



# Newsletter

Scottish Cancer Prevention Network

VOL 7 . ISSUE 1

## Sugar, Sugar Everywhere

An update from Obesity  
Action Scotland

### Also inside

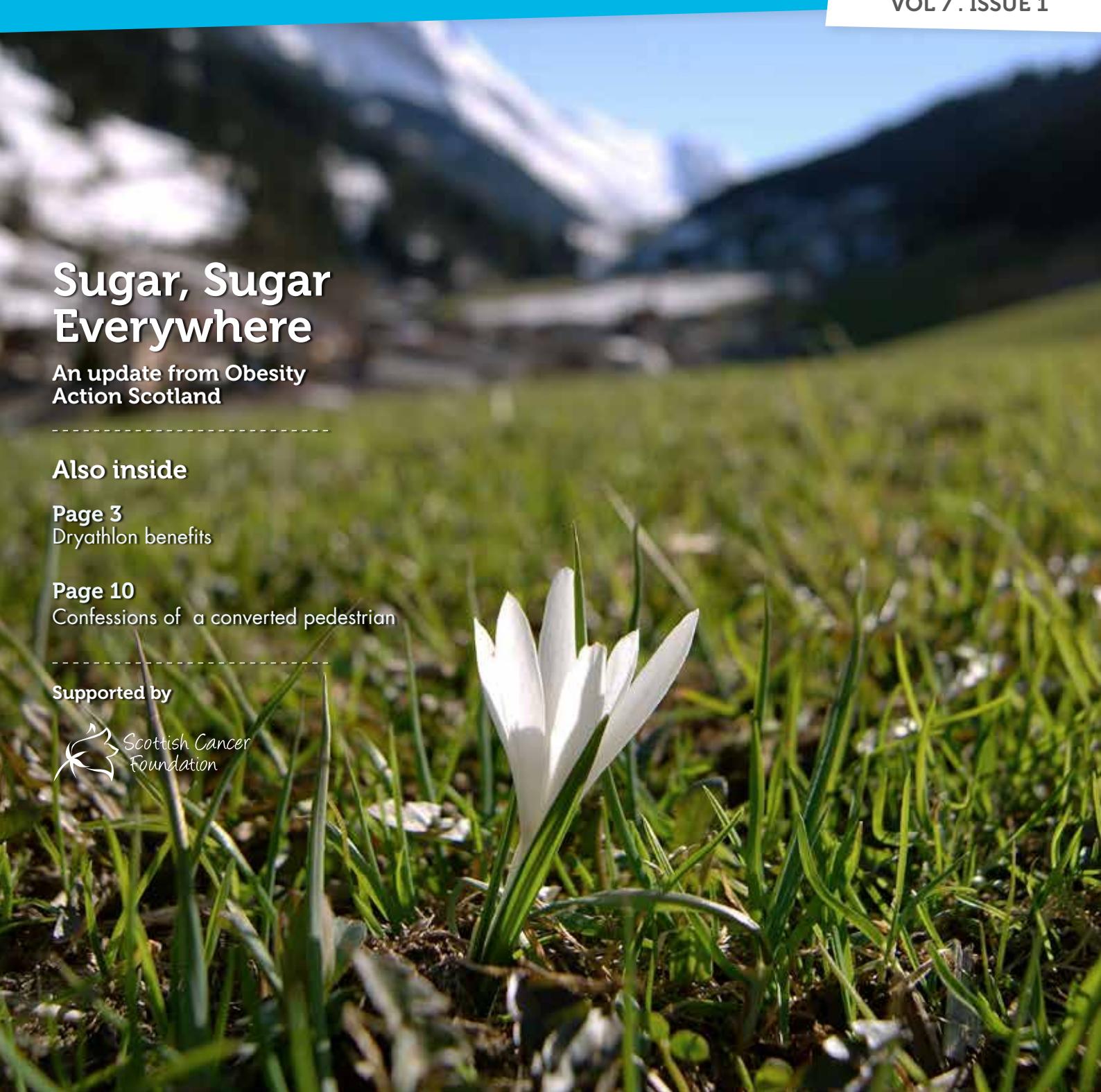
#### Page 3

Dryathlon benefits

#### Page 10

Confessions of a converted pedestrian

### Supported by



## Guest editorial

### New Year, Sugar Tax and David and Goliath

Joy, mince pies, party bites, laughter, festive snacks, good times, bubbles, fun, puddings, hot chocolates, inspirational cupcakes, treats and ever-present deliciousness. Sparkly glamorous overindulgence... twenty-eighth, twenty ninth, thirtieth, thirty-first... fireworks and Happy New Year! Deep breath. What has just happened?

Overfed and over-sweetened brains are lazily waking up to the grey January, browsing for new gym memberships, personal trainers, fitness gadgets and planning active holidays. Again. And again and again, every year. As predictably as the change in seasons.

What happened to the healthy lifestyles and habits, moderation and treating yourself from time to time only? Food Standards Scotland, in December's report on the Scottish Diet, said that the treats of yesterday are the snacks of today and that we are far off meeting Scottish Dietary Goals with the urgent need to start eating more fibre, vegetables and fruit and less sugar and fat. Sugar tax debate in the UK parliament held at the end of November last year, inspired by Jamie Oliver's petition, showed strong support by MPs for the tax. Dr Philippa Whitford pointed to the power of obesogenic environments. She said, "We spend more than £600 million on obesity prevention, but £256 billion is spent on advertising unhealthy foods. It is David and Goliath. It is difficult for people to make healthy choices". It does not seem to be a fair play. And is our health really only up to us?

New year, new you, new start. How hard can it be? Modern humans lived on Earth without any knowledge of nutrition for about 200,000 years and somehow they knew what to do. Let's put a reminder on the 2016 fridge: more wholegrains, vegetables, fruit and cooking at home; less sugar, fat and processed food. Then, let's open that fridge, take some #healthyselfies and inspire friends to do the same. The game was never fair but let David and Goliath's story encourage you.

Make January the month you assess how YOU can best stack the odds in favour of cancer prevention!

**Dr Anna Strachan,**  
Policy Officer – Obesity Action Scotland

## Inside this issue

- 03.** Interview with Prof Tessa Holyoake  
Dryathlon benefits

---

- 04.** Media reporting on illicit tobacco not the real deal  
Easy steps towards everyday activity

---

- 05.** Sichuan-style Eggs and Tomatoes (Shakshuka)  
Weight of words on body weight

---

- 06.** CUP on bladder cancer  
Alcohol and LGBT life in Scotland

---

- 07.** Radon Hazards and Risks in Scotland and the role of prevention.  
Can we really fast and feast and prevent and manage cancer?

---

- 08.** Preventing cancer through 'Good Work'  
A new image for the European Code Against Cancer  
The Scottish Cancer Conference 2015

---

- 09.** What the papers said and what the expert didn't say - red and processed meat  
Would you like to see more or less of this?

---

- 10.** Confessions of a Converted Pedestrian  
CRUK Cancer Prevention Projects Innovation Showcase  
CUP summary report

---

- 11.** Sugar, Sugar Everywhere – An update from Obesity Action Scotland  
Food Standards Scotland says it loud and Clear!  
Scottish diet : It needs to change

---

- 12.** Social media update

## THE TEAM

- Dr Maureen Macleod** - SCPN Fellow
- Jill Hampton** - Network Administrator
- Bryan Christie** - Journalist
- Eoin McCann** - Designer
- Connor Finlayson** - Digital Communications

# Interview



## PROFILE

### Prof Tessa Holyoake

Prof Tessa Holyoake is Director of the Paul O'Gorman Leukaemia Research Centre at the University of Glasgow and winner of the **inaugural SCF prize and Evans Forrest medal** awarded in recognition of her work in leukaemia research and cancer stem cells.

#### Describe what you do in one sentence?

I have a wonderful job that straddles working in the clinic with patients and their families, in the laboratory with ever evolving technologies and with our students aiming to mentor future leaders in leukaemia research.

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

Everything! The job is demanding, challenging and exciting – I never get bored and working with patients and their families is hugely rewarding.

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

To convince my then husband-to-be to give up his job (temporarily) and spend time with me whilst I was working in the Terry Fox Laboratories in Vancouver BC where I completed a two year post-doctoral fellowship.

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

Take personal responsibility for your life – be vigilant, eat well, sleep well and get out

and enjoy exercise in the wonderful Scottish countryside.

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

I manage to maintain a "normal" work life balance – favourite hobby is mountain biking.

#### How do you relax?

Spending time with friends mostly outdoors in Scotland – running, cycling, hiking, cycling holidays all around the world.

#### Five a day?

Definitely eat fruit and veg 5 a day and harass my research and administrative staff very regularly!

#### When was the last time you were on a bike?

Saturday 21st November - Edinburgh to North Berwick.

#### Choose one thing that you consider represents the best of Scotland?

The wild west coast.

# Dryathlon benefits

January is with us and many of you will be taking part in a month of abstinence from alcohol for a variety of reasons. Whether it is to give yourself time to recover after the festive period, give your wallet a rest, or for health reasons, you will undoubtedly be doing your body (and mind!) some good.

Participants in Alcohol Concern's Dry January, CRUK's Dryathlon or Macmillan's Go Sober for October often report:

- weight loss
- improved sleep
- more energy, clearer skin

There is little published in the literature about campaigns promoting an alcohol free month. Alcohol Concern cite a case study in which the Public Health Directorate in Sefton evaluated Dryathlon activity in their area using the Healthy Sefton phone line service which collected demographic and alcohol use info for a sample of 190 individuals who had been engaged in Alcohol Awareness Week. Around 78% of participants reported successful completion of a month without alcohol (with isolated lapses of drinking relating to a specific social occasion). The challenge itself, feeling healthier and reduced calorie intake were the main motivators cited.

Almost half the participants felt no different as a result of giving up alcohol, but feeling healthier, having more energy and sleeping better were common experiences amongst the others. In addition around two thirds felt it had made them think differently about their alcohol consumption, and considered permanently cutting down quantity and frequency of consumption.

A small unpublished study of 10 journalists who went dry during January 2014 reported a 40% reduction in liver fat, 3kg weight loss, reduced cholesterol and lower glucose levels. As a follow up to this study, researchers at the Royal Free London and UCL conducted a larger study in January 2015 in which 94 participants in Dry January underwent blood tests for insulin resistance and other known markers of Non Alcoholic Fatty Liver Disease (NAFLD), a liver scan and completed a lifestyle survey. None of the participants were dependent on alcohol or already had existing liver disease. In the data analysis adjustments were made for demographic/lifestyle factors. Preliminary findings presented at the annual meeting of the American Association for the Study of Liver Diseases in November 2015 reported significant reductions in blood pressure and cholesterol levels, and

an improvement of glucose and insulin resistance. Researchers concluded that even short-term abstinence has a significant effect on reducing the risk of developing NAFLD in healthy individuals.

Further research is required to establish how durable these benefits are, beyond the one month of abstinence and importantly whether people compensate by drinking more after the challenges has been completed.

Listen to a BBC Radio 4 **Inside Health** interview with researchers.

## STOP THE PRESS

New UK Alcohol Guidelines out for consultation.

We welcome the note that drinking any amount of alcohol increases risk of cancers of breast, mouth and throat but disappointed that the upper guideline for women is higher than that recommended by the European Code Against Cancer.

The consultation link [can be found here](#).

# Media reporting on illicit tobacco not the real deal

**Sheila Duffy, Chief Executive ASH Scotland**

**Illicit tobacco** is one of those subjects (like **e-cigarettes**) where the quantity of the media coverage is not always matched by the quality.

To be fair to hard-pressed journalists it is hard to resist a succession of helpful PR companies providing them with ready-made news stories which can support dramatic headlines on the "**booming**" illicit trade, **corner shops closing**, "**unhealthy**" fake fags and **international crime networks**.

At the same time **leaked documents** have revealed details of tobacco industry plans to use the media to scaremonger over illicit tobacco as part of their effort to oppose plain, standardised packaging for tobacco.

Those seeking an unbiased estimate of the scale and trends in illicit tobacco should use the annual figures from **Her Majesty's Revenue and Customs (HMRC)**, which is as close as we're going to get to an expert, unbiased voice. So we're always keen to see the annual "Tax Gaps" report from HMRC, and the **2014-15 figures** were published recently.

Anyone who had been following the tobacco industry sourced media stores must have found the figures a bit surprising. So let's set them out clearly:

- The best estimate of the illicit market remains static at 10% of manufactured cigarette sticks.
- The best estimate of the illicit share of the hand-rolling tobacco market was down from 39% to 35%.
- These are percentages of an overall tobacco market which continues to decline. So a static percentage of the market actually relates to a decline in the amount of illicit tobacco used (for example, the reported rise in illicit market share in cigarette sticks from 9% to 10% in 2013/14 actually related to a 7% drop in numbers of illicit cigarettes).

These figures indicate that the illicit tobacco market is at historically low levels – in 2000/2001 HMRC estimates were that 22% of cigarettes and 61% of hand-rolling tobacco **was illicit**. The decline in overall volume since then has been 76% in illicit cigarette sticks and 33% in illicit hand-rolling tobacco. Could

any unbiased observer conclude that these figures are "booming"?

This is not to play down the importance of illicit tobacco, which brings criminal elements into communities, bypasses health regulations we have worked long and hard to achieve and deprives the Exchequer of much-needed tax revenue.

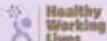
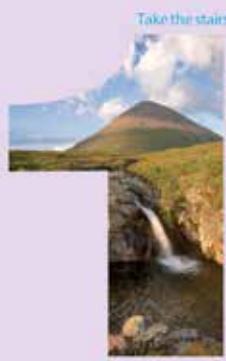
Nor is it to say that everything's in hand – the reduction in illicit tobacco is the planned and deliberate result of robust enforcement measures, including restrictions on the tobacco companies themselves. To keep the lid on illicit tobacco we need to ensure that robust enforcement is not hampered by budget cuts and austerity. And we need to generate a community discussion, to lower the demand for the product, with NHS Greater Glasgow and Clyde having created **useful tools** to support that.

What it does mean is that the idea of a "booming illicit trade" at the centre of tobacco company campaigns against public health measures is, appropriately enough, not the real deal.

## Easy steps towards everyday activity

**Prof Nanette Mutrie, Director of Physical Activity for Health Research Centre, University of Edinburgh**

**Walk from the ground floor to here every day, and in a year you'll have climbed one Munro...**



Stair walking is one of the cheapest and most effective ways to put more activity into our everyday lives.

Encouraging people to choose the stairs involves making the stairs interesting [perhaps **with art work or even piano keys**]; ensuring that architects make stairs attractive and easy to find; and offering prompts to those who can make the choice between an active journey up the stairs or a passive journey on lift or elevator (1).

One of the earliest studies about the effectiveness of prompting stair walking was done in an underground station in Glasgow (2). A poster prompting people to 'stay healthy, save time, use the stairs' doubled the number of people choosing the stairs. More people were still using the stairs 10 weeks after the poster was taken down.

Stair walking, like hill climbing, has high energy outputs. It expends twice the amount of energy as walking, is good for strengthening the leg muscles and appeals to men and women of all sizes (3). Research has shown that you can improve fitness from regular stair walking (4).

January is always a good time to consider changes and maybe you work or pass through a shopping centre or train station where you could choose the stairs. Try starting by going down the stairs when you get the chance and then add in going up a few flights as well. Encourage others to join you. Suggest, where you can, that reception staff show people how to find the stairs first and the elevator second. Make stair walking social and fun. Put posters in the stairs such as the idea that if you walk up one flight of stairs every day for a year you will have climbed a Munro!

1. National Institute for Health and Clinical Excellence. (2008). Promoting and creating built or natural environments that encourage and support physical activity London: National Institute for Health and Clinical Excellence.  
 2. Blamey, A, Mutrie, N, & Aitchison, T. (1995). Health promotion by encouraged use of stairs. *British Medical Journal*, 311, 289-290.  
 3. Eves, Frank F., Webb, Oliver J., & Mutrie, Nanette. (2006). A Workplace Intervention to Promote Stair Climbing: Greater Effects in the Overweight. *Obesity*, 14(12), 2210-2216.  
 4. Boreham, Colin A G, Wallace, William F M, & Nevill, Alan. (2000). Training Effects of Accumulated Daily Stair-Climbing in Previously Sedentary Young Women. *Preventive Medicine*, 30, 277-281.

## Sichuan-style Eggs and Tomatoes (Shakshuka)

Recipe and image: Kellie Anderson, [kelliesfoodtoglow.com](http://kelliesfoodtoglow.com) (globally-inspired, plant-based recipes featuring British, seasonal ingredients)



This spicy, brunch recipe for two people is very easily doubled, tripled etc. Go as big as your pan allows!

- 1 tbsp good quality olive oil or rapeseed oil
- 1 leek or a medium onion, chopped
- 2 garlic cloves, smashed and minced
- 1/2 tsp minced ginger root, or use a dried and ground ginger (different taste though)
- 1/2 - 1 tsp [Sichuan peppercorns](#), toasted and crushed
- 1/4 tsp ground cardamom (seeds from 5 green pods, well-ground in a pestle in mortar)
- 1/2-1 tsp chilli flakes
- 2 x 400g jar or tin of whole tomatoes, cut up (I use scissors)
- Good handful of cherry or grape tomatoes
- 200g small, sweet beetroot - raw or cooked, finely grated
- 1 tbsp rice vinegar or cider vinegar
- 4 organic eggs

You will need a medium sauté pan or cast-iron skillet.

1. Heat the oil in the skillet over a low-medium heat. Add the onions, garlic, and ginger. Sauté until soft, stirring occasionally. Sprinkle in the crushed Sichuan peppercorns and chilli flakes; stir.
2. Add in the chopped tomatoes with all of their juices, fresh tomatoes and grated beetroot, along with the rice vinegar and a good pinch of salt. Turn up the heat until it is bubbling and let cook as it is for about 10 minutes. You want the sauce to be thickened but still loose enough to shake around in the pan.
3. Press a shallow dip(s) into the sauce and crack in the egg(s). Cover the pan with a lid or even some foil and let the eggs poach under cover for up to eight minutes. The ideal is a cooked and mingled white with an enticingly runny yolk.

Serve with bread, rice, or quinoa, plus greens.

**Editors note - we tested this recipe for New Year's Day brunch... excellent!**

## Weight of words on body weight

Prof Annie Anderson, Professor of Public Health Nutrition, University of Dundee

I have announced I will retire when all the medical students I teach know the links between obesity, diet, activity and cancer. The situation improves year on year but I am confident I will be around the medical school for some years to come. Decades go by and more and more volumes of words about obesity are written. My shelves groan with the weight of these words. When do we see meaningful action? In the last few months several reports have offered words of concern, guidance and direction but action is quite another matter.

Firstly, The Scottish [Obesity Route Map \(ORM\)](#) review published in October tells us that only a minority of actions in the original ORM Action Plan have been successful in reaching their milestones even where considerable effort has been made to facilitate action. Structural and environmental changes have been slow and require sustained effort. Further action is required on

- Increasing public awareness and professional education
- Improved national leadership and accountability
- An integrated research strategy

Of the list of emerging challenges it is notable that calls are made for the NHS to be an exemplar, helping staff who are overweight and could benefit from supportive weight management. Three recommendations are called for including dedicated support of an expert group on the topic, local action led by Directors of Public Health and co-ordination of the action taken on overweight and obesity by key national agencies. It is heartening to see that the SCPN are mentioned as one of these agencies and this means we have to do more than write words about obesity, we need to find ways to harness words to action – the challenge is out.

Next up is the weighty text from the UK House of Commons select committee on [childhood obesity](#). A lot of this report focuses on sugar and sensibly not solely on children (given that most children live with parents who buy the food that they eat). All of the recent reports highlight that there is no magic bullet to dealing with obesity and that a portfolio of action is needed. The nine recommendations from the select committee really make sense (in words at least).

- Strong controls on price promotions of unhealthy food and drink
- Tougher controls on marketing and advertising of unhealthy food and drink
- A centrally led reformulation programme to reduce sugar in food and drink
- A sugary drinks tax on full sugar soft drinks
- Labelling of single portions of products showing sugar content in teaspoons
- Improved education and information about diet
- Universal school food standards
- Greater powers for local authorities to tackle the environment leading to obesity
- Early intervention to offer help to families of children affected by obesity and further research into the most effective interventions.

How lovely it would be to see those marketing and price promotions change but retailers can be crafty! We have watched sweeties disappearing from the till being replaced by KitKats (biscuits not sweeties so that must be ok!) and large tubs of sweeties on newspaper stands (not by the tills so that must be ok!). Retail and marketing action is really long overdue and attempts to limit more on children's television is too little too late.

## CUP on bladder cancer



**Diet, nutrition, physical activity and bladder cancer**

2015

The latest output from the World Cancer Research Fund Continuous Update Project (CUP) is a report and systematic literature review on '**Diet, nutrition, physical activity and bladder cancer**'.

Bladder cancer is the ninth commonest cancer worldwide and almost half a million people were diagnosed with it globally in 2012. Men are over four times more likely than women to

develop bladder cancer, and, as with most cancers, it is more common in older adults. The highest incidence rates are seen in North America and Europe and 5 year survival rates are 76% in the US and 68% in Europe.

Established causes of bladder cancer include smoking (smokers are up to six times more likely to be diagnosed with bladder cancer than people who have never smoked),

infection from parasitic worms notably in Africa and the Middle East and occupational exposure to metalworking fluids (sheet metalworkers and machine operators) aromatic amines and polycyclic aromatic hydrocarbons (chemicals used in the plastic and chemical industries).

The CUP report however focuses on the associations between bladder cancer risk and diet, nutrition and physical activity. The report concludes there is strong evidence that drinking water containing arsenic increases the risk of bladder cancer and limited evidence that greater consumption of vegetables, fruit and tea decreases the risk of bladder cancer. These later findings on consuming tea and vegetables and fruit are new as no conclusion on them was possible in their 2007 Second Expert Report [1].

Arsenic contamination of drinking water can result from natural deposits present in the earth or from agricultural and industrial practices. Countries particularly affected by arsenic in drinking water include Bangladesh, India, Cambodia, Argentina, Chile and Mexico. WCRF have also published [a blog on arsenic and drinking water](#).

1. World Cancer Research Fund/American Institute for Cancer Research. Food, nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective <http://www.wcrf.org/sites/default/files/Second-Expert-Report.pdf> 2007

## Alcohol and LGBT life in Scotland

Eric Carlin, Director, SHAAP - Scottish Health Action on Alcohol Problems

Alcohol increases the risk of cancers of the bowel, breast, liver, mouth, throat and oesophagus and whilst health promotion efforts provide guidance, more is needed to understand the social context of drinking in Scotland. A new **study** (by researchers from Glasgow Caledonian University (GCU) and funded by SHAAP) has drawn attention to the role that alcohol plays in the lives of lesbian, gay, bisexual and transgender (LGBT) people in Scotland. The aim of '**The social context of LGBT people's drinking in Scotland**' study was to explore the social context of everyday drinking in these communities.

The study found that many LGBT people described drinking heavily when they first 'came out' and encountered the commercial gay scene, and that there was an expectation they would continue to drink more heavily on this scene than in other contexts as they aged.

Study participants suggested a number of barriers for LGBT people when accessing

alcohol services, including the perception that alcohol services and peer support do not provide a safe or welcoming space for LGBT people. These findings have implications for diversity training among health professionals, the need for alternative sources of support for LGBT people with drinking problems, and the need for health promotion around alcohol on the commercial gay scene and to wider LGBT communities.

The research suggested that future work should focus on how alcohol companies are marketing their products to the LGBT community both locally in venues, and nationally and internationally using social and traditional media.

As within Scottish society as a whole, it is important to provide an awareness of alternatives to the automatic assumption that heavy drinking is the norm and to highlight the possibility of changing drinking cultures. Dramatic changes in smoking culture have

resulted from national legislation. Similar dramatic health gains may be achieved around alcohol by actions on pricing and restrictions on alcohol marketing and availability.

Lead researcher Dr Carol Emslie, said: "Drinking is central to the commercial gay scene and the alcohol industry is increasingly marketing their products directly to LGBT consumers. We need to make sure there are more places in Scotland where LGBT people can meet to socialise without alcohol, as well as working towards a culture where all groups in society find it acceptable to drink moderately, or indeed to choose not to drink at all."

Eric Carlin, Director of SHAAP, said: "LGBT people are as susceptible to getting into problems with alcohol as anyone else. However, this study shows that many LGBT people still feel stigmatised and support services can feel intimidating. Hopefully, this report will provide useful insights to reduce barriers to LGBT people accessing support."

# Radon Hazards and Risks in Scotland and the role of prevention

**Professor Andrew Watterson, University of Stirling**

Radon periodically hits the news in Scotland. It is estimated that in the UK there are up to 2000 radon-related lung cancer deaths due to domestic and work exposures (1). Radon levels are highest in the North East of Scotland, in parts of the Highlands and some northern islands. Radon risks can be underestimated and the responses to those risks in Europe at times also seem to lack a public health dimension and focus on individuals (2). Responsibilities for detection and prevention may also miss the self-employed and small businesses where the public may be exposed. With the downturn in smoking-related lung cancers and hence smoking-radon interactions, it may be wise to pay much closer attention to radon as a factor in lung cancer causation.

The most recent European Code against Cancer (2) covers ionising and non-ionising

radiation. The Code notes radon inhalation is the major source of radiation exposure in the population and may be the cause of around just under one in ten European lung cancer deaths. This has led to calls for householders to identify radon exposures and take action to reduce risks. Householders and tenants may, however, be unable to take ownership of the radon issue for many reasons but this should not mean they are left unprotected. The most effective monitoring should come in the first instance through detectors installed by house and office builders and through building design and ventilation dealt with by architects and construction companies. There should also be checks by the relevant regulatory agencies in central and local government. Free monitoring has been offered in the past to householders, including those in Scotland, by Public Health England - not Health

Protection Scotland - which has the remit for providing advice on radon across the UK (3). Scottish local authorities have information on their web sites about radon and what actions to take. Some like the Highlands Council have their own specialist radon advisors and monitor local authority buildings such as schools.

Landlords and employers also have a primary responsibility here and employers have legal responsibilities to carry out risk assessments and monitor in certain circumstances (3). As HSE has noted: "in radon affected areas employees could also be receiving significant exposure at home. Employers are strongly encouraged to recommend home testing to their employees who live in the radon Affected Area. Domestic radon testing is provided free of charge in some areas" (3)

1. HSE [April 2015] Radon in the Workplace. <http://www.hse.gov.uk/radiation/ionising/radon.htm>
2. McColl N, Auvinen A, Kesminiene A et al. [2015] European Code against Cancer 4th Edition: Ionising and nonionising radiation and cancer. *Cancer Epidemiol.* 2015 Jun 28. pii: S1877-7821(15)00098-3. doi: 10.1016/j.canep.2015.03.016. [Epub ahead of print]
3. Health Protection Scotland [2013] Radon tests in central Scotland. <http://www.hps.scot.nhs.uk/evr/article.aspx>

## Can we really fast and feast and prevent and manage cancer?

**Dr Michelle Harvie, Research Dietitian, Genesis Breast Cancer Prevention Centre, University Hospital South Manchester Trust**

Intermittent fasting, 5:2 or 2 Day Diets (2DD) are the latest trend in dieting, but can they really help people lose weight and prevent and manage cancer? Being overweight or obese increases the risk of 10 cancers<sup>1</sup> and outcome for patients with breast<sup>2</sup> and prostate cancer<sup>3</sup>. Current dietary approaches all attempt to limit energy intake by approximately 25% on a daily basis<sup>4</sup>. Daily diets are typically adhered to around 30-40% of the time, with a corresponding 30 – 40% success rate (weight loss of > 5% body weight). Hence the question arose whether might it be easier for people to focus their dieting on two strict days each week (~75% restriction) rather than having to think about a moderate 25% energy restriction every day?

Two randomised trials have directly compared 2DD to daily diets for weight loss and improvements in metabolic risk markers (insulin, lipids, blood pressure and inflammatory markers). The first compared two consecutive days of 650kcal of milk, yoghurt, fruit and vegetables to a daily 25% energy restricted Mediterranean diet (~1500 kcal: 25% protein, 45% low glycaemic load carbohydrate, 30% fat [15% monounsaturated, 7% saturated fat, 7%

polyunsaturated fatty acids]) in 110 women<sup>5</sup>. Over 6 months the mean weight loss for 2 day dieters was 5.9kg (95% CI 4.5 to 7.2), marginally, but not statistically, greater than daily dieters who lost 4.9kg (95%CI 3.7 to 6.0, p=0.63). However the 2DD had beneficial effects on metabolism during and after restricted days. Insulin resistance on non-restricted days was a mean 23% (95% CI -38.1 to -8.6) lower than daily dieters, with an additional 25% reduction during the 2 restricted days. This limited 2DD was however not much easier to follow than a daily diet.

The second study tested 3 groups (115 women) over 3 months of weight loss and 1 month of weight loss maintenance<sup>6</sup>. Groups were:

- A low energy (650kcal), low carbohydrate, high protein 2DD and 5 days of an ad lib Mediterranean diet
- A 2DD following a 2 day ad lib low carbohydrate diet
- A daily energy restricted Mediterranean diet

Both 2DDs were more successful than the daily diet and both 2DDs performed equally well with 58-65% achieving ≥5% weight loss

compared to 40% of daily dieters (p < 0.05). The success of both low carbohydrate 2DDs was due to 75% adherence, and participants did not overeat, but actually reduced their intake on unrestricted days. During the weight maintenance phase, 1 day of low carbohydrate dieting per week maintained reductions in weight, body fat and insulin resistance.

So there are some randomised data to support a 2 day diet as an alternative to daily diets for weight loss, but you won't find a systematic or Cochrane review just yet. Intermittent diets are not suitable for children, during pregnancy, breast feeding or people with a history of eating disorders. The research to date is encouraging but we need more data on the long term success and safety of intermittent diets. The science needs to catch up with the global interest and popularity of the diet.

Our current B-AHEAD 2 (Breast Activity Healthy Eating After Diagnosis) trial is testing the 2DD in breast cancer patients receiving adjuvant chemotherapy treatment to see if it can prevent weight gain, reduce chemotherapy toxicity and improve overall health<sup>7</sup>.

1. Renéhan AG, Tyson M, Egger M, Heller RF, Zwahlen M. Body mass index and incidence of cancer: a systematic review and meta-analysis of prospective observational studies. *Lancet* 2008;371(9612):569-578.
2. Chan DS, Vieira AR, Aune D et al. Body mass index and survival in women with breast cancer-systematic literature review and meta-analysis of 82 followup studies. *Ann Oncol* 2014;25(10):1901-1914.
3. Hu MB, Xu H, Bai PD, Jiang HW, Ding Q. Obesity has multifaceted impact on biochemical recurrence of prostate cancer: a dose-response meta-analysis of 36,927 patients. *Med Oncol* 2014;31(2):829.
4. de Souza RJ, Bray GA, Carey VJ et al. Effects of 4 weight-loss diets differing in fat, protein, and carbohydrate on fat mass, lean mass, visceral adipose tissue, and hepatic fat: results from the POUNDS LOST trial. *Am J Clin Nutr* 2012;95(3):614-625.
5. Harvie MN, Pegington M, Mattson MP et al. The effects of intermittent or continuous energy restriction on weight loss and metabolic disease risk markers: a randomized trial in young overweight women. *Int J Obes (Lond)* 2011;35(5):714-727.
6. Harvie M, Wright C, Pegington M et al. The effect of intermittent energy and carbohydrate restriction v. daily energy restriction on weight loss and metabolic disease risk markers in overweight women. *Br J Nutr* 2013;110(8):1534-1547.
7. B-AHEAD 2 Breast activity and healthy eating after diagnosis - 2 During chemotherapy for early breast cancer. UK Clinical Research Network Study Portfolio, 2013 (Accessed December 3, 13 A.D. <http://public.ukcrn.org.uk/Search/StudyDetail.aspx?StudyID=13255>).

# Preventing cancer through 'Good Work'

Dr Andrew Fraser, Director NHS Health Scotland

There is mounting evidence that 'Good Work' is a fundamental driver of good health – that includes cancer prevention. Employees who feel they have control over the circumstances of their work, who feel they are contributing and get a sense of fulfilment, will be healthier and more likely to make positive adjustments to their lives. Those in lower paid occupational groups are less likely to be in 'Good Work'.

There have been recent moves to create smoke-free NHS grounds, tackle the obesogenic environment that hospitals may be, and to get people more active, but what does this mean to colleagues?

Have we ever considered applying this evidence to our staff, our teams and, in particular, those we line manage? How much of an effect could that have on sickness

absence, morale at work, and role modelling for patients or users who we meet through our work at teachable moments? The Health Promoting Health Service programme is turning its attention increasingly to the matter of staff health. 'Good Work' is cost saving and life-saving; longer-term benefits include cancer prevention for staff, and that effect is likely to rub off on patients and service users.

1. Fair Society, Healthy Lives, 2010 'The Marmot Review' <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
  2. Workplace health: policy and management practices, 2015 <https://www.nice.org.uk/guidance/ng13>
  3. Inequality Briefing - Good Work for All, NHS Health Scotland, 2015 <http://www.healthscotland.com/documents/26039.aspx>
  4. The Employment and work task group of the Marmot Review, 2010 <http://www.instituteofhealthequity.org/projects/employment-and-work-task-group-report>
  5. 2013: Working for health equity report – NHS and role of health professionals <http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals>
  6. 2015: Health Promoting Health Service: CMO letter and knowledge network page: <http://www.knowledge.scot.nhs.uk/home/portals-and-topics/healthimprovement/hphs.aspx>

# A new image for the European Code Against Cancer

David Ritchie, Senior Cancer Control Officer, European Cancer Leagues

A brand new logo has been elected for the 4th edition of the European Code Against Cancer following a European-wide call for entries from young designers. A competition was initiated in order to provide the European Code Against Cancer with a consistent and distinctive visual identity that can be used widely across Europe.

All eligible entries were shortlisted to a final 5 by the Association of European Cancer Leagues' (ECL) "Youth Ambassadors" group. The finalists were then selected by a jury representing the International Agency for Research on Cancer (IARC), the health and food safety directorate of the European Commission

(DG Santé), and ECL board members.



The winning designers are Corina Teodora Chirila and Sergiu Mihai Vlad who both come from Romania, where they are currently

studying at the Ion Mincu University of Architecture and Urban Planning in Bucharest.

The European Code Against Cancer, which was launched in its present 4th edition in October 2014 and has since been translated into 22 European languages, provides the general public with 12 evidence-based recommendations that they can follow to reduce their risk of cancer.

To find out more about the European Code Against Cancer, please visit: <http://cancer-code-europe.iarc.fr/>. For any general enquiries, please contact [info@europeanccleagues.org](mailto:info@europeanccleagues.org).

# Scottish Cancer Conference 2015

Mona Vaghefian, Cancer Research UK



The Scottish Cancer Conference 2015, which took place in Edinburgh on 16th November, was a unique gathering of organisations involved with cancer; from patients to pharmaceutical companies and from clinicians to charities. The conference was organised by Cancer Research UK on behalf

of the Scottish Parliament Cross-Party Group on Cancer.

For 2015, it was rebranded from Scotland Against Cancer, and the format was altered to increase the number of expert led sessions, with the hope of attracting more delegates from the NHS and academia and creating a better balance reflecting the

whole cancer community. The conference looked at the rising incidence of cancer and asked "what next"? Delegate feedback on the biggest cancer priorities that should be addressed in the future are illustrated here.

To find out more about the 2015 conference, you can download copies of each of the expert presentations from the **[conference website](#)**. Please note these presentations are for reference only, and should not be republished.

On a final note, you may wish to save the date of next year's conference: Monday 21st November 2016. We hope to see many of you there!



**Save  
the date!**

The European Week Against Cancer will be held during the 25th to 31st May 2016. To celebrate this, the Association of European Cancer Leagues (ECL) will be organising a conference in Brussels, Belgium to showcase innovative approaches for disseminating the messages of the European Code Against Cancer.

If you would like to contribute, participate or just find out more information, then please contact [ecl@european-cancerleagues.org](mailto:ecl@european-cancerleagues.org).



## What the papers said and what the expert didn't say - red and processed meat

**Professor Annie S. Anderson, Professor of Public Health Nutrition, University of Dundee**

No one interested in cancer prevention could have missed the media coverage on the cancer risks associated with the consumption of processed and red meat. There is probably a doctoral thesis on how misleading the media can actually be. Here is my own personal example:

I was called by a journalist working for a local paper to discuss the recent report by the International Agency for Research in Cancer (IARC) (summarised in the Lancet <http://www.sciencedirect.com/science/article/pii/S1470204515004441>).

We agreed that she would type up what I said and that I would see her copy before going to press. She duly sent copy which by and large reflected what I said and required a couple of very minor tweaks.

The expert said:

- Your bacon eating days may be behind you, but (a small) steak might still be on the menu
- There is enough evidence that processed meat increases our cancer risk - we really need to look at how much of it we eat
- These cancers develop from an interaction between genetic risk combined with many aspects of lifestyle. We can't do anything about our genes so it seems wise to stack the odds against the development of bowel cancer by taking care over our lifestyles

### The expert DID NOT say

"Keep fryups on the menu but not too often" which is what the headline said (with a very large picture of fried processed meats)!

In response to my letter of complaint, the Editor agreed that I had not been asked about fry-ups but they thought this relevant for a Dundee audience....

Bottom line...

- Avoid processed meats (including ham, bacon and salami) – if you currently eat these sort of meats – eat at little as possible and think of alternatives (spicy chicken, veggie sausages)
- Limit intake of red meat (including beef, lamb and pork) - if you currently eat red meat – eat no more than 500g (cooked weight) per week, for example restrict meat to every other day rather than an everyday occasion
- Fry ups add calories... most of us eat more of these than we need – think again!

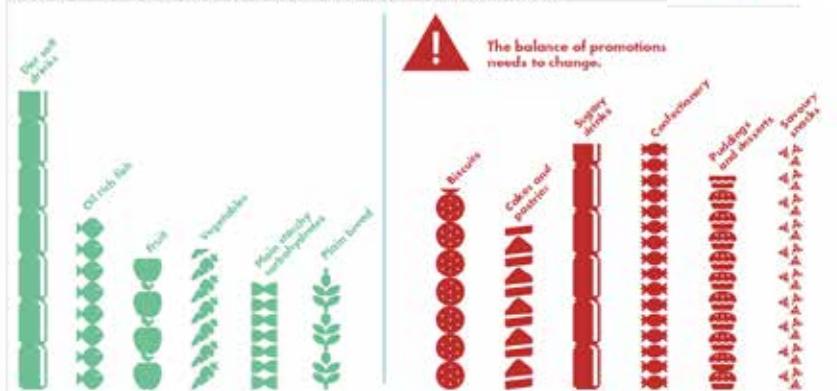
## Would you like to see more or less of this?

**Yes please or no thank you**

For the last few years the SCPN has been highlighting the Scottish marketing landscape. We have always thought that far too many price promotion offers are for the least healthy options. Here is what the Food Standards Scotland report on the Scottish Diet tells us -

### Promotion of discretionary foods and drinks

We know that a high proportion of food and drink bought in supermarkets and other shops falls into the discretionary category, with many of these products being purchased on promotion. This needs to change. Discretionary foods are, by proportion, more frequently sold on promotion than fruit, veg, oil-rich fish, starchy carbs and bread.



X
  
**ON OFFER**

**RED, WHITE OR ROSÉ...**

Enjoy a glass onboard

**Special offer – buy any two and save £1 / £1.50!**

(Valid 18+ days until 30/06/16. For £1.50 offer add £1.50 to £1.50 offer. Minimum spend £10.00. Excludes selected wines. Subject to availability. © 2016 Food Standards Scotland. All rights reserved.)

✓
  
**Farrochlie Park Trim Trail**

## Confessions of a Converted Pedestrian

A year ago, running a cancer charity and chauffeuring children from place to place meant Kate Cunningham could scarcely bear to make eye contact with her pedometer. In a new blog looking at how one woman decided to make positive changes for her health, find out how messages around activity finally found their target in *Confessions of a Converted Pedestrian*.

### **It was the best of times. It was the worst of times**

Always busy and like most, committed to my desk and laptop all day every day, I spent my evenings and weekends ferrying children

from school to hobby to club to friends and my down time sitting comfortably with a book or a movie. I gave up smoking years ago. I scarcely ever drink. I'm a martyr to broccoli and I am committed to a wide range of good things in life.

I work for OCHRE - the oesophageal cancer charity and I volunteer for a range of things that give me great joy. On reflection, the only thing I didn't do was apply my feet to the floor with any regularity. My pedometer held me to account and while reading the research on cancer and physical activity I realised a good day could no longer be one where I typed 10 miles of words

but walked less than 1500 steps. For 6 months I decided there was nothing I could do. Time was precious, heels were high and few things make me happier than pottering around in my geriatric Volvo. In February I attended the SCPN annual conference, the same day a tabloid ran a headline about lack of activity being as dangerous to health as tobacco. Curse those moments of clarity! That night I decided to keep the trainers that were too small for my son but fitted me and I started walking.

More to come ... read the next instalment on our blog at [scpnblog.wordpress.com](http://scpnblog.wordpress.com).

## Couch to 5k



The NHS choices website contains a section called **Live Well** which gives lots of good practical advice to readers on how to lose weight and become more physically active.

Couch to 5K is a running plan for beginners, taking participants through a nine week programme week by week, gently building up to a brisk 5-minute warm-up walk before 30 minutes of running. Podcasts are available in addition to a free app which helps monitor progress along the way. There is also a podcast dedicated

to strength and flex exercises. Every detail has been thought of - from what to wear to eating and drinking and there are many inspirational stories that participants have shared to help keep motivation going. A forum allows group or one to one support and sharing of experiences too. Signing up to Health Unlimited allows you to join hundreds of health communities, get feedback on your experiences, locate others near you and one-on-one private messaging if you prefer. For anyone thinking of improving their health this website is well worth a look.

## CRUK Cancer Prevention Projects Innovation Showcase

**Dr Lucy Davies, Cancer Research UK**

In early December, CRUK Innovation grant award holders came together with representatives from across CRUK, other funders, researchers and stakeholders for the first Innovation Showcase. During the showcase, award holders presented their findings from cancer prevention projects funded through the first round of Innovation Workshops held in early 2014 based on 'Harder to Reach Groups'.

These innovation workshops are a unique approach to funding population research at CRUK - 25 participants over three days exploring cancer challenges, building new collaborations and thinking outside the box to develop a pitch for a research project that's potentially funded on the spot. You can read more about this **exciting new funding approach here**.

The showcase was a great success, demonstrating that this novel seedfunding approach builds

multidisciplinary collaborations, encourages innovation and accelerates progress to help us beat cancer sooner. Take a look at the **summary report for the Innovation Showcase here**.

If you're interested in finding out more about our **cancer prevention workshops** and how to apply for the **next workshop** in April 2016, get in touch with **Lucy Davies**.

## CUP summary report

**Foods high in fibre**  
**DECREASE** the risk of  
cancer of the:

- BOWEL (colorectum)**

Examples of foods high in dietary fibre:  
vegetables, fruit, nuts, seeds and pulses;  
along with wholegrain varieties of cereals,  
pasta, rice and bread.

**World Cancer Research Fund International**

**CUP** Concise Update Project  
Summary report on diet, physical activity & cancer prevention and survival

**CANCER  
PREVENTION & SURVIVAL**

Summary of global evidence on diet, weight, physical activity & what increases or decreases your risk of cancer

December 2015 edition

The WCRF has produced a summary document on the global evidence for what increases and what decreases the risk of cancer. This is great publication with information displayed graphically for easy consumption by lay people and health professionals alike.

Factors which increase and decrease cancer risk are taken in turn with a brief explanation of what the risk factor is if required e.g. glycaemic index and which cancer the risk factor impacts.

<http://www.wcrf.org/sites/default/files/CUP-Summary-Report-10Nov.pdf>

# Sugar, Sugar Everywhere – An update from Obesity Action Scotland

Lorraine Tulloch, Programme Lead, Obesity Action Scotland

Sugar is constantly hitting the headlines. Jamie Oliver's petition to "Introduce a tax on sugary drinks in the UK to improve our children's health" gathered over 100,000 supporters within two days and eventually received over 151,000 signatories. The level of support triggered the process that led to the UK Parliament holding a debate on 30th November 2015.

If we want to change the eating habits of the nation we have to recognise that diet is complex – no single policy will create a

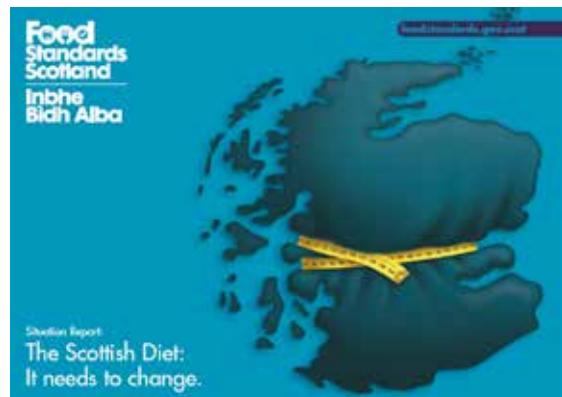
shift and we need to tackle more than just sugar. However, we currently consume three times the amount of sugar we should. A sugar tax, as part of a wider package of measures, would be an important step in shifting the dietary patterns of the population. Educational messages alone will not achieve the level of reduction we need to see and fiscal and reformulation measures need to be introduced.

Obesity Action Scotland provided a [briefing](#) to Scottish MPs. John McNally

MP, Phillipa Whitford MP and other Scottish MPs made contributions to the debate and indicated support for a sugar tax for sugar sweetened drinks and other measures. The debate was well attended with cross party input and support. You can watch or read the transcript of the [debate](#).

In 2016 David Cameron will launch his Childhood Obesity Strategy. There is potential for it to contain actions that will have impact across the whole of UK. We await its content with anticipation....

## Food Standards Scotland says it loud and Clear! Scottish diet : It needs to change



If you have ever read a nutrition report from Scotland and thought it long and tedious to plough through the text – then [read the latest report](#) from Food Standards Scotland – clear but stark!

We can no longer turn a blind eye to the links between poor diet, overweight and cancer. Revised dietary goals for Scotland have been recommended – all of which

are related to decreasing risk for cancer, diabetes and heart disease.

- to reduce free sugars to 5% of total energy
- to increase dietary fibre intake to 30g per day
- to maintain total carbohydrate at 50% of total energy with no more than 5% total energy from free sugars

### These are some of the ways our diet needs to change:

**Sugar goal\*\*:**  
Current intake **14.4%** of food energy



**Fruit & Veg Goal:**



**Saturated fat goal:**

Current intake **15.5%** of food energy



**Fibre Goal\*\*:**

Goal **18g** of fibre a day

Current intake **11.8g** of fibre a day



## Recent presentations...

Prof Annie Anderson has also been telling others about the SCPN's work. She recently spoke at WCRF's meeting in Bristol entitled 'Cancer prevention: making every contact count.' An account of her presentation is [published on the National Health Executive website](#).



## The #HealthyShelfie is back!

Last year we posted a #HealthyShelfie image as part of our social media campaign on each of the 31 days of January. We have launched this year's campaign already – take a peek at it on twitter at <https://twitter.com/thescpn> and our [website](#). We'd love you to join in the conversation so post an image of your contribution on Twitter (don't forget the hashtag #healthyshelfie and add our twitter handle @thescpn to the post so we can all enjoy it) or email it to us at [scpn@cancerpreventionscotland.org.uk](mailto:scpn@cancerpreventionscotland.org.uk) and we'll make sure it gets there.

## Healthy Meetings support



Our most recent supporters and ambassadors include:

- Dr Catherine Zollman, MRCP, MRCGP Co-Author ABC of Complementary Medicine, British Medical Journal Publications GP, Bristol Honorary Lecturer in Social Health and Medicine, University of Bristol Clinical Lead, Penny Brohn Cancer Care, Bristol
- Dr Emilie Combet Aspray, Lecturer in Nutrition (Human Nutrition), University of Glasgow
- Dr Farhat Din, CRUK Clinician Scientist, Edinburgh Cancer Research Centre and Western General Hospital

- Prof Inke Nathke Professor of Epithelial Biology and Cancer, Deputy Head of the Division of Cell & Developmental Biology
- Dr Julia Sinclair, Associate Professor in Psychiatry, Honorary Consultant in Alcohol Liaison, Wessex Alcohol (AHSN) Lead, University of Southampton

More supporters and ambassadors are always welcome. To pledge your support please email us [healthymeetings@cancerpreventionscotland.org.uk](mailto:healthymeetings@cancerpreventionscotland.org.uk).

## Fabulous #HealthyMeetings at WCRF and UKBSM conferences recently - 9/10!



## BLOGS

### The breast cancer causes vs prevention debate NCRI 2015 conference

The SCPN won the Breast Cancer Now sponsored debate easily and the house supported the motion that "This house believes we should stop focussing on the CAUSES of breast cancer and get on with strategies to PREVENT the disease".

Our debate was NOT about spending less on investigating treatment (which everyone wants to support) but spending less on investigating causes because, we argued, the excellent work to date has already provided enough data to take action to prevent the disease.

Future work on causes will be expensive refining – valuable, yes, but of less significance than research on developing preventative strategies.



We cited the review paper by Howell et al. which reports that potentially 50% of breast cancers could be prevented in the subgroup of women at high and moderate risk by chemoprevention (e.g. tamoxifen) and that in all women lifestyle measures (weight control, exercise and moderating alcohol) could reduce cancer risk by 30%. See our [blog](#) for more on the debate.

## #AboutABike



This social media campaign promoting cycling to encourage physical activity, as recommended in the recently published European Code Against Cancer. Each Friday, Saturday and Sunday in October the SCPN gave ideas #AboutABike to encourage beginners and those who haven't cycled for a while to get out with pedals. There were suggested cycling routes and useful information e.g how to repair a puncture, kit list ideas and a bike buying guide to smooth the way for the new or returning cyclist.

A successful campaign with 108000 tweet impressions, 3659 visits and the blogs were viewed 467 times by 325 visitors. #AboutABike blogs can be viewed [here](#).

## And finally...

Did you see the "Papers of the Year" by SCPN friends... Bob Steele, Nanette Mutrie, Linda Bauld to name a few... Read them all [here](#).



**Scottish Cancer Prevention Network**  
[www.cancerpreventionscotland.org.uk](http://www.cancerpreventionscotland.org.uk)

You can see who we are and what we do, give us feedback, send us contributions and sign up to receive our newsletter and monthly emails via the website.

## The SCPN Blog

[scpnblog.wordpress.com](http://scpnblog.wordpress.com)

## The SCPN on Social Media

Search for thescpn

We are supported by the Scottish Cancer Foundation (SC028300).