Volume 1 Issue 4 October 2010

SCPN Scottish Cancer Prevention Network Newsletter

Editorial

A big thanks to everyone who kindly provided material for this newsletter. It is reassuring to find so many volunteers willing to contribute pieces from a couple of sentences, a new reference, or a few paragraphs. Clearly, prevention efforts can have a profile when agencies can work together.

From a research perspective, there is much we need to investigate in terms of people's behaviour and lifestyle. Why people initiate and maintain unhealthy behaviours, why change can be so difficult and what it is that can prompt lifestyle alterations for some and not others.

We have much to learn from listening to others who have experienced cancer or have greater risk. Recently, we have been undertaking a number of focus group discussions around bowel cancer prevention which have provided some very informative direction for prevention activities.

The first groups were folks who had experienced a positive bowel screening test, but on colonoscopic investigation were found to have an adenoma which was then removed. These people are at higher risk of adenoma recurrence and may also have risk factors for cardio vascular disease such as hypertension and obesity. We wanted to know about their interest in changing diet, physical activity and body weight. Of the findings that emerged two very strong factors stand out. The first was that many of the participants were unaware of the association between diet and colorectal cancer and surprised that no mention had been made of this during their meeting with clinical staff (who they clearly trusted).

The second was that they did not necessarily think the old messages about losing weight and changing diet would apply to them PERSONALLY. The implication being that if advice was perceived as relevant and practical to them they might be interested in action.

The latest Scottish Health Survey reports that 78 -83% of Scottish men aged 45 to 74 years are overweight suggesting increased risk of bowel cancer, yet somehow most people remain blissfully ignorant of this risk.
Can we do better?

We need contributions for the newsletter... send on details to a.s.anderson@dundee.ac.uk
See also www.cancerpreventionscotland.co.uk/

In this issue:

Editors
Annie S. Anderson
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Where can I find cancer statistics?

Scotland

The principal source of cancer statistics in Scotland is the website of the Information Services Division of NHS National Services Scotland:
http://www.isdscotland.org/cancer

This provides, for most major groupings of cancer, links to EXCEL spreadsheets of incidence, mortality, survival, prevalence, lifetime risk estimates and analyses of incidence and mortality by categories of the Scottish Index of Multiple Deprivation (SIMD).
N.B. For spreadsheets that offer more than a single view of data, be careful to select the worksheet that you are interested in, and to select your parameters of interest (for example, geography, gender, and cancer site/type).
For help or any enquiries, e-mail:
nss.isdcancerstats@nhs.net

England and the UK

For national level statistics, the best sources are probably the websites of the Office for National Statistics (ONS), the National Cancer Intelligence Network (NCIN), and Cancer Research UK (CR-UK):
http://www.statistics.gov.uk/CCI/nugget.asp?ID=915&Pos=2&ColRank=1&Rank=310

http://www.ncin.org.uk/

http://info.cancerresearchuk.org/cancerstats/index.htm

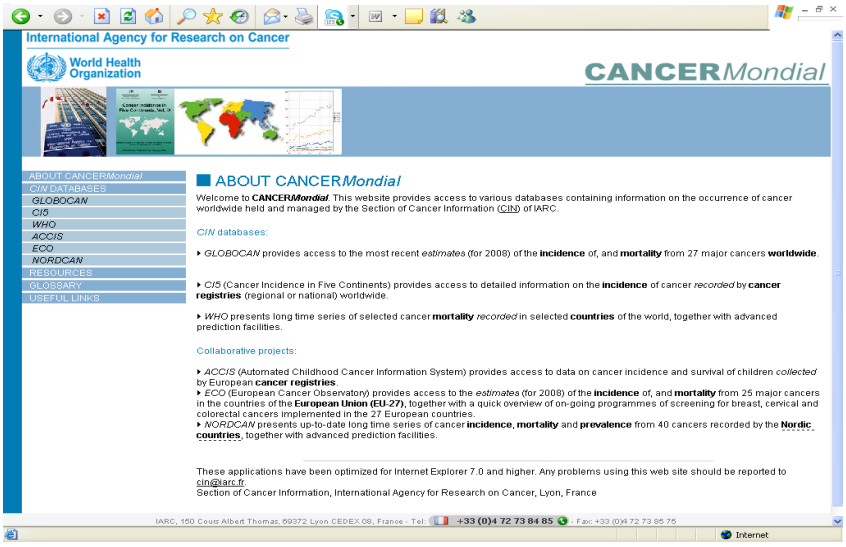
International comparisons

The best source of international cancer incidence and mortality data is the website of the World Health Organization's International Agency for Research on Cancer (IARC):
http://www-dep.iarc.fr/CancerMondial.htm

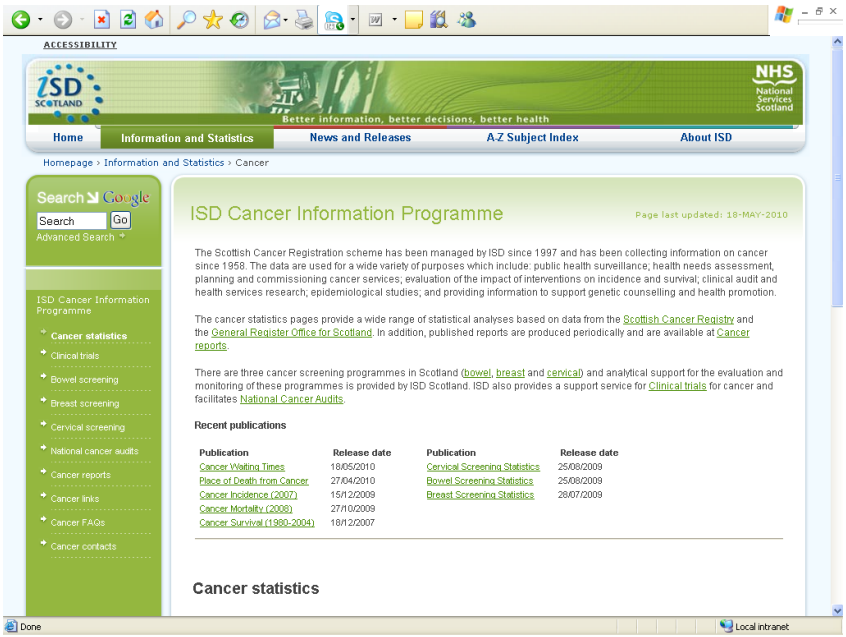
In some cases, for example *GLOBOCAN*, statistics are only available at UK level, but Scotland-specific statistics are available from the *Cancer Incidence in Five Continents* series (click on the 'CI5' link) and for cancer mortality (click on the 'WHO' link).

Although less relevant to primary prevention, European comparisons of cancer survival can be found at the EUROCARE website:
http://www.eurocare.it/

Webpage of the IARC Cancer Epidemiology Databases



Webpage of the ISD Cancer Information Programme



Making the case for prevention – the dog that didn't bark

With no end in sight to the current financial crisis and difficult decisions facing policy makers about where to prioritise public spending, you can forgive proponents of prevention interventions for being nervous. Public health is often seen as an easy option for cuts within the health budget, so it's even more important now to make the case for prevention initiatives and demonstrate the impact they can have on achieving cost savings downstream.

The Scottish Parliament's Finance Committee recently discussed the merit of public bodies spending more money on trying to prevent, rather than deal with, negative social outcomes. The Committee's focus was mainly on the merits of greater early years intervention and ways of preparing for the impact of demographic change, but these questions are just as relevant in health.

Encouragingly, the Committee agreed that these longer-term approaches to public spending should not be forgotten – even with immediate budget challenges – and is has agreed to conduct an inquiry with the following remit—"To consider and report on how public spending can best be focussed over the longer term on trying to prevent, rather than deal with, negative social outcomes. The Committee is particularly interested in specific, practical evidence from the UK and abroad of how preventative spending has been effective."

Very few written submissions have been made to the Committee regarding preventative spend in health (most were in relation to children and young people's services) but those that did demonstrated the benefit of early intervention and preventative measures, and sought to quantify their impact.

Showing the impact of preventative measures is by its nature challenging – after all, how do you prove that your intervention led to something not happening? But we must engage with policy makers to make the case for prevention. And we have to think about how we can better use health economic arguments to show how prevention initiatives can reduce ill-health, provide real savings to the health service and, of course, improve lives.

Further information:

Finance Committee - Inquiry into preventative spending http://www.scottish.parliament.uk/s3/committees/finance/inquiries/preventative.htm

Preventative Spend – Literature Review, Scottish Parliament Information Centre,9/9/10 http://www.scottish.parliament.uk/business/research/briefings-10/SB10-57.pdf

Improving Cancer outcomes: An analysis of the implementation of the UK's cancer strategies 2006-2010

A recent report from CRUK which reviews all four nations cancer plans notes the challenge of prevention. The report says that " Lifestyle factors that influence the risk of developing cancer, such as obesity are perceived to be difficult to influence. Many do not see it as within their remit to try". However, the cancer plans are described as raising the profile of cancer prevention among the cancer workforce.

Encouraging comments are made about Scotland reporting that " there has been a strong collective workforce and political will to prioritise public health and disease prevention in Scotland" though the report also notes that is difficult to assess the impact of various initiatives on incidence and outcomes.

Recommendations relating to prevention include continued promotion of comprehensive tobacco control measures, continued support for sunbed legislation (and public communications) continuation of the HPV vaccination programme, specific alcohol strategies to include increase costs, restrictions on marketing and information campaigns on health risks. Obesity strategies are mentioned highlighting the need for multi-faceted strategies and evidence based messages.

SOUP...

It is usually around this time of year, when the leaves fall from the trees and dark nights start to creep in, that our diets change to accommodate the arrival of cooler temperatures. And whether it's fresh, tinned or home-made, for many, soup becomes a staple to warm us throughout the autumn and winter months.

Whilst many soup varieties can boast an abundance of vegetables and pulses that are rich in fibre and contribute to our recommended "5 a day" targets, many have the added burden of being high in sodium. Given that many consumers add table salt to soup, the end sodium consumption for a bowl of soup, often perceived as a healthy snack or light meal, can be substantially higher than anticipated.

Earlier this year the Consensus Action on Salt and Health (CASH) conducted a survey of 575 ready to eat soups. A wide variety of soups (including fresh, tinned and soups offered in high street cafe chains) from a range of branded and own label products from 8 mainstream supermarkets were included in the survey[1]. Although the survey reported a 17% reduction in salt per 100g in ready to eat soups[2], an alarmingly high sodium content for various mainstream soups was reported.

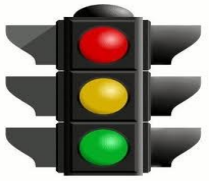
Using findings from the CASH survey, we have devised a short quiz to test your knowledge and increase awareness of the salt content in soup.

What percentage of the 575 soups surveyed had more salt than a standard portion of crisps?

a) 69% b) 89% c) 99%

How many of the 575 soups surveyed failed to meet the FSA's 2010 salt targets?

a) 10% b) 25% c) 35%



Based on the FSA's traffic light labelling scheme, how many soups surveyed can be labelled green?

a) 2% b) 6% c) 10%

[1]Details on the CASH salt and soup survey is available at: http://www.actiononsalt.org.uk/media/press_releases/soup_2010/soup_survey_2010.html

[2] 17% reduction was calculated using a comparative study conducted in 2007 by CASH

Getting Bigger means bigger risk of Bowel Cancer

The World Cancer Research Fund are undertaking a series of updates on the 2007 review of Food, Nutrition, Physical Activity and the Prevention of Cancer. A number of papers on colorectal cancer were presented at their recent conference highlighting that abdominal fatness is associated with an increased risk of colorectal cancer and a subset of studies indicate that abdominal obesity might be a risk factor independent of Body Mass Index.

It is interesting to note how serious the city of Shanghai is about raising awareness of waist size. There have been various press reports saying that every household has been sent a book to self managed fitness, a measuring tape and a Body Mass Index calculator... Are we lagging behind in Scotland– or do we all know our waist measurement?

Promoting healthy eating in disadvantaged communities :Crunch time for community action on food and health

In the current economic climate not only disadvantaged consumers but also the organisations that many of them rely on, are feeling the pinch. Community Food and Health (Scotland), funded by the Scottish Government and part of Consumer Focus Scotland, has for years sought to ensure that local voices inform national policy and that national policy underpins local practice. Community organisations are focussed on making a difference, often with people labelled by others as 'hard to reach'. CFHS are involved in a range of work adding value to the efforts of local groups whose enthusiasm for change remains, despite financial uncertainty.

CFHS have recently contributed to the development of government policy on maternal and infant nutrition (due out for public consultation soon) as well as chairing a working group on food access and affordability. On a more practical level, recent training has focussed on community engagement techniques, evaluation skills and the marketing of fruit and vegetables by community-run retailers. Similarly, networking events have taken place, including one around extending the reach of initiatives, particularly to minority ethnic communities and another on evidencing outcomes.

CFHS recently awarded just under £150,000 to almost sixty initiatives through the annual small grant scheme, using a small investment to make a big difference through community cafes, food co-ops, cooking classes, community gardens and the like.

All the above is reflected in 'Fare Choice', CFHS's free quarterly newsletter and on the team's comprehensive website at www.communityfoodandhealth.org.uk . A new development has been the launch of an e-bulletin whilst the long established annual networking conference is scheduled for Kilmarnock this October.

In 'Recipe for success', the national food and drink policy, community and voluntary organisations are described as a "remarkable legacy" and "admirable current resource". It is CFHS's main objective that they not only remain so but have the confidence and capacity to contribute even more effectively in the future to the creation of a healthier, fairer and greener Scotland. cfh@consumerfocus.org.uk

Why Scotland needs a new tobacco control strategy

Scotland's first national tobacco control strategy, *'A breath of fresh air for Scotland'*, was published in 2004 and its twenty actions have now been reached, superseded, or surpassed. There is much to be proud of in Scotland and in just a few years we have become world leaders in tobacco control. However, Scotland started with a base of smoking as a deep-rooted public health problem and despite clear in-roads being made, the harm caused by smoking and exposure to second-hand smoke within our society remain of major concern. We need to build on and develop policies, programmes, and projects that can take us through this decade and beyond, and to commit to a new comprehensive national tobacco control strategy.

Smoking remains Scotland's biggest killer with 13,500 smoking attributable deaths every year. It costs the NHS in Scotland more than £409 million a year and the wider economy an annual £837 million. Tobacco increases health inequalities as the prevalence of smoking in disadvantaged areas remains high compared to affluent areas. Smoking is not a policy area that can be put on the back burner. It remains a national public health problem and more than ever we need an ambitious and achievable national strategy for the future with clear prevention and cessation goals to reduce the harm and the deaths caused by tobacco, and help Scotland become a healthier nation.

For that reason ASH Scotland and SCOT, the Scottish Coalition on Tobacco, have called on all political parties to include a commitment to developing a new tobacco control strategy for Scotland in their manifestos. I believe this must be a priority for whoever is the Health Secretary in the 2011 Scottish Government.

Such a strategy should be ambitious, targeted and realistic. It should look at what can be achieved for Scotland and must be comprehensive, appropriately resourced and support existing work.

ASH Scotland will launch a campaign for a new strategy later in the autumn and I hope you will back it. Please see http://www.ashscotland.org.uk/ash/8268.html for further details.

Prevention of breast cancer – the role of maternal factors

Breast cancer is now the most common cancer in the UK: in Scotland, the incidence is currently over 4000 new diagnoses per year. Efforts to prevent this disease, focus on identification and modification (where possible) of risk factors. Known risk factors include older age, age of menarche, weight gain in adult life, physical inactivity, use of alcohol, smoking, a family history of breast cancer, inherited gene mutations in BRAC1 and BRCA2, and long-term use of hormone replacement therapy. Lifestyle changes such as maintenance of a healthy weight, limiting alcohol consumption, and smoking cessation important contributions to risk reduction.

However, other factors are also important: breast cancer incidence rates vary considerably across the world, with the highest rates in Western Europe and the lowest rates in Africa and Asia. This observation has led to considerable research effort into understanding the factors which mediate these differences, in particular the roles of childbirth and breastfeeding.

A landmark study in 2002 re-analysed individual-level data from 47 studies (including data from over 150,000 women world-wide) demonstrated that the longer women breastfeed, and the more children they have, the greater the reduction in the risk of developing breast cancer. For every year a women breastfeeds the relative risk of breast cancer decreases by 4.3%; a decrease of relative risk of 7% is observed for each birth. Similar levels of risk reduction were found in both developed and developing world countries: the higher incidence of breast cancer seen in developed countries was associated with a lack of and/or shorter duration of breastfeeding, and with lower number of children; larger family sizes and longer lifetime duration of breastfeeding in developing countries were estimated to cut the risk of breast cancer by one-half of that in developed countries.

Are family size and duration of breastfeeding modifiable risk factors in the developed world? Although neither can be considered in isolation from societal norms and educational and employment opportunities, an increase in the acceptability of breastfeeding (both in terms of numbers and duration) has the potential to decrease the rates of breast cancer in the UK. Research efforts are focusing on the development of chemopreventative agents that mimic the protective effects of hormonal and other tissue changes induced

Key references

1. http://www.isdscotland.org/isd/183.html

2. http://info.cancerresearchuk.org/cancerstats/

3. http://www.otru.org/pdf/special/expert_panel_tobacco_breast_cancer.pdf

4. Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. Lancet. 2002 Jul 20;360(9328):187-95.

5. Johnson KA, Brown PH. Drug development for cancer chemoprevention: focus on molecular targets. Semin Oncol. 2010 Aug;37(4):345-58. Review.

Supporting breast feeding in Scotland

In Scotland there is widespread support for breast cancer prevention, however the role that breastfeeding can contribute to breast cancer prevention could usefully be enhanced.

The decision to breastfeed can be difficult and subject to many influences from family, friends, social and cultural normalisation of infant formula feeding. The social benefits of formula milk are at odds with the health benefits of breastfeeding. It is therefore important to ensure the public are informed and that messages across different agencies and organisations are consistent. For example breast screening clinics promoting breastfeeding, the annual Moonwalk promoting and raising awareness of breastfeeding and breast cancer prevention.

Despite great efforts to increase breast feeding rates in Scotland provisional data from child health surveillance indicate that 26.5% of women exclusively breast fed their babies and 36.4% combine both breast and formula milk feeding at 6 to 8 weeks.

Efforts to increase uptake of breastfeeding usually focus on health of the baby but there clearly are messages that can also be communicated about the health of the mother including reduced breast cancer risk. NHS Health Scotland contribute to the promotion, protection and support of breastfeeding and regulate the following public website; http://www.feedgoodfactor.org.uk/

Most NHS Boards have had a breastfeeding strategy in place for a number of years and have been taking forward local activities to improve breastfeeding rates in their areas. This involves multifaceted approaches based on needs assessment. Examples include mother to mother **peer support programmes, telephone** peer support programmes targeted to areas with low breastfeeding rates, full implementation of **UNICEF UK Baby Friendly** practice standards, health care professional **training**, and **patient centred service** provision.

One example of supportive work comes from Dundee, where the NHS, Local Authority, Leisure and Arts have worked in partnership to create a city centre hub based on a **breastfeeding friendly café.** A range of additional services have been established around the café – breastfeeding group, breastfeeding clinic, community nurse drop-in, baby gym time, cookery classes for pregnant women, weaning classes, cookery demonstrations and promotion of healthy start and healthy eating. The normalisation of breastfeeding in local communities aims to help create local women centred support for breastfeeding.

Further reading

Protection, promotion and support of breast feeding in Europe: a blueprint for action

http://www.iblce-europe.org/Download/Blueprint/Blueprint%20English.pdf
and watch out for the Scottish Government launch of 'Improving Maternal and Infant Nutrition: A Framework for Action' in January 2011

Further contacts

The Scottish Infant Feeding Advisor Network has representation from all NHS Boards in Scotland. Contact evelyn.cranston@health.scot.nhs.uk to find out your local contact and ways to enhance local efforts to support and promote breastfeeding.

The Breastfeeding Network and Supporter line 0300 3300 771 www.breastfeedingnetwork.org.uk

Janet Dalzell
Breastfeeding Coordinator
NHS Tayside

Breast Cancer Survivors.....

At the recent WCRF International conference, Dr Michelle Harvie (Genesis Prevention Centre, Manchester) gave a presentation on "Cancer Survivors– what we know: what we need to know– a Western Perspective". Readers may like to access the presentation from the WCRF International website at www..wcrf.org/PDFs/cancer_conference/WCRFConference_MHarvie.pdf

Teenage Cancer Trust's Education & Advocacy Service

Every day in the UK, six young people (aged 13 – 24) are told they have cancer. Teenage Cancer Trust focuses on the needs of young people with cancer by providing specialist teenage units in NHS hospitals designed to give young people the very best chance of a positive outcome.

As well as providing specialist units and services, Teenage Cancer Trust is committed to arming all young people with the facts about cancer. Our aim is to empower young people with the knowledge of cancer symptoms so as to help reduce delays in diagnosis and help them understand the physical and emotional implications of a cancer diagnosis, treatment and life after cancer. Integral to this is our Education & Advocacy Team.

A recent survey questioned 400, 12-19 year olds across the UK about what they think when the word "cancer" is mentioned.

It found that:

- 70% know someone who has, or has had cancer
- 74% say they wouldn't know what to say to a friend with cancer
- 50% say they would avoid talking to them about it
- 37% think that cancer could be caused by knocks and bumps
- 12% think that cancer could be catching

TEENAGE CANCER TRUST

HELPING YOUNG PEOPLE FIGHT CANCER

This highlights that better education for young people is needed and Teenage Cancer Trust's Education & Advocacy Team provide just that by offering free talks about cancer, prevention and healthy living. This service annually reaches around 180,000 pupils and is available to all secondary schools, colleges and universities in the UK. The talks are tailored for each year group and are delivered in a positive and optimistic manner.

The talks explain what it is like to have cancer, answer any questions pupils might have and are consistently well received by pupils and teachers. The Education & Advocacy Manager talks about how to spot the early signs of cancer and provides the kind of information that will encourage young people to push for a swift diagnosis should they ever have cause for concern. The talks also provide healthy living advice, and encourage young people to make positive choices around diet and exercise to improve their health and reduce the risk of cancer.

Teenage Cancer Trust has also developed a fully interactive learning resource that is available free of charge. It offers teachers and young people a fully supported and unique learning context, complete with full teaching notes and lesson plans. This resource is free to download... and is a great method for teachers to follow-up the issues discussed during the cancer awareness talks.

For more information about our free talks then please visit

www.teenagecancertrust.org/what-we-do/education

or contact Iona MacMillan (Education & Advocacy Manager, Scotland & Northern Ireland) on 07535841103 or email education@teenagecancertrust.org

Finally... sobering thoughts

The latest bulletin from the Office for National Statistics tells us that Scotland had the highest overall cancer mortality rates, which were around 17% higher for the UK as a whole. The overall cancer incidence rates were 7% higher for males and 8% higher for females than for the UK. Rates for cancer sites vary across the UK. Lung cancer incidence and mortality is highest in Scotland, incidence of oesophageal cancer is highest and incidence for Prostate cancer lowest in Scotland. See http://www.statistics.gov.uk/pdfdir/canuk0810.pdf for more details