

SCPN 

Newsletter

Scottish Cancer Prevention Network

VOL 6 ISSUE 4

Combining screening and prevention

- improving smoking
cessation services within
the colposcopy clinic

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and preventive measures

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Editorial

We are busy planning the next leg of our social media campaign #healthshelfie to run in January 2016. This year we will focus on the messages on diet from the European Code against Cancer (1) as a great start to the New Year. Running a health campaign in January means we are on the band wagon of addressing the indulgences of the Christmas holiday period. Interestingly, there have been studies on weight change over holiday periods with one review reporting that weight gain in the 6 weeks preceding New Year accounted for 51% of annual weight gain! (2)

We once did a little fund raiser in the office where people donated a sum of money and agreed to be weighed on the last working day before Christmas and the first day post holidays – people who had not gained any weight were invited to take their donation back and those who gained weight were not. We raised a nice little sum but not everyone joined in - the holidays are THE time to enjoy indulgence they said. Much as we like a good knees up and feasting, sometimes it is clear that indulgence is defined by the media who set out a mega - glittery, sparkling world of extra shiny wrappings to promote even larger quantities of calories we really don't need.

Now, thinking about Christmas presents and planning non-consumable gifts. Yes, giving to charity is an obvious choice (whether to help employment and production in the developing world or simply to fund raise). We are happy to report that since we made a decision to minimise the number of calorific gifts that we give, our family and friends have responded in kind and the wine and chocolates boxes have decreased significantly (but happily one or two still appear!). It does take more time to plan purchases but more fun too. Discovering colleague's musical tastes has been interesting as CDs replace bottles of wine. Plants, seeds, herb growing, clever kitchen gadgets and interesting spice collections are great for those interested in foodie issues. Bread tins instead of cake utensils. Tea collections with much smaller chocolate indulgences. Bringing some low alcohol beer as part of the beer gift. Smartly packaged sparkling water along with beautiful flowers.

And after the indulgence ... don't forget to join us by sharing your #healthshelfie image!

Professor Annie S. Anderson

@anniescotta

Professor Bob Steele

@BobSteele6

1. Norata T, Scoccianti C, Boutron-Ruault MC et al. (2015) European Code against Cancer 4th edition: Diet and cancer. *Cancer Epidemiology* doi:10.1016/j.canep.2014.12.016

2. Roberts SB. (2000) Holiday Weight Gain: Fact or Fiction? *Nutrition Reviews* 58 (12) 378-379 <http://nutritionreviews.oxfordjournals.org/content/nutritionreviews/58/12/378.full.pdf>

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THE TEAM

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

Interview

Jenny Marra MSP – Shadow Cabinet Secretary for Health, Wellbeing and Sport, Scottish Parliament



Describe what you do in one sentence?

I represent my constituents in the Scottish Parliament and speak for the Labour party on health and equality.

What do you enjoy most about your job?

I enjoy when I can get a positive resolution to some of the problems people bring to me. I also enjoy when a campaign I have been working on becomes a reality. This week the

Human Trafficking Bill, which I started, passes its final stage in Parliament, and on a local level, I campaigned to successfully reduce train fares in and out of Dundee. Politics is the art of the possible and we often have to compromise, so these moments feel good.

What is the best decision you have ever taken?

To stand for Parliament. It is a privilege to speak up for people and to be part of the democratic process. With all the trouble and agony we see in Syria and the refugee crisis at the moment I am reminded every day of the importance of stable democracy, debate and respect.

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

That a healthy lifestyle can bring a much greater sense of wellbeing and control over our lives.

What would people find surprising about you?

I wouldn't go as far to call myself a train spotter but I do get a wee bit excited when I see different trains in different countries,

especially when there is an unusual train sitting in Dundee station.

How do you relax?

I run, I do yoga. I like to cook and go for long walks.

Five a day?

As often as possible! Sometimes more, sometimes less. As a treat, I love scooping out passion fruits with a teaspoon and eating them whole. I think kale is probably one of the most underused vegetables in Scotland given the ease of growing it here, how cheap it is but the incredible nutrients it contains. I don't eat enough of it. I find the best way to get my five a day is making a pot of soup.

When was the last time you were on a bike?

On holiday this summer.

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

Early autumn days when the clear air starts to chill, the leaves start to turn and beautiful sunny hazy days are upon us finished by pinky red sunsets. This is one of my favourite times of year in Scotland.

Tobacco-free campuses – creating healthy environments for 16 – 24 year olds

Emma Papakyriakou, ASH Scotland

Tobacco use remains the main modifiable risk factor for cancer. Avoiding tobacco smoke throughout the lifespan is a major goal for cancer risk reduction and this includes smoking in late childhood/early adulthood. In Scotland, smoking amongst 16 - 24 year olds is a cause for concern. Smoking rates rise from 9% of 15 year olds to around 18% of 16 to 24 year olds. Very few adults start smoking, with 99% of first cigarette use occurring by the age of 26.

We have few tried and tested interventions to prevent smoking amongst 16 – 24 year olds. However, this is a key transitional stage for young adults, and a number of social, cultural and environmental factors contribute to the uptake of smoking. The Scottish Government's national tobacco strategy raises the

importance of helping young adults negotiate choices around tobacco use and creating environments which encourage young people to choose not to smoke.

Tobacco-free campuses are not about excluding those who choose to smoke. They simply create environments which are protective and health promoting to all students, staff, contractors and visitors, whether they choose to smoke or not. A tobacco-free campus aims to:

- ensure all outdoor campus grounds are smoke-free
- ensure tobacco is not sold or promoted on campus
- end all forms of direct or indirect financial arrangements with tobacco companies
- ensure staff and students wishing to quit

can access support

We are delighted that in August this year, Ayrshire College made all campus grounds smoke-free and Dundee and Angus College launched their clean air policy.



North African Vegetable Soup

Kellie Anderson, Health Educator at Maggie's Cancer Caring Centre (Edinburgh) and author of healthy-eating blog, kelliesfoodtoglow.com



Prepare this mildly spiced soup with or without freekeh, or even add in some cooked brown rice or quinoa instead. Oh, and no need to roast the veggies first (and you can ditch the oil and just add the vegetables to the boiling stock and simmer for 30 minutes). Harissa and ras-al-hanout are optional: use 1/2 tsp each of ground cumin, coriander and 1/4 tsp of smoked paprika instead, if you please.

- 700g squash of choice - peeled, deseeded and chopped weight {I used a Coquina butternut squash}
- 350g celeriac, peeled and chopped
- 3 carrots, chopped
- 1 onion, peeled and chopped
- Olive oil
- 3 cloves garlic, peeled and halved or rough chopped
- 800ml low salt vegetable stock or bouillon
- 2 tsp harissa (see recipe on kelliesfoodtoglow.com)
- 1/2 lemon, juiced
- 75g freekeh
- 1 tsp ras-al-hanout {optional}
- Equipment needed: baking tray{s}, saucepan, blender

1. Toss the squash, celeriac, carrot and onion

in a drizzle of olive oil and spread over two baking sheets. Bake at 180°C (350°F) for about 30 minutes, stirring once. Ten minutes before the vegetables are done, stir in the garlic.

2. While the vegetables are roasting, heat 1 tsp of oil in a small saucepan and add the freekeh. Let it get a little toasty then add the ras-al-hanout, stir, and cover with twice the volume of water. Bring to the boil then simmer, covered, for about eight minutes, or until the freekeh is cooked but still has some bite to it. Drain and set aside.
3. Bring the vegetable stock to the boil. Add the vegetables to a blender along with one-third of the hot stock. Remove the stopper on your blender and cover with a teatowel. Blend the soup until smooth, then pour in the remaining stock and 1 tsp of harissa, and whiz a bit more gently, just to blend. Taste and add the remaining harissa and lemon juice if you like. For a child-friendly version, ditch the harissa and perhaps the freekeh.
4. Serve the soup, adding a heaped spoon of freekeh and topping with a drizzle of harissa slaked in olive oil. Serve warm rather than super hot.

Save our surgeries



What are SCPN members telling us about cancer prevention? We asked Dr Susan Bowie to give us her thoughts on cancer prevention and management in primary care and where the challenges lie. Her story from rural Shetland echoes throughout the country and reminds us of the need to support essential primary care services.

I've been a GP now for 30 years. Most of my working life has been spent providing care to our practice in Hillswick in the far North of Shetland. As well as being a rural GP, I'm a patient, mother, wife, carer and I've also got cancer. Primary care is mostly what I do, though I also work in the hospital as a GP with a special interest in paediatrics.

Our practice may be small but it's like a microcosm of the NHS. But never at any time in my working life have I been more worried about the NHS and the future of small rural practices. Patients are suffering as easy access to GP services (in or out of hours) diminishes due to losses of GPs due to retirement, not enough being trained, loss of GPs abroad, amalgamation of practices, GP burnout, change of contracts and lack of investment in primary care. Inevitably this means that patient care is affected including how quickly they can get diagnosed if they have worrying symptoms. If patients can't see their GPs they end up clogging casualty departments, which means long waits for the seriously ill. And casualty is not a great place to diagnose cancer, with poorer outcomes, but that's happening more and more. [Read more.](#)

General practice in Scotland, especially rural general practice is under real threat. We need our Health Boards and Scottish Government to truly support primary care and to invest in their small GP surgeries which often provide extra value, such as dispensing of medicines, emergency and palliative care and covering their own out of hours. It is clear that when doctors leave or retire, positive investment is needed to see a future rather than threatening to close surgeries, amalgamate them, remove dispensing or substitute medical care by nurses.

So the last straw for me was when yet another GP left Shetland and one of our senior managers declared there was no future for single handed general practice, which of course has been the backbone of Rural GP care for 100 years. A few of us said enough is enough, and so Save Our Surgeries on [Twitter](#) and [Facebook](#) campaign was started. We also have a [38degrees campaign](#), and seem to have raised the profile in the press, at Health Board level, and at MSP level, that there is a significant problem. So far there has not been much in the way of solution other than a promise of more nurses in general practice though worryingly not much sign of more GPs who are the ones trained to diagnose and think about cancer.

Support is needed - lobby your MSPs, like and share our Facebook page, and talk to your Health Boards and remind them who they serve...their patients.



Getting active ideas from round the world

As part of an initiative launched by the local city government to combat the nation's obesity crisis, health officials have set up 30 health stations in subway and bus hubs around Mexico City. The stations feature machines that are equipped with a motion sensor to measure the number of squats people complete. At the same time users are given health messages about healthy lifestyle choices e.g. swapping sugary drinks for water and to exercise daily. Once they've finished, the device gives squatters a receipt that can be exchanged for a subway or bus fare. Mexico City has also opened 300 outdoor gyms and distributed more than 70,000 free pedometers. Council officials estimate that these initiatives are helping around 90,000 citizens to become more physically active.



A similar scheme was introduced as part of a wider campaign to encourage Russians to exercise regularly before the Sochi Olympics in February 2014. Commuters at Vystavochnaya station in Moscow were being given free metro tickets in return for performing 30 'Olympic-standard' squats within a two-minute time limit. A supervisor was on hand to ensure the commuters were not slacking in their squats and a single ticket, worth 30 rubles (57p), was printed out if the challenge was successfully completed.



Meanwhile in France mobile phone charging bike stations have been installed in many main train stations. Travellers can peddle in order to generate electricity which then charges their mobile phone. The harder you peddle, the faster your phone gets charged!



This technology is also marketed at shopping centres, hospitals etc. – any public area where people might appreciate being able to charge their mobile phone while exercising and socialising at the same time.

<https://www.youtube.com/watch?v=JKpGoZI836A>



SCPN Survey infographic

25%

response rate

41%

pass their newsletter on to more than

2000

people



research networks, all staff in 4 NHS regions, CHAIN, MSPs

What our members think about the newsletter



find it informative



rated editorials excellent/very good



find it relevant to work/life

What our members think about recent initiatives

	Useful	Interesting	Irrelevant	Annoying	Haven't seen this
Healthy meetings	35%	35%	2%	2%	26%
Healthy selfie Twitter	10%	26%	3%	5%	57%
Soup on Saturday Twitter	10%	20%	4%	1%	66%
Blog	15%	32%	2%	0.5%	51%
eUpdate	39%	38%	0%	0%	23%



1 in 3 respondents follow us on Twitter or Facebook

80%

think the new website is better but most people only visit it occasionally



Newsletter and conference are excellent ways to keep up to date with cancer prevention in Scotland.

Over 40 new ideas for the newsletter – we are on to it!

SCPN students



There is an urgent need to increase the understanding of disease prevention for the betterment of future health. We need to educate a new generation of health professionals to be fully informed about the evidence for disease prevention and the actions needed to reduce risks and.... to be

advocates for healthy living for all.

To this end in September a new SCPN student society was born at the Universities of Dundee and Glasgow. Stalls were set up at Dundee's medical student fresher's fayre and Glasgow's medical student induction day and over 100 students signed up.

SCPN student aims to provide students with the most up to date scientific and behaviour change evidence on cancer prevention and screening through student led supper seminars, social media and the annual SCPN conference. Clinical visits will also afford students an opportunity to gain insights into the practical issues for clinicians working in cancer care and prevention (including public health, cancer screening and oncology).

All students of medicine or allied health professions are welcome to join by signing up on the SCPN [website](#). Also keep an eye out for SCPN student on Twitter ([@scpnstudents](#)) and [Facebook](#).



#GetChecked for cancer



Checks have been popping up all over Scotland as a new campaign to highlight the importance of finding cancer early gets underway.

#GetChecked, which forms part of Scotland's effort to turn the Big C into the wee c, aims to make check patterns synonymous with early cancer detection. The idea is that every time someone sees a check, they think about visiting their GP if they have concerns, attending screening when invited, or

encouraging a loved one to do the same.

Finding cancer early remains key to boosting cancer survival rates - around 1,000 deaths could be avoided each year if Scottish cancer survival matched the best in Europe.

A host of organisations and people the length and breadth of the country have already backed the Scottish Government and Cancer Research UK drive by proudly displaying their colourful checks.

Retailer M&Co kick started the campaign, emblazoning their stores in check and early detection information to build belief that finding cancer early saves lives. Staff at Cancer Research UK stores across Scotland are also busy raising awareness of the importance of early detection with customers, taking checked selfies and handing out leaflets to shoppers.

Statistics show that the likelihood of surviving breast cancer is five times higher if detected at an early stage compared to a late stage, 14 times higher for bowel cancer and 20 times higher for lung cancer.

Speaking at the launch of #GetChecked, Health Minister Shona Robison said:

"We know more about cancer today than ever before, and thanks to early detection, research breakthroughs and treatment advances, half of men and women now survive cancer in Scotland.

Early detection is one way we can all help turn the Big C into the wee c, and we're calling on the people of Scotland to show their support by wearing their checks."

Tweet your checked selfie using #GetChecked - and visit [theweec.org](#) for more information.

Realising potential for health and preventive measures

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



Some food for thought for health professionals, in the quest for effective cancer prevention:

All advice and prescribing, and goals for disease management, should reflect the context in which people live.

People who face the greatest challenges in life usually have more than one risk factor to cope with. They have many. Whilst it is important

that people understand the importance of taking preventive steps, the context of their lives may be such that they are unable to respond to the messages they hear; they have more immediate stresses such as lack of money or unstable relationships; and smoking, comfort eating and/or drinking may be the habit that, they perceive, gets them through. Most people aspire to improve their lot; providing a compassionate, effective service which understands the circumstances in which people

live must be the starting point for considering interventions- way before agreeing goals, encouraging and monitoring progress.

Make your service attractive, and barrier-free to people who find services most difficult to reach.

We talk often about 'hard-to-reach' people or populations. In fact, it is the other way around. The same people find services hard to reach, for all sorts of reasons. It is for service providers to respond to the barriers that service users perceive. How long does the phone ring? How does the receptionist come across? Is the website easy to use? Are the clinic opening times suitable? Is everyone in that service sensitive to your privacy or other fears? Are other relevant services co-located in the same building or neighbourhood? Is the signposting in the right languages for all service users, or are symbols or tactile signs more appropriate? And so on.

The first 70% of people who come along to a health programme are probably the healthiest, experience fewest barriers to access, and can negotiate their way through the maze of public services that are there to support them. The last 30% find this increasingly difficult, and yet they are the ones who are the most important in terms of realising their potential for health and preventive measures. It is not their challenge; it is ours.

Combining screening and prevention - Improving smoking cessation services within the colposcopy clinic

Alexis Rumbles, Hospital Co-ordinator Stop Smoking Services, St John's Hospital

In 1998, Szarewski and Cuzick (1998) reported that smoking doubles the chance of developing cervical cancer (1). For patients with a low grade abnormal cervical smear, conservative treatment with abstinence from tobacco leads to a reduction in lesion size over a six month period, encouraging smears to return to normal (2). In women with a high grade abnormal cervical smear, ongoing smoking has been found to be an independent risk factor of treatment failure (3).

A survey of women attending NHS Lothian colposcopy clinics found few women had knowledge of the impact of smoking

on cervical health prior to attending for colposcopy. Subsequently a national questionnaire survey of Scottish colposcopy clinics was carried out to identify what written literature and verbal advice was available for women with abnormal cervical smears and who supported their smoking cessation quit attempt.

Results highlighted variability in practice nationally - smoking status was not always established, inconsistent advice was given regarding complete smoking cessation (some clinics advised tobacco reduction), little written literature was available and only five

clinics referred patients to a specialist stop smoking service (SSSS).

As a result of the survey findings, to establish best practice within NHS Lothian:

- Verbal and written information was standardised across all colposcopy clinics.
- Patients were to be advised on complete cessation. With concern of impact on clinic time, all colposcopy staff attended sessions to improve their skills to discuss the benefits of smoking cessation in around one minute.
- Three other Scottish health boards have implemented the Lothian model.

1. Szarewski A, Cuzick J. (1998) Smoking and cervical neoplasia: a review of the evidence. *Journal of Epidemiological Biostatistics* 3: 229-256.

2. Szarewski A, Jarvis M, Sasienski P, Anderson M, Edwards R, Steele SJ. (1996) Effect of smoking on cervical lesion size. *Lancet* 347:941-943. [PubMed](#)

3. Alcadios NN, Sutton C, Mandal D, Hopkins R, Zaklana M, Kitchener H. (2002) Persistent human papillomavirus infection and smoking increase risk of failure treatment of cervical intraepithelial neoplasia (CIN). *Int J Cancer* 98:435-439 [PDF](#)

Cancer Incidence Projections for Scotland 2013-2027 – for us and the next generation

Andrew Deas, Information Services Division, NHS National Services Scotland



Predictions of cancer incidence can help to plan cancer services for the future. The Information Services Division (ISD) of NHS National Services Scotland has recently published cancer incidence projections for Scotland up to the year 2027.

The projections assume that recent trends in cancer incidence will continue and that predictions of the size and composition of the future population of Scotland are accurate.

Projections of cancer incidence were calculated for three 5-year periods: 2013-2017, 2018-2022 and 2023-2027. The

number of new cases of cancer (excluding non-melanoma skin cancer) is predicted to rise from nearly 153,000 cases in 2008-2012 to approximately 204,000 cases in 2023-2027, an increase of 33%.

The number of new cases of lung cancer is projected to increase by 20% between 2008-2012 and 2023-2027. For females, the percentage increase is predicted to be 29%, in comparison to 12% for males. The number of cases of lung cancer in females is predicted to be more than in males for the first time in 2013-17. This reflects the historical patterns of smoking in the population.

The number of new cases of breast cancer is projected to increase by 27% over the same period, from just over 22,400 cases to nearly 28,600.

Much of the projected increase in cancer can be explained by the ageing population in Scotland. The over-65 population is predicted to increase by 35% between 2012 and 2027. Risk factors including smoking, obesity, diet, and alcohol consumption will also influence future trends in cancer incidence for us and the next generation.

Further information

The publication report is available on the [ISD website](#) along with accompanying data tables.



Save the date SCPN conference – What's new in cancer prevention?



When: World Cancer day, Thursday 4th February, 2016

Where: Merchants Hall, Edinburgh

Price: £50 (information on price reductions and support for travel costs available on request)

How to book: Please look out for details on our website and monthly eUpdate or book on scpn@cancerpreventionscotland.org.uk.

Programme: available on 1/11/2015

As health professionals, patients and policy makers we need the most up to date evidence at our fingertips to help change our way of life and stack the odds of developing cancer in our favour. The SCPN 2016 conference will provide expert commentary on the most recent research and showcase **best** practice on lifestyle and reduction in cancer occurrence and recurrence including the all-important patient voice.

Obesity Action Scotland

Lorraine Tulloch, Programme lead

In 2014, 65% of adults aged 16 and over were overweight, including 28% who were obese. The level of obesity increased between 1995 and 2008 but has not changed significantly since (1). Whilst it is welcome news that we are not currently seeing a significant year on year increase, we cannot be complacent. The underlying trend remains upward and the prevalence of raised waist circumference among women is still increasing (2).

Obesity Action Scotland is a new unit (based within the Royal College of Physicians and Surgeons of Glasgow) that has been established to provide clinical leadership and independent advocacy on preventing and reducing overweight

and obesity in Scotland. The Steering Group is chaired by Dr Andrew Fraser, Director of Public Health Science, NHS Health Scotland. Once fully established, Obesity Action Scotland will be calling for significant action to be taken to tackle the obesogenic environment. We can no longer view this issue as simply one of lifestyle and individual choice. We must recognise the key role the obesogenic environment plays and we must take radical action to deliver improvements in this area.

The unit looks forward to working with a wide range of people within the clinical and community professions to tackle the most pressing new epidemic of our time.

1. Scottish Health Survey 2014 edition Summary Report <http://www.gov.scot/Resource/0048/00485587.pdf>
2. Castle A. SPICE Briefing Obesity in Scotland. The Scottish Parliament. January 2015

The Medal Routes project

The Medal Routes project was set up as a legacy of the Glasgow Commonwealth Games to encourage people to get to know the paths and green spaces in their area.

The current government recommendation for physical activity in adults is 150 minutes of moderate exercise per week and what better way to achieve that than by walking. Walking is simple, affordable and enjoyable.

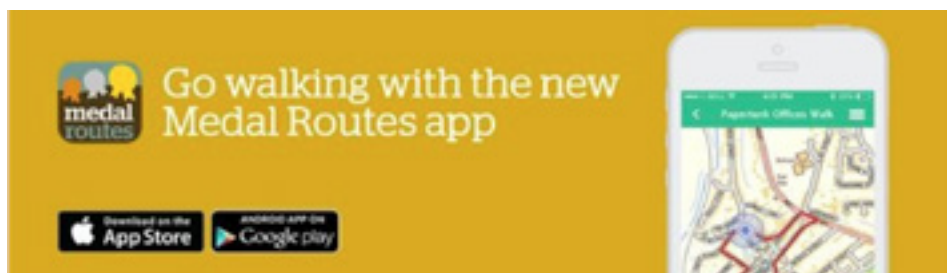
The medal routes project has selected 'hubs' such as a café, sports centre, library, or health centre across the country to be the start and end point of walking routes designed to take approximately 15, 30 and 60 minutes to complete.

Why not give a Medal Routes walk a go?
Find a Medal Routes walk close to you.

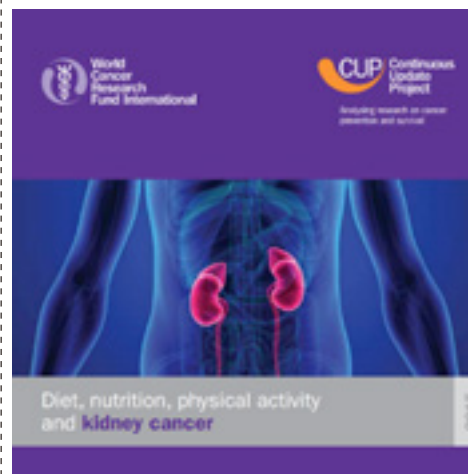
The Medal Route project has also developed a new app to give people on the move access to over 360 Medal Route walks. You can also

- create and share your own favourite walks
- set yourself personal goals and monitor your progress
- count your calories and steps
- have access to lots more useful information

The app is available now for all Android and Apple devices. **Download now.**



WCRF Kidney Cancer



The latest update report from The World Cancer Research Fund [1] analyses worldwide research on how certain lifestyle factors affect the risk of developing kidney cancer. Currently the 12th most common cancer worldwide, with 337,860 cases recorded in 2012, it is predicted that the incidence of kidney (renal) cancer will rise by 22% by 2020. Since the 2007 Second Expert Report [2] 29 studies comprising nearly 9.7 million adults and 15,039 cases of kidney cancer have reported their findings. From this body of research there is strong evidence that being overweight or obese or that being tall increases the risk of kidney cancer. There is also strong evidence that consuming alcoholic drinks decreases the risk of kidney cancer, when consuming up to 30 grams (about 2 drinks) a day, however it is also important to remember that there is strong evidence that alcohol is linked to an increased risk of five other cancers. None of these findings are new but they serve as a timely reminder that maintaining a healthy bodyweight is the most important recommendation for stacking the odds against cancer occurrence or recurrence after smoking cessation.

1. World Cancer Research Fund International/American Institute for Cancer Research. Continuous Update Project Report: Diet, Nutrition, Physical Activity and Kidney Cancer. 2015. Available at: wcrf.org/kidney-cancer-2015
2. World Cancer Research Fund/American Institute for Cancer Research, Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective. wcrf.org/int/research-wefund/continuous-updateproject-cup/second-expert-report. 2007.

Ask the experts

Rachel Thompson, Head of Research Interpretation and Martin Wiseman, Medical and Scientific Adviser
World Cancer Research Fund International

New evidence suggests that eating red meat has very little impact on bowel cancer risk - how strong is the evidence now?

Recently there has been confusion about the link between red meat and bowel cancer. In 2011, the Continuous Update Project (1) found strong evidence that eating red meat increases the risk of bowel cancer.

The analysis of cohort studies showed 17 per cent increased risk per 100g red meat per day and 18 per cent increased risk per 50g processed meat per day. Meat contains haem, which promotes the production of N-nitroso compounds and cooking at high temperatures produces heterocyclic amines and polycyclic aromatic hydrocarbons – both have been linked to cancer. Some argue the associations are weak and hard to interpret

because of difficulties in measuring diet, and other factors that may explain the link. Nevertheless the association is consistently found, and in any case these issues are more likely to result in an underestimation of the effect. WCRF advises eating no more than 500g (cooked weight) a week of red meat and eat little if any processed meat.

1. World Cancer Research Fund / American Institute for Cancer Research. Continuous Update Project Report. Food, Nutrition, Physical Activity, and the Prevention of Colorectal Cancer. 2011. Available at: wcrf.org/sites/default/files/ColorectalCancer2011-Report.pdf

Exercises in the car?

How much of our time do we spend sitting in cars – as drivers and passengers? Market research (1) has reported that men spend 533 hours behind the wheel each year and women 506 hours. A significant contributor to sedentary time, which contributes to many health risks, including cancer.

If on a long journey remember to take regular breaks to move around or even go for a walk.

Unless we are motorway driving, car time is usually interspersed with short breaks such as sitting at traffic lights or in a queue. Take advantage of these few minutes at rest to do some chair based exercise. Or if a passenger... make the most of those journeys.

Here are a few suggestions but ONLY if it safe to do so!

Abdomen

Lift both of your feet off the floor and rotate them in circles – five times clockwise and five times anti-clockwise.

Neck and shoulders

- Keep your arms still and roll your shoulders forwards five times. Then backwards, five times.
- Raise both hands straight up over your head, as far as you can. With one hand, grasp the elbow of the opposite arm and gently pull it in towards the back of the head. Hold the stretch for 15 seconds. Repeat on the other side.
- Lower your right ear to your right shoulder, then roll your head chin to chest to bring your left ear to your left shoulder. Hold each position for five seconds and repeat 10 times.
- Place your right hand over the left shoulder.

Place your left hand behind your right elbow, extend your right arm and gently press the elbow toward shoulder. Hold the stretch for 15 seconds. Repeat on the other side for 15 seconds. Only perform this stretch if there is no one sitting next to you!

Pelvic floor

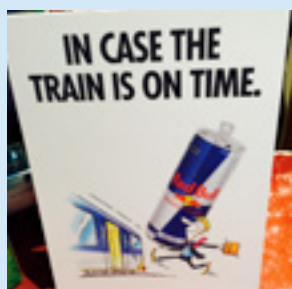
All **pelvic floor exercises** can be done at the wheel e.g. imagine pulling your belly button in to your spine and repeat times as many times as you can (a seated version of a pelvic tilt really)...



Would you like to see more or less of this?

Yes please or No thank you

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



New YouTube learning



Most of us have seen the excellent, motivational YouTube by Dr Mike Evans called 23 1/2 hours <https://www.youtube.com/watch?v=aUainS6HIGo> which gets the evidence and messages about the benefits of physical activity over in 9 minutes.

Now Dr Evans has produced a similar one on diet called 'What's the Best Diet? Healthy Eating' <https://www.youtube.com/watch?v=fqhYBTg73fw>

This new video lasts for 15 minutes and is one of the best fast guides to health eating, attitudes to food and ways to wellness... highly recommended!

Nominations needed

This type of communication can be a really powerful tool to learn more about health

messages.

At the next SCPN conference, we want to showcase powerful videos about lifestyle behaviours which impact on cancer risk. We are looking for your nominations (including self-nominations by organisations or individuals) for a short video (less than 10 mins long) related to cancer prevention (tobacco, sun awareness, diet, physical activity, weight, screening etc.). Just send us a note of your nomination with a link by 31st December 2015 (scpn@cancerpreventionscotland.org.uk) or see more details on our [website](http://www.scpn.org.uk). Short listed entries will be presented at our conference on World Cancer Day, 4th February 2016 and delegates will be asked to judge the winner.

Inspire Lung Cancer Magazine



Inspire lung Cancer Magazine is a free magazine for people who are living with lung cancer and their carers. The magazine, produced by the Roy Castle Lung Cancer Foundation, provides news and information about developments in lung cancer treatment and care. It also offers friendly professional advice and the sharing of real-life lung cancer experiences. If you're a patient or carer and would like to receive Inspire, please visit www.roycastle.org/signup. Or if you're a health professional who would like to receive free copies of the magazine to distribute, head to www.roycastle.org/ordersupplies.

Have you been affected by bowel cancer?

Interested in making a difference and helping others?

We are seeking more volunteers across Scotland to help us raise awareness and join our valued team. Bowel Cancer UK (Scotland Office) is a national charity determined to save lives and improve the quality of life for all those affected by Bowel Cancer – Scotland's second biggest cancer killer.

As a Volunteer raising awareness you will be:-

- Fully trained and supported by our team with all expenses paid
- Delivering our awareness presentation to a range of community groups, organisations and services.

If you are interested in helping others then please get in touch for more information. Thank you!

scotadmin@bowelcanceruk.org.uk

Look out for the SCPN #aboutabike social media campaign which is running every weekend through October.



The strap line for cancer reduction is "Be physically active in everyday life. Limit the time you spend sitting". The background and review

paper on physical activity and cancer reduction [read more](#) is persuasive that getting active is a great idea. Cycling is a really pleasing thing to do and it just happens to add to our physical activity levels.

During October, the **SCPN is promoting cycling** to encourage physical activity as

recommended in the recently published **European Code against Cancer**.

Firstly there is a blog **ABOUT A BIKE – NOT ABOUT LYCRA** - a very personal account of a life spent cycling.

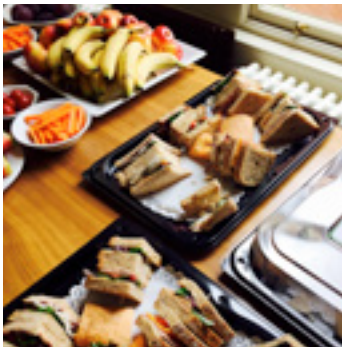
Also look out for our Friday, Saturday and Sunday ideas

#AboutABike to encourage beginners and those who haven't cycled for a while to get out with pedals. The @thescpn social media campaign is designed to encourage those who don't fancy lycra but might just enjoy biking and increasing activity levels, improving balance and seeing a bit more of the world in low gear. Highly recommended!

What have we been doing recently?

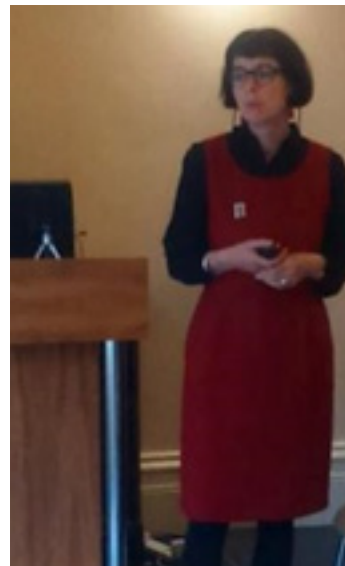
Healthy meetings

Thank you to the Irish Cancer Society and Bowel cancer UK for a great healthy meeting! Encouragement to move and fab food and refreshing water.



Presentations.....

Prof Annie Anderson presented at the Irish Cancer Society and Bowel Cancer UK study days talking on obesity and cancer and #healthymeetings. As a result nearly 100 people signed up to the network.



Better living better health

This summer saw the SCPN embark on a new venture – a public facing magazine which was distributed to 2400 women attending for breast screening in the West of Scotland.

We are busy evaluating the project now but feedback so far has been very positive. We thought you might like to read the magazine. Please access it [here](#). We hope you enjoy it and feel free to pass it on to friends and family.



Healthy meeting support

Our most recent supporters and ambassadors include:

Dr Catherine Calderwood – CMO Scotland

Jenny Marra MSP – Shadow Cabinet Secretary for Health, Wellbeing and Sport, Scottish Parliament

Jim Hume MSP – Scottish Liberal Democrat Spokesman for Housing and Health

Jackson Carlaw MSP - Scottish Conservative Deputy Leader and Health Spokesman

More supporters and ambassadors are always welcome. To pledge your support please email us here:

healthymeetings@cancerpreventionscotland.org.uk

SCPN 

Scottish Cancer Prevention Network
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

The SCPN on Social Media

Search for thescpn

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