with two to 250 people providing fast answers to health questions, fresh air opportunities and fitness. Not only patients.... dogs can go too!! The concept was launched in Ohio in 2005 by Dr David Sabgir who organised a 2.2 mile hike through local woodland and has grown worldwide. Any in Scotland?

Walk with a doc ([www.walkwithadoc.org/](http://www.walkwithadoc.org/))



## Smoking cessation in cancer patients and those around them: Cancer as teachable moment?

In Scotland, 24% of adults smoke and half of current smokers are likely to die from cancer (1), making smoking cessation services a Scottish Government priority.

Smoking cessation is equally important in cancer patients: continued smoking reduces treatment effectiveness, has negative effects on treatment-related side effects, quality of life and survival and can also increase the risk of developing a new smoking-related cancer(2). Although patients with cancer are often advised to stop smoking, evidence suggests that advice and assistance given by health care professionals to patients is sub-optimal(3).

It is notable that smoking clusters in families and it might be desirable to include wider family and friends of the

cancer patient in smoking cessation approaches(4). Evidence also suggests that smoking cessation can spread through social networks(5). 'Teachable moment' hypothesis suggests that events such as the diagnosis of a serious disease in close relatives can act as a catalyst to behaviour change via increased risk perceptions and illness worries(6). In the case of cancer diagnosis, the period around that time may be a particularly effective time to increase uptake of smoking cessation services both for patients and their close family members who smoke.

This project, recently funded from The Chief Scientist Office (PI: Dr. Mary Wells, University of Dundee), aims to explore patients', family members (including close friends) and health care professionals' views of the key factors likely to increase uptake of current

smoking cessation services within the context of a recent cancer diagnosis. This will be a large qualitative study which will help us better develop the theoretical and empirical basis for an intervention which will aim to increase the uptake of smoking cessation services in family members as well as cancer patients.

Our ultimate aim is to develop appropriate and acceptable interventions that involve patients, their loved ones and relevant health care professionals and approach this subject sensitively and without increasing family distress.

**Gozde Ozakinci, PhD, Lecturer in Health Psychology, School of Medicine, University of St Andrews**

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3. Martinez, E. M., K. L. Tatum, et al. (2009). "Issues related to implementing a smoking cessation clinical trial for cancer patients." *Cancer Causes Control* 20: 97-104.
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5. Christakis, N. A. and J. H. Fowler (2008). "The collective dynamics of smoking in a large social network." *N Engl J Med* 358: 2249-2258.
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## Can you run for a bus?

Whilst 2012 was a great year for British Olympians, it may not have been so good for ordinary people whose poor fitness record has been revealed. Slimming World recently undertook a survey of 2,065 people which reported

that 56% of women and 31% of men believed they would find it hard or impossible to run 100 metres. Most of us don't need to run to be physically active - brisk walking for at least 150 minutes per week remains a good goal

for getting active - but for running to catch a bus or a child as he veers into the street remain good reason to keep up overall fitness levels.





## November Mouth Cancer Awareness Month... local action

More than 6,000 people are now diagnosed with mouth cancer in the UK every year. Mouth cancer may affect the lip, tongue, gums and mouth. Other sites, which may be associated with human papillomavirus (HPV) infection, are the tonsils and pharynx.

It is now the sixth most common form of cancer and has increased 3 fold over the last 25 years. The number of people diagnosed with oral cancer is more than the number of men and women diagnosed with testicular and cervical cancer combined! Scotland has the highest incidence of mouth cancer in the UK related to higher smoking and alcohol consumption in Scotland.

In the past the disease was mainly confined to men over 50 who were smokers or drinkers. But now a growing number of cases – one in ten – are being seen in people under the age of 45 who don't smoke or drink heavily. As yet, there is no clear explanation for

these cases but potential risk factors could be poor diet, lack of sunshine and the spread of certain strains of the HPV.

Mouth Cancer Awareness Month has been running now for approximately 15 years and seeks to raise awareness of the risk factors and early warning signs. November was Mouth Cancer Awareness Month and once again students have been working hard in partnership with staff at University of Dundee dental school to raise the profile of the condition and awareness of oral cancer within their peer group as well as the wider community.

A range of events took place including a week long lunchtime awareness raising session within the students union as well as an evening table top display within the library (5-9th Nov). Other events organised during Mouth Cancer Action Month were a fund raising acoustic event, organised by clinical dental students Robyn Beggs and

Anja Visser and a Cafe Science event where Prof. Ogden gave a talk entitled 'Drink and be merry for tomorrow...' in which he explored the issue of alcohol, and how much we know about what we're drinking. This event involved an interactive (anonymous) quiz session as well as an opportunity for participants to test their accuracy in pouring a unit of alcohol!

**Graham Ogden**  
Professor of Oral Surgery,  
University of Dundee

(Editors note: Professor Ogden's team were awarded the University of Dundee Ian Stevenson Award for Public Engagement with Research in 2012 in recognition of this work. They have also teamed up with The Ben Walton Trust with plans to cascade the events to other Universities in Scotland and the rest of the UK.)

## Date for your Diary- HIGHLY RECOMMENDED!!!

**Tackling smoking in the hospital community: a learning day. Improving cost effectiveness and achieving positive outcomes from clinical interventions**

18<sup>th</sup> April 2013, Jury's Inn, Glasgow

ASH are running a course for all smoking cessation practitioners and managers and health board staff who would like to be better informed about how to achieve a smoke-free health service. This course provides an excellent opportunity to learn how to

help increase smoke free environments and positive action for change

**Register by 25th January 2013**

To register or for more information:  
<http://www.ashscotland.org.uk/alliances/stca-meetings-and-events/tackling-smoking-in-the-hospital-community-a-learning-day.aspx>

# Translating lifestyle theory to healthy practice for the reduction of cancer occurrence and recurrence

## SCPN Annual conference

The 9th November 2012 saw the SCPN annual conference take place at the Melting Pot, a fabulous (not-for-profit) venue in central Edinburgh. Despite a date clash with the Public Health conference over 70 delegates signed up from a variety of health service, academic and cancer charity backgrounds. Eleven speakers gave valuable insights into current practice and research surrounding risk promoting behaviours and cancer prevention and recurrence.

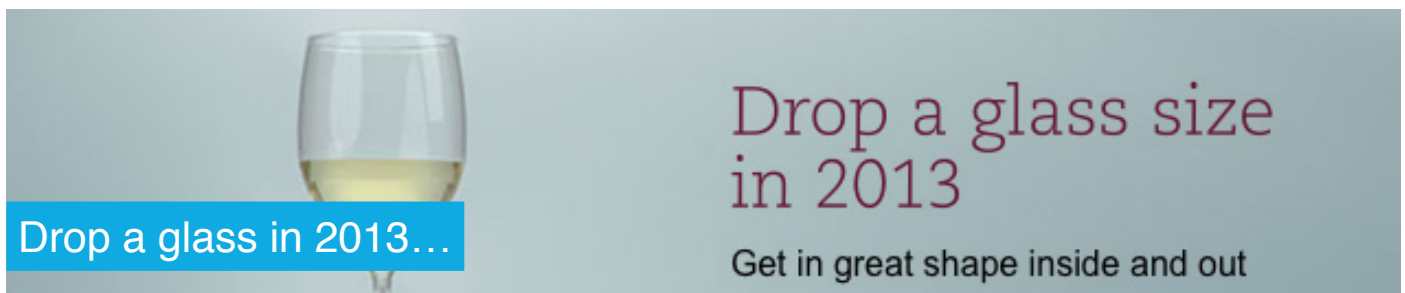
Feedback on the conference was very

positive. The take home messages from the presentations provided new knowledge for some and a useful reminder for others of the key healthy lifestyle messages important to primary and secondary cancer prevention. The event served as a useful networking opportunity for the multidisciplinary audience to meet likeminded professionals working in a similar field. It also served as a motivational tool with many delegates reporting a renewed enthusiasm to review personal behaviours as well as translating their new found knowledge

into their area of expertise whether that be patient centred, research or policy.

Would you like to have been at the conference but couldn't make it? Here is your chance....we have posted videos of the event on our website <http://www.cancerpreventionscotland.co.uk/links/> as well as the speakers PowerPoint presentations.

Next conference planned for February 2014 so watch this space!



The Scottish Government has launched a new Alcohol Behaviour Change campaign, encouraging women to think about how much they drink and how drinking affects appearance as well as health. The number of alcohol-related deaths among women aged 30-44 has doubled in the last 20 years, and the chronic liver disease and cirrhosis death rate among 30-44 year old women in Scotland has trebled since

the mid to late 1980s. The campaign complements policy work on alcohol pricing and other actions to reduce our increasing alcohol consumption

Take the challenge.....

See the tool kit (available at [www.drinksmarter.org](http://www.drinksmarter.org)) for a set of challenges

- The Wine Guess Challenge

- The Drop a Glass Size tool
- Unit calculator
- Responsible drinking tips
- A free downloadable Drinking Mirror app\* for smart phones

The drinking mirror reminds us the impact of alcohol on skin, wrinkles and premature ageing!

## Men's Health Campaign - shitmatesdontsay.com!

In November, Cancer Council NSW launched a Men's Health Campaign called 'Sh\*t Mates Don't Say', aimed at getting men thinking and talking about their health. Figures reveal that about 6,900 more men die of common cancers compared to women in Australia each year and lifestyle is playing a major role in skewing the health outcomes of Australian blokes.

This campaign specifically targets men, 30-50 years old, urging them to take control of their health by making simple lifestyle changes and being more aware of their health, by talking about it and by visiting a GP if they suspect something is wrong. The video takes a humorous approach to sending a message to men about "fixing the fixable". Visit <http://shitmatesdontsay.com/>





## Can you help?

1. SCPN has had really positive feedback about the newsletter with a number of people suggesting that we try and cascade this much wider than health professional groups. Many community groups, worksites, media folks, schools, colleges and universities are interested in health and well-being and helping to promote healthy lifestyles but yet very few are on our network. We are looking to expand the newsletter reach to a much wider audience and we need your help.

Are you a member of a worksite, professional, practitioner, personal or community networks that work on health that might be interested in the newsletter and website? We aim to

try and double our network numbers this year and need as many people as possible to sign up for the free newsletter- please send your ideas to us at [m.macleod@dundee.ac.uk](mailto:m.macleod@dundee.ac.uk) with message marked NETWORK

2. Have you any questions about cancer prevention and lifestyle? We have published a few articles on questions that people have raised at meetings and contacted our experts to provide the feedback. If you have a question, then it is likely that others do too, so drop us an email and let us find the answers. Contact [m.macleod@dundee.ac.uk](mailto:m.macleod@dundee.ac.uk) with message marked QUESTION

3. We are planning our next conference

for Jan/Feb 2014 and are looking for readership requests for the programme content. If you have ideas for speakers/ topics/format and style of the meeting please let us know. Interested? Contact [j.z.hampton@dundee.ac.uk](mailto:j.z.hampton@dundee.ac.uk) with message marked CONFERENCE

4. We are looking for folks living with cancer to help join in with SCPN. We are particularly keen to find folks with an interest in healthy living and well-being. Involvement might include one meeting per year and regular email contact. Interested? Contact [j.z.hampton@dundee.ac.uk](mailto:j.z.hampton@dundee.ac.uk) with message marked PATIENT

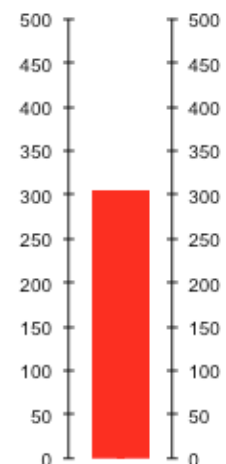
## About the network

At the network we have set ourselves the challenge of doubling our reach over the next 12 months and have decided to share our results with our readers. Our recent survey helped us to estimate that the newsletter/web/tweets reach just over 1500 folks so please help us reach our 2000 figure by Sept 2013.

### Here are our current statistics...

	Sept 2012	Dec 2012
Network members signed up for Newsletters and emails.	246	304
Twitter Followers	211	276
Facebook Likes	77	91
Website hits (over last 3 months)	1331	1366
Website average page views per day	10	14.6

### Now over 300 network members



Please help us increase interest in cancer prevention in Scotland by sharing our contact information:

**Twitter** @thescpn  
**Facebook** [www.facebook.com/theSCPN](http://www.facebook.com/theSCPN)  
**Website** [www.cancerpreventionscotland.co.uk](http://www.cancerpreventionscotland.co.uk)

# Thank You

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

## **Eoin McCann**

Design & Graphics  
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**Dr Maureen Macleod (SCPN Fellow)**  
**Jill Hampton (Network administrator)**

You can visit SCPN online at:

**cancerprevention  
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](mailto: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.co.uk](http://www.cancerpreventionscotland.co.uk). Here you will be able to find up-to-date news, scheduled dates for your diary, all previous newsletters 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](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.