

SCPN

The Scottish Cancer Prevention Network

Newsletter

Spring 2014

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message over
with power**

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Editorial

You might be unlikely to spot Prime Minister David Cameron next to you in the queue at W H Smith buying his paper before heading for the train but he has joined many other people in hitting out at the store's policy of pushing cut price chocolate bars at every shopper who makes a purchase. With the latest figures showing that almost two out of three Scots are now overweight or obese, more chocolate is the last thing that most people need. In a speech before he became PM David Cameron said, "Of course we cannot regulate in this regard but we can point the finger, we can ask awkward questions and we can put some pressure on and I believe politicians and others should do so."

We agree wholeheartedly and would like to take this opportunity to point the SCPN's finger firmly in the direction of W H Smith. We think your long standing sales gimmick is putting company profits before people's health and it is time that it stopped.

W H Smith's argument is that no one has to buy the calorie laden chocolate. It's all a matter of personal choice. That, of course, is nonsense. If the company wants to make it a matter of personal choice, they can leave the large £1 bars on the confectionary racks at the back of the store. Positioning them at the till means counter staff can offer them up as a bargain. W H Smith has a choice not to do this but they have prioritised sales figures over the health of their customers. That is not a choice that anyone should support.

Action has already been taken in Scotland to end irresponsible drinks promotions. While £1 chocolate bars may not pose the same risk to health as cheap drink promotions, they are contributing to the current obesity crisis. This sales technique is an irresponsible affront to the attempts to improve health in Scotland and it should end.

Professor Annie S. Anderson
Professor Bob Steele





Maggie's Centres: Where Now?

Maggie's provides free practical, emotional and social support for people with cancer, their families and friends. Built in the grounds of NHS cancer hospitals and available online, our centres are warm and welcoming places with a team of professional staff (including cancer support specialists from cancer nursing and radiotherapy, benefits advisors and clinical psychologists) offering an evidence-based programme of support developed to complement medical treatment.

Transforming Care After Treatment (TCAT) seeks to enable people post cancer treatment to live as healthy and long a life as possible, through integrated support from NHS, local government and the third sector.

Maggie's seven-week "Where Now?" course embodies the key aspirations

of TCAT. It provides tailored support and the information people living beyond cancer need to take an active role in managing their own care, and making sustainable lifestyle changes in physical activity, nutrition and emotional well-being. Each 3 hour weekly group session combines 50 minutes of physical activity, a shared healthy meal (incorporating nutritional advice) and a facilitated themed discussion. Discussion topics include: building effective post-treatment partnerships with medical teams (enhancing the monitoring of disease recurrence and managing late effects), returning to work and managing the fear of recurrence.

Anyone can participate in this course at Maggie's, and NHS professionals play a pivotal role in recommending attendance and providing specialist co-facilitation. Whilst 'Where Now?'

is designed for people post active treatment, Maggie's also offers a comprehensive programme of courses, offering individual and family support on physical activity and nutrition at all stages of cancer.

Professor Sir Mike Richards commented: "Where Now?" successfully aids in making a healthy transition to the post-treatment phase of recovery. There are a number of psychological adjustments to be made and programmes like these help those affected by cancer find ways of adapting to a new set of circumstances".

Lesley Howells, Maggie's Dundee Centre Head
www.maggiescentres.org

'Leadership is often about walking the talk and leading by example'

Many people are failing to meet government recommended levels of physical activity. Low levels of physical activity are seen as one of the biggest predictors of early death, a greater risk to health than smoking, diabetes and obesity combined. Billy McLean (Associate AHP Director, NHS Ayrshire & Arran) believes that, when it comes to lifestyle choices, health professionals need to stand up, make positive changes and encourage others to do the same. After moving to a less active office job, Billy quickly noticed

how easy it was to put on weight while sitting in front of a computer or in meetings all day. To raise his activity levels he came up with the innovative idea that instead of sitting in office style meetings, he and his colleagues should instead go on walks to discuss business, thus incorporating some physical activity into the day. At the end of the walk the participants write up notes together of what was discussed. Work mates now say they feel more energised, more work gets done and meetings do not last as long as they

did in the traditional office setting. If you want to up your activity levels and encourage others to do the same, then this may be the perfect technique, but remember and wear comfy shoes and check the weather forecast, as blisters and rain do not equal productivity!

McLean B. Walking the Talk.
<http://ahpscot.wordpress.com/2013/10/14/walking-the-talk/>

O'Reilly of the Yard is on the case in the hunt for illicit tobacco

Former Scotland Yard detective Will O'Reilly has been traversing Scotland like an eager bloodhound, sniffing out counterfeit and smuggled tobacco.

He's not doing it to snare the bad guys though. The ex-detective chief inspector is trying to build a case against the introduction of plain, standardised packaging for tobacco products – a health measure backed by the Scottish Government and now likely to be introduced by the UK Government.

Mr O'Reilly is in the pay of a tobacco company and is promoting their false premise that the introduction of standardised packaging will increase the amount of illicit tobacco in the UK.

In turn, they argue, this will damage the finances of your friendly corner shop.

To promote the alarmist claims of his employers, tobacco company Philip Morris International, the retired policeman focuses on emphasising current levels of illicit tobacco, saying the volume is bad now and will grow. This is because organised criminals will supposedly find standardised packs easier to copy although there's no reason why they would.

The ex-cop and his team of undercover agents go to different cities and towns,

buying up as much illegal product as they can in "sting" operations in pubs, markets, newsagents and other stores.

So far we have been told that Glasgow has the highest levels of illicit tobacco in the UK and Dundee has the highest levels, after Glasgow, in Scotland. Fife is awash with it and Paisley, Stirling and a string of other towns are also flooded with black market tobacco.

The truth is that levels of illicit tobacco are on the decline and HM Revenue & Customs aren't worried that plain packs will spark a growth in black market product.

They may be called "plain" but the packs are actually quite sophisticated. Corporate branding is removed, but security markings remain, along with large picture health warnings and consumer information, which cover most of the pack area. The strong images show the horrific effects of smoking – cancer, cardiovascular disease, respiratory disorders, stroke and many more.

So, why are tobacco companies spending millions of pounds opposing standardised packs?

Because removing brands and logos from packaging makes tobacco less attractive

to young people – a market they want to capture. Detering young people from taking up the habit will protect them from cancer and other health problems caused by tobacco and help Scotland achieve its goal of becoming smoke-free by 2034.

The tobacco companies don't like the threat to their business that plain packaging brings. They have a long history of opposing regulation by paying for scaremongering studies and reports that suit their agenda.

Big Tobacco has also been attacking plain packaging in Australia, where it was introduced over a year ago. Again they have funded studies claiming no positive impact from plain packs – but they don't stand up to scrutiny. Put simply, you cannot trust work paid for by a tobacco company.

They have been proved wrong before and, despite the work of O'Reilly of the Yard, they will be proved wrong again.

**Bob Smyth, Communications Office,
ASH Scotland**

New help for Scottish cancer patients

People undergoing treatment for cancer can now get tailored information about their own needs and treatments from a new online information resource.

Launched by Cabinet Secretary for Health and Wellbeing, Alex Neil, Tailored Cancer Information for the People of Scotland (TIPS) helps patients understand the stages of their treatment by providing trusted information that can be personalised to each person's diagnosis.

Describing TIPS as a great support for patients throughout their treatment, Health Secretary Alex Neil said:

"A cancer diagnosis can be a very scary thing – whether it is yourself or a loved one being diagnosed. People who have gone through it told us that receiving timely and relevant

information can really help them to cope with their diagnosis and treatment at what is an extremely challenging and difficult time. This new resource will allow people - patients, their families and healthcare professionals - to access the information they need in a way that best suits them. I am especially pleased that families affected by cancer can access the resource as most of us do turn to our family and friends when we need them."

The resource has been funded by Macmillan Cancer Support in partnership with NHS 24, cancer patients, health care professionals and all UK cancer charities.

According to TIPS managers Tony Rafferty and Uzma Aslam, the TIPS resource will benefit patients and is part of NHS Inform's

continued drive to provide quality assured health information for patients across Scotland:

"This is the only cancer resource in Scotland which will provide cancer information tailored to suit an individual's needs or wants at key points in their treatment."

Tony and Uzma will be working with healthcare professionals to implement TIPS across health and social care settings in Scotland over the next three years.

To arrange workshops, awareness sessions or for more information please contact:

nhs24.TIPS@nhs.net

Website: <http://www.nhsinform.co.uk/Cancer/TIPS>

Raise your pulse, reduce your risk of breast cancer

The 2014 Glasgow Commonwealth Games and the legacy of London 2012 are undoubtedly raising the profile of sport and exercise, making now the perfect time for us to inform women of the benefits of physical activity especially in reducing their risk of breast cancer.

More than one in six cases of breast cancer in the UK have the potential to be prevented if all women were to be regularly physically active. In order to offer informed public health messaging around physical activity

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Breakthrough Breast Cancer has worked with leading experts to reach a consensus on the link between physical activity and breast cancer risk. It has concluded that 30 minutes of daily activity can reduce a woman's risk of breast cancer by at least 20%. Breakthrough Breast Cancer has developed tested health messages as well as launching a dedicated website breakthrough.org.uk/brisk combining health information, online community tools and the capacity to link with social media

to encourage women to get active. We are promoting the Brisk information through partnerships such as the Healthy Working Lives programme which allows us to reach women in their workplace.

For more information about Breakthrough's focus on physical activity, please contact Kirsty Henderson on 0131 240 2851 or email kirstyh@breakthrough.org.uk

**James Jopling, Scotland Director,
Breakthrough Breast Cancer**

BeWEL

Top medical journals report successful weight loss studies in men in Scotland

In January, The Lancet published the findings of The Football Fans in Training project (FFIT) which was led by Professors Kate Hunt and Sally Wyke from the University of Glasgow (1). The paper reports the results of a successful 12 week group intervention amongst male football fans (aged 35 to 65, with BMI $\geq 28\text{kg/m}^2$) which resulted from a collaboration between academics, the Scottish Professional Football League Trust and Scotland's top football clubs. After one year the percentage of men achieving 5% weight loss was 39% in the intervention compared to 11% in the comparison group. It is notable that even in the comparison group that the mean weight loss was 0.58kg. The intervention programme is still available through the SPFL Trust and interested readers might like to go to the Football Fans in Training website (<http://www.ffit.org.uk/>). Women are also now getting in on the act - five clubs (Aberdeen, Celtic, Kilmarnock, Motherwell and Rangers) are now running a FFIT for women programme, which it is hoped will extend to other clubs shortly and two clubs (Hibs and

Dunfermline) are running a 'FFIT-inspired' course for women.

In March, The British Medical Journal published the findings of the BeWEL study which was led by Professors Annie Anderson and Robert Steele from the University of Dundee (2). The paper reports the results of a successful individually focussed intervention (3 x one hour visits plus 9 phone calls over 12 months) amongst people aged 50 to 74 years, with BMI $\geq 25\text{kg/m}^2$. All participants had been diagnosed with a colorectal adenoma after taking part in the national colorectal cancer screening programme and the study resulted from a collaboration between academics and four NHS boards (Tayside, Ayrshire and Arran, Forth Valley and Greater Glasgow and Clyde). The participants were mostly men (74%) and the percentage achieving 5% weight loss was 36% in the intervention compared to 12% in the comparison group. It is notable that even in the comparison group the mean weight loss was 0.78kg. These results show that a programme based on reducing

bowel cancer risk factors (body weight, diet, physical activity and alcohol) can be successfully delivered alongside a cancer screening programme and deserves consideration for future work by the Scottish Government.

Both studies highlight that men can and will engage with weight loss programmes and achieve significant weight loss. Even weight loss in control groups who received little in the way of intervention showed modest signs of success. All control participants had signed up for measurements, been given brief advice (the same weight loss booklet was used in both studies) and were willing to participate in research. The dropout rates for comparison groups in both studies were low (5% and 3% to FFIT and BeWEL, respectively) and hint that even a minimal intervention plus regular weighing may be beneficial for weight management if used within a structured programme.

1. http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673613624204.pdf?id=baa1Eb_TAJ3XfTV1Utuu
2. <http://www.bmj.com/content/348/bmj.g1823?view=long&pmid=24609919>

Risk factors for breast cancer in men

While it is acknowledged that genetics play a role in breast cancer in men, recent evidence has highlighted lifestyle choices as a significant factor that impacts on a man's risk of developing the disease. In Scotland there were 23 cases of male breast

cancer detected in 2010 (1). A report by the European Rare Cancer Study Group studied 2405 men with breast cancer and found that high body mass index (BMI) [particularly current BMI rather than past BMI] and diabetes were risk factors associated with breast

cancer amongst men (2). The evidence also reinforces advice that to reach and maintain a healthy weight by eating well and regular physical exercise could reduce the risk of the disease in men.

1. ISD statistics <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/Breast/>
2. The European Rare Cancer Study Group. Anthropometric and Hormonal Risk Factors for Male Breast Cancer: Male Breast Cancer Pooling Project Results. JNCI. 2014 February; 10:1093. <http://m.jnci.oxfordjournals.org/content/early/2014/02/19/jnci.djt465.abstract?sid=b0d50a2c-e892-4d7c-ae4e-9f1215b6c0b5>



Spring Recipes

Cauliflower & Green Olive Tapenade Gratin

This season-stretching recipe is one I make quite often at this time of year. But it is only one of many things that can be done with the humble cauli. Appropriately frugal in both calorie and expense, cauliflower is a fairly magical vegetable. Here I am stretching the definition of gratin: note the absence of gooey cheese sauce and the accompanying fat and calories. However, there is a bit of grated hard cheese, and it does bubble, so technically I think I can just sneak this one by the Trades Description Act.

The made up tapenade keeps for a week in the fridge, before which you can use it up in this recipe, smear it generously on fish or chicken before roasting, slake with water and more lemon for a delicious salad dressing, stir some through hot grains, mix it into soft cheese for a fab dip or bread spread. You'll think of other uses long after you have finished the jar.

(Serves 4)

- 500-600g trimmed cauliflower, cut into pieces (from a 750g or so whole cauliflower)
- 4 heaped tbsp Coriander and Green Olive Tapenade (see below), plus extra for drizzling
- 50g grated hard cheese, like Cheddar, Grana Padano, vegetarian Parmesan
- 2 heaped tbsp pumpkin or sunflower seeds (optional)
- Black pepper
- A few sliced green olives (optional)

Steam the cauliflower florets for eight minutes for a cooked but still firm texture. Pop these into a wide, oven-proof dish, stir in the tapenade and scatter over the cheese, seeds, pepper and extra olives. Bake in a hot oven (200C/400F) until the cheese has melted and started to brown a little. Drizzle over a little extra tapenade (slake with a little water or more oil) and serve immediately. Goes well with baked potato or chunky wholegrain bread and a tomato side salad.

Coriander and Green Olive Tapenade

(Serves many... use sparingly to avoid excess sodium)

- 60g leaf coriander, including stems
- 20g fresh basil (or use all coriander)
- 2 cloves garlic, minced
- 100g pitted green olives
- 60ml extra virgin olive oil or cold-pressed rapeseed oil (latter will lighten the sauce)
- Juice of half a juicy lemon (just over 2 tbsp)

Put the first four ingredients into the bowl of a food processor and blend for one minute, scraping down the sides as needed. Pour the oil and lemon juice through the 'feed tube' and process until just mixed (a few seconds). Makes one jarful. Can be frozen.

Kellie Anderson

Nutrition Advisor to Maggie's Cancer Caring Centres

<http://kelliesfoodtoglow.com>

Scotland against cancer

The Sceptland against cancer conference is the largest gathering of its kind in Scotland, bringing together all parts of the cancer community including clinicians, researchers, third sector, officials, MSPs, pharmaceutical industry and patient groups; offering unrivalled network opportunities. Run by Cancer Research UK on behalf of the Scottish Parliament's Cross Party Group on Cancer, the conference is flanked

by plenary sessions with choices of breakout sessions taking the middle of the day. Topics are wide-ranging and include issues as diverse as: combining prevention and screening; access to new medicines; tobacco control and the future of cancer research. Key stakeholders have been invited to send programme suggestions in advance and the wide range of topics - plus an expert panel question and answer

session - should mean all interests are catered for. And, it will offer unrivalled networking opportunities for those working in the cancer community. Bookings can be made online at www.scotlandagainstcancer.org.uk with significant discounts on any made before Thursday 17th April.

<https://tinyurl.com/oqgdfn7>

E cigarettes: benefits and harms

Scotland's latest tobacco control strategy aims to create a tobacco free generation by 2034 by encouraging children and young people to choose not to smoke.

This may be close to achievable given the progress in recent years in controlling the sale, marketing and public use of cigarettes. However, the emergence of e-cigarettes in recent years and the entrance of multinational tobacco companies into this market may render success all the more difficult.

A recent research study reported in the American Journal of Preventative Medicine highlights the problems (1). The study followed more than 1,400 Americans under the age of 24, two thirds of whom were non-smokers. At the start of the study, none of the test subjects had tried e-cigarettes. After one year, 7.4 per cent had tried them, including 2.9 per cent of the non-smokers. One of the main appeals was that, unlike cigarettes, they are seen as being "safe."

"This is problematic," says Dr Kelvin Choi who led the study "because young adults are still in the process of developing their tobacco habits and e-cigarettes can introduce them to using tobacco."

The Center for Disease Control in the United States has also found that experimentation with e-cigarettes more than doubled among young people from 2011 to 2012,

to the point that 10 per cent of high school students have given them a try.

Meanwhile, Professor Gerard Hastings and colleagues at Stirling University's social marketing unit have found that celebrity endorsements such as the recent Lily Allen music video and advertising on billboards, online, in magazines and in computer games is increasing the appeal of e-cigarettes to young people. They are even being marketed with flavours such as strawberry, apple and cherry which are unlikely to interest many adults.

That's the bad news but there is an alternative view that sees e-cigarettes as a benefit rather than a burden because they can help wean people off tobacco at a lower risk to their health. Clive Bates, a former UK director of Action on Smoking on Health, argues that their potential in helping to people to quit outweighs the risks.

He says they should be seen "as a disruptive intrusion into the cigarette industry: a new high technology product entering the market for the popular legal recreational drug, nicotine, and posing a threat to the dominant and most harmful delivery system, the cigarette."

While there is clearly a role for e-cigarettes in smoking cessation, it is concern about the impact on young people that appears to be winning the day with England announcing a

ban on their sale to under 18s.

Scotland appears to be waiting for a decision from the EU on regulation before taking any action. Just before Christmas amendments were agreed to the EU Tobacco Products Directive which is set to introduce the first rules governing e-cigarettes. This allows them to continue to be sold as consumer products but limits the amount of nicotine they can contain. It allows members states to regulate them as a pharmaceutical if they choose to do so. If they were banned by at least three member states, the EU could introduce a European-wide ban.

Some form of regulation is urgently needed but health campaigners and scientists continue to argue over the form this should take. The ideal solution is something which protects non-smokers while capitalising on the benefits that e-cigarettes offer to people looking to kick the tobacco habit. Surely that can't be too difficult.

Bryan Christie

Retail availability and in-store marketing of e-cigarettes: An observational study

The debate about the potential benefits and harms of electronic cigarettes (commonly known as 'e-cigarettes') is continuing and shows no signs of abating in the near future. While tobacco smoking in the US and UK is down, it seems that awareness and use of e-cigarettes is on the increase (1).

Recently, the UK Medicines and Healthcare products agency has taken an important decision to regulate e-cigarettes as medicines from 2016 (2). There is a concern that e-cigarettes may undo the work done to 'denormalise' smoking.

Hsu et al.(3) described the first retail audit of e-cigarettes in the UK and reported their availability and promotion as well as an analysis by neighbourhood deprivation. The

authors identified 128 stores in London which they categorised by size: small, <280m² (n=116) and large, >=280m² (n=12) by using a multistage area-based sampling strategy. Two data collectors visited stores to record if the store a) sold e-cigarettes; b) promoted them with advertisements; c) featured a movable display (commonly found at cash registers). Data were obtained from 108 stores.

Most (57%) stores were found to sell e-cigarettes. Point-of-sale movable displays were more likely to be found in small stores. Two stores had an interior advertisement and eight had an exterior advertisement (all of which were small stores). There was no difference between small and large stores in terms of presence of advertisements. The authors also reported that 47%

of stores in the most deprived quartile sold e-cigarettes versus 38% of stores in the least deprived quartile, although the difference only approached statistical significance.

The findings point to a high availability of e-cigarettes in small and large stores alike. Particularly, in small stores, the movable displays invited consumers to try the product which raises concerns that they can cue smoking in current or former smokers. The suggestion that e-cigarettes may be more available in deprived neighbourhoods is worrying as this suggests that e-cigarettes may potentially reinforce the smoking disparity between the wealthy and the poor.

Gozde Ozakinci, Lecturer in health psychology, University of St Andrews

1. Dockrell, M., Morison, R., Bauld, L., et al (2013). E-cigarettes: prevalence and attitudes in Great Britain. *Nicotine Tob Res.*, 15, 1737-44.
2. Medicines and Healthcare Products Regulatory Agency. UK moves towards safe and effective electronic cigarettes and other nicotine-containing products. (Press release). 12 July 2013.
3. Hsu, R., Myers, A.E., Ribisl, K.M., Marteau, T.M. (2013). An observational study of retail availability and in-store marketing of e-cigarettes in London: potential to undermine recent tobacco gains? *BMJ Open*, Dec 23;3(12):e004085. doi: 10.1136/bmjopen-2013-004085

Being Active against Cancer

4th February 2014

Prof Annie Anderson

Weight management

- Is important in cancer prevention and for people living with cancer
- Is everyone's responsibility (individual and public approaches needed)
- Sensitive and supportive approaches offer a first step in the weight management pathway



Prof Martin Wiseman (WCRF)

- over 23,000 cancers are attributable to excess body weight in the UK, of which over 16,000 occur in women
- there is strong evidence that excess body weight is a cause of several cancers: breast (after the menopause), bowel, pancreas, oesophagus (gullet), ovary and gallbladder
- being a healthy body weight not only protects against cancers but also diabetes and heart disease – including in cancer survivors

Dr Anna Campbell

- Exercise has a positive effect on treatment-specific impairments such as fatigue, lymphoedema and depression during and following treatment
- A little bit of activity is better than nothing, but for optimal health in the recovery period after cancer treatment, it is important to try to build up to accumulating 150 minutes moderate intensity physical activity each week

Ms Martine Stead

Results of the BeWEL study:

- Losing weight is achievable
- Sometimes considerable amounts were lost
- For some, weight loss was sustained and even increased
- No demographic sub-group was more associated with success
- Process of weight loss through BeWEL brought other benefits, ranging from heightened interest in food through to transformatory change in emotional health and self-image



Scottish government support

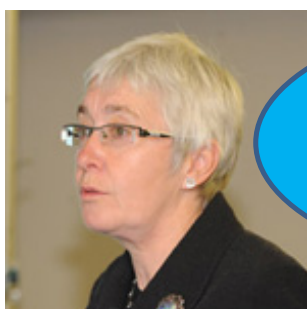


Dr Cindy Gray

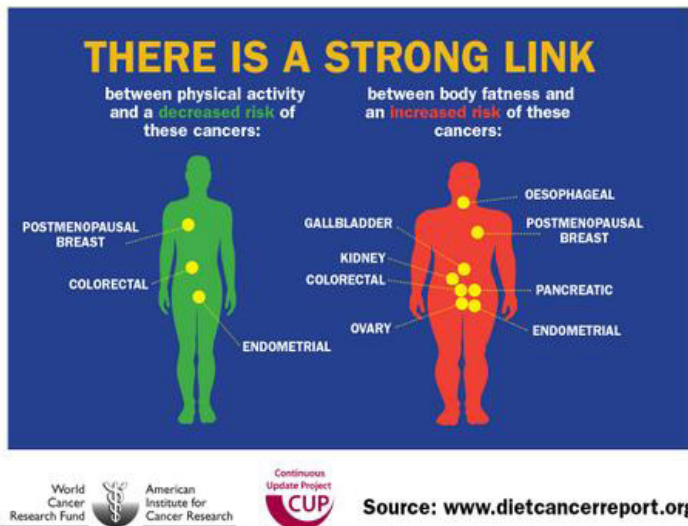
- Football Fans in Training (FFIT), a 12-week, gender sensitised weight management, physical activity and healthy eating programme delivered through Scotland's top professional football clubs, is effective in helping men lose weight, increase their physical activity and improve their eating habits over 12 months
- FFIT was successful in attracting men at high risk of ill health who were not attending NHS or commercial weight management programmes
- FFIT is cost effective: health economic models demonstrate the programme delivers short and long term individual and public health benefits

Prof Nanette Mutrie

- Inactivity is pandemic and as risky as smoking regularly
- Physical activity has a strong preventative role for many cancers
- Walking is the best mode of activity to help people get started on a more active life



All presentations now available
at:
www.cancerpreventionscotland.co.uk/links/



Exercise may have an important role to play in improving outcomes for men who are diagnosed with prostate cancer

Physically active men with prostate cancer have a lower risk of recurrence and death from the disease than those living sedentary lives, but until now the reason why has remained a mystery. Research has found that men who walked at a fast pace before being diagnosed with the disease had tumours containing larger and more regularly shaped blood vessels.

The Health Professionals Follow-up Study (1) looked at 572 prostate cancer patients. Men with the fastest walking pace – between 3.3 and five miles per hour – prior to diagnosis had 8 per cent more regularly shaped tumour blood vessels than the slowest walkers who ambled at 1.5 to 2.5 mph.

Scientists believe better formed tumour blood vessels may in turn inhibit cancer aggressiveness and promote better responses to treatments. Dr Matthew Hobbs, deputy director of research at Prostate Cancer UK, said: “Although this research provides a plausible explanation of how exercise might improve outcomes for men with prostate cancer, much more research is needed to confirm the impact of lifestyle factors on men’s recovery.

We hope that further research in this area may one day give us a way to improve the prognosis for the 40,000 men in the UK who are diagnosed with prostate cancer each year.”

1. Van Blarigan (2014) Presented at the AACR-Prostate Cancer Foundation Conference on Advances in Prostate Cancer Research

Comprehensive review of ovarian cancer highlights obesity as a risk factor

Ovarian cancer is the sixth most common cancer in women in Scotland (1). In 2012 there were 613 cases (4% of all female cancers). Risk increases with age, although the rate of increase slows after the menopause. Ovarian cancer often has no symptoms in the early stages, so the disease is generally advanced when it is diagnosed. Most ovarian cancers occur spontaneously, although 5–10 per cent of cases develop due to a genetic predisposition (involving BRCA1 or BRCA2 genes). The risk of ovarian cancer is affected by the number of menstrual cycles during a woman’s lifetime thus not bearing children increases the risk of the disease.

The World Cancer Research Fund have recently published their update study on ovarian cancer (2) which concludes that body fatness is a probable cause of some ovarian cancers.

Within the review, 25 studies (22 risk estimates) were included in the meta-analysis for body mass index (BMI) and ovarian cancer (n = 15 899) and a 6 per cent increased risk per 5 BMI units

was observed. Overall, the evidence from the review was supportive of an association between body fatness and graded as probable cause of increased risk. However, it was noted that results vary by tumour type, HRT use and menopausal status. The evidence that developmental factors leading to greater linear growth (marked by adult attained height) are a cause of ovarian cancer was graded convincing.

The evidence for abdominal fatness, as marked by waist circumference and waist-to-hip ratio, was limited and inconsistent so no recommendation in relation to ovarian cancer was made with respect to this variable. In addition, the evidence suggesting that lactation protects against ovarian cancer was deemed “limited”.

Following the publication of this report WCRF have updated their preventability estimates and it is notable that in the UK, they estimate that 4% of ovarian cancer is related to excess body fat.

1. http://www.isdscotland.org/Health-Topics/Cancer/Publications/2013-04-30/Cancer_in_Scotland_summary_m.pdf
 2. <http://www.wcrf.org/PDFs/CUP-reports-SLRs/Ovarian-Cancer-2014-Report.pdf>

Enjoy your first issue!

A very warm welcome to all NHS staff in Fife, Tayside, Highland and Orkney who now have access to the newsletter... if you live in another part of Scotland or even further afield

and would like your health board to flag up the SCPN newsletter in any of their communications, please let us know and we can request that a link is created.

Does Scotland need more of these sorts of marketing messages?

YES Please!

Please send us any examples of good or bad marketing images you've come across j.z.hampton@dundee.ac.uk



Endorsing the healthy eating message- health professional images make a difference

Sales of fruit increased by 20% in a supermarket trial when life size cut outs of local health workers were displayed encouraging shoppers to eat more healthily. The trial, led by the National Obesity Forum, was carried out over five weeks in a Morrison's supermarket in Salford. It suggests that shoppers are more likely to buy healthy foods if faced with strong visual health prompts at point of sale.

It involved images of local doctors and nurses being placed in the fruit and veg section of the supermarket with 'Let's Shop Healthier' slogans around the store and outside. Floor stickers at the fish counter provided further prompts. Free 'bags for life' were also available for shoppers to pick up at the fresh produce section when

purchasing fruit or vegetables.

The Healthier Choices Pilot saw the sale of fresh fruit rise by 20% and the sale of frozen fruit by nearly 30% in the trial which is the first of its kind in the UK. There was no increase in sales of vegetables.



The study aimed to discover if there is a low-cost sustainable way of positively affecting shopping habits that could promote healthier food choices. The findings have been welcomed by the National Obesity Forum and the Department of Health.

Damian Edwards, Behavioural Advisor to the Forum who organised the trial, said that if this approach was adopted nationwide it could improve the health of the two thirds of the population who are not currently eating the recommended five portions of fruit and veg daily.

Full information about the pilot is available at <http://www.healthierchoicespilot.com/>

Skin Cancer: Getting the message over with power

The YouTube video, 'Dear sixteen year old me', produced by the David Cornfield Melanoma Fund is an extremely powerful and thought provoking video, featuring real stories of North Americans who have been affected by melanoma. The participants in the video are seen giving their younger selves the advice they wish

they had received as a 16 year old with the message that it may have prevented them or a loved one from developing the disease. The emotive five minute video is targeted mainly at young people. Skin cancer is the second commonest cancer in children and teenagers - and in addition the sun damage implicated in melanoma often precedes the disease

by decades. It is important that people are aware of the steps they can take to prevent melanoma and the signs of skin cancer, as if caught early, it is very treatable. Highly recommended!

http://www.youtube.com/watch?v=_4jgUcxMezM

Scotland's position on plain packaging

ASH Scotland has welcomed the UK Government's decision to move forward with the introduction of plain, standardised packaging following the positive report of the Chantler review, published on 3 April.

Any forthcoming legislation would apply in Scotland as

the Scottish Government has agreed to adopt Westminster's regulations. However, the Scottish Government has made it clear it retains the option of bringing in its own separate legislation if it considers that the UK Government regulations are not sufficient.



At the 2014 SCPN conference we gave delegates an SCPN umbrella and asked them to use it come rain or shine to promote the network. Please send us photos of your brollies - we'd love to know where they got to!

Thank you Michael Matheson for this lovely shot at Holyrood. We value your support!

Dryathlon days Morven Lean, Student

There is good evidence that all types of alcoholic drinks increase the risk of a number of cancer including mouth, oesophagus, breast and bowel (and liver disease). Drinking alcohol has become such a regular part of everyday life that we never quite get round to thinking about stopping. A number of organisations provide advice and information on decreasing alcohol intake through policy and personal approaches including SHAAP (1) and WCRF (2). Each January, Cancer Research UK support a “taster” of an alcohol free lifestyle through their “Dryathlon”, a fund raising activity to go dry for the 31 days of January (3). At SCPN we encourage our team and families to give it a go. Mixed reports emerge but we thought you might enjoy this one.

Say ‘aye’ to going dry!

Waking up on a New Year’s Day sober was different and I felt particularly smug returning later from a blissful morning at Glenshee to a house full of hung-over guests.



The first week I was sitting exams so a cheeky night out was unlikely. Sobriety meant within half an hour, I’d eaten and was motivated to crack on with work. The exam period is stressful and I worried about cutting out that ‘well-deserved’ glass of wine at the end of an intense day. I quickly found other cheaper ways to relax or fill the time that I’d usually slouch on the sofa with an evening bevvy. With brilliant board games and a yoga DVD bought from a charity shop this was easy.

After exams, I stayed clear of nights out to avoid too many sneaky temptations. So as not to be dropped from my social circle altogether, I organised some sober evening

activities; a local independent cinema and an outdoor ice rink turned out to be heaps of fun! I used my rejection of nights out as an opportunity to try new things, and I found 13 new sober friends playing with a local netball club.

My dry powers were really tested when a friend’s birthday night out had been organised. The dread of peer pressure prevented me declining the invitation. This event was interesting for a number of reasons; I noticed how bad night clubs really smell and that nobody actually knows how to dance, but also, I realised that if you don’t mention you’re abstaining from alcohol, nobody cares (including you)! At 1am I had been dancing for two hours, and hadn’t once felt bored or boring for not drinking. In fact, the music and dancing made me feel somewhat intoxicated, I’d spent no money, said nothing stupid, and didn’t feel the need to indulge in comfort food!

After 31 days of being alcohol free, I felt cleaner, lighter, and motivated to continue!

1. <http://www.shaap.org.uk/index.php>
2. <http://www.wcrf-uk.org/PDFs/ACloserLookAtAlcohol.pdf>
3. <http://www.cancerresearchuk.org/support-us/find-an-event/charity-challenges/dryathlon>

Scottish Parliament Cross-Party Group on Cancer

Cross-Party Groups (CPGs) provide an opportunity for Members of all parties, outside organisations and members of the public to meet and discuss a shared interest in a particular cause or subject. The CPG on Cancer (<http://www.scottish.parliament.uk/msps/41358.aspx>) was set up shortly after the Scottish Parliament was established and has a long history of both discussion and debate, and taking the policy lead on the huge range of topics that touch on cancer. The group meets quarterly and is open to all. The usual format includes at least one presentation from an expert speaker followed by Q&A and discussion. Recent topics have included: the Scottish Medicines Consortium’s new medicines review; patient groups; Quality Performance Indicators; as well as a presentation from the Cabinet Secretary for Health and Wellbeing. He will also be attending the next meeting on 20th May, presenting on the Scottish Government’s cancer priorities and taking questions from attendees. The secretariat for the group is Cancer Research UK. For more information or to join the group please contact their public affairs manager Gregor McNie at gregor.mcnie@cancer.org.uk.

Malcom Chisholm MSP

(Previous Minister for Health and Community Care) chairs the CPG on Cancer and SCPN took the opportunity to ask him more about his life.



Describe what you do in one sentence

I am an MSP dealing with national policies and constituency issues.

What do you enjoy most about your job?

I enjoy meeting so many wonderful people in the course of every week.

What is the best decision you have ever taken?

The best decision I ever took, personal matters aside, was to say yes when offered the position of Health Minister!

What is the most important message you like to get across about cancer prevention?

Take lots of exercise and eat healthily.

What would people find surprising about you?

I hope people are surprised that I am 65 but they probably aren’t!

How do you relax?

I swim and most important of all I look after and play with my grandchildren.

Choose one thing that you consider represents the best of Scotland

I think there is some feeling of social solidarity in Scotland (but not enough!).

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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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.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 383299, 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.