SCOTTISH CANCER FOUNDATION

SCPN

The Scottish Cancer Prevention Network

Newsletter

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In This Issue

Welcome

In recent months there has been much media coverage for the United Nations summit on Non-Communicable Diseases (NCD) which took place last month (www.ncdalliance.org). The summit focussed on the global morbidity and mortality of cancer, cardiovascular disease, chronic respiratory disease and diabetes. The last time a summit of this nature was convened was in 2001 and the topic was HIV/AIDS. One of the main calls to action (in addition to tobacco control) is for the full implementation of the WHO 2008-2013 Action plan for the Global Strategy on Diet, Physical Activity and Health.

Thinking globally about cancer reminds us that 56% of new cancer cases and 63% of cancer deaths occur in the developing world (Ferlay et al, 2010). Whilst we watch budget wrangles over new drugs for cancer treatment and the development of diagnostic technology we need to bear in mind that there are many populations who will never benefit from these expensive scientific endeavours. Improvements in preventing cancer will be the only way to reduce the burden that the disease brings to the lives of millions of people in the developing world.

Next to tobacco use it is now acknowledged that obesity is the major modifiable risk factor for cancer reduction. It is estimated that worldwide there are more than 1.46 billion overweight adults, at least 502 million of them obese. In The USA , it is estimated that the prevalence of obesity will rise from 32% of the population to 50% by 2003 with estimated costs of $66 billion per year. In the UK the predictions are a rise from 26% to 41 to 48% for men and between 35 and 43% for women with estimated costs of £2 billion per year. It is estimated that this increase in obesity will account for an excess of 87000 to 130000 of cancer cases (Wang et al , 2011)

Within the health service we are asked to think about the cost effectiveness of all our activities. Lets hope that the UN summit brings the cost effectiveness of cancer prevention back into focus.

Ferlay et al (2010) Int J Cancer 2983-917
Wang et al (2011) Lancet 378, 815-825

Professor Annie S Anderson
Professor Bob Steele

Centre for Research into Cancer
Prevention and Screening (CRIPS)

Contents

Upcoming Events

Conference: Stacking the odds against cancer occurrence & recurrence
Date: Wednesday November 16th
Venue: The Melting Pot, Edinburgh

Many thanks to all our contributors.
We welcome any news items, research reports or comments. Please send an email to a.s.anderson@dundee.ac.uk

New physical activity guidelines

The Department of Health has recently published new physical activity guidelines. This report by the Chief Medical Officer produced UK-wide guidelines for all four of the home countries for the first time and introduced guidelines for early years (under fives) as well as for sedentary behaviour, something of which previously has not been done. As the Department of Health states 'the risks in engaging in physical activity are low for most of the population, but the risks of poor health resulting from inactivity are high.'[1]

The most welcome new development is recommendations for all young children under five. They should be:

- Encouraged from birth to be active. Combine a mixture of floor-based play and water-based activities which are safe is ideal[2].
- Those who are able to walk unaided are to engage in at least 180 minutes (3 hours) of physical activity a day[3].
- Young children should spend as little time as possible being sedentary (except time spent sleeping)[2].

New guidelines for adults aged 19-64 years and older adults (65+) have also been formulated. They:

- Encouraged to restrict the amount of time being inactive[4].
- To participate, over a week, in at least 150 minutes (2½hours) of moderate intensity exercise over a period of 10 minutes or more[4].
- To partake in exercise which improves muscle strength on at least two days of the week[4].

Additionally, Children and young adults (5-18 years) are urged to:

- Engage in moderate to vigorous intensity physical activity for at least an hour a day[5].
- To incorporate activities which strengthen muscle and bone at least three days a week[5].

Key emphasis however is placed across all four age groups (early years to older adults) on restricting physical inactivity.

1. Department of Health. UK physical activity guidelines. c2011 [updated 2011 Jul 11; cited 2011 Aug 9]. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931
2. Department of Health. Fact Sheet. Physical activity guidelines for Early Years (Under 5s)- for infants who are not yet walking. c.2011 [updated 2011 Jul 11; cited 2011 Aug 9]. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128142.pdf
3. Department of Health. Fact Sheet. Physical activity guidelines for Early Years (Under 5s)- For children who are capable of walking. c.2011 [updated 2011 Jul 11; cited 2011 Aug 9]. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128143.pdf
4. Department of Health. Fact Sheet. Physical activity guidelines for Adult and Physical activity guidelines for Older Adults. c.2011 [updated 2011 Jul 11; cited 2011 Aug 9]. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128145.pdf and http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128146.pdf
5. Department of Health. Fact Sheet. Physical activity guidelines for Children and Young People. c.2011 [updated 2011 Jul 11; cited 2011 Aug 9]. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128144.pdf

Changes in diet and lifestyle increases probability of long-term weight gain

A study published in the New England Journal of Medicine detailed a correlation between diet and lifestyle changes and increased risk of long-term weight gain in adults. Involving 120,877 US women and men who were not obese at the beginning of the study and who had no long term health problems, the association between changes in lifestyle and weight were observed at 4-year intervals[1]. Over each 4-year period, participants were seen to gain an average of 3.35 lb[1].

This weight gain was on the basis of increased dietary intake, specifically crsips (a weight gain of +1.69 lb), chips or potatoes (+1.28 lb), sugar-sweetened beverages (+1.00 lb), unprocessed red meats (+0.95 lb), and processed meats (+0.93 lb)[1]. In contrast, an increased intake of vegetables, whole grains, fruits, nuts and yoghurt were inversely associated with weight gain.

Other lifestyle factors were also assessed such as physical activity levels, alcohol intake, smoking, amount of sleep and time spent watching television. All determined varying small degrees of weight gain.

1. Mozaffarian D et al (2011) Changes in Diet and Lifestyle and Long-Term Weight Gain in Women and Men. N Engl J Med Jun 23; 364: 2392-2404 http://www.ncbi.nlm.nih.gov/pubmed/21696306

Cancer and Environmental factors: what the experts say?

In a letter published in the New England Journal of Medicine, Professor Walter C. Willett of the Harvard School of Public Health argued against the impact of toxin exposure to the development and presentation of cancer cases. The original claim was stipulated by members of the US President's Cancer Panel in 2010,[1] who suggested that '*environmental factors are a leading cause for 85 to 95% of cancers*'.[2] However, Professor Willett states the basis for this statement is poor.

In the 2010 report carried out by the panel, it was implied that '"*environmental factors*" *are synonymous with industrial pollutants*.[2] Yet the potential of substantial exposure to such toxins in the Western World is considerably low, Professor Willett expounds.

Moreover, Willett also acknowledges the panel's failing in not noting the risks of smoking, obesity and sedentary lifestyle to the causes of cancer. These factors are of course an important component in many cases of the disease.

Professor Robert E Tarone and Professor Joseph K. McLaughlin also observed that *'the global burden of cancer from occupational and environmental exposures has been estimated to be less than 3%'*.[2] This means the actual risk of environmental factors to cases of cancer is exceedingly low yet that is not to say precautions should not be taken. Subsequently, Tarone and McLaughlin conclude that it is necessary to be attentive towards environmental exposures but dwindling research facilities should be employed productively and '*data-driven, not based on unsubstantiated and exaggerated claims'* [2] as the Panel's claims present.

1. Christiani DC (2011) Combating Environmental Causes of Cancer. N Engl J Med. 2011; 364: 791-793. [Updated 2011 Mar 3; cited 2011 Aug 9] Available from: http://www.nejm.org/doi/full/10.1056/NEJMp1006634
2. Willett WC, Colditz GA, Hiatt RA, Tarone RE, McLaughlin JK. Combatting environmental causes of cancer. N Engl J Med. 2011 Jun 9; 364:2266-2268. No date [cited 2011 Aug 9]. Available from: http://www.nejm.org/doi/full/10.1056/NEJMc1103912

Scottish Cancer Prevention Network… news and updates

Website http://www.cancerpreventionscotland.co.uk/ update… will you recognise it? Have a look at the new format. We hope to try and add regular news items.. please send on any relevant to a.s.anderson@dundee.ac.uk

Cancer Rehabilitation

by Anna Campbell

It is vitally important that people living with cancer are given correct advice on staying active by professionally trained fitness instructors able to design individualised safe and effective exercise programmes. For this reason, Dr Anna Campbell established CanRehab in 2008: a training company whose mission is to deliver the required training, education and support to all fitness and health professionals wishing to work in the field of cancer and exercise rehabilitation. CanRehab is the first U.K. training provider to offer a Level 4 Qualification in Cancer and Exercise Rehabilitation. This course is endorsed by the Register of Exercise Professionals (REPs) and by SkillsActive which is licensed by the government to develop qualification frameworks ensuring fitness graduates leave college or university with recognised skills and it is recognised

You may have seen the recent media coverage of the launch of Macmillan Cancer Support's "Move More" campaign which aims at encouraging more people living with cancer to adopt a healthier lifestyle by being more active both during and after cancer treatment. There is a growing awareness among many health professionals that by prescribing exercise to patients living with cancer they can reduce many of the side effects of cancer treatment. In order to promote exercise based cancer rehabilitation, CanRehab is working with clinical nurse specialists and oncology physiotherapists throughout the UK to ensure that students of this course will have the opportunity to learn from and link with the relevant clinical health professionals in their region. It is hoped that a similar referral pathway to cardiac rehabilitation will develop and that on successful completion of this qualification, fitness instructors will be able to increase and expand their job opportunities within the NHS and through GP referral schemes.

Cancer Rehabilitation

For more details please contact Anna on anna.campbell@canrehab.co.uk

The Detect Cancer Early Initiative

In March 2011, at the SNP Conference, the Cabinet Secretary for Health and Wellbeing made the following statement, "The Detect Cancer Early Initiative will be backed by £30m from the extra £1bn we have already committed to the Health Budget over the next 4 years. By raising cancer awareness and significantly increasing diagnostic capacity in the NHS, we plan to increase by 25% the number of Scots diagnosed in the first stage of cancer. We will start with the three big cancers, lung cancer, breast cancer and colorectal cancer and let me spell out what that means. If successful, this Initiative can save more than 300 lives every year".

This statement was reiterated in the SNP Manifesto published in April 2011 and, as a result, a draft Implementation Plan for the Detect Cancer Early Programme was issued on 29th June 2011 for wide consultation and the concept was publically launched on 1st August

(http://www.scotland.gov.uk/News/Releases/2011/08/01094342).

The document outlines an extremely ambitious programme aimed at a 25% increase in the number of individuals diagnosed at the earliest stage of breast, colorectal and lung cancer. In its current form, the Programme is based on 4 main strategies:-

1. Evaluating population cancer awareness.
2. Assessing, profiling and influencing Primary Care Referral Behaviour.
3. Generic and tailored awareness raising.
4. Increasing diagnostic and screening capacity.

In addition, the document states that, while not a specific component of the Implementation Plan, partnership working will continue on the prevention of cancer by advocating a healthy lifestyle.

This is an exciting opportunity but it will be very important to utilise the resource in the most effective manner. Reading though the document, there is a clear emphasis on raising awareness in the population, rapid referral for investigation and enhanced diagnostic capacity. This is laudable, but if too much emphasis is placed on this approach, it is extremely unlikely that the aim will be achieved. There is no evidence in the published literature that diagnostic delay leads to more advanced tumour stage or poorer survival. On the contrary, there is consistent evidence that outcome is worse in patients where there is a shorter duration between the onset of symptoms and treatment. This counterintuitive finding is presumably due to the fact that people with aggressive, fast growing cancer rapidly develop serious symptoms and seek advice quickly whereas patients with indolent, less aggressive disease may have less pronounced symptoms and, indeed, their cancers may be diagnosed during the investigation of symptoms that are not actually being caused by the cancer.

The only intervention that has been shown to improve cancer stage at diagnosis and outcome is screening, for the simple reason that symptomatic cancer is likely to be relatively advanced. The document does address screening but the focus is very much on increasing screening uptake. This would certainly help, but the quality of the Screening Programmes also needs to be addressed. Breast cancer screening is based on mammography and it is unlikely that this will change in the immediate future. Uptake of breast screening in Scotland is high (in the region of 75%) but increasing this uptake may well pay dividends. In bowel cancer screening, uptake is hovering just above 50%, so there is a lot of work to be done in this area. However, the screening methodology, which relies on a relatively insensitive test for faecal occult blood, needs to be looked at in some detail. In particular, the advent of flexible sigmoidoscopy screening offers an opportunity not only to increase the number of individuals diagnosed with early stage cancer but actually to prevent cancer by the detection and removal of adenomatous polyps. This is truly detecting cancer at its earliest stage. Lung cancer, of course, presents a much more difficult problem as we have no screening programme in place. There is, however, accumulating evidence that screening for lung cancer using chest CT scanning can have a significant impact on lung cancer mortality by detecting the disease at an early stage. Enthusiasm for this approach, however, has to be tempered by the cost of such an intervention and the possibility of generating a significant certificate of health effect in smokers offered screening.

In summary, for this project to succeed it is very important that all the interventions that are put in place have a sound basis and that valuable resource is not spent on areas that will merely increase worry in the general population and workload in the NHS without contributing to the target.

Bowel Cancer UK: Prevention Messages

The staff and volunteers at Bowel Cancer UK are delivering prevention messages to community groups and workplaces throughout Scotland. The charity knows that prevention messages are just as important as making sure people are symptom aware and acting on their symptoms.

The charity raises awareness through tailored health promotion packages to suit each group. Talks are available by someone that has survived bowel cancer, information stands packed with literature, quizzes and games about good bowel health, what we should be eating and exercise ideas are in staff reception areas and at community events.

Bowel Cancer UK can provide interesting editorials for staff newsletters, intranet sites not only about how to spot bowel cancer early but also about healthy eating and other preventative advise.

Our volunteers are trained to provide prevention tips & understand the importance of passing on these potentially life saving messages to others. Our Good Bowel Health leaflet is an excellent source of information also. On our website www.bowelcanceruk.org.uk you can order free copies of all of our literature.

Preventing cancer by the How we choose to Live every Day

Professor Tim Byers (Associate Director for Cancer Prevention and Control. the University of Colorado Comprehensive Cancer Center and Associate Dean for Public Health Practice at the Colorado School of Public Health) presented an excellent resume of cancer prevention and ways of life at the Royal Society of Edinburgh in June. The meeting was held in association with the Scottish Cancer Foundation and supported by the Cruden Foundation. The meeting was extremely well attended and the Royal Society have done an excellent dissemination exercise. The lecture can be heard on the RSE site http://www.royalsoced.org.uk/506_PastEventsReports.html (scroll to June 6/2011) and a summary report is also available on that web page. A full slide set is also available on SCPN website for dissemination purposes. Professor Byers also generously offered to respond to any questions and queries by email.

The lecture raised many interesting points and the following points highlight some interesting reflections raised in presentation and questions e.g. and authors comments *(it might be argued)*

Confusion regarding alcohol consumption and risk for heart disease and breast cancer

Although there is no evidence that alcohol can reduce the risk of cancer of any site, drinking one to two drinks a day can protect against heart disease and people should weigh up their own risk of increasing breast cancer versus heart disease reduction. (It might be argued that there are many ways to reduce heart disease risk including hypertension control, statin use etc with much fewer options for breast cancer risk reduction)

Role of soya in diets of cancer survivors

For cancers other than breast cancer, small amounts of soya in the diet are not thought to be related to harm or benefit. For breast cancer survivors on aroma tase inhibitors it would be wise to avoid large amounts (" a little is ok, a lot is not"). This is likely to be less important for women on tamoxifen but, in both cases there would be no benefit (and potential harm) in adding specific soya products or supplements to the diet.

Vitamin D

It is recognised that there is debate on what constitutes adequate levels of vitamin D. However, when asked about the impact of vitamin D on cancer risk, Professor Byers described it as "small player" in relation to major factors such as body weight and physical activity.

http://www.holyrood.com/index.php?option=com_holyrood&func=article&artid=5125&edition=257&brick=11

Weight loss and breast cancer risk

With respect to the speed at which breast cancer risk reduces after weight loss it is now clear from dietary trials and surgery studies that not all cancers have a long latency period and effects can be seen in relatively short periods. (He has recently published a review[1] on intentional weight loss and cancer risk reduction noting that even modest amounts of weight loss can have significant risk reduction and that, for example a 10% reduction in weight loss is associated with about a one third reduction in biomarkers of breast cancer risk (free estradiol)). Recurrence for breast cancer is affected by obesity, even when survivors are taking tamoxifin. The risk of the recurrence is a third higher in those who are obese than those of normal weight, in all ages and in all tumour types. It is notable that even a 7% weight loss is enough to lower that risk so modest levels of weight loss can make a difference.

A thought for reflection...

When asked what governments and other policy makers could do to encourage healthy lifestyles, for example by designing cities which were good to walk in, he said there could be issues with people not wanting to be told what to do "*we (Americans) have an independence problem*", but while people want to live independently, we want them to be independently healthy.....

1. Byers T & Sedjo RL (2011) Does intentional weight loss reduce cancer risk? Diabetes Obes Metab. 2011 Jul 6. doi: 10.1111/j.1463-1326.2011.01464.x.

http://www.royalsoced.org.uk/506_PastEventsReports.html

The Vitamin D Quandary

"Vitamin D is known to be low in the general population"[1] stated the Chief Medical Officer for Scotland recently. To improve matter, health professionals have been issued with a new advisory leaflet regarding vitamin D recommendations and are advised to explain the role of vitamin D to all at-risk patients and carers, namely pregnant women, breastfeeding women, babies and young children.

Sunlight makes an important contribution to vitamin D levels. However, various discrepancies arise as to determining safe levels of sun exposure. Whilst there is plenty of evidence that increased sun exposure poses as a higher risk for skin cancer, namely melanoma, squamous cell carcinoma and basal cell carcinoma, a significant lack of evidence is still present as to the amount of sun exposure required to produce enough vitamin D to meet recommendations.

Consequently, it is revealed that safe exposure to sunlight in Scotland is likely to be no more than 10-15 minutes a day for fairer skinned people. Although safe levels will be dependent on skin type this message clearly underlines advice that care must still be taken over vitamin D recommendations from sun exposure. Advice should also be tailored to suit individual needs, considering that risk for all skin cancers and ability to produce vitamin D from sunlight varies with 'age, skin type, time spent indoors, skin cover, latitude and weather,'[1]

High risk groups for vitamin D deficiency were identified as:

- those 65 and above[2]
- pregnant and breastfeeding women, especially young mums[2]
- children under five years of age[2]
- those who are not exposed to much sunlight, for example, those who 'cover up for cultural reasons, are housebound or who stay indoors for long periods'[2]
- those with darker skin as they may need to spend longer in the sun in order to produce sufficient amounts of vitamin D2.

These groups are at higher risk of deficiency and should uptake a daily vitamin D supplement consisting of 7 to 10 micrograms a day.

1. Burns H (2011) Vitamin D- Advice on Groups at Risk of Deficiency. A letter issued from the Chief Medical Officer Directorate.
2. NHS Health Scotland publication. Vitamin D and you: Important health information for everyone.

Alcohol consumption and cancer-expert workshop

by SHAAP (Scottish Health Action on Alcohol Problems)

SHAAP was established by the Scottish Royal Medical Colleges and the Royal College of Nursing to raise professional and public awareness of the health harm caused by alcohol.

Alcohol consumption in Scotland is higher than that in many other parts of Europe and consequently so are levels of alcohol related harm, including some cancers. SHAAP aims to make health professionals and Government be more aware that these high levels of consumption contribute to preventable and avoidable levels of cancer morbidity and mortality.

Over the past 20 years the relative affordability of alcohol within the UK has increased significantly[1] and during the same period alcohol consumption in Scotland has been higher than that recorded in other parts of the UK[2][3].

From self reported surveys of consumption, nearly half of men and a third of women exceed recommended daily limits (3-4 units for men and 2-3 units for women) [4]. It is known that self reported consumption is often underestimated[1] illustrated by per capita alcohol sales figures considerably exceeding self-reported levels [5].

That alcohol is a contributory factor in a range of cancers has been established by many studies over the past two decades. The most recent EPIC multi-centre study [6] has found that 10% (male) and 3% (female) of all cancers within the eight European countries surveyed could be attributed to having two or more drinks per day for men or one per day for women. Drinking alcohol below the limits advised by most European countries, including the UK, was linked to 3% and 1% of all cancers in men and women.

However, for cancers of the upper aero-digestive tract, liver and colon/rectum the incidences, especially in men, attributable to alcohol consumption were considerably higher; eg., almost half of the cancers of the upper aero-digestive tract in men could be attributed to alcohol. Alcohol was also found to be a contributory factor for 5% of all breast cancers.

In Scotland, breast cancer is the most common cancer experienced by women (29%) and the second most frequent cause of death by cancer overall (14.9%). For both men and women, cancers of the head and neck, colon/rectum and oesophagus represent a significant proportion of cancer incidence and mortality [4].

In 2003, alcohol was attributable to the deaths of 330 men, of whom just under half died from either cancer of the oesophagus or oral cavity /pharynx and the deaths of 296 women; 164 of whom died from cancer of the breast [6].

SHAAP is convening an expert workshop on “Alcohol consumption and cancer” in Edinburgh on the 6th December 2011. The participants are health professionals with expertise in clinical oncology, cancer epidemiology and public health strategy. The workshop will seek to identify outcomes and recommendations to enhance professional and public awareness of the health harm from alcohol consumption and identify health promotion strategies to reduce cancer incidence and mortality.

1. NHS Health Scotland (2011). Monitoring and Evaluating Scotland’s Alcohol Strategy: An update of alcohol sales and price band analyses. http://www.healthscotland.com/uploads/documents/16795-completeReportMESASAugust2011.pd
2. Scottish Government (2008). Changing Scotland’s relationship with alcohol: a discussion paper on our strategic approach.http://www.scotland.gov.uk/Publications/2008/06/16084348/7
3. NHS Health Scotland (2008). How much are people in Scotland really drinking? A review of data from Scotland’s routine national surveys. http://www.healthscotland.com/documents/2612.aspx
4. Scottish Government (2010). The Scottish Health Survey. 2009. http://www.scotland.gov.uk/Publications/2010/09/23154223/107
5. NHS Health Services Scotland (2011). Alcohol Statistics Scotland 2011. http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/alcohol_stats_bulletin_2011.pdf
6. ISD (2011). Cancer in Scotland; August 2011.http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/Cancer_in_Scotland_summary_m.pdf?1
7. Schutze, M. (2011) Alcohol attributable burden of incidence of cancer in eight European countries based on results from prospective cohort study.
8. ISD (2009). Alcohol attributable mortality and morbidity: alcohol population attributable fractions for Scotland. http://www.scotpho.org.uk/nmsruntime/saveasdialog.asp?lID=5318&sID=4562

Prevention & Investing in the Future

In the recent draft budget and spending review John Swinney reaffirmed the Scottish Government's direction for preventative spending, proposing a levy from April 2012 on the business rates paid by large retailers who sell tobacco and alcohol products which will help to fund preventative measures. There were immediate and predictable protests from large scale retail interests. However, these retailers currently make substantial profits from selling tobacco and alcohol to people - profits that are likely to increase if a minimum unit price is imposed on alcohol sales.

At a time of financial constraints, this far-sighted commitment to preventative spending is both welcome and key to ensuring Scotland's longer term success. Tobacco use and the illness it causes costs the Scottish economy over £1 billion annually in NHS treatments, lost productivity and other costs, which is more than the tax derived from tobacco sales in Scotland.

Sheila Duffy
Action for Smoking on Health

Other comments on Preventative spending……

To date, a few further details have emerged. The estimated income of the scheme is £30 million in the first year followed by £40m each year thereafter. The levy is intended to apply from April 1 2012 to retail properties with a rateable value of over £300,000 that sell both alcohol and tobacco. But as yet, there has been no information on how the revenue raised from this scheme would be hypothecated, if at all, for spending on preventative work or public health.

The proposal, along with the rest of the Spending Review, will be considered by the various parliamentary committees, with MSPs expected to vote on the proposals for 2012-13 in the spring. With a majority in parliament, Mr Swinney's plans could be expected to be unopposed, but it is likely that this proposal, which has already attracted significant media attention, could come in for intense scrutiny in Parliament.

This debate highlights a wider issue – the extent to which the Scottish Parliament might consider using taxes or levies to drive improvements in public health. The Scottish Government has reconfirmed its commitment to minimum pricing for alcohol, seeking to reduce consumption through price increases. It's possible to see the public health levy as a response to opposition party concerns in the previous Parliament that the increased revenue from this policy would go to retailers rather than to the Treasury.

Upcoming Issue

The next SCPN newsletter is due January 2012.. all items welcome by December 14th.

Thank You.

Thank You

To all our readers, we hope you have enjoyed the articles in this issue and we appreciate your continued interest.

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We want to know what you think

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Find out more on our website

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Contact us

If you are interested in the kind of work that we do or would like to contribute to our newsletter please telephone us on 01382 496442, email a.s.anderson@dundee.ac.uk or write to Centre for Research into Cancer Prevention and Screening (Crips), Level 7, Mailbox 7, University of Dundee, Ninewells Hospital and Medical School, Dundee,DD1 9SY