Volume 1 Issue 2 April 2010

SCPN Scottish Cancer Prevention Network Newsletter

Editorial

Welcome to the second newsletter which contains lots of information exchange for those working on cancer prevention (both primary and secondary) in Scotland. Big thanks to everyone who provided feedback on the first issue and thanks also to those who contributed to the current issue. This issue is also bigger in size than issue 1 reflecting the range of contributions that have come in. All sorts of news, reviews and views are welcome.

Members of the network have been busy organising work around our themes and in addition to the editors work on information, misinformation and education, we have Paul Ballard (NHS Tayside) leading on health inequalities (p.ballard@nhs.net) and Vickie Crichton (Scottish Cancer Coalition and CRUK in Scotland) leading on advocacy issues (vicky.crichton@cancer.org.uk)

We also recognise the importance of good media links not only for communication reach but also to help avoid being the focus of media entertainment and Gayle Culross Communications Manager at NHS Tayside has now "volunteered" to be our guide on these matters.

They will all join the executive group which now includes Dr Eddie Coyle (Director if Public Health, Fife) representing NHS Public Health, Dr Laurence Gruer representing NHS Health Scotland, Dr Christine Campbell representing Scottish School of Primary Care and Fergus Milan from Scottish Government. We also hope that two further "recruits" to represent patient advocacy and industry/workplace will also join the group soon. Our aim is to create a community of stakeholders who can identify and take actions to help raise cancer prevention activities in an equitable way across Scotland population.

The website is now up and running

www.cancerpreventionscotland.co.uk/

Please check out the site and do tell us if there are resources you would like to have on the web .

In this issue:

Date for the diary…

Scotland against Cancer conference.. Putting Policy into Practice.

Monday 28th June, 2010.

Stirling Management Centre, Stirling University.

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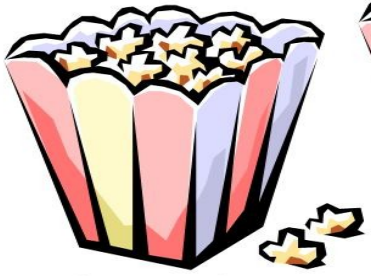
Lights, Camera... Calories?!

For many film-goers a night at the movies provides the opportunity to escape the mundane realities of every day life and venture into a world of fantasy, glamour and make-believe. With 164 million visits to the cinema in 2008[1] watching a movie on the big screen is notably a popular pastime in the UK. However recently concern has grown regarding the nutrient content and portion sizes of foods on offer at the cinema. Talking to the Times newspaper[2] the Food Standards Agency Chief Executive, Tim Smith, stated his unease regarding the "myth" that popcorn was calorie free and the large portion sizes of snack items sold in cinemas. So just how many calories are you likely to encounter on your next trip to the cinema? Well that depends on what you purchase. Many cinemas offer "combination deals" where cinema patrons can purchase larger portions of popcorn with drinks and additional energy dense sides (such as nachos, hot dogs or confectionary). A recent Nutrition Action Healthletter article[3] reported that combination purchases (e.g. medium popcorn and medium soft drink) contained as many as 1610 calories and 60g of saturated fat. Using this research[3], we'd like to invite you to take our test to see if you are *calorie clueless* or *calorie clued up* at the cinema.... (and remember we haven't included any additional drinks or sides you may be tempted to purchase!!)

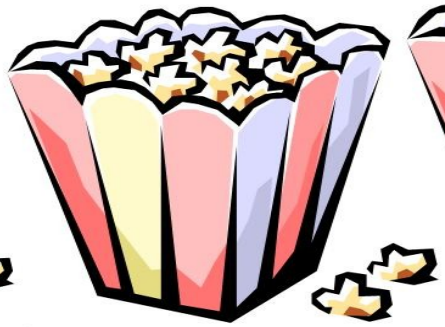
1. Small popcorn portion (approx 66g of popcorn)



Has how much saturated fat per portion?

a) 10g
b) 20g
c) 30g
d) 40g

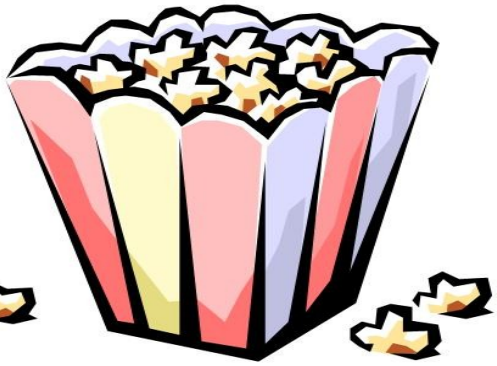
2. Medium popcorn portion (approx 99g of popcorn)



Has how much sodium per portion?

a) 110mg
b) 220mg
c) 330mg
d) 440mg

3. Large popcorn portion (approx 176g of popcorn)



Has how many calories per portion?

a) 830 calories
b) 930 calories
c) 1030 calories
d) 1230 calories

Answers: 1b, 2c, 3c

1 Office for National Statistics (2010) *Cinema*. Accessed March 2010, available at: http://www.statistics.gov.uk/CCI/nugget.asp?ID=572&Pos=&ColRank=1&Rank=358

2 The Times (2010) *Popcorn and fizzy drinks should get a calorie X rating.* February 27th 2010. Available at: http://www.timesonline.co.uk/tol/life_and_style/health/article7043136.ece

3 Hurley, J. and Liebman, B. (2009) BIG. Movie theatres fill buckets... and bellies. *Nutrition Action Health Letter.* December. Accessed March 2010, available at: http://www.cspinet.org/nah/articles/moviepopcorn.html

Preventing cancer recurrence ..

The importance of adherence to anti-cancer therapies

Recent research in Tayside has shown the importance of strict adherence to tamoxifen for patients with breast cancer to prolong survival. The research has shown that women increased their risk of dying of breast cancer by as much as 10 per cent by missing even one tamoxifen tablet every five days.

Among women who were prescribed tamoxifen, 37% overall discontinued the drug. Ten percent stopped taking the drug within one year; 19% stopped within two years and only 49% of women followed for at least five years received the drug for a full five years as now recommended.

The research studied all women with incident breast cancer from 1993 to 2002 using the CHI-number for each of the 2,080 women to link hospital records, prescription records, comorbidity, and socioeconomic status. The records were anonymised to protect the privacy and confidentiality of the patients.

Although these results were limited to tamoxifen they may have implications for other oral anticancer therapies. Aromatase inhibitors (AIs are becoming the standard of care in the treatment of postmenopausal women with breast cancer, but tamoxifen remains the standard in premenopausal women). Research from elsewhere has already suggested that patients are discontinuing or failing to take AIs as prescribed, in similar numbers to tamoxifen. The research team have received funding to continue their work and expand it to include patients receiving AIs.

The researchers could not explain why women were taking the risk of stopping the treatment but concluded that side effects or a belief that the drug would have little benefit may lie behind the decline. However, there is clearly a need to explore lay beliefs and understanding about the use of the treatment especially as time from the initial treatment increases. Clearly health professionals need to learn the patient perspective and try and address relevant issues where they can, notably about coping with side-effects and effective drug useage. Patient interactions where the practitioner and patient can listen and learn together seem timely.

For more details see : McCowan C, Shearer J, Donnan PT, Dewar JA, Crilly M, Thompson AM, Fahey T P. Cohort study examining tamoxifen adherence and its relationship to mortality in women with breast cancer. BJC 2008 99 1763-68.

Cancer prevention in Scotland – want to get involved in SCPN activities?

If you have 10 minutes a week, 10 hours a month or anytime at all let us know. Help is needed with wee things like typing, filing, phone calls and bigger things like organising visits, preparing materials.....

If you have something interesting to pass on to the SCPN Newsletter about Cancer prevention in Scotland let us know e.g.

- An interesting newspaper article
- Your questions and queries about advice and actions
- Your views and experience
- A report
- Update of work in progress

Don't worry about the writing style or length – we can edit! **a.s.anderson@dundee.ac.uk**

Preventing cancer recurrence ..

Getting physically active

Being physically active doesn't have to mean jogging, mountain climbing, playing sports or regular swimming. It can include all these things but being "physically active" can mean 30 minute **brisk** walking five times a week. This equates to 1.5% of the daily week, not really time consuming when put into perspective… and yet the last Scottish Health Survey showed that only 35% of women and 46% of men achieved this level of physical activity. The case for becoming more physically active for primary prevention of cancer has been well made and indeed recognised as challenging in our sedentary Scottish ways of life, but, what is becoming clearer is the need to support cancer survivors to become more active.

An excellent review* on Physical activity interventions for cancer survivors was published in March and recommends that cancer survivors should "*seek out the opportunities exist towards being physically active and oncologists should also become aware of the benefits of exercise and endorse existing guidelines as well as referring patient to certified exercise trainers".*

We still don't know the exact details of what interventions work best at what stages of the cancer journey and how to encourage adoption and maintenance of physical activity but getting started and goal setting towards current recommendations seems the least that health professionals should be able to recommend.

If you want to know more about the case for physical activity for cancer survivors I recommend the following article .. or email the editor for a copy

Irwin ML (2010) Physical activity interventions for cancer survivors Br J Sports Med 43 32-38

Planet Health and individual health

The Internation Union against Cancer (UICC) have highlighted the role of climate change in public health and how action to reduce greenhouse gas emissions can help reduce the death toll from cancer and other health problems. A statement was released from UICC after an article in The Lancet reported that

"Effects of climate change on health will affect most populations in the next decades and put the lives and well being of billions of people at increased risk". Reducing greenhouse gases by increased walking and cycling among other initiatives would not only help offset the trends in global warming, but also lessen the number of deaths caused by cancer, CHD and strokes.

One illustration of how transport policies to reduce global gas emissions can also help reduce disease risk reduction is taken from new London transport policies to boost cycling and walking which are estimated could cut breast cancer up to 13 percent and heart disease and strokes by almost 20 percent by 2030. Reducing meat and dairy consumption are also among the ways people can reduce methane production and help to reduce risk from bowel cancer. Energy dense foods and drinks and the processing, chilling and distribution chain have both a **cost to the environment and a cost to cancer risk** through obesity. Looks like joined up action for the health of the nation and the heath of the planet can only be good...

In each issue we hope to highlight the work on prevention that cancer agencies in Scotland are undertaking.

Bowel Cancer UK (BCUK) has a Scottish office in Edinburgh with a new staff team comprising Jan Anderson (Scottish Regional Manager) and Emma Brooks (Health Promotion and Outreach Officer for Scotland).

BCUK has a range of priorities in Scotland that include promoting preventative strategies through good diet and exercise, increasing awareness of symptoms, campaigning for best treatment, delivering specialist advice and peer support to those affected and researching the dietary, exercise and lifestyle information needs of survivors. We seek to involve people with experience of bowel cancer at the heart of everything we do and to reach out to those groups that may be harder to reach.

Bowel Cancer Awareness Month is held during April each year and this year our theme is 'Let's Get Moving' with the promotion of good health via exercise and diet. The charity has developed a new 'Good Bowel Health' booklet, and will be distributing this and other awareness materials such as a credit card-sized 'z' leaflet at information stands in hospitals, shopping centres and workplaces.

Recently we raised awareness of bowel cancer at the Retirement Show in Glasgow, attended by 6,000 plus delegates, with a small group of members of Deafblind Scotland and at a Men's Health Highland event in Inverness, attended by over 100 men and women. We are currently working with NHS 24 staff via editorials in the staff newsletter and information on the intranet and will be delivering awareness training to regional advisors from Healthy Working Lives who will disseminate this material via talks to the 1,500 small businesses they represent. We are delighted to be liaising with the health promotion team at Fife Council where we will be co-running a series of awareness activities, trailed by editorial in the staff newsletter and on the intranet and culminating in four health promotion days on digestive health for local authority staff and members of the community.

We are continually seeking creative ways of working in partnership with NHS and other professionals and volunteers to extend the reach of our small team. We are currently recruiting volunteers via colorectal nurse specialists, cancer support networks, local volunteer centres and other routes.

At a UK level, BCUK recently trained a group of 14 volunteers with direct personal experience of bowel cancer to deliver awareness talks in their local communities and offer 1:1 peer support by telephone to matched callers. We are keen to run similar training in Scotland as soon as a viable number of interested volunteers are available.

We are always looking for people with experience of bowel cancer (patients, survivors, relatives and carers) to share their stories to assist us in our awareness raising, campaigning and media activity or to get involved in our support and research activities. We are also looking for people to participate in a new Patient Advisory Group we intend to establish later this year.

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Alcohol – the debate

The Scottish Parliament's Health and Sport Committee is currently taking evidence from stakeholders on the Alcohol (Scotland) Bill. http://www.scottish.parliament.uk/s3/committees/hs/AlcoholBill/AlcoholBill.htm

The stated aim of the Bill is to "*reduce alcohol consumption in Scotland and reduce the impact that alcohol misuse and overconsumption has on public health, public services, productivity, and the economy as a whole*."

The Bill includes a number of measures, but the most contentious has been minimum pricing, with the SNP and many health campaigners backing the measure, but opposition parties claiming it's a red herring.

In response to this, Scottish Labour has set up its own Alcohol Commission, chaired by education expert Professor Sally Brown, to take a wide-ranging look at the issues surrounding alcohol consumption. The commission aims to influence the Bill, with a report due in the summer.

No-one is querying the link between price and consumption, but questions are being raised about the impact of the policy on 'moderate drinkers' and whether the measure would actually achieve reduced consumption. This issue is one which is familiar for people working on breast cancer prevention where current evidence (rated convincing) shows a 10% increased risk per 10g alcohol/day. In other words more than one small glass of wine a day is getting into known risk that could be avoided. However "moderate" is defined, this message on increased risk at one drink a day is an important and a consistent one that many breast cancer campaigners endeavour to communicate. There are risks for other cancers too as described by Allen et al. in their paper entitled *Moderate alcohol intake and cancer incidence in women* using data from the million women study who concluded that :

"Each additional alcoholic drink regularly consumed per day was associated with 11 additional breast cancers per 1000 women up to age 75; one additional cancer of the oral cavity and pharynx; one additional cancer of the rectum; and an increase of 0.7 each for esophageal, laryngeal, and liver cancers. For these cancers combined, there was an excess of about 15 cancers per 1000 women per drink per day".

It appears that, to date, there has been little reference in any of the political debates to the link between alcohol consumption and cancer, and more certainly needs to be done to highlight this. The concept of "*moderation"* is one which we widely see promoted but is that really appropriate in a culture and time where more women (of all ages and social backgrounds) are being diagnosed with breast cancer There is growing evidence that the social acceptability and promotion of alcohol consumption is not something that can be changed by health education and government policy to help support educational efforts are long overdue. Regardless of the outcome of the Bill, it's clear

Lowering alcohol for cancer risk reduction....

The messages on alcohol reduction for reducing cancer risk are clear and consistent but putting them into practice may be a bit harder... The World Cancer Research Fund (WCRF) has suggested one tip to start that alcohol lowering journey.. They say that alcohol reduction will decrease the risk of bowel cancer, which affects about 37,000 people a year in the UK, as well as risk of breast cancer, liver cancer, oesophageal cancer and cancers of the mouth, pharynx and larynx.

They have calculated that people who drink a large glass of wine a day could reduce their risk of developing bowel cancer by 7% just by switching to a lower alcohol option. The calculation has been based on changing intakes from a large glass (250ml) of wine every day switching from a wine with an alcohol content of 14 per cent wine to a 10 per cent wine.

Obesity and cancer risk... action and inaction

Obesity is an unpopular topic. Many professionals are unsure how to broach the topic in a sensitive manner and many may be unsure just how important obesity really is with respect to cancer risk and what to do with that information. Like alcohol consumption it is also an area that professionals may feel they have a personal challenge with.

The current data on obesity and cancer risk look consistent and in the last 4 months there has been a rapid increase in publications that alert us to the need for action on obesity prevention and management. Key et al (2010) in a review on Obesity and cancer risk in the Proceedings of the Nutrition Society highlight the risks that an increase in 10 BMI units bring for a range of different cancers. Risk varies by cancer site and by gender, but notable estimates are a relative risk of 1.44 for colon cancer in men, 1.40 for breast cancer in women and rising to 2.89 for endometrial cancer. These data highlight the importance of primary prevention and remind us of the sort of evidence that was needed to convince governments that tobacco use was unhealthy. Interestingly, there is now evidence based on forecasted life-expectancy to show that if obesity trends continue the negative impact on health will outweigh the positive effects gained from population decrease in tobacco use.

Obesity doesn't just happen overnight, the first marker is weight gain in adulthood initially at reaching overweight status (BMI >25kg/m^2) (currently two thirds of adult Scots) then climbing up to the obese classification at 30kg/m^2. Talking about weight gain rather than obesity per se may be an easier route into talking about obesity given that nearly all Scottish adults are gaining weight in adult life. Increasingly it is recognised that preventing obesity isn't just the responsibility of the individual but results as an interaction between the person and the obesogenic environment in which we live. This concept is at the heart of the new Scottish Government Policy on PREVENTING OVERWEIGHT AND OBESITY IN Scotland- a route map towards healthy eating (http://www.scotland.gov.uk/Publications/2010/02/17140721/0).

The route map provides a framework for developing action for reducing the burden of all obesity related disease and costs. The costs of obesity were estimated to be in the order of £457 million during 2007/2008, and these are predicted to rise and to "*reflect, perpetuate and potentially increase health inequalities".* The route map text notes that changing diet and activity behaviours to reduce obesity must now become the norm in Scottish society and recognises that we need to spend more on prevention indeed "*Scotland must be prepared to take radical action*". Exactly what the next steps will be in formulating action has not yet been specified. There is however no doubt that this will be the major part of the agenda for a new joint governmental leadership policy group, including Ministers, COSLA leaders and key stakeholders and be the visible focus for the route map, to ensure its implementation by holding decision makers to account.

Obesity **management** also needs to be part of the cancer prevention agenda. Difficult though weight loss may be, there is evidence from two long term Swedish studies demonstrating that weight loss (in this case achieved by obesity surgery) is associated with a significant decrease in cancer incidence (as well as diabetes and other morbidities).

Obesity isn't only associated with cancer incidence but also prognosis. Recent publications demonstrate that for colon cancer patients there are higher rates of cancer recurrence and mortality compared with normal weight patients. In breast cancer, there is also a growing body of evidence to show that obesity is positively related to risk of a second primary breast cancer as described by Li et al (2009) in the Journal of Clinical Oncology.

Thus, obesity management in cancer survivors is also an area of increasing importance but not one that Scotland has yet embraced. In the US, The American Cancer Society advise that *"For those who need to lose weight, it is likely that any weight loss achieved by physical activity and healthful eating is beneficial, with weight losses of 5% to 10% still likely to have significant benefits".*

For health professionals involved in weight management the newly published SIGN guidelines (http://www.sign.ac.uk/pdf/sign115.pdf) provide an evidence based approach to guide action. These guidelines highlight many strategies to assist the obesity planning and clearly present the magnitude of change needed to achieve weight loss. For example, in terms of physical activity for weight loss, 5 x 45-60 minute sessions per week (as well as a significant reduction in calorie intake) is recommended. This clearly says that activity for weight loss isn't just about a few extra bits of stair climbing but needs serious planning and serious social support. For those looking for materials and advise for obesity education and programmes the National Heart forum provide a wide range of resource leads on their Obesity Learning centre http://www.obesitylearningcentre-nhf.org.uk/. For basic beginnings on changing eating habits and activity the Ten Top Tips from CRUK provide an excellent range of goal based plans http://info.cancerresearchuk.org/healthyliving/obesityandweight/tentoptips/index.htm

Front of Pack Traffic Lights– a health literacy issue

The Food Standards Agency (FSA) have championed a Traffic Lights approach for communicating guidance on fats, saturated fat, salt and sugars for Front of Pack labelling in order to provide a simple, visual guide to aid consumer food choice. Traffic Lights are generally viewed as the most simple nutrient communication format, enabling everybody and especially people with poor literacy, numeracy and language skills to engage with food education programmes.

The number of adults with communication difficulties in Scotland is not insignificant. One study using data from the 1970 British Cohort Study reported that at age 34, 39% of Scottish males and 36% of Scottish females had literacy abilities at a level likely to impact on their employment opportunities. In the US, Huizinga et al. (2008) reported that low numeracy skills were associated with higher BMI and although a causal relationship could not be determined, there are implications for weight-reduction or healthy eating because those with low numeracy may be unable to interpret information such as food labels or weight management counselling, or make the calculations relevant to themselves. The potential for food labelling to improve complex health communications and health inequalities cannot be ignored!

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Research has repeatedly shown that the consumer bombarded with almost every possible variation on these themes merely requests a consistent approach that communicates the key messages as simply as possible.

Earlier this month the FSA board agreed a decision on Traffic Light labelling which basically means that the food industry can carry on with the plethora of approaches that are currently being used, and that the UK is not yet ready for a single communication approach. The FSA recommend that industry can adopt 2 of 3 approaches (traffic light colours, text gradings (e.g. low, medium, high) or numerical (%) GDA information) with a view to providing all 3 approaches ... "*in time*". We can but speculate on which part of the UK is not yet ready for traffic light labelling but it would not appear to be vulnerable consumers!

An example of a combined colour/word/% format is illustrated below...no missing the red warning here for all of us to see!