



Scottish Cancer Prevention Network

Newsletter

Editorial

The network works!! Thanks to everyone who has provided feedback on emails regarding lobbying on traffic light labelling, attending the Scottish Cancer Foundation supported lecture by Valerie Beral at the Royal Society and providing articles for this newsletter (with little persuasion needed!). There are new requests to join the network every month and clearly there is considerable interest in cancer risk reduction activities. The Scotland Against Cancer Conference included a lively discussion on lifestyle change and this is clearly a topic of passion for many Scots whether patients, members of medical charities, health professionals or academics.

To date, we have written little about prevention of skin cancer and it would be timely to have at least some mention of this now that we are in high summer. Our summer temperatures may not reach heat wave level but our UV exposure can still be excessive. It may seem like a message that's been around for a while but, in June the Scottish government brought the issue to the fore by reporting that the number of deaths from the skin cancer malignant melanoma has increased by more than one third in a decade. The NHS are reported to have said that it is relatively rare, accounting for 10% of skin cancer cases - but it also causes the most deaths and it can kill young adults.

Scotland has led the way in bringing in restrictions on the sunbed industry to protect young people from UV rays, but there's still work to be done to encourage sun awareness. Examples of good practice abound from Australia, but can we share some good practice initiatives in Scotland? The UV Alert is used widely in Australia as a prompt for when you should take "sunsmart" action. It is based on the Global Solar UV Index, a rating system adopted from the World Health Organisation. The higher the Index value, the greater the potential for damage to your skin and at levels above 3 action should commence! For many the first action would be sunscreen but no sunscreen will provide 100% protection from UV rays, so don't be fooled into a "roasting session" by assuming that a high protection factor will give licence to go into snooze mode. Hats, sunglasses and shade... in fact that Australian look has a lot to say for it!

Read Cancer Research UK advice on prevention of skin cancer for more details... two minutes reading has provided me with a new action plan (not least of which is noting that sun creams go out of date!!)

<http://www.sunsmart.org.uk/advice-and-prevention/index.htm>.

In this issue:

SCPN World Cup

Saving the environment fights cancer

Awareness of cancer symptoms

Continuing our spotlight on prevention work by cancer agencies in Scotland

Uptake of colorectal screening in Scotland

Are cancer risk reduction messages reaching the general public?

Cancer –risk reduction... obesity management in children- widening engagement in Tayside

Reducing cancer risk with a focus on obesity: physical activity and dietary intake ... what do we know?

The Cancer Emperors new clothes....

Editors
Annie S. Anderson
Bob Steele

We need contributions for the newsletter... send on details of interesting research, action, debates to us.

The Website is up and running www.cancerpreventionscotland.co.uk/

Please circulate this newsletter widely and we are happy to add new names to the circulation list



SCPN World Cup

Love it or hate it, there is no escaping the FIFA 2010 World Cup™. As fans from across the world become engrossed in a month long cascade of football matches and celebrations, football fever is almost unavoidable! And as the hysteria peaks, the “beautiful game” is no longer confined to our television screens with food and drink companies keen to benefit from the 2010 World Cup in their advertising and sales promotion strategies.

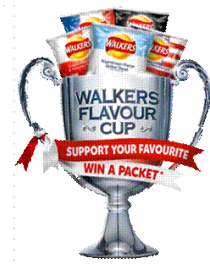
Watched by 26.2 billion fans globally and broadcast in 214 countries¹, sponsorship of the World Cup is a lucrative marketing tool for companies such as Coca-Cola, Anheuser-Busch (Budweiser), and McDonalds. Such marketing opportunities enable companies to market their (often energy dense) products to millions of football fans including children. In a

recent press release² the World Cancer Research Fund highlighted their concern at the unhealthy product advertisements and sponsorships children watching the World Cup would be exposed to. Unlike the Ofcom³ restrictions in the UK, which impact on the advertisement of unhealthy food products to children, the World Cup is exempt from such regulations. In light of the potentially young audience, the need for sporting events such as the FIFA World Cup™ to consciously promote healthy eating may have significant (positive) implications for public health.

Additionally, food promotions and advertisements embossed with World Cup logos are not only observed by football fans watching televised games, nor are they limited to the World Cup partners (e.g. Coca-Cola, An-

heuser-Busch and McDonalds). Supermarkets are loaded with World Cup related price promotions (particularly on energy dense, high fat snacks, fizzy drinks and alcoholic beverages) with many manufacturers keen to cash in by renaming existing products or expanding product ranges to include World Cup themed flavours or varieties (see image below). From a public health perspective, more effort is needed to ensure that the FIFA World Cup™ and similar large scale sporting events are used as a platform to promote and encourage participation in sporting activities. Linking healthy eating messages and eliminating the promotion of unhealthy foods must be high on the agenda for the 2014 World Cup, if we are to ensure that public health scores in future events.

Dr Dionne Mackison

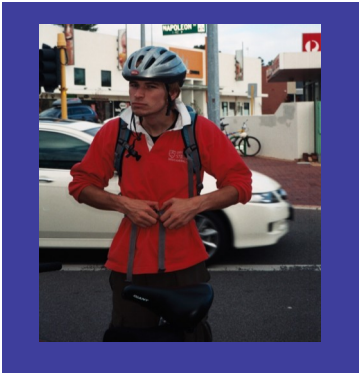


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Saving the environment fights cancer



The International 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, heart disease and strokes.

One illustration of 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 health of the planet can only be good...

Awareness of cancer symptoms

The awareness raising work being progressed by the Scottish Cancer Taskforce is currently centred on awareness of cancer signs and symptoms, with the aim of promoting earlier detection. *Better Cancer Care, An Action Plan* sets out a number of commitments around awareness raising and early presentation of cancer symptoms, in the context of rising project incidence rates in Scotland, and an apparent survival deficit during the first year following diagnosis, compared with other northern European states. On 22 January 2010, the SCT hosted a national workshop to explore these issues in more detail with colleagues from a wide range of backgrounds, including primary and secondary care health professionals, academics and representatives from the voluntary sector, the three regional cancer networks, NHS Education for Scotland, NHS Information Services Division and the Scottish Government.

The objectives of the event were to:

- Explore and debate the commitment made in Better Cancer Care that the Scottish Government will *“Work with the Scottish Primary Care Cancer Group, NHS Health Scotland, health promotion teams, voluntary groups, patients and others to assess how to improve public awareness of common cancer symptoms to encourage patients to present early.”*
 - Develop a shared understanding of the vision for raising awareness of cancer symptoms in Scotland from a local, regional and national perspective.
- Discuss, prioritise and agree, if appropriate, where awareness raising activities should be focussed.

Initial work being progressed as a result of the discussions at the workshop include working with the voluntary sector to identify effective approaches to developing and coordinating health promotion opportunities. In addition, work is underway to support wider sharing of GP data and best practice on cancer diagnosis as this will contribute to more effective and efficient primary care pathways, increasing the possibility for earlier detection.

Presentations from the workshop are available on the Better Cancer Care website: www.scotland.gov/bettercancercare and the report of the event will shortly be published on the same site.

The Scottish Cancer coalition plans to explore further work involving the voluntary sector. A number of the member organisations took part in the workshop and presented the variety of approaches that contribute to this area of work. It is welcomed that the voluntary sector is seen as playing a key role in this area.

Continuing our spotlight on prevention work by cancer agencies in Scotland...



Cancer Research UK's Cancer Awareness Roadshow provides information about ways to reduce the risk of cancer and the importance of early detection. Our fleet now consists of three mobile information units and one indoor information station, that tour different parts of the UK providing information on cancer prevention, screening and early detection. This initiative was initially founded in 2006 by a new relationship with Ronan Keating and the Marie Keating Foundation following the success of similar cancer units in the Republic of Ireland.

We are back on the road from April to November 2010, visiting communities in and around Glasgow.

Each unit has a qualified nurse on board to provide detailed information and has an extensive range of written resources which are available free of charge. Visitors are able to



have smokerlyzer and BMI health checks. Where possible, we also link up with local health professionals to provide local health information and support.

Since April 2006, the Roadshow has welcomed almost 120,000 visitors from towns and cities across the UK. Nearly half of our visitors are men. We focus specifically on areas where there are marked health inequalities, targeting communities where cancer incidence is high but knowledge of preventable risk factors for cancer is thought to be low. To ensure we reach our target audience, the Roadshow employs a stringent location selection process, using targeting tools and information sources. In 2010 our two core target audiences will be C2DE population and men.



Visitors to the Roadshow can:

- Pick up written health information
- Talk to a member of staff about how to reduce the risk of cancer, how to spot cancer early and the importance of screening
- Have an in-depth consultation with a Cancer Research UK nurse

- Take our smokerlyzer test (for smokers)
- Have their Body Mass Index measured
- Find out about local health promotion services

Where possible we also encourage local health professionals (such as stop smoking advisors) to work alongside us. If this is the case then visitors also have the opportunity to talk to local health-care providers.

We welcome interest from health workers who are able to give up some time to support us on the Roadshow. Please email cancer-awarenessroadshow@cancer.org.uk to register your interest or call 07917 146155.

We evaluate the Cancer Awareness Roadshow in a number of ways including recording footfall, a visitor feedback, feedback from local health professionals, nurse evaluation, logistics staff evaluation and an independent evaluation.

For further information, visit: <http://info.cancerresearchuk.org/healthyliving/cancerawarenessroadshow/index.htm>



Uptake of Colorectal Cancer Screening in Scotland

Uptake is a crucial component of any form of population screening and in colorectal cancer screening, the randomised trials that demonstrated disease-specific mortality reductions reported an uptake of between 57% and 60%. Thus, uptake has been a key performance indicator of the Scottish Bowel Screening Programme since its outset and the current target is 60%.

Data from the first three rounds of biennial screening using faecal occult blood testing (FOBT) in Grampian, Tayside and Fife demonstrated an uptake of 55% for the first round, 53% for the second round and 55.3% for the third round. In all rounds uptake of the FOBT increased with age, decreased with increasing deprivation in both genders and was consistently higher in females than in males in all age and all deprivation groups. The decrease in uptake with increasing deprivation was found to be linear and ranged from 67.1% in the least deprived females down to 34.6% in the most deprived males.

It is clear, therefore, that interventions to improve uptake in colorectal cancer screening are urgent and that attention must be paid to the effect of such interventions on the deprivation gradient.

Based on evidence that pre-notification increases response rate to postal questionnaires, a randomised controlled trial was designed to test the effect of a pre-notification letter on screening uptake. Between 13th April 2009 and 29th May 2009, 59,953 people from eligible health boards who were being sent a FOBT screening kit were randomised to pre-notification or to usual invitation. Those randomised to the pre-notification group received a letter two weeks ahead of the formal invitation and the FOBT kit itself. Uptake without the pre-notification letter was 53.9% whereas in those who received the pre-notification letter, the uptake was 59%. Uptake was also higher with the pre-notification letter when comparisons were made by age, gender and deprivation. Increase in uptake was seen in both the least deprived women and the most deprived men.

It is therefore clear that this relatively simple intervention has an appreciable effect on uptake which does not adversely affect the deprivation gradient. Currently, a business case to introduce this into the bowel screening process is with the Scottish Government Health Department.

Professor Bob Steele

Are cancer risk reduction messages reaching the general public?

Sometimes people working in the field of cancer prevention get to feeling that everyone must know the risk reduction messages and we should shift all efforts to acting upon them. However, it is hard to get an insight into whether people really are aware of the evidence based recommendations around lifestyle. The World Cancer Research Fund (WCRF) regularly commission a YouGov Survey to explore knowledge about behaviours that increase risk of getting cancer. These surveys involve a sample of over 2000 adults across the UK, with around 10% living in Scotland. The results from the Scottish sample show very encouraging results for awareness of tobacco use and cancer risk with 91% of folks recognising the risks of tobacco. Also encouraging are the results for awareness of poor diet, which two thirds of the sample identified as increasing risk of cancer.

Alcohol misuse has had a lot of air time in Scotland with recent debate on minimum pricing but still only 56% of the study sample recognise alcohol intake as increasing risk for cancer. Preventability estimates from WCRF suggest that 51% of oesophagus, 41% cancer of mouth, pharynx and larynx, 22% breast cancer and 7% of breast cancer can be prevented by reduction in alcohol intake. The message on physical activity and cancer prevention is still rather slow on filtering through to the general population. It is estimated that 12% of breast cancer and 12% of colorectal cancer can be reduced by attaining higher levels of physical activity (**at least** 30 minutes moderate walking every day) but only 43% of Scots recognise the association with physical activity).

Clearly, there is more work needed on messages and awareness raising.. but lets not stop there and lets also at how to facilitate change for the people who struggle most from disadvantaged communities.



This new conference will provide a forum for the dissemination of results

Cancer –risk reduction... obesity management in children- widening engagement in Tayside

It is known that obese children are twice as likely to become obese adults (1). In the last three decades there has been a dramatic rise in the number of young people who are overweight or obese and currently 33.6% of Scottish children are outwith the healthy weight range (2). Data from across Scotland in 2007/08 showed that the prevalence of obesity in boys and girls aged 2-15 years was 18% and 14% respectively with 8% of children in the first year of primary school defined as obese. Those living in deprived areas are at greater risk of unhealthy weight – a relationship most clearly demonstrated in women, with levels of obesity increasing as deprivation increases (3) (4). Access to health interventions may often be more challenging for those with difficult social circumstances and from lower socio-economic groups

The **Paediatric Overweight Service Tayside (POST)** is a service (funded through the Scottish Governments HEAT3 target supporting child healthy weight interventions) which aims to support children, young people (aged 2 -15 years) and their families from all areas of Tayside to manage their weight.

POST aims to help establish healthy family lifestyles by offering a healthy weight programme

that targets positive changes in family diet (traffic light scheme), physical activity levels and screen time. The programmes utilise behavioural change tools and give the child support to enable them to take responsibility for their lifestyle changes while encouraging positive parenting.

Key healthy family lifestyle messages are based on the evidence from the NICE 43 (5) and recent SIGN 115 (6) guidelines.

1. Participate in at least 1 hour of physical activity each day.
2. Limit screen time (TV, computers and video games) to no more than 2 hours.
3. Reduce overall energy intake by cutting down on foods high in fat & sugar and limiting portion sizes.

Physical activity is an important component of the service and POST works closely with partners throughout Tayside to help children and families increase their physical activity levels. (Perth & Kinross Leisure & Active Schools, Dundee Sports Development, Dundee Active Schools, Angus Leisure and Active Schools)

Across Tayside, a clinical service has been running since June 2009. POST clinics are held in non NHS, family friendly, community based premises and referrals are accepted directly from parents (self referrals) as well as

from professionals. Families are invited to opt-in to the programme and, to date, POST has received 142 referrals, with a current opt in rate of 85%.

In an attempt to maximise referrals, build on the current service we offer and to ensure access to POST for all children and families in Tayside who would benefit from our service, NHS Tayside has undertaken a social marketing project in partnership with NHS Health Scotland. A two prong programme has been developed to investigate, firstly, the views of potential users (insight gathering from the public) and secondly those of referrers.

A social marketing company 'Corporate Culture' have undertaken four focus groups with the general public across Tayside and are currently recruiting health professionals to undertake short individual telephone interviews (NHS Health Scotland is providing funding for this piece of work). Results from focus groups and interviews will inform a strategy for engaging with the general public and professionals across Tayside with the aim to improve awareness for the need of the service. Ultimately to increase the number of self-referrals from parents to POST; and to increase the number of referrals from health professionals and services connected directly to family care. It is expected that this will have a positive impact on childhood overweight rates across Tayside and maximize health & quality of life outcomes.

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School dinners on the increase

Scotland has lead the way for improving school food since the regulation for nutrient standards for school meals were introduced. School staff have worked hard at removing high fat foods and sugary drinks, ensuring vegetables and fruits are served and providing foods that match the healthy eating theory that children learn about in classrooms. Introducing change has never been easy and media reports from Fergus Chambers, of Cordia, (which runs Glasgow's school canteens) have called these regulations "draconian". At a fairly energetic conference in Glasgow in May, Mr Chambers made no secret of how difficult it is to get children to accept healthy meals especially when nearby chip shops beckoned. It was clear he thought a relaxation of the guidelines would be beneficial. Only a few weeks later, Andrew Lansley (Health

minister for England) told the British Medical Association that the Jamie Oliver campaign to improve nutrition among students did not result in more children eating school meals. Anyone who has has the challenge of feeding children knows that changing food choices are not easy and it takes time. However, Scotland has now reported an increase consumption of school meals. Recent data (Scottish Government (2010 <http://www.scotland.gov.uk/News/Releases/2010/06/29113612>) has reported that 46.1% of Scottish children take school meals, including 81.5% of children eligible for free school meals. In 2010 50.4% of pupils present on the day of survey took a meal in primary schools, the highest rate recorded for 10 years. This no mean achievement and one which deserves applause and all possible support to help the next generation reduce the rate of diet related disorders and our title of Sick man of Europe.

The Cancer Emperors new clothes....

In Australia, from 2010, all tobacco products will be sold in standardised plain packs (see News, *BMJ* 2010;340:c2401, doi:10.1136/bmj.c2401). Plain packs means uniformity in colour, shape, and texture of paper. The pictorial health warnings will remain or may be enlarged and brands will be differentiated simply by their names in a small, standard font. It is postulated that cigarettes themselves may also be incorporated into the regulations, meaning coloured or perfumed papers and filters and different shapes would not be permitted.

Writing in the *BMJ*, Simon Chapman comments: "With a worldwide domino effect common in tobacco control, this vanguard decision may bring down the curtain on a century of the tobacco industry packaging carcinogenic, addictive products in attractive, beguiling boxes. ***The cancer emperor will soon have no clothes***".

If the same approach was applied to sugary drinks, then that thin brown sugary liquid minus attractive marketing, music jingles and brand logos may not prove to be so appealing to our excessively growing children...

Cancer survivorship- time to review evidence relating to breast cancer

The World Cancer Research Fund (WCRF) have announced a new project which focuses on updating the evidence on the impact of diet, physical activity and body fat in women who have been diagnosed with breast cancer. This work follows on from the review in this area published in the WCRF (2007) report which flagged that, at that time, there was a lack of good quality evidence in this area. However, since that time, there have been several new, high quality studies on breast cancer survivorship that will help to increase the evidence base and help to inform advice strategies to patients. The work will commence this year and hopes to report in summer, 2010.

Conference 2010 WCRF International 2-day Conference

Royal College of Physicians, London, UK

Nutrition, Physical Activity and Cancer Prevention: Current Challenges, New Horizons 12-13 September

See <http://www.wcrfconference.org/>



Reducing cancer risk with a focus on obesity: physical activity and dietary intake ... what do we know?

Obesity is widely agreed to be caused by an imbalance between our energy intake and our energy expenditure. If we eat more energy than we burn off then the second law of thermodynamics dictates that the difference must go somewhere else. That somewhere else is body fat. A question however arises over the relative contribution of the two sides of the energy balance equation. Has the epidemic of obesity over the past 50 years been caused by primarily by an increase in our energy consumption, or fuelled predominantly by a shift in lifestyles towards more sedentary existence?

An influential paper in the mid 1990s published by the BMJ reviewed all the available data at that time. Their paper entitled 'Obesity in Britain - gluttony or sloth?' noted that for the previous 30 years or so levels of food intake from dietary surveys suggested an almost flat trajectory (1). Yet information from various diverse sources showed that we had changed our lifestyles radically over the same period – particularly changes in car ownership and levels of television viewing. The information seemed almost incontrovertible that the epidemic had been caused primarily by reductions in levels of physical activity.

However, there are two major problems with these data. The first is that it has become apparent that food survey data provide a very poor record of dietary intake because individuals are poor at recalling what they have eaten. In fact it turns out that obese people are particularly poor at this. So as the population became fatter between 1960 and 1995 their re-

call ability on average got worse. We can therefore place very little faith in the reports of food intake based on these methods, and the trends in intake over time are similarly suspect. The second problem is that while there may be enormous changes in our behaviour, these do not necessarily equate with changes in our energy expenditure. For example, since the end of the 1990s our time spent watching TV has actually declined. But this has been replaced almost hour for hour by the time we spend on computers. Watching TV and using computers use about the same amounts of energy, so while there has been a dramatic behaviour change the impact on energy demands is likely very small. A second reason is that we may compensate our behaviours. For example, while there were very low levels of car ownership in the 1950s, leisure centres providing exercise facilities were also virtually non-existent. While our activity due to car ownership may have declined, our recreational activity has increased.

An objective way to get around this problem and that is to measure the levels of energy expenditure directly. This can be done using an isotope based method called the doubly-labelled water technique. Two years ago Klaas Westerterp from the University of Maastricht and myself summarised all the data collected using this method which date back to the mid 1980s (2). What we found was that in fact levels of energy expenditure over this period have remained virtually static. Perhaps even more surprising was that the levels of expenditure in modern societies are not significantly different from those in rural third world societies using subsistence agriculture.

So while the anecdotal data on behavioural changes in our activity over the last 50 years seems compelling, the actual impact on our expenditure seems virtually non-existent. The obesity epidemic therefore does not seem to have been caused by reductions in our physical activity but is much more to do with elevations in our intake, which are masked in direct reporting studies by the problem of dietary under-reporting. At the population level therefore the data seem very clear that low physical activity is not the cause of the epidemic. At an individual level data is also now emerging to suggest the same thing. Amy Luke (Chicago) monitored physical activity energy expenditure using the DLW method in groups of people living in Chicago and Nigeria and then followed their weight over the next three years. She found no link at all between how much energy people expended on activity and their weight change (3). Together these studies are changing our view of the links between physical activity and obesity which only 5 years ago seemed obvious!

John Speakman,
Director, Institute of Biological
and Environmental Sciences,
University of Aberdeen

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