

SCPN 

The Scottish Cancer Prevention Network

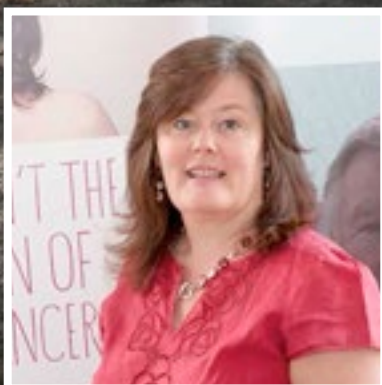
Newsletter

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Editorial

New analysis from Cancer Research UK highlights obesity as the second most important modifiable cause of cancer after tobacco use in the UK. Current estimates indicate that obesity accounts for 23,400 cases of cancer a year as well as contributing to diabetes, cardiovascular disease and many other conditions that impact on everyday well-being (from playing with children to running for the bus).

In Scotland, the Obesity Route Map Action Plan sets out a series of measures to combat obesity but it is interesting to reflect on how the government has failed to take heed of the lessons learned from tobacco control measures. In this newsletter, Sheila Duffy from ASH describes action being taken to control and limit the marketing and promotion of tobacco. All of these could be applied to sugary drinks and energy dense foods (e.g. those which have > 275kcal per 100g) with respect to TV commercials, point of purchase sales and plain packaging (or plain bottling).

There is no doubt that the promotion of excess calories contributes to our obesity crisis and the focus on physical activity as a route to health simply won't be enough to change our obesity profiles. The paradox between hosting the Commonwealth Games and real efforts throughout the country to create a legacy around activity whilst promoting sugary drinks and chocolatey teacakes does not show commitment to obesity reduction. Food industry devotees love to highlight the importance of physical activity, food choices and individual responsibility but too often our "choices" are heavily guided towards high calorie intake. Within the obesity arena there is some excellent work on trying to restrict marketing aimed at children but let us not forget the 66% of overweight parents – they are the ones who will present with obesity related cancers over the next two decades.

Professor Annie S. Anderson
Professor Bob Steele

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The SUGAR story

The importance of reducing the sugar content in our diet has been emphasised in two recent reports. The first comes from the World Health Organisation (1) and the second from the UK Scientific Advisory Committee on Nutrition (2). Both recommend reducing sugar consumption to prevent weight gain and dental caries. The importance of these reports in terms of cancer is that excess sugar intake contributes to obesity which, in turn increases risk of eight cancers (post-menopausal breast, colorectum, pancreas, endometrium, oesophagus, kidney, ovary and gall bladder). In total, in the UK, it is estimated that 23,400 cancer cases could be prevented if excess weight was avoided (3).

The main sources of sugar in Scotland are from sugary drinks (25%), confectionery and sweet biscuits (23%), household sugar (15%) and cakes, pastries and puddings (6%). To reduce our intake, it is these drinks and foods we need to take a long hard look at (and the marketing that supports and promotes their consumption) and this is as relevant for adults as children. Yes, sugar is also added to tomato ketchup, baked beans and salad creams but let's start by looking at the big culprits first.

Sometimes we need novel ways to sell the sugar message and this summer the Wellgate shopping centre in Dundee city centre saw an interesting 2 day pop up "Know sugar shop" (www.knowsugar.org). This initiative was organised by the co-founder of

Snook, Lauren Currie and her team who took a fresh approach to engaging the public with sugar issues. The team asked Dundonians for feedback on creative approaches to facilitating dietary change such as the open kitchen, grab bag and challenge cards. They certainly broke the traditional mode in health promotion and over 700 people came to listen and learn about sugar sources and innovative ways to break old habits. The centre manager was so impressed that he has invited the team back in October!



The UK Health Forum provides an excellent review on options for actions to support reduction of sugar consumption, ranging from producing less, using less (through re formulation and substitution), selling less, marketing less, recommending less, and finally eating less (4).

Test yourself ... How many teaspoons of sugar are in

- a) 330 ml of iron bru
- b) One (60g) slice of Dundee cake
- c) One small piece (20g) of tablet
- d) One Tunnocks caramel milk chocolate wafer (30g)

Approximately a) 8.5+ teaspoons, b) 4.5 teaspoons, c) 3.5+ teaspoons, d) 2.5 teaspoons

The current recommendation is to restrict sugar intake to less than 12.5 teaspoons per day per person or population average of 5- 6 teaspoons per day for women and 7 to 8 teaspoons per day for men (from ALL food and drinks).

Be wary of the sugar versus fat arena – we need to keep our eye on both. Some people claim that the world has got fatter because fat in the diet has been replaced with sugar. In fact it is worthwhile noting that over the last decade in Scotland there has been little change in intake of either fat or sugar. What has increased during this time period is mega promotions and availability of fast food and drink combinations including fried chicken, burgers, crisps, pizzas as well as sugary drinks. This means that we are maintaining BOTH our high fat and our high sugar intake!

Be wary too of media stories that say low fat foods are high in sugars...not true for low fat milks, low fat (natural) yoghurts, lower fat cheese. Watch out for processed foods and roll on traffic light labelling so we can easily find the green lights for fat AND sugar.

1. World Health Organization (2014) Draft Guideline: Sugars 240 intake for adults and children. http://www.who.int/nutrition/sugars_public_consultation/en/
2. Scientific Advisory Committee on Nutrition (2014) Draft 250 Carbohydrates and Health report. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339771/Draft_SACN_Carbohydrates_and_Health_report_consultation.pdf
3. http://www.wcrf-uk.org/research/cancer_statistics/body_fat.php
4. UK Health Forum (2014) Options for action to support the reduction of sugar intakes in the UK. <http://www.ukhealthforum.org.uk/prevention/pie/?entryid43=35927>



Detect Cancer Early – an update

Nicola Barnstable, Detect Cancer Early Programme Manager

The Detect Cancer Early programme (DCE) was launched in February 2012 with the aim of improving the overall 5 year survival rates for people in Scotland diagnosed with cancer, initially focusing on breast, lung and colorectal cancer, which collectively account for 45% of all cancer diagnoses in Scotland. Current 5 year survival rates for cancer in Scotland are considerably lower than other European countries, and when analysed further, the difference mostly occurs in the first year after diagnosis, suggesting that advanced stage at disease presentation contributes to this survival deficit.

To date the programme has developed and launched five social marketing campaigns, worked with Healthcare Improvement Scotland to review and update the Scottish Referral Guidelines for Suspected Cancer, delivered training and education to GPs, pharmacists and practice nurses across Scotland, developed vital partnerships with the Scottish Cancer Coalition and academic institutions, introduced a new sGMS contact initiative to support bowel screening and supported NHS National Services Scotland to update IT systems to

enable better communication with primary care.

The DCE programme has an associated HEAT target (as a proxy indicator of survival) to increase the proportion of people diagnosed and treated in the first stage of breast, lung and colorectal cancers by 25% by 2015. Data released by ISD in June demonstrates an encouraging response with a 4.7% increase in stage I diagnoses in 2012/2013 compared to the baseline (2010 and 2011 combined).

There is also evidence of a change in attitude to cancer in Scotland. Data from independent tracking research shows that 48% more people in Scotland feel more confident about approaching their GP with a symptom that could possibly be cancer. We have seen increases in uptake of the national bowel screening programme, particularly in men living in the most deprived communities and people's perception of lung cancer is changing with 93% of adults agreeing that 'the earlier lung cancer is detected, there's more that doctors can do to treat it'.

What else can be done? The DCE

programme team is working closely with clinicians and stakeholders to develop and enhance the lung cancer and bowel screening campaigns. Further targeted work with the breast screening service will also continue into 2015, to ensure we're reaching and engaging women in areas with low uptake. In addition, the DCE programme board is considering what additional tumour groups should be included in the DCE programme in the future and welcomes the opportunity to work with the SCPN to ensure that early detection and prevention messages do not stand alone.

The outcomes of this programme will be measured over the coming years as normalising the discussion of cancer and reducing fear surrounding the disease will take considerable time. As part of the programme legacy, we are working closely with partners in the Scottish Cancer Coalition to ensure that we are all highlighting prevention and early detection messages where possible, helping reduce the 'big c' to the 'wee c' in time.

For further information visit www.getcheckedearly.org

A new Scottish website on lymphoedema

Rhian Noble-Jones, SLPN member, Oncology/Lymphoedema, Physiotherapist, NHS Lothian

The Scottish Lymphoedema Practitioners' Network (SLPN) has launched a new Scottish website on lymphoedema www.lymphoedema-scotland.org

A study in 2012 showed that health care professionals needed access

to information and education on lymphoedema because managing this group of patients often left them feeling frustrated and inadequate. The website is aimed at health care professionals as well as people living with lymphoedema and provides information on managing

lymphoedema, including a list of services available throughout Scotland. It contains helpful links to patient support groups, other NHS resources and current news and events relating to lymphoedema. The SLPN can be contacted through LymphoedemaScotland@gmail.com

Community Planning Partnerships: Reducing Inequalities and the Place Standard

Della Thomas, NHS Health Scotland

NHS Health Scotland's mission is to create a fairer, healthier Scotland and we recognise community planning as a key process. Community Planning Partnerships have developed plans under Single Outcome Agreements, two of which focus primarily on health – inequalities and physical activity. [NHS Health Scotland's Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities](#) highlights that health inequalities are not inevitable. A blend of collective action is required to address the causes. These include important lifestyle and risk factors and the quality and integration of public services. Money, power and resources are also fundamental determinants

of health. The range of partnerships involved in community planning should provide the right balance to reverse, prevent and mitigate against health inequalities. Given an understanding of the needs of the local population, the Health Inequalities Action [framework](#) considers how the actions, services and resources in a local area might re-align to help address health inequalities and show progress.

The place in which people live is important. People need access to the things that make healthy choices the easier choices, reaching those who are the most excluded and vulnerable. Health Scotland is currently working

with the Scottish Government and Architecture and Design Scotland to create a Place Standard for Scotland. This standard sets out the components of high quality places in Scotland, and seeks to maximise the potential of the physical and social environment to support health, wellbeing and a high quality of life. In turn this connects with many of the factors that ultimately prevent cancer. The Place Standard will build on key recommendations from Good Places Better Health and from [Creating Places](#) (the Scottish Government's policy statement on architecture and place). The Standard will be applicable to new and existing places and will articulate what makes a good, sustainable place.

NHSGGC/Cancer Research UK Primary Care Engagement Programme: Working with primary care to improve cancer outcomes

Marion O'Neill, Primary Care Engagement Facilitator Manager (GGC), Cancer Research UK

A new three year partnership programme between NHS Greater Glasgow & Clyde and Cancer Research UK has been established to provide all NHSGGC primary care practitioners with practical support, information and educational resources to improve cancer outcomes. The programme will provide practitioners with resources including a Practice Pack and dedicated facilitator time to address the cancer issues raised

by that practice. Three dedicated facilitators have been recruited to support the programme. The scope of their work with each practice will be determined by that practice but can cover development and delivery of cancer awareness training (e.g. modifiable risk factors, screening programmes, pathways), adoption of safety netting procedures, use of clinical decision support tools, as well as audit and patient engagement

support. The programme will also have a prevention focus with a dedicated prevention section in the Practice Pack and the team are also working to develop a cancer prevention behaviour change training session for primary care staff. For further information, please contact Marion O'Neill, Primary Care Engagement Facilitator Manager, on 07467 336544 or email marion.o'neill@ggc.scot.nhs.uk

Meet Dr Emilia Crighton



Greater Glasgow and Clyde and advocate for, implement and co-ordinate policies and programmes aimed at improving the population's health.

What do you enjoy most about your job?

Working with excellent people across a vast range of issues.

What is the best decision you have ever taken?

Moving from clinical medicine into public health.

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

We can all do it – health professionals are key to passing on the message and

encouraging people to make the changes that reduce the risk of developing cancer.

What would people find surprising about you?

I can strip a Kalashnikov and put it back together in 3 minutes or I've been in Calendar Girls.

How do you relax?

Challenging myself in the great outdoors – from sea kayaking to ski mountaineering and biathlon.

Choose one thing that you consider represents the best of Scotland

I cannot choose between the fantastic beauty of the landscape and the friendliness shown by Glaswegians on a daily basis.

Describe what you do in one sentence?

As Consultant in Public Health Medicine I provide leadership for the public health profession in Scotland on behalf of the Faculty of Public Health, lead the Public Health, Health Services section in NHS

Why is sitting bad?

Dr Claire Fitzsimons, Chancellor's Research Fellow, Institute for Sport, Physical Education and Health, University of Edinburgh

We live in an increasingly sedentary society with high levels of sitting common at work, at home and while commuting. Common sedentary activities are TV viewing, computer use, sitting in a car, bus or train, or eating a meal. Time spent sedentary is bad for health and has been associated with a 24% increased risk of colon cancer, a 32% increased risk of endometrial cancer and a 21% increased risk of lung cancer [1]. Sedentary behaviour has also been associated with cancer mortality in women and weight gain in colorectal cancer survivors [2]. Even people who achieve the recommended levels of physical activity can have high volumes of sitting time throughout their day – the 'active couch potato' [3].

Long periods of uninterrupted sitting are particularly bad for health. The more time we spend sitting, the less time is spent in light intensity physical activity which reduces energy expenditure and is accompanied by weight gain and obesity, both of which are related to increased risk of cancer [4]. Lack of muscle contraction during sitting has been shown to suppress activity of an enzyme (lipoprotein lipase), reducing the ability of the body to remove harmful fats from the bloodstream and significantly decreasing 'good' HDL cholesterol [5]. Research has also shown that sitting

suppresses a key gene (LPP1) by over 50% [6] which regulates blood clotting and controls inflammation.

What should I do?

Current research evidence suggests we should get up and walk around for a couple of minutes every 20-30 minutes. Easy ways to do this throughout the day are:

In work

- 'Share the chairs' meetings: one chair between two people
- Start meetings with a 10 minute standing catch up
- Install a pop up message onto your computer to encourage you to get up e.g. <http://monkeymatt.com/bigstretch>
- Rearrange your office so you have

to get up out of your chair to use the printer, bin, phone etc.

- **Consider a standing desk**
- Leave your desk at lunchtime
- Take the stairs

At home

- Stand up during the advert breaks while watching the TV
- Stand up while talking on the phone or to read the mail
- Set a family quota for screen time
- Park further away from the shops

Useful resources

Get Britain Standing: <http://getbritainstanding.org/>
Sedentary behaviour research network: <http://www.sedentarybehaviour.org/>



Laurence Moore, SPHSU, University of Glasgow at his standing desk



Ruth Jepson SCHR, University of Edinburgh at her Standing desk

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2. Lynch BM: Sedentary Behavior and Cancer: A Systematic Review of the Literature and Proposed Biological Mechanisms. *Cancer Epidemiology Biomarkers & Prevention* 2010, 19(11):2691-2709. <http://cebp.aacrjournals.org/content/19/11/2691.full.pdf>
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5. Hamilton MT, Hamilton DG, Zderic TW: Role of Low Energy Expenditure and Sitting in Obesity, Metabolic Syndrome, Type 2 Diabetes, and Cardiovascular Disease. *Diabetes* 2007, 56(11):2655-2667. <http://diabetes.diabetesjournals.org/content/56/11/2655.full>
6. Zderic T, Hamilton M: Identification of hemostatic genes expressed in human and rat leg muscles and a novel gene (LPP1/PAP2A) suppressed during prolonged physical inactivity (sitting). *Lipids in Health and Disease* 2012, 11(1):137. <http://www.lipidworld.com/content/11/1/137>

SCPN conference - Do a little, gain a lot, for prevention of cancer occurrence and recurrence

When: World Cancer day, Wednesday 4th February, 2015


Where: Merchants Hall, Edinburgh

Price: £35 (information on price reductions and support for travel costs available on request)

How to book: Please email scpn@dundee.ac.uk to book your place.

Sharing ways that we as professionals, patients and policy makers can help change our ways of life is a fundamental part of working together and facilitating reduction of cancer and its co-morbidities. The SCPN 2015 conference will provide a lens on good practice in different settings from

communities to clinics with a view to sharing the best. We will also update on the latest evidence on lifestyle and reduction in cancer occurrence and recurrence, including breast cancer survivorship.



Oral cancer in young adults - too important to ignore

This article has been written with help from Graham Ogden (Professor of Oral Surgery, University of Dundee), Emma Shanks and Christine Gundry (two young women diagnosed with oral cancer) and information from The Ben Walton Trust. Graham, his colleagues and dental students have been actively involved for many years in raising awareness about mouth cancer every November to campus students.

Oral cancer rates have increased 300% over the last 25 years with the number of men affected greater than woman (to 2:1). Unfortunately Scotland has a much higher incidence than the rest of the UK. In 2013, worries about the lack of awareness of the condition led to a joint [CRUK](#) statement (supported by many other associations).

Whilst the disease has been linked with increased deprivation in men, this doesn't seem to be the case for women. The reason for this isn't immediately clear, although the main factors responsible are still alcohol and tobacco. However, this only accounts for approximately 75-80% of cases, which means there are still around 1 in 5 cases in which we do not know the cause. Although a diet lacking in fresh fruit and vegetables has been suggested as a risk factor, this isn't always the case. HPV is another potential risk factor.

The overall survival rate remains around 50%, although the early detection of oral cancer can significantly improve the prognosis. The prognosis varies with site in the mouth (becoming progressively worse the further back in the mouth you go). Warning signs such as an unexplained swelling, an ulcer (especially if not

painful) or altered sensation may be a presenting feature, although non-cancerous reasons are more frequent and should be excluded. In general the mouth heals quickly so anything that fails to do so within 2 weeks should be seen by a dental surgeon or hospital specialist. This includes any red or red/white patches in the mouth in particular. Self-examination is not easy and it is recommended that everyone sees their dentist at least once a year. That visit could quite literally save lives.

Personal experience....

Emma Shanks

"During the second year of my PhD, aged 22, I had a persistent ulcer on my tongue that wouldn't heal. I had it for around 5 months before I visited my dentist. I didn't feel unwell at the time and, although I didn't believe the ulcer was anything sinister, it was unsettling. My dentist referred me to the Dental Hospital where they biopsied the region and diagnosed early cancer. I had around 25% of my tongue removed but didn't need chemotherapy or radiotherapy. Unfortunately, I had further recurrences of oral cancer at 7, 9 and 12 years after initial diagnosis. I have come through this treatment well, retaining speech and swallowing functions. This is due entirely to the astute diagnosis of my dentist (who recognised the early stage symptoms of oral cancer) and my surgeon. Sadly, diagnosis often occurs late and the outcome for many is not as positive. Raising awareness is essential to improving prognosis and quality of life."

Christine Gundry

"I was diagnosed with mouth cancer when I was 25. I felt pain in my mouth and found lumps under my tongue, so I tried many off-the-shelf ulcer products. About 2 months after I first felt pain, I went to see my GP and explained that I felt very run down, low in mood, had no energy and also had mouth ulcers. Neither of us thought it would be cancer. However, my symptoms got worse and so I showed my mouth to an oncologist who I work with. She swore at the site of the lesion in my mouth and urged me to get emergency help. Two weeks later a biopsy was taken and I was diagnosed with cancer. It was such a shock and I underwent a 12 hour operation to remove the tumour and reconstruct my mouth with tissue from my belly. Thankfully, I am now well and my prognosis is good. Others are not so lucky. If mouth cancer is diagnosed early it is treatable, however, it is most often diagnosed in the later stages. Therefore, it is important that we all know the symptoms of mouth cancer and that GPs and dentists are trained to detect it."

The Ben Walton Trust is dedicated to Action against Oral Cancer in the Young (patients aged under 45). The charity was established in 1996 and commemorates Ben, who was 22 years old when he died in 1995. The trust funds research, distributes advice on mouth cancer, raises funds and collaborates with the media, health professionals and provides support for vulnerable patients. For more information please see www.benwaltontrust.org and on twitter www.twitter.com/benwalton

Marketing restrictions for tobacco

Sheila Duffy, Chief Executive of ASH Scotland



The tobacco industry has worked long and hard to make tobacco an everyday, mainstream product that people would take up because it seemed like a normal thing to do. Now that we know how addictive and how harmful tobacco is, our aim in Scotland is to work for a generation free from tobacco-free over the next 20 years. This means that cigarettes in 2034

would become like snuff is today, not illegal but not much thought about or used except by those who make a deliberate choice to seek it out.

Much has been done down the years to restrict the marketing of tobacco - from ending TV commercials in 1965, to the blanket ban on advertising introduced over a decade ago. From 6

April 2015, Scotland's small retailers will be expected to comply with the point-of-sale display ban that has already seen supermarkets and larger stores cover their gantries. We are also looking for the introduction of legislation on plain, standardised packaging for tobacco products.

The display ban and standard packaging are both measures aimed at deterring young people from taking up smoking, and they are complementary measures. Tobacco companies have fought tooth and nail against both, throwing millions into campaign budgets to oppose these measures. The current flashy packaging represents one of the last, very powerful, marketing tools the industry has to promote its products.

With plain packs the 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 health images show the horrific effects of smoking - cancer, cardiovascular disease, respiratory disorders, stroke and many more, making the packs more truthful. We were pleased to see that draft regulations for plain packs were submitted to the EU in August, which with the required notification period still leaves time for the regulations to be voted on at Westminster ahead of next year's General Election.

Both the display ban and plain packs are initiatives that will help Scotland as we strive to achieve our vision of putting tobacco out of sight, out of mind and out of fashion for the next generation.

Cancer Prevention Initiative

Dr Lucy Davies, Cancer Prevention Officer, Cancer Research UK

Cancer Research UK has launched the Cancer Prevention Initiative to support cutting-edge research into lifestyle and behavioural changes that can prevent people getting cancer, and the policies that support such changes, for the benefit of both the wider public and for those who have already been affected by cancer. It is estimated that more than four in 10 cancer cases could be prevented by lifestyle changes, such as not smoking, cutting back on alcohol, eating a healthy diet and keeping active (1).

Under the auspices of the International Advisory Board (IAB) Chaired by Sir Michael Marmot (UCL), and led by a Cancer Prevention Champion Professor Linda Bauld (University of Stirling), the Initiative will be active in three main areas.

- **The Policy Research Centre for Cancer Prevention** is an in-house research facility that will drive the translation of research output into population impact through real-world policy change. The Head, Dr Jyotsna Vohra, will develop and implement an outstanding research programme, to fill in any gaps in evidence needed to drive through policy changes aimed at preventing cancer.
- **The Bupa Foundation Fund- Innovation award** will catalyse new multidisciplinary collaborations and provide funds for the development of innovative, radical and pioneering research in cancer prevention via a series of three-day 'sandpit' workshops. Applications for the next workshop open October 2014 and

are welcome from across a wide range of disciplines, including those from private, public, third sector, and community organisations.

- **Cancer Prevention Fellowships** are 3-year awards to fund outstanding postdoctoral scientists and health care professionals who are interested in behavioural and lifestyle changes that can prevent people getting cancer. The Fellowship Scheme is currently open for applications.

For more information about the Cancer Prevention Initiative please contact Dr Lucy Davies at cancerprevention@cancer.org.uk

1. Cancer Research UK, <http://www.cancerresearchuk.org/cancerinfo/cancerstats/causes/preventable/>, Sept 2014



Parkrun- getting physically active on Saturday mornings

Dr Gozde Ozakinci, Lecturer in Health Psychology, University of St Andrews



Members of Leven Las Vegas Running Club (JogScotland), Ruth Cruickshank, Gozde Ozakinci, Lorna Hughes, and Malcolm Mactavish at the St Andrews parkrun event held at Craigtoun park.

Have you heard of parkrun? If you haven't, you're missing out on something quite unique. parkrun is a citizen-led community organisation for runners and run by runners. Don't be put off by thinking that this is only for 'serious' runners! This is for everyone as parkrun is all about inclusiveness and wellbeing.

The basic idea is that you register online, print a barcode and show up at a parkrun event on a Saturday morning (9:30 in Scotland; see information below). The run is 5km long so anybody can complete it either by running or a combination of walking/running. And believe me – you see fast runners, but also plenty of runners doing their best (including me!) and children running with their parents (under 11 year olds need to run with their parents) making it an event for the whole family (including dogs).

Originating in October 2004 in a single park in England, there are now over 300 parkrun sites and over half a million registered runners in the UK alone. In addition, this phenomenon has spread to 9 countries from Russia to Australia.

Cancer Research UK, in partnership with the BUPA Foundation, held the first Innovation Workshop on 'preventing cancer in harder to reach groups' at the end of July this year with the aim of encouraging innovative research designs answering crucial questions. This call will fund a study using participatory research processes across parkruns in England, Scotland and N. Ireland, to examine how parkrun UK creates and sustains active and physical cultures. Given the role of physical activity in physical and psychological wellbeing and less than optimal physical activity levels in the general population, studying how parkrun achieved this level of participation is important.

Find parkrun events and registration information on the parkrun website: www.parkrun.org.uk

An inspiration from down under- a personal experience

Nina Macleod

Fitting exercise into a busy day of work, kids and all the other things life throws at us is never easy.

That said, the folks from the land down under seem to have cracked how to get fit without spending hours in the gym. Australian employers put a great emphasis on exercise in the workplace with subsidised gym memberships, and most offices boasting showers and changing facilities.

After moving to Sydney, it soon became clear that it is a normal part of office culture to spend most lunchtimes with colleagues or friends at running clubs, boot camps or running up sets of stairs. While initially the idea

of spending my lunch hour getting sweaty was daunting, I soon realised that I felt more alert and energised for the rest of the day. As well as this, I found my colleagues turning into workout buddies and in turn becoming friends. We encouraged each other to push harder and achieve our fitness goals. For an hour every day we left behind whatever was happening at work and enjoyed the endorphins that come with that much needed work out. While us Scots may not be able to enjoy the same climate as our Aussie friends, there is nothing stopping us following their lead when it comes to fitting in exercise. Simple steps such as going for a half hour walk at lunchtime will have you feeling happier and

healthier in no time - without disrupting your daily routine.



Apricot and Citrus Raw Bars

Recipe and image by Kellie Anderson, MSc, Cancer health educator at Maggie's Cancer Caring Centre (Edinburgh). More healthy recipes at www.kelliesfoodtoglow.com



You will need a food processor or mini chop-type blender (these often come with immersion/stick blender) and a 23cm x 23cm (9"x9") pan lined with a long, overhanging length of cling film/food wrap

- 75g (1/2 packed cup) moist dates, stoned and roughly chopped
- 50g (1/2 cup) oats (gluten-free if needed)
- 215g (3/4 cup) raw cashews, soaked for 15 minutes in hot water and drained
- 1 tsp each ground cinnamon and turmeric and a grind or two of black pepper
- 200g (1 1/2 cups) dried, unsulphured apricots
- Juice and finely grated zest of one clementine/satsuma or 1/2 medium orange
- 1/4 tsp vanilla powder or 1/2 tsp vanilla extract

1. Blend together the dates, oats, cashews, cinnamon, turmeric and salt until clumping together and sticky.
2. Scrape the mixture out of the food processor and press two-thirds into a cling film-lined 23cm x 23cm (9"x9") pan or dish. It helps to have the cling film quite long and lay the excess over the mixture to help press it out evenly. Put the remaining mixture aside.
3. Wipe out or clean the food processor bowl and blitz the apricots, clementine juice and zest, and the vanilla. Spread this mixture evenly over the nutty base.
4. Dot over the remaining nutty mixture and press down evenly, using the excess cling film to help. Press down quite firmly as you want the whole thing to stay together as cut bars. Cover with the by now quite sticky cling film and pop in the freezer for half an hour; remove the cling film and cut into bars. Store in the refrigerator for up to five days

Makes 12-16 bars.

For post-workout snacking.

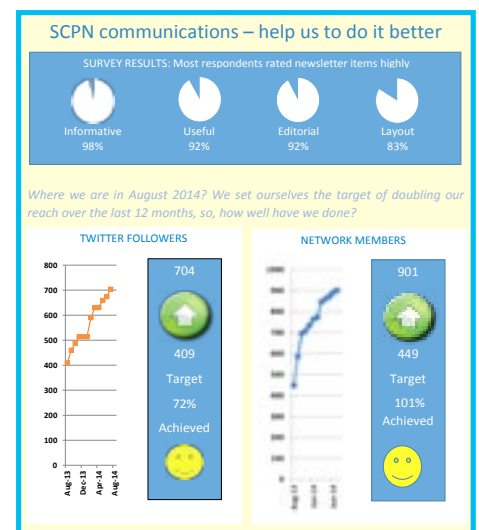
Variations:

1. dip in chocolate;
2. mix all ingredients and roll into balls, perhaps rolling in coconut flakes or puffed quinoa.

PS. You may have noticed the plastic knife in the top image - plastic knives are great for cutting sticky things -they glide right through without crushing or making excess crumbs

Why we think tweets are important

Twitter is one of the best information sources around for hearing first about new research, activities, local work and good ideas. It is informative, useful and can also be fun... Highly recommended for those that like to be better informed. Here are some of our recent tweets. Follow us at @thescpn for more news.



Do a little, gain a lot

Simple health messages can encourage cancer survivors to become more active and improve their health. . Messages about limiting sedentary behaviour (such as reduced screen watching, getting off the bus one stop early and walking whilst talking on the phone) can have a significant impact

on self-reported sedentary time in population subgroups (people > 60 years, males and non obese). Now we have the challenge of learning from this work to impact on others, especially those with excess body weight. Messages like “do a little, gain a lot” might be useful to explore.

1. Lynch BM, Courneya KS, Sethi P, Patrao TA, Hawkes AL (2014). A randomized controlled trial of a multiple health behaviour change intervention delivered to colorectal cancer survivors: Effects on sedentary behaviour. Cancer 120(17): 2665-72. <http://tinyurl.com/l6qzka5>

Marketing - what do we think?



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

Snuggle up and screen

Alix-Marie Moran, SSC student, University of Dundee



Wine, candles, soft music, bright lighting and.... a mole chart? Although this doesn't sound like your usual date night with your partner, a study published last year suggests that encouraging couple screening could be a great way to detect skin cancers early (1). Malignant melanoma, the deadliest form of skin cancer has much better prognosis if picked up early and the best way to pick up differences is to know what does and doesn't look normal. It is recommended that individuals perform a head to toe check of their skin since national screening for skin cancer is not available. Skin screening guidelines

and body maps are available from many cancer awareness websites (2, 3) and the NHS (4) to improve self-checking technique. Guidelines are simple and easy to follow with an ABCDE approach to moles.

Increased exposure of the public to self-screening guidelines could improve awareness of this important body check and might improve uptake. So the next time you're planning an intimate night in, perhaps consider the addition of a quick reciprocated body screen to the night's agenda, it could save a life and it could be fun too!

1. Heckman CJ et al. (2013) Correspondence and correlates of couples' skin cancer screening. *JAMA Dermatol.* 149(7): 825-30. <http://archderm.jamanetwork.com/article.aspx?articleid=1715752>
2. http://www.skincancer.org/Media/Default/File/File/webbodymap_1142011.pdf
3. <http://www.skincancer.org/skin-cancer-information/melanoma>
4. <http://www.nhs.uk/Conditions/Malignant-melanoma/Pages/Symptoms.aspx>

Breast cancer and body fat



SCPN broly seen in the far west - a visit from Prostate Cancer UK to NHS Western Isles as part of their Detect Cancer Early work

Excess body weight can influence breast cancer recurrence, according to a recent review. . This association appears to be strongest in women with ER positive tumours (regardless of menopausal status). In addition, obesity may negatively affect breast cancer outcomes in women with HER2 positive tumour (though further work is needed on this). There is also some evidence that treatment with

aromatase inhibitors in hormone receptor positive breast cancer survivors may not be as effective in obese compared to healthy weight women. In addition, abnormal glucose metabolism, metabolic syndrome and diabetes are also associated with more negative outcomes although sadly breast cancer survivors may be unaware that they have these conditions.

1. Azrad M, Demark-Wahnefried W (2014) The association between adiposity and breast cancer recurrence and survival: A review of the recent literature. *Curr Nutr Rep* 3(1):9-15. <http://tinyurl.com/pnmp3q>

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.