

**SCPN** 

The Scottish Cancer Prevention Network

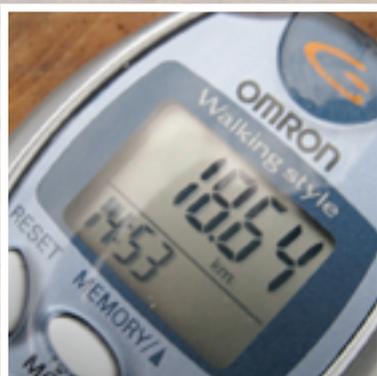
# Newsletter

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# Editorial

There is no need for expensive gym memberships or fancy sports gear to lead a healthier life. Evidence has accumulated in recent years to show that a brisk daily walk can deliver a wide range of health benefits including preventing or managing various conditions, helping to maintain a healthy weight and improving mood. It can start right at your front door.

The further and faster you walk, the greater the benefits. As Professor Nanette Mutrie reports on page a simple, inexpensive pedometer can act as a huge motivator helping users to organise their activity to gain the greatest benefit.

Using a pedometer has been found to increase the distance walked by around 25%. There is a huge range to choose from and some even come free as apps for smart phones. Given the benefits that can be gained from walking, these must be one of the cheapest health aids available today.

The NHS currently spends around £275 million a year on cholesterol lowering statin drugs to prevent heart attacks and strokes. There is also currently a debate going on in medical circles about the benefits of extending their use to millions more people which would add significantly to NHS costs. Extending the use of pedometers through prescription or other means could achieve similar benefits with no risk of side effects at very little cost. Inactivity is at the root of many health problems today and pedometers are a better solution to popping another pill.

Walking is a natural, convenient and risk free solution to much of what ails us. Pedometers can maximise the benefit. We should be making more use of them.

Professor Annie S. Anderson  
Professor Bob Steele

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## Public Health – Who cares?

Christina Freeman, Professional Officer, Society and College of Radiographers

A health improvement day, held at the Society and College of Radiographers (SoR) last November, gathered together radiographers from a wide scope of practice including diagnostic radiographers in breast screening service, therapeutic radiographers and radiographers working in research and education. Radiographers see health improvement as being part of their role but they need support to be able to deliver those messages to patients in a consistent and effective way. Many radiographers believe that the wider issues are not within their remit however, some points addressed at the SoR's health improvement day hit home. It is acknowledged that conversations with patients can often be trivial and general. As healthcare professionals, patients expect us to talk about health. Whilst answering questions on the suitability of treatment, or radiation risk can enhance the patient's experience of the healthcare system, a brief chat about the impact of a healthy diet and

physical activity on well-being may be equally effective and encourage change. It is recognised that other health improvement issues can present us with a dilemma, for example, how do we address obesity without offending the patient? The answer is known, we must endeavour to establish some emotional understanding of patients in order to be able to engage, and thereby judge what advice to give and how it should be delivered. When the department is busy, some radiographers question whether they actually have time to concentrate on the wider aspects of patient wellbeing, however, advising a patient may only require 30 seconds of our time.

Some examples:

- If a patient says they have failed to give up smoking the radiographer may say 'It's been proven that those who get help from their doctor are around four times more likely to quit successfully. Here's a leaflet which contains

all the information you need, and here is the link for 'Quit Support' should you wish to speak to the online community about anything regarding giving up smoking.'

- Patients with cancer often become less physically active. Positive and constructive advice may be to say, "were you aware that it is has been proven that staying active throughout your treatment, and building up to more rigorous exercise post-treatment, both increases your energy levels and reduces depression?" A leaflet including the benefits of exercise or a healthy diet, such as one provided by Macmillan Cancer Support, may reinforce this message.

The radiographer is ideally placed to gather information about their patient and deliver a brief intervention which may have a considerable impact on health improvement.

## Scottish results of a survey on people's attitude to all things tobacco.

Bob Smyth, Communications Officer, ASH Scotland

Interesting results have emerged on topical issues from an online survey (n=1064) carried out by ASH in March 2014 (YouGov Plc). Results have been weighted and are representative of all Scotland adults.

In 2010, 3% of smokers in Scotland used electronic cigarettes and only 7% of smokers had ever tried them. By 2014 this had risen to 17% and 45% respectively and 3% of ex-smokers were using them.

Over half of Scots including ex-smokers

support using a tax to increase the price of tobacco products by 5% above the rate of inflation each year and 18% of current smokers agree.

Overall 64% of Scots (28% of smokers) support the move, currently being considered by the UK Government, requiring tobacco to be sold in *plain standardised packaging* to make it less attractive to young people.

Initiatives safeguarding children have widespread support: 75% of Scots (61% of smokers) support the *bill*

*to ban smoking in cars when children are present* introduced at the Scottish Parliament and 74% of Scots (48% of smokers) agree smoking should be banned in outdoor children's play areas.

And the sight of people lighting up outside hospitals doesn't appeal to the Scottish public with 73% of Scots (32% of smokers) agreeing that smoking should be banned in hospital grounds.

## Girls more likely to take sun risks despite knowing dangers

Euan Richardson & Ryan McGovern, SSC students, University of Dundee

A recent study has reported that although girls are aware of the risks associated with tanning this is not associated with sun safe behaviour (1). The cross-sectional study, involved pupils from 20 of Glasgow's 29 state secondary schools (51% female, mean age 12.4 years).

The study found that half of those who participated had been sunburnt at some point during the previous year, over 40% reported sunbathing regularly last summer to try to get a tan, around one fifth reported not using sun protection and those who did had little awareness of sun protection factor (SPF) and its importance. One in 20 (5.8%, n=127) adolescents reported using a sunbed in the past 12 months. There was no significant gender difference in sunbed use. Peer attitudes were found to be most influential in shaping young people's sun behaviour.

There was poor risk awareness overall with fewer than half of pupils agreeing that a change in a mole's appearance was an early sign of cancer. Girls were more aware of risk factors (significantly more likely than boys to agree that a change in appearance of a mole was a potential sign of skin cancer and also more aware that sunburn on more than one occasion during adolescence was a risk factor for malignant skin disease.) However, this knowledge did not translate into more careful sun behaviours. Girls were significantly more likely than boys to report sunbathing behaviour, use of oils or lotions to help get a tan and getting sunburnt last summer. Rates of skin cancer in Scotland have risen by more than 50% over the past 10 years, the highest increase of any cancer. The study from University of Stirling makes it clear that the next step forward should be to ensure that future interventions are shaped around adolescents' perceived harms and benefits of sun exposure.

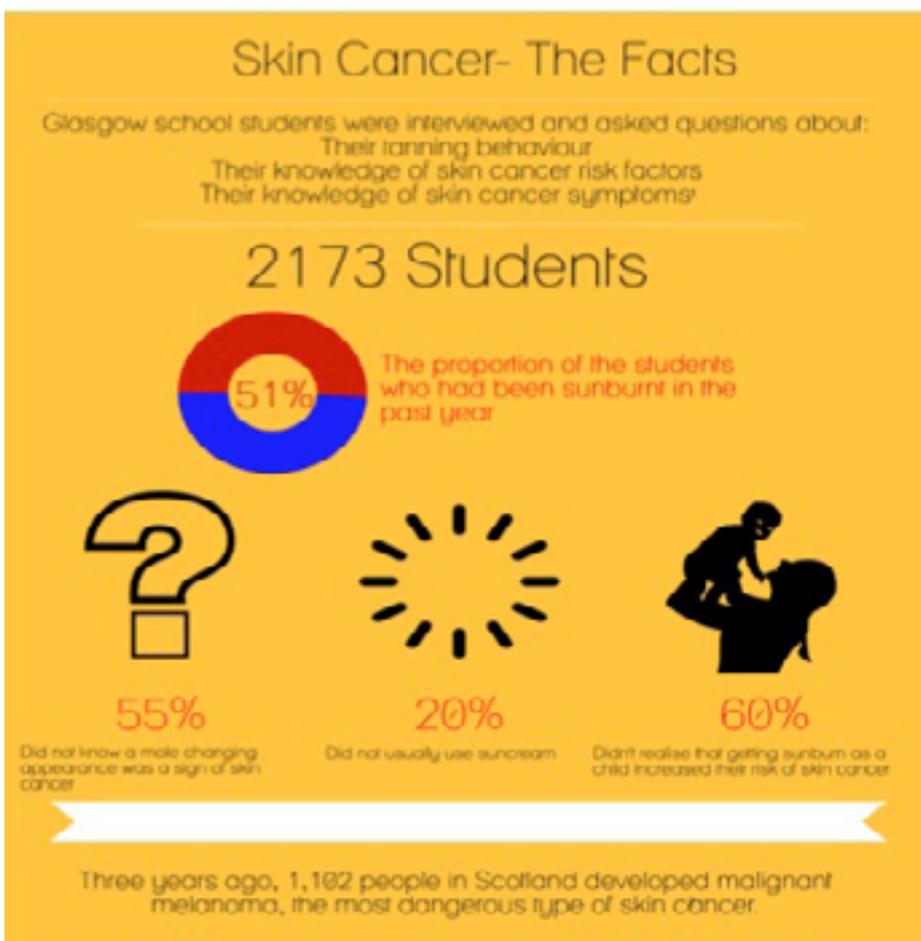
## Talk Cancer - cancer awareness training



Cancer Research UK's Talk Cancer training equips and empowers community-based workers with the knowledge, skills and confidence to have conversations about cancer with people in their local area. The workshops are interactive and discussion based, covering everything from lifestyle and cancer, to helping to understand and overcome the misconceptions and barriers many people may have which can lead to a delayed diagnosis.

The training is delivered by Cancer Research UK trainers with nursing backgrounds and many years' experience talking about cancer face to face.

To find out more about commissioning a workshop in your local area, visit [www.cruk.org/talkcancer](http://www.cruk.org/talkcancer) or email [talkcancer@cancer.org.uk](mailto:talkcancer@cancer.org.uk)



1. Kyle RG, MacMillan I, Forbat L, Neal RD, O'Carroll RE, Haw S, Hubbard G. Scottish adolescents' sun-related behaviours, tanning attitudes and associations with skin cancer awareness: a cross-sectional study. *BMJ Open* 2014; 4: <http://bmjopen.bmj.com/content/4/5/e005137.full>

## Alcohol Minimum Unit Pricing referred to European Court

The Court of Session decided in April to refer the issue of Minimum Unit Pricing (MUP) of alcohol to the European Court of Justice; this means there could be a delay of up to two years before Scottish Government plans to set a 50p rate per unit of alcohol can be implemented.

Scottish Health Action on Alcohol Problems (SHAAP) and partner agencies have expressed their deep disappointment with the fact that implementation of this life-saving and evidence-based policy measure will yet again be delayed.

Dr Peter Rice (SHAAP Chair) said: "A minimum unit price of 50p will get rid of the ultra-cheap alcohol which is blighting the lives of too many people, families and communities across Scotland. We have had detailed consideration of this measure over an extended period. Minimum pricing should have been implemented over a year ago and further delay is bad for Scotland's health and wellbeing. Scotland has led the way in Europe with interest in minimum unit pricing growing daily."

SHAAP will continue to work with partner organisations in Scotland and in Europe to advocate for MUP.



## Grilled Vegetables with Middle Eastern Lemon-Garlic Sauce

A zesty and easy recipe for vegetarians and meat-lovers alike, these saucy grilled vegetables can be done on an indoor griddle pan or on the barbeque. Eat hot or warm, throwing in some wholemeal pasta or some cooked quinoa the next day. Any extra sauce is delicious drizzled on pasta, potatoes, vegetable pizza, or even mashed into white beans as a vegetable dip.

### Serves 4 as a side dish

2 courgettes, trimmed  
1 medium aubergine, trimmed  
2 red onions, peeled  
1 bundle or pack of asparagus spears, woody ends snapped off  
Rapeseed vegetable oil for grilling

### The Sauce

6 cloves of garlic, peeled  
Juice of 1 small lemon  
30ml rapeseed oil

30ml best extra virgin olive oil  
1 tsp za'atar spice blend (bought or homemade see below)

First of all, heat a ridged griddle pan to medium, or ensure your barbeque is medium-hot and the grill surface cleaned and freshly oiled.

To make the sauce blend all ingredients in the bowl of a small food processor or mini chopper until pale yellow and creamy looking. Taste for seasoning. Pour the sauce into a bowl or small jug and set aside, covered. For the vegetables, take the courgettes and cut in half across the diameter so you have two long 'barrels' for each vegetable. Cut lengthways into ½ inch thick strips. Do the same for the aubergine. Now take the onions and cut them crossways into ½ inch thick rings. You may wish to push a toothpick through, just to the centre

of each ring, to hold the inner rings together. Lightly oil your hands and coat each vegetable with just enough oil to cover. Place them in batches on your grilling surface for approximately 2 minutes on each side, or until lightly browned on both sides. Serve the vegetables on a platter with the jug of lemony-garlic sauce.

**Za'atar Spice Blend:** 2 tbsp dried thyme, 2 tbsp toasted sesame seeds, 1 tbsp ground sumac, 1 tbsp each dried oregano and marjoram. Whiz briefly in a spice grinder or clean coffee mill. Store in a jar away from moisture and light. Use to top hummus, poached eggs, avocado; as a meat, fish, vegetable or chicken rub; added to bread dough, dressings/marinades. Or, perhaps use some as a dry dip for oil-dunked fresh or toasted breads – a simple but hugely flavoursome nibble.

## A guide to healthy BBQing

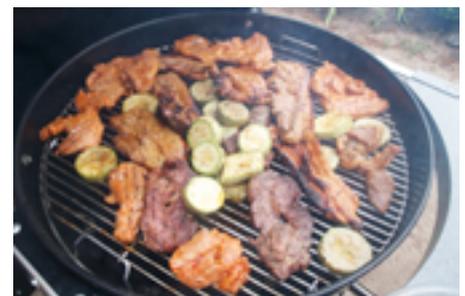
We know that cooking meat at a high temperature – like grilling – creates cancer-causing substances, called polycyclic aromatic hydrocarbons (PAHs) and heterocyclic amines (HCAs) in the laboratory setting. The risk of these carcinogens forming is higher from red and processed meats – (like hamburgers and hot dogs) and smoke or charring also contributes to the formation of PAHs.

The WCRF/AICR's second expert report and updates (1) says while there does exist limited, but suggestive evidence, that HCAs may have a role in human cancer there isn't enough evidence to show that grilled meat specifically increases risk for cancer. Evidence is clear however that

red and processed meats contribute to an increased risk of colorectal cancer. Current recommendations suggest limiting red meat to 18 ounces of cooked meat per week and staying away from burgers, hot dogs or other processed meats. Grilling vegetables and fruits produces no HCAs and plant-based foods are actually associated with lower cancer risk.

- **Marinate:** marinating your meat before grilling may decrease the formation of HCAs. Scientists think that the antioxidants in these marinades block the formation HCAs.
- **Pre Cook:** reduce the time your meat is exposed to the flames by partially cooking it first. Immediately place the partially cooked meat on the BBQ.

- **Lean Cuts:** trim the fat off meat to reduce flare-ups and charring. Cook your meat in the center of the grill and turn it frequently.
- **Mix It Up:** cutting meat into smaller portions and mixing with vegetables can help shorten cooking time.



1. [http://www.dietandcancerreport.org/cancer\\_resource\\_center/downloads/chapters/chapter\\_07.pdf](http://www.dietandcancerreport.org/cancer_resource_center/downloads/chapters/chapter_07.pdf)



## The power of pedometers

**Professor Nanette Mutrie CPsychol FBASES,  
Director of Physical Activity for Health Research Centre,  
University of Edinburgh**

Lack of sufficient physical activity creates as much health risk as smoking but is much more prevalent than smoking. These facts about physical inactivity caused the editors of a special edition of the medical journal 'The Lancet' to declare that physical inactivity was a global pandemic which created serious health, social and economic problems around the world (1).

The amazing thing about physical activity is that it can help in both preventing and treating many of our most challenging health issues, including cancer. There is strong evidence that regular physical activity can have a preventative role for both breast cancer and colon cancer (2). There is increasing evidence that appropriate activity during and after treatment for cancer can have an enhancing effect on quality of life, physical and psychological outcomes (3). One main challenge in the world of physical activity is how to help make physical activity an easy choice for people. Increasing the amount of walking people take as part of everyday travel or for recreation is a very promising start point. Pedometers are neat little devices that might help people walk more and gain the health benefits of regular physical activity. They are small devices, usually worn on the waist band over the hip,

that count the steps walked per day, and provide a simple and relatively inexpensive way for individuals to self-monitor their physical activity. Most modern phones can also provide pedometers in appropriate 'apps' and more sophisticated pedometers can now be worn in the pocket or even round the neck.

Pedometers are ideal self-monitoring devices. Self-monitoring is a key behaviour change technique and involves setting a daily or weekly target of step counts and then using the pedometer to check progress towards this. Many of our studies have found people really value this kind of feedback when they are beginning to walk. For example, one man in our Football Fans in Training project said: *"..... I never go out without my (pedometer). It really is amazing. I wear it every day and record it every day. That's tangible, something you can touch and see ... I think everybody was highly delighted w/ the pedometer."* (4). In a meta-analysis [a process that involves averaging the effects found from all relevant studies] looking at pedometer use and physical activity in well-designed trials, Bravata et al. (5) reported an increase of around 2000 steps per day [around 20 minutes of walking] in intervention groups who had a pedometer compared with those

who did not. Intervention effectiveness was increased when participants set a daily step goal, and in fact, pedometer use without a step goal did not result in improvement in physical activity. Furthermore, requiring participants to keep a diary of their daily steps was associated with significant increases in steps, but pedometer use without a diary was not associated with change. After reviewing evidence from around the world, Heath et al. (6) noted that pedometers had the biggest effect in increasing activity levels when compared to a variety of promotional approaches. That is an impressive finding. But not only that, we have shown that pedometers 'cost buttons' and are not only effective but cost-effective (7). So the conclusion is that pedometers are very useful devices, when used with appropriate goals, to help people self-monitor and change their walking behaviour. Paths for All have very good resources to promote walking and pedometer use. You can find out more about their 12 week pedometer walking programme here: [www.pathsforall.org.uk/pedometer](http://www.pathsforall.org.uk/pedometer). Is it time that the NHS considered giving patients whose health could benefit from more physical activity a pedometer prescription?

1. Das P & Horton R (2012) Rethinking our approach to physical activity. *The Lancet*;380(9838):189-190.
2. Lee IM, Shiroma EJ, Lobelo et al. & Lancet Physical Activity Series Working Group. (2012). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet*;380(9838):219-229. <https://tinyurl.com/d55zgau>
3. Fong DYT, Ho JWC, Hui BPH et al. (2012) Physical activity for cancer survivors: meta-analysis of randomised controlled trials *BMJ*;344:e70 <https://tinyurl.com/powa6f2>
4. Hunt K, McCann C, Gray C et al. (2013) "You've got to walk before you run": positive evaluations of a walking program as part of a gender-sensitized, weight-management program delivered to men through professional football clubs. *Health Psychol*; 32(1):57-65. <https://tinyurl.com/q7k3f94>
5. Bravata DM, Smith-Spangler C, Sundaram V et al. (2007) Using pedometers to increase physical activity and improve health: a systematic review. *JAMA*;298(19):2296 - 2304. <https://tinyurl.com/p23yzlc>
6. Heath GW, Parra DC, Sarmiento OL et al. for the Lancet Physical Activity Series Working Group. (2012). Evidence-based intervention in physical activity: lessons from around the world. *Lancet*;July:45-54. <http://www.thelancet.com/series/physical-activity>
7. Shaw R, Fenwick E, Baker G et al. (2011) 'Pedometers cost buttons': the feasibility of implementing a pedometer based walking programme within the community. *BMC Public Health*;11(1):200. <https://tinyurl.com/psq88kv>

# Bowelscope Screening

Prof R Steele, Director Scottish Bowel Screening Programme

On June the 15th a new development in the Scottish Bowel Screening Programme was announced. This consists of a pilot of Bowelscope Screening in Tayside, Grampian, Fife and Greater Glasgow and Clyde NHS Boards. Bowelscope, or to give it its technical name, flexible sigmoidoscopy, involves examination of the rectum and the left side of the colon by a flexible endoscope. It is to be offered to 60 year old individuals in addition to the current Faecal Occult Blood Test (FOBT) Screening Programme. The rationale for doing this comes from randomised trials that have shown that a single flexible sigmoidoscopy at around the age of 60 not only reduces the mortality from bowel cancer, but also reduces the incidence through the detection and removal of pre-malignant polyps.

This has already been rolled out in England and is offered to all individuals before they are offered faecal occult blood testing at the age of 60. In Scotland, however, FOBT screening starts at the age of 50 and it is not clear how flexible sigmoidoscopy will perform in a population that has already been offered several rounds of FOBT screening. In addition, there is concern over the likely uptake of flexible sigmoidoscopy in the Scottish population. For this reason it has been decided to carry out a pilot in order to evaluate the impact of this intervention in Scotland. It will take about a year to complete the pilot and analyse the data, and after this time an informed decision can be made as to whether or not flexible sigmoidoscopy should be offered in Scotland as part of the National Bowel Screening Programme.

# Ask the Expert

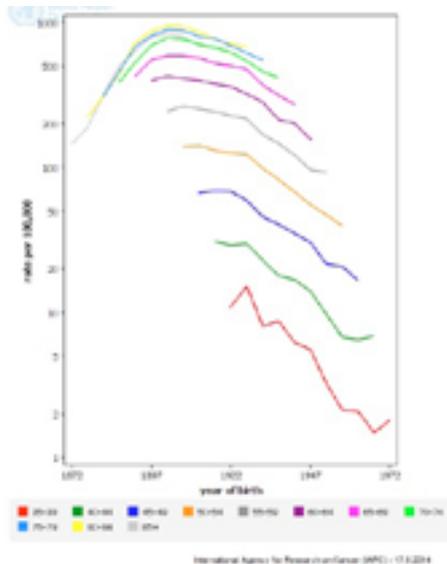
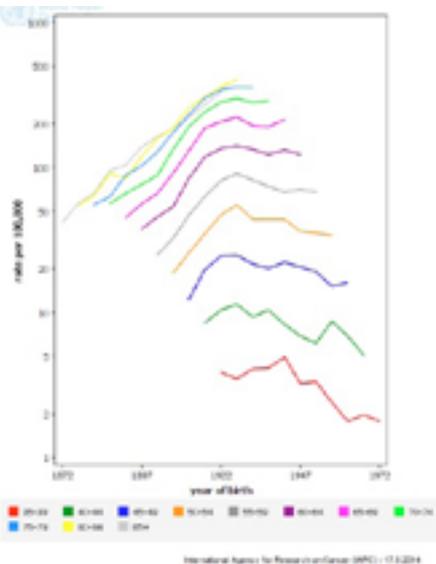
Dr David Brewster, Director, Scottish Cancer Registry

Lung cancer rates in men have fallen consistently over the period 2002-12 (an estimated reduction of 16.3%) however the rates for women over the same period have risen (by 14.2%) (1). Lung cancer rates in men are clearly different from the trend in women. **Can you comment about why this should be?**

Current trends in lung cancer incidence largely reflect trends in smoking prevalence 3-4 decades ago. By the start of the 1970s, smoking prevalence had been decreasing for many years in males, but had not really started to decrease in females (2).

Analysis of lung cancer incidence or mortality by birth cohort is also illuminating. Lung cancer mortality peaked in men born around the beginning of the 20th century (who presumably started smoking 15-20 years later), whereas for women the highest mortality has been seen in those born around 1920 (who, along with subsequent generations, took up smoking in earnest but 20+ years after men).

Many studies have shown that stopping smoking can greatly reduce the risk of lung cancer. For example, ten years after stopping, a person's risk of lung cancer falls to about half that of a smoker. There are, of course, many other benefits of stopping smoking.



1. <https://tinyurl.com/n3v7brc>  
 2. <http://www.cancerresearchuk.org/cancer-info/cancerstats/types/lung/incidence/uk-lung-cancer-incidence-statistics>

# You can leave your hat on...

Jessica Smyth, Michael Overend and Rebecca Guy, SSC students, University of Dundee



Skin cancer is now one of the fastest growing cancers in Scotland, with malignant melanoma rates increasing by 37% in the last 10 years and 1,177 cases recorded in 2012 (1). This cancer is now the 5th most common in women and the 7th most common in men across Scotland and is predicted to rise by another 64% between 2018 and 2022. There have also been significant increases in the levels of non-melanoma skin cancers within Scotland.

The main risk factor for malignant melanoma has been shown to be exposure to sunlight, especially at an early age. Most people are aware of the importance of applying sun cream to protect against the damage caused by sunlight, however it is important not to forget the importance of wearing a sun hat.

In 2006, a study in Australia showed that sun hats provide protection from damaging UV radiation on all areas of the face (2). The best type of hat was one with a brim greater than 7cm wide as these hats blocked more than 50% of the UV radiation to the forehead, nose and cheeks. This is particularly important as the most common sites for skin cancer to develop are the areas of the face, ears, scalp and neck that are commonly sun exposed (3). This evidence highlights the importance of wearing a hat in the sun along with other important sun protective measures such as sun cream and covering up with clothing.

1. ISD Statistics. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/Skin/>. [Last accessed 11/06/14].  
 2. Gies P, Javorniczky J, Roy C, Henderson S. Measurements of the UVR protection provided by hats used at school. *Photochem Photobiol.* 2006 May-June; 82(3): p. 750-4. <https://tinyurl.com/pjswm5f>  
 3. Youl P, Janda M, Aitken J, Del Mar C, Whiteman D, Baade P. Body-site distribution of skin cancer, pre-malignant and common benign pigmented lesions excised in general practice. *Br J Dermatol.* 2011 July; 165(1): p. 35-43. <https://tinyurl.com/khs4dkc>



## Can you chop your risk of prostate cancer?

Kirsty McNeil, SSC Student, University of Dundee

Lycopene, a carotenoid found in foods such as watermelon, pink grapefruit, apricot, papaya and tomatoes, may be the answer to reducing prostate cancer risk.

Prostate cancer is the most common male cancer in Scotland with the second highest mortality rate (1). In 2012, prostate cancer claimed 881 lives in Scotland (1) and with an increasing incidence, prevention may be key to improving these statistics. There have been many studies exploring the role of lycopene in reducing prostate cancer risk.

A Cochrane review carried out in

2011 reviewed only randomised control trials looking at lycopene for the prevention of prostate cancer and concluded that there was not sufficient evidence to support or deny the use of lycopene for prostate cancer prevention (2). However, a review of all evidence carried out by the World Cancer Research Fund (WCRF) and published in the Second Expert Report in 2007 divided the risk factors into “convincing”, “probable” or “limited” to which the strength of the evidence for lycopenes in reducing prostate cancer risk was probable (3). Despite the mix of evidence the WCRF estimate

that food containing lycopene could prevent 20% of prostate cancer in the UK (4).

Further to this, recent research has also shown lycopene can be beneficial in patients with prostate cancer by reducing angiogenesis and therefore reducing the risk of lethal prostate cancer (5).

As tomatoes are our best source of dietary lycopene and with the tomato harvest on our doorstep it may be worthwhile remembering the risk reducing quality of tomatoes and chop your risk of prostate cancer.

1. <https://tinyurl.com/o2a9d5j>
2. Illic D, Forbes KM, Hassed C. Lycopene for the Prevention of Prostate Cancer (Review); 2011. The Cochrane Collaboration. Wiley, Chichester UK.
3. [http://www.dietandcancerreport.org/cancer\\_resource\\_center/downloads/Second\\_Expert\\_Report\\_full.pdf](http://www.dietandcancerreport.org/cancer_resource_center/downloads/Second_Expert_Report_full.pdf)
4. [http://www.wcrf.org/cancer\\_statistics/preventability\\_estimates/preventability\\_estimates\\_food.php](http://www.wcrf.org/cancer_statistics/preventability_estimates/preventability_estimates_food.php)
5. Zu K, Mucci L, Rosner BA et al. (2013) Dietary Lycopene, Angiogenesis, and Prostate Cancer: A Prospective Study in the Prostate-Specific. JNCI <https://tinyurl.com/o46edc9>

## Confusion around cervical cancer and other barriers to screening are putting lives at risk

Robert Music Chief Executive, Jo's Cervical Cancer Trust

In 2013 almost 30% of Scottish women eligible for three yearly cervical screenings failed to take up their invitation. This marks an increase of 1.8% on the previous year and the continuation of a worrying upward trend.

A 2014 survey (1) commissioned by Jo's Cervical Cancer Trust revealed a worrying lack of awareness and knowledge of the disease. Data showed that almost a third (30%) of women in Scotland do not know what causes cervical cancer and only 16% recognised non-attendance of cervical screening as a risk factor for developing the disease. On the test itself, over one in 10 (13%) worried that the procedure would be painful and the same number thought it would be embarrassing. 16%

cited they had had a previous bad experience.

According to the report, UK women aged 25-29 delay screening for 15 months and 60-64 year olds delay for an average of 33 months. It is important that in 2016 when the age for screening in Scotland increases to 64, this concerning pattern is not repeated for older women. This lack of awareness may in part contribute to statistics since 2000 which show a 50% rise in diagnoses amongst 25-29 year olds and a 71% increase in mortality in women aged 55-59 in Scotland.

Socio-economic factors have a major part to play in increasing a woman's risk. NHS statistics show that for those living in areas of deprivation in the UK, the incidence of cervical

cancer is three times as high as those in the least deprived areas. This directly correlates to data showing that those from a D/E socio-economic group in the UK are 35% more likely to delay a screening than those from the highest demographic.

Regular screening is paramount for detecting abnormal cells that could turn into cancer; even delaying for a few months could be putting lives at risk. Currently over 300 Scottish women are diagnosed with cervical cancer each year (2). We would now like to see targeted campaigns run at a local level across Scotland. This will help greatly to increase screening uptake and ultimately reduce the numbers of women affected by cervical cancer.

1. Research conducted by Censuwide, December 2013
2. Cancer Research UK



## NHS Health Scotland and cancer prevention

Dr Andrew Fraser, Director of Public Health Science for NHS Health Scotland

NHS Health Scotland focuses on health inequalities as part of its programme to tackle cancer prevention. The burden of ill health due to cancer is not evenly spread with wide social and geographical inequalities. It has been estimated that if the level of risk for the ten most common cancers were the same in deprived areas as in the most affluent, there would be around 20,000 fewer cases of cancer and 16,600 fewer deaths in the UK each year. Central to the work of NHS Health Scotland is sensitive action which takes account of health inequalities, working with others to address the factors that put people at risk of developing cancer and ensuring that preventive programmes are tailored to the needs of different groups. For example programmes which seek to reduce the incidence of cancer in later

life that focus on alcohol reduction or smoking will have little impact on those ethnic minority communities who tend to drink and smoke less than deprived white Scots, but who have known predispositions to certain cancers through different causes. In this way NHS Health Scotland works towards risk reduction in each of the domains of concern for cancer prevention.

Examples include:

- Tobacco - current work with partners to promote smoke free environments including smoke free hospitals and grounds; leading and supporting the smoking cessation network.
- Diet and nutrition – information to groups across the life-course including pregnancy and early years, leading the Scottish Community Food and Health

and Healthy Living Award programmes that work with and through local community groups and businesses to promote healthier eating.

- Physical activity - hosting and leading the Physical Activity and Health Alliance which works closely with policy makers and local partners to promote physical activity in local areas.
- Alcohol – a range of evidence, policy evaluation, public survey and information services, and stakeholder engagement.
- Immunisation and screening – supporting the cervical screening programme with information materials, and leading the development of promotional materials for HPV immunisation, working closely with Health Protection colleagues

## Interview with Dr Andrew Fraser, Director of Public Health Science for NHS Health Scotland



**Can you describe what you do in one sentence?**

As Director of Public Health Science for NHS Health Scotland I provide leadership for evidence based programmes of work aimed at tackling

health inequalities and improving health in Scotland.

**What do you enjoy most about your job?**

The challenge of working on worthwhile tasks with excellent colleagues.

**What is the best decision you have ever taken?**

To work on the fundamental causes of health inequalities, seeking to understand the context and evidence on how best to make a difference.

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

In order to make significant impact

on cancer reduction we need to do our best to support health in early years. Starting young will provide the greatest potential to nurture young resilient people who thrive mentally and physically, and to reduce lifetime exposure to risk factors.

**What would people find surprising about you?**

I no longer own a car.

**How do you relax?**

Listening to music, walking (more and more).

**Choose one thing that you consider represents the best of Scotland**

Fantastic green spaces – Scotland is the lungs of Great Britain.

## Healthy supermarket idea wins SCPN art and design competition



A design for an innovative community supermarket dedicated to encouraging health living has won this year's SCPN Art and Design competition.

The winning entry came from Alicia Storie, newly graduated in Interior Environmental Design from Duncan of Jordanstone College of Art at the University of Dundee. The judges were presented with many novel concepts in a variety of media but were very impressed with Alicia's vision of a community led supermarket where the emphasis was on health and customer satisfaction whilst also being profitable.

Alicia has had an interest in healthy eating from an early age and an understanding of the links between diet and certain cancers. Her concept for a new type of supermarket grew out of a realisation that current shopping habits are contributing to 62% of the UK population being

overweight or obese, leading to increased cancer risk. This arises from the fact that many shoppers base their purchases on what is on promotion rather than what is best for their health.

She compared the design of the major chain supermarkets with alternative supermarkets in Edinburgh, researched books and documentaries and carried out market research with members of the public. This identified a high demand for an alternative to the major chain supermarkets. Alicia identified that current supermarket design is based on increasing sales rather than helping consumers make healthier eating choices.

Accessibility of healthy eating choices and affordability are key to the new model. This includes the sale of perfectly good but misshapen fruits and vegetables which would be cheaper to source or selling

foodstuffs by weight to lessen the outlay and waste of items not for immediate consumption. Alicia felt this is important in helping address inequalities in cancer burden. The concept also contains a community hub where the public can participate in classes (physical activity, cookery), have informal access to personalised advice from a Dietitian and a rooftop garden where home-grown produce can be cultivated for the benefit of the local community.

Alicia was shortlisted for the Young Innovation Award and has had considerable support from Business Gateway to move her concept in to reality – we wish her well!

This is a YouTube link to a short video created to demonstrate Alicia's concept <https://www.youtube.com/watch?v=dIhnKKicVZQ&feature=youtu>

## NHS Fife Detecting Cancer Early Touch Screens

Neil Hamlet, John Hay and Hannah Dale, Detect Cancer Early Programme

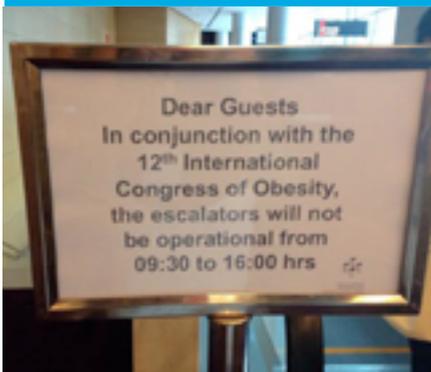
Touchscreen technology is being used in Fife to communicate important information about cancer. Touchscreens allow users to navigate through screens of information and download information to mobile phones through Bluetooth technology. Their focus is on information about cancer and, particularly, messages about the importance of detecting cancer early. Messages about preventing cancer have also been included. Touchscreens have been placed in the two largest

hospitals in Fife (Victoria and Queen Margaret), St Andrews Community Hospital, and are touring round the leisure centres, workplaces and community pharmacies. The reach of these has been really positive, with over 1000 visits to the touchscreens in the two main hospitals in the first quarter. Over 200 visits to the screen were recorded in a 4 week period in a leisure centre and over 150 in a 6 week period in a community pharmacy. The strengths of this approach include the

engaging nature of the touchscreen and the novelty and relevance of messages, especially in an area where such information can be seen as a 'taboo' subject. The next steps are to develop messages for a wider range of cancers and undertake an evaluation in a workplace setting. The detecting cancer early touchscreens development is led by Neil Hamlet in Public Health and involves Hannah Dale from the Psychology Department and John Hay from Third Sector Technology Services.



## The challenge of fast food in Scotland



YES Please!



NO Thank you!



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

## Chuck Junk off the Checkouts

A motion proposed at the 2014 Scottish Trades Union Congress (STUC) in April noted the increasing problem of childhood obesity in Scotland and recognised that action is required at many levels, simultaneously, to bring about population reductions in the levels of obesity.

The British Dietetic Association (BDA) has partnered with the Children's Food Campaign to run the "Chuck Junk off the Checkouts" campaign which aims to encourage retailers to stop selling high calorie snacks at the checkouts. A survey conducted to support the campaign found that 8 out of 10 people are unhappy with the sale of sugary or high calorie food and drink items at checkouts. Almost all the

parents surveyed said they had been pestered by their children to buy junk food at the checkouts and most found it difficult at that particular moment to say no.

Dietitians will engage with key policy makers and retailers to lobby for a stop to the practice of positioning high calorie foods and drinks at impulse purchase points. The BDA also asked the STUC General Council to call on the Scottish Government and politicians of all persuasions to work hard to gain agreement from all retailers to end this practice.

The motion encouraged all affiliated Unions to support the effort to protect children's health.



Watch this space...  
an online survey is coming your way soon.



SCPN members will shortly be receiving an invitation to take part in our annual survey. Please take a

few minutes to complete this brief online survey (it will only take a few minutes) as the feedback we receive helps us target our activities. We want to be as relevant as we can be to your needs so please give us great ideas on how we can make things better.

Thank you for your help in anticipation – we really appreciate it!

Save the date  
- next years  
conference



# 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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You can visit SCPN online at:

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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 383299, 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.