SCOTTISH CANCER FOUNDATION

SCPN

The Scottish Cancer Prevention Network

Newsletter

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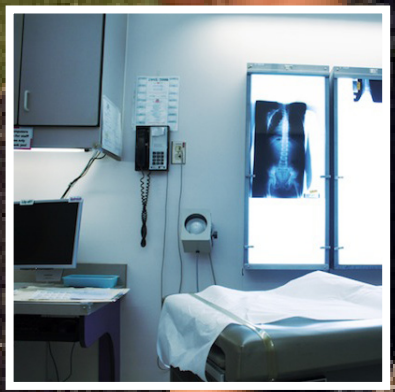

Cancer and the NHS - 2040

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Welcome

Conferences provide an excellent opportunity for updating knowledge, for networking and for reflecting on our work within a wider framework. The International Union for Cancer Control (UICC) world cancer congress meeting in Montreal certainly offered opportunities for reflection. The opening ceremony was full of worthy speeches, aims and a call for international harmony in cancer control with a reminder of that well known Ghandi quote "Be the change that you want to see in the world". It was this phrase that stuck in my head as I walked towards the welcome reception looking for colleagues and friends that are usually found close to the generous hospitality provided by such events. This reception was however different… entertainment, canapés, warmth and guidance from excellent hosts but NO alcoholic beverages on offer. This single act provoked considerable discussion and a chance to remember that many people in the world never consume alcohol and a fruit juice reception would certainly be the norm. Should cancer agencies be promoting alcohol in any form in events focussed on cancer reduction? Our dining rooms and personal parties are our own decisions but a cancer agency corporate decision to offer wines, beers and spirits is surely something we should think carefully about. We all play a part in establishing normative behaviours but if we want to see changes in our collective ways of life then being deviant and walking the walk must start with those working in cancer control.

Another quote for reflection by David Brower "Politicians are like weather vanes. Our jobs are to make the wind blow" reminded we do have to do, talk and be heard. In The USA there is clearly a lot of talk about obesity and an excellent presentation by Shiriki Kumanyika outlined the key issues for action in this crucial component of cancer prevention. In a new US Institute of Medicine report on Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx) two key simple and positive messages are highlighted : "Market what matters for a healthy life" to "Make healthy foods and beverages available everywhere". If we started at these points would our politicians take the action we need to reduce cancer risk in Scotland?

Finally, and appropriately for an international conference, a clear message on the global burden of cancer was heard. Approximately 47% of cancer cases and 55% of cancer deaths occur in less developed regions of the world with a projected increase of 81% by 2030. For more details see World Cancer factsheet (http://www.iarc.fr/en/media-centre/iarcnews/pdf/Global%20factsheet-2012.pdf).

Prevention cannot remain at the edge of cancer concerns, it must move centre stage.

Professor Annie S. Anderson

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Upcoming Conference

"Translating lifestyle theory to healthy practice for the reduction of cancer occurrence and recurrence will be held in"
Date: Friday November 9th
Venue: The Melting Pot, Edinburgh

Smoke-free ahead?

As we await sight of a draft of Scotland's new national tobacco control strategy, an important document that will set the direction for much of our work in the coming years, I wanted to reflect on some of the bolder suggestions that have been made for reducing tobacco use and tobacco related harm internationally.

The World Health Organisation (WHO) is clear that the tobacco epidemic is one of the biggest public health threats the world has ever faced. Increasingly, tobacco control is being framed as a necessary part of tackling the burden of non-communicable diseases (NCDs) world-wide. The WHO reports that 63% of all deaths worldwide are caused by NCDs, for which tobacco use is one of the greatest risk factors. Effective measures are both necessary and cost effective. One example is outlined in a BMJ blog this month by Richard Smith, Choosing Among Sorrows, where he reprises an argument for the high cost-effectiveness of tobacco tax as a measure to tackle and reduce non-communicable diseases internationally. The United Kingdom remains a world leader in tobacco taxation, and my hope is that Scotland's new strategy will continue to show leadership on a world stage.

Some countries like New Zealand and Finland have already set ambitious targets to reduce tobacco use to minimal levels. New Zealand's commitment is to be smoke-free (with prevalence at 5% or less) by 2025, and they have started to talk in terms of an end-game for tobacco smoking.

Some more radical suggestions have been proposed to help drive progress. Professor Simon Chapman has suggested that adult smokers should be required to carry a licence to purchase tobacco, ensuring that smokers are both informed about the risks and can receive information to help them quit. Singapore-based Professor Jon Berrick goes further, suggesting that a future date should be set after which there will be no new legal recipients of tobacco products, in recognition of the highly dangerous nature of the product. In Scotland he has proposed that date should be January 1st 2018. His idea has been taken up with real interest in Tasmania, to the extent that a proposal from the Tasmanian Upper House supporting the idea of a smoke-free generation, with a ban on selling tobacco to anyone born after the year 2000, will go forward to the Australian Lower House for debate. I fully applaud the ambition for a smoke-free generation. I'd like to see Scotland move rapidly towards this, but without criminalising smokers. Instead, I'd like to see a sharper and more searching focus on the tobacco industry and its activities.

In times of economic constraints, tobacco control is a worthwhile investment. I trust our new national strategy will show the vision, ambition and commitment for which Scotland is internationally known.

Sheila Duffy, ASH Scotland

A few places are still available….

Annual SCPN Conference. Friday the 9th of November 2012 at the Melting Pot, Rose Street, Edinburgh "Translating lifestyle theory to healthy practice for the reduction of cancer occurrence and recurrence will be held in" Cost £25 (with concessions for the unwaged).

This year we are delighted to host Professor Wendy Demark-Wahnefried from The University of Alabama who has published widely on effective lifestyle interventions that improve the overall health of cancer survivors and their families. Other topics to be covered at the conference include smoking cessation, motivating effective exercise strategies for cancer patients and facilitating healthy diets through community food initiatives.

For up to date information on conference details follow us on Twitter (***@thescpn***), Facebook (***www.facebook.com/theSCPN***) or check our website ***(www.cancerpreventionscotland.co.uk).***

Cancer statistics for women in Scotland in 2010

In response to a query from a reader to the last newsletter about cervical cancer here is some clarification on the cancer statistics (excluding non-melanoma skin cancer) for women in Scotland in 2010 in terms of incidence and mortality.

Site	Mortality n=7495
Trachea, Bronchus and Lung (%)	1948 (26.0)
Breast (%)	1022 (13.6)
Colorectal (%)	719 (9.6)
Ovarian (%)	387 (5.2)
Pancreatic (%)	323 (4.3)
Cervical (%)	99 (1.3)

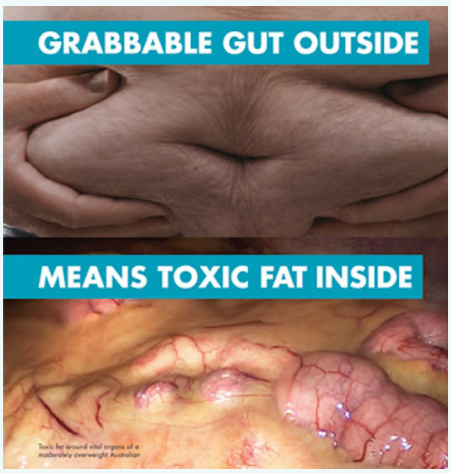
Site	Incidence n=15413
Breast (%)	4,457 (28.9)
Trachea, Bronchus and Lung (%)	2,349 (15.2)
Colorectal (%)	1790 (11.6)
Uterine (%)	649 (4.2)
Malignant Melanoma of Skin (%)	617 (4.0)
Cervical (%)	327 (2.1)

1. Source:http://www.isdscotland.org/Health-Topics/Cancer/Publications/2012-04-24/Cancer_in_Scotland_summary_m.pdf

LiveLighter

Like Scotland, around two-thirds of Western Australian adults are an unhealthy weight and despite much effort to reduce the problem there has been little positive change in the last decade. A recent campaign now helps the population visualise the obesity problem.

The LiveLighter campaign aims to give people fresh insights into how "toxic fat" (the type which surrounds vital organs) increases risk of disease. The advertisements show viewers what this toxic fat looks like to try and motivate people to do something about their weight. In just over two months, LiveLighter has already made an impact. The campaign has made headlines across the world, attracted over 150,000 views on YouTube, generated thousands of subscriptions to our e-newsletter and really had people talking. The campaign has also just unveiled a Meal and Activity Planner. For more details see *www.livelighter.com.au*



Cancer and the NHS - 2040

A new study (1) suggests that the number of cancer victims is set to soar over the coming decades, a situation which has also been described by Ciaràn Devane, Chief Executive of Macmillan Cancer Support, as a "ticking time bomb" for the NHS (2).

The older an individual is, the more likely they are to be diagnosed with cancer and with the average age of the population increasing this means that cancer prevalence is heading upwards. Maddams et al (1) predict that the rate of cancer diagnosis is set to more than triple, from 1.3 million in 2010 to 4.1 million by 2040 – an increase of approximately one million cancer diagnoses per decade. In addition to this with increasing survival rates the NHS is going to be met with greater demands for support. The worst affected by the rise in cancer rates will be those aged 65+, as it is believed that almost a quarter of this age group will have survived or will be living with cancer. This study suggests that, in order to meet the rising needs of an older and more at risk population, the NHS needs to start planning for these increases now.

In response to the findings of this study, a Department of Health spokesperson said "We know more can be done to improve cancer care for older people, which is why we are working with Macmillan Cancer Support and Age UK on a £1m programme to ensure that older people's needs are properly assessed and met" (2).

1. Maddams J, Utley M and Møller H. (2012) Projections of cancer prevalence in the United Kingdom, 2010-2040. Br J Cancer. 2012 Aug 14. doi: 10.1038/bjc.2012.366. [Epub ahead of print]
2. Number of older people living with cancer to 'treble' by 2040. Available at http://www.guardian.co.uk/society/2012/aug/20/number-older-people-cancer-treble?newsfeed=true Accessed on 23/8/12

Stoptober smoking cessation campaign starting in October

With Stoptober smoking cessation campaign starting in October, it is timely to turn our attention to cervical cancer and smoking. In recent months, reduction in cervical cancer incidence has focussed on Human Papilloma Virus and the association between the disease and smoking has become less of a focus. (1).

A recent study that explore the question of who attends follow-up cervical cytology tests among women with low-grade abnormal cytology has highlighted concerns with smoking behaviour(2). The Trial of Management of Borderline and Other Low-grade Abnormal smears (TOMBOLA) trial found that current smokers were 75% more likely to attend late for the first surveillance. In addition, current smokers under the age of 45 were almost twice as likely not to attend for follow up.

The authors of these findings raise the possibility that smokers may be put off attending a follow-up cytology at their general practice because of the concern that the visit may lead to (unwanted) discussions of their smoking habits. However, the other side of the coin is that not talking about smoking in this setting may lead smokers to think that no comment means no health issue, i.e., clean bill of health. How the discussion of smoking habits and advice to stop smoking occurs in a health care setting is of tremendous importance as unsought advice can have implications for the patient-GP relationship, trust and future help seeking for preventive purposes.

It is important that we help women who smoke to achieve a 'coherent' model of cervical health that includes the link between smoking and cervical cancer. However, to achieve this there is a need to remove barriers to attending follow-up cancer prevention appointments by approaching the smoking habit in a way that is not going to induce guilt, shame, and blame. How we do that in a health care setting requires rigorous empirical testing.

Dr Gozde Ozakinci, PhD, Lecturer in Health Psychology, University of St Andrews

1. Marteau TM, Hankins M, Collins B. Perceptions of risk of cervical cancer and attitudes towards cervical screening: A comparison of smokers and non-smokers. Family Practice. 2002;19(1):18-22.
2. Sharp L, Cotton S, Thornton A, Gray N, Whynes D, Smart L, et al. Which women default from follow-up cervical cytology tests? A cohort study within the TOMBOLA trial. Cytopathology. 2012 Jun;23(3):150-60.

Ovarian cancer screening - risks and benefits

Ovarian cancer claims almost 400 lives a year in Scotland (ISD data), presenting with disease beyond the ovary in over 60% of women.

There has therefore been a prolonged quest for screening strategies to detect disease whilst still confined to the ovary, primarily using the CA125 blood test together with transvaginal pelvic ultrasound (TVS), but the outcomes of recent studies are disappointing. The 'Prostate, Lung, Colon and Ovarian' (PLCO) American trial showed no improvement in survival with screening; over two thirds of screen detected cancers had spread beyond the ovary at the time of diagnosis, and 18 operations were performed for every cancer detected with a 'serious' complication rate of 15%, leading to warnings that screening may do more harm than good.(1)

The UK based Collaborative Trial of Ovarian Cancer screening (UKCTOCS) gave encouraging preliminary results (2), but fewer than half of the cancers detected were stage 1, with the worry that the mortality data (not available until 2015) will be disappointing.

Intrinsic problems with ovarian cancer screening include:

- The rarity of the disease
- The high incidence of incidental/benign ovarian pathology leading to 'false positive' TVS and potentially unnecessary surgery
- The absence of any precursor lesion. Benign ovarian cysts carry no significant risk of malignant transformation
- The non-specific nature of the CA125 test with 'false positives' from other conditions. Furthermore, not all cancers secrete CA125 : approximately one third of early cancers and 15% of advanced cancers will be associated with normal CA125 levels .
- The biological heterogeneity of the disease such that some tumour types remain confined to the pelvis whereas others are more likely to spread and present with advanced disease, sometimes in the absence of a pelvic mass

With uncertain screening strategies, there is a growing hope that increased awareness of ovarian cancer may lead to earlier diagnosis. Unfortunately this also has the potential to generate many false positives and worried women. Sadly, symptoms of ovarian cancer (persistent bloating, IBS type symptoms, pelvic pain, frequency of micturition) are extremely common, and may be due to other conditions that may be associated with elevated CA125.

However this is not to say that screening or early diagnosis is not worthwhile - delayed diagnosis, especially in symptomatic women, can lead to much anguish for patients, their families and their care-givers. Better screening tests are required to avoid unnecessary morbidity and it is hoped that future work will achieve robust screening tools.

For further information on ovarian cancer see:
http://www.targetovariancancer.org.uk
http://www.ovacome.org.uk/beat-ovarian-cancer-with-ovacome.aspx

Dr K Wendy McMullen,
Ninewells Hospital, Dundee

1. Buys SS, Partridge E, Black A et Al Effect of screening on ovarian cancer mortality: the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Randomized Controlled Trial JAMA. 2011 Jun 8 ;305(22):2295-303.
2. Menon U, Gentry-Maharaj A, Hallett R, Ryan A, Burnell M, Sharma A, et al. Sensitivity and specificity of multimodal and ultrasound screening for ovarian cancer, and stage distribution of detected cancers: results of the prevalence screen of the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS). Lancet Oncol 2009;10:327–40.

Teenagers' cancer awareness in Britain

Every year in the UK 2,000 teenagers and young adults (TYAs) aged 15-24 are diagnosed with cancer [1], of which around 180 (10%) live in Scotland [2]. This means that, on average, every two days someone in Scotland aged 15-24 receives a cancer diagnosis. Skin cancer (melanomas) accounts for almost a quarter (24%) of these cases [2]. Yet, we currently know very little about teenagers' cancer awareness and help-seeking behaviour. A study conducted by researchers from the Cancer Care Research Centre (CCRC) at the University of Stirling has for the first time provided insight into cancer awareness among young people in Britain.

In August 2011 CCRC researchers conducted a survey of 478 young people aged 11-17 years old (male=52%, mean age=14) from four schools across Britain. The study assessed adolescents' cancer awareness using the Cancer Awareness Measure (CAM) developed by Cancer Research UK [3]. The survey revealed that:

- Half of all adolescents did not know the most common childhood (51%) or teenage (49%) cancers.
- Most teenagers (69%) believed cancer was unrelated to age.
- 'Lump or swelling' was the most recognised cancer symptom (89%) but symptom awareness was low for 'unexplained bleeding' (49%), 'pain' (46%), or 'weight loss' (41%), 'difficulty swallowing' (36%), 'persistent cough' (32%), and a 'sore that doesn't heal' (24%).
- Most teenagers said that emotional reasons including being 'worried about what the doctor might find' (72%) would put them off seeking help from a doctor if they suspected they had cancer, and around half said they would be 'too embarrassed' (56%), 'too scared' (54%) or would 'not feel confident to talk about symptoms' (53%).

Cancer awareness was significantly lower among younger adolescents (aged 11-12 years) and those who did not know someone with cancer. Females were significantly more likely to endorse emotional barriers to help-seeking.

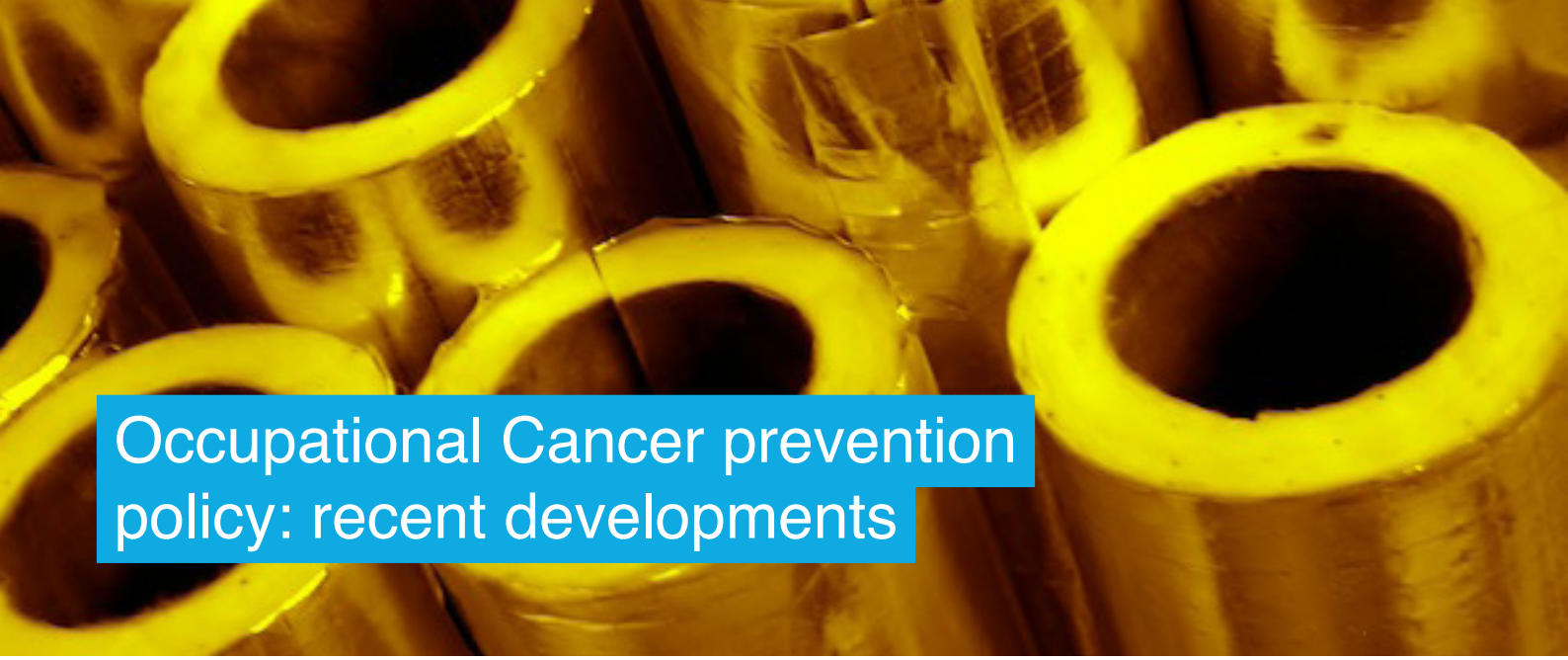
This study provides an initial picture of patterns of cancer awareness among young people in Britain and can be used to inform the development and delivery of targeted awareness-raising interventions. Such interventions have potential to contribute to early diagnosis and improved survival throughout the life course.

Further analysis of these data is currently underway to examine associations between adolescents' awareness of cancer risk factors and health-related behaviours (e.g. smoking, sun-bed use).

The full report of the study can be found in the open-access journal BMC Public Health [4]. More information can also be obtained from the authors: ***richard.kyle@stir.ac.uk / gill.hubbard@stir.ac.uk.***

Dr Richard Kyle (Lecturer) and Dr Gill Hubbard (Co-Director), Cancer Care Research Centre, University of Stirling

1. Cancer Research UK (CRUK): Cancer incidence by age – UK statistics http://info.cancerresearchuk.org/cancerstats/incidence/age
2. iSD Scotland: Cancer in Teenagers and Young Adults in Scotland (1979-2008) http://www.isdscotlandarchive.scot.nhs.uk/isd/1631.html#Teenage
3. CRUK: Cancer Awareness Measure Toolkit V2.1 London: CRUK; 2011.
4. Kyle RG, Forbat L, Hubbard G: Cancer awareness among adolescents in Britain: a cross-sectional study. BMC Public Health 2012;12:580. http://www.biomedcentral.com/1471-2458/12/580/abstract



Occupational Cancer prevention policy: recent developments

The responsibility for carcinogens in the workplace both in Scotland and England rests with producers and users of the carcinogen and their regulation, inspection and enforcement of the law on the subject lies with Health and Safety Executive (HSE). The HSE recently stated its "role in occupational health issues, as in safety issues, can only be that of a catalyst to bring about improvements, with the primary role resting with others. Securing the contribution of all relevant sectors, key players and partners will deliver further beneficial interventions on occupational disease including occupational cancers" (HSE 2012).

The above statement reflects both a policy change and the major cuts that HSE has suffered over several years. It has the potential to impact negatively upon Scottish employees and employers exposed to a whole host of carcinogens: notably diesel, asbestos, silica, radioactive materials and radon. Within Scotland there has been no full-time HSE occupational physician responsible for advising on occupational health matters generally. Health surveillance of workers exposed to carcinogens and other hazardous substances no longer undergo thorough scrutiny by an external body. HSE's Corporate Medical Unit can also no longer provide basic cover on occupational health advice and prevention.

HSE now has only five specialist radiation inspectors, falling to four later this year, yet there are an estimated 120,000 employees working with ionising radiations in the UK many in Scotland, in industry, in health and dental services and in research. The public too are exposed to these radiation sources. Yet there will be just one radiation inspector for every 30,000 employees. HSE has withdrawn from active radiation inspection even though there are 280 deaths a year from occupational exposure to radon and widespread non-compliance with the Ionising Radiations Regulations 1999 (Prospect 2012).

The £1.2million phase of the HSE's successful campaign against asbestos exposures – which has been a major cause of mortality in Scotland - due to start in October 2010 was abandoned when the UK Government introduced a freeze on all government-funded campaigns (TUC 2011). Since then nothing has happened. Yet deaths even among teachers, school caretakers and care assistants from mesothelioma in Scotland and England have for instance been rising (Asbestos in Schools 2010).

The consequences of the moves away from regulating, monitoring and enforcing the law on carcinogens by HSE towards workshops, partnerships and 'catalytic' activity by HSE (Brit J Cancer 2012) therefore merit serious attention by policy-makers and public health professionals .

Professor Andrew Watterson, University of Stirling

1. Asbestos in schools (2010) Asbestos in Schools. 31 July 2010. http://www.asbestosexposureschools.co.uk/. Accessed 06/09/2012
2. British Journal of Cancer BJC. (2012) Occupational Cancer Supplement. 107:
3. HSE (2012) Occupational Cancer – priorities for future intervention – supplementary paper. HSE Board/12/64: 16 May 2012. HSE: Bootle.
4. Prospect (2012) Occupational Health cuts www.prospect.org.uk/
5. TUC Risks (2011) HSE moves to improve weak asbestos. No 522. 10 September 2011. http://www.tuc.org.uk/workplace/tuc-20024-f0.cfm#tuc-20024-6. Accessed 06/09/2012

Healthy environments

Supported by the French Cancer League… can readers tell us where the Scottish smoke fee beaches are?

Obesity – who is really to blame?

A reader's view

Obesity – the figures

- In 1966 1.2% of men and 1.8% of women were obese
- In 2010 26.6% of men and 28.1% of women were obese

Obesity featured 'heavily' in the last newsletter – lifestyle, health promotion, communicating preventative measures - I loved 'teachable moments' when one targets people who are basically scared! There was even unity amongst health professionals in tackling childhood obesity.

However what was conspicuous by its absence was any mention of the role of the great ill-health promoter – the food industry.

I'm sure that I was not alone in being fascinated and horrified by 'The Men Who Made Us Fat' (BBC2 July 12). Some nuggets (though perhaps that is an unfortunate term to use) included supersizing, value meal 'bundling', advertising aimed at children - but don't forget that according to McDonalds this is parental responsibility! There was also the magnificently awful Cadbury's sports equipment campaign, unhealthy 'healthy foods' and shelved reports - well done Tessa Jowell. What was made abundantly clear is that the food industry ensures that obesity is, and remains, a problem.

How can Health Promotion compete with the global multinationals? What is the scale factor between their respective advertising budgets? Take the Olympics. Coca-Cola (Powerade) and McDonalds are not just London 2012 Olympic Partners, they're Worldwide Olympic Partners! Cadbury, the company that made a £150 cricket set cost £1,147 of chocolate bars, which in turn 'cost' 617,663 calories and contained 33.5kg of fat (1) were an Olympic Supporter successfully pushing the 'treat' notion at a population that is encouraged not to stop. What Olympic legacy are these companies aiming for? I suspect their impact will vastly 'outweigh' the estimated 100,000 extra gym attenders.

To a large extent the obesity epidemic has occurred due to corporate greed. More worrying is that, for the most part, governments are not so much unable but unwilling to do anything about this. And so the cause of obesity becomes the choice, the fault, of the individual and the persistence of obesity the failure of health care. The real reason is conveniently forgotten – supersize = superprofit.

1. Cadbury wants children to eat two million kg of fat - to get fit. (2003) The Food commission http://www.foodcomm.org.uk/articles/cadbury_in_schools/ Accessed 19/09/12

Detect Cancer Early launches breast campaign

The Scottish Government has launched a new breast awareness campaign as part of its Detect Cancer Early programme. The campaign highlights the importance of early diagnosis and shows examples of signs to look out for.

The concept is bold, with actress Elaine C Smith showing pictures of real breasts demonstrating potential cancer symptoms. The campaign aims to tackle low awareness of the less common signs and symptoms of breast cancer, while reiterating the 'good news' message of improved treatment options and survival rates from the initial primer campaign.

The imagery is powerful and highlights the importance of being aware of non-lump breast cancer symptoms, and of the importance of visiting a GP with any concerns. The campaign also tackles the complex interplay between screening and awareness. We know that screening can confer a false sense of security, so the advert clearly states that women should go to their GP with any of the symptoms presented "even if you've been for a screening recently".

The advert closes with a positive message: "Breast cancer is much more treatable these days. And the earlier it's found, the easier it is to treat." We hope that this will prove motivating to women, and challenge some of the fear that still surrounds a cancer diagnosis.

Alongside the TV adverts are radio scripts, posters and leaflets, magazine inserts, and a roadshow will travel across Scotland targeting those communities where awareness is at its lowest.

With bowel and lung cancer campaigns to follow, we hope to see increased awareness of cancer signs and symptoms, improved uptake of screening services, and reduced fear and fatalism. This campaign won't change minds overnight, but we think it, along with the vital work going on behind the scenes to improve access to diagnostic tests and to reduce barriers to swift diagnosis, will help to ensure that more people are diagnosed at a stage where we can treat their cancer successfully.

http://www.nhsinform.co.uk/cancer/scotland/dce/breastcancer

A 12 week exercise programme during breast cancer treatment has lasting effects

Dr Anna Campbell, University of Dundee

A randomised controlled trial (Mutrie et al., 2007) undertaken in Scotland showed that early stage breast cancer patients who received a supervised exercise programme, plus behaviour change techniques, had psychological and functional benefits 6 months after the intervention. Five years later, (Mutrie et al., 2012), looked at whether the benefits persisted 18 months and 60 months later.

Of the 148 women from the original study who agreed to be contacted again, 114 attended for follow-up at 18 months and 87 at 60 months. Women in the original intervention group (44) reported two and a half hours more leisure time physical activity and a more positive mood at 60 months than women in the control group (43). Irrespective of original group allocation, women who were more active consistently reported lower levels of depression and increased quality of life compared to those who were less active. This suggests that being active, regardless of original group allocation to intervention or control conditions, was associated with quality of life and mood benefits. Qualitative data suggest women perceive many benefits from being active and those in the exercise intervention group had more confidence in exercising independently than those in the control group. A limitation to the study is that those who participated in the follow-up at 5 years were, at baseline, 3 years older and 5 kg lighter on average and were faster walkers (i.e. probably fitter); and may have had less negative mood than those who did not participate at 60 months.

Cancer survivors should be encouraged to engage in regular physical activity and to work towards achieving the public health recommendations for sufficient physical activity once treatment for early stage breast cancer is completed. Services to support regular physical activity might include supervised exercise sessions in early stages, similar to that provided for cardiac rehabilitation, and encouragement to make use of local physical activity opportunities.

1. Mutrie, N., Campbell, A., Barry, S., Hefferon, K., Mcconnachie, A., Ritchie, D. & Tovey, S. (2012) Five-year follow-up of participants in a randomised controlled trial showing benefits from exercise for breast cancer survivors during adjuvant treatment. Are there lasting effects? Journal of Cancer Survivorship, in press
2. Mutrie, N., Campbell, A. M., Whyte, F., Mcconnachie, A., Emslie, C., Lee, L., Kearney, N., Walker, A. & Ritchie, D. (2007) Benefits of supervised group exercise programme for women being treated for early stage breast cancer: pragmatic randomised controlled trial. BMJ, 334, 517

Interesting websites...

http://www.exercise-works.org/

This is an interesting website which promotes physical activity for people and patients of all ages and disease conditions. It provides advice and support for health professionals to implement physical activity as a first line treatment for illness. Follow them on Twitter ***@exerciseworks*** for some interesting and challenging posts.

Back to the Playground

The term "adult playground" may deter some adults from using one but it is this concept that could play a part in addressing Scotland's ever expanding obesity epidemic.

It is estimated that the majority of adults in Scotland do not achieve the recommended 150 minutes per week of moderate physical activity. This sedentary lifestyle has been estimated to contribute to approximately 2,500 premature deaths per year in Scotland as well as 25% of colon-cancer deaths (1).

Adult playgrounds, or outdoor gyms, have been implemented in many countries over the world in an attempt to increase physical activity levels. Being able to exercise outdoors literally tears down the walls constructed by the modern gym culture, negating barriers such as cost and accessibility, returning physical activity to a more natural experience. These outdoor gyms could make exercise free and local for those in most need of them.

In the UK, Camden is at the forefront of this new craze, having 9 adult playgrounds situated throughout the burgh. Research suggests that 26% of those attending these gyms would not have exercised otherwise (2) demonstrating the effects such innovative projects can have on an otherwise sedentary population.

The first outdoor gym was introduced to Scotland earlier this year, in Edinburgh, and depending on its success they could be introduced across the country (3). It could be that regressing back into the playground is what Scotland needs to help quell its rising obesity levels.

1. Physical activity and health- facts and figures. Available at http://www.sustrans.org.uk/what-we-do/active-travel/active-travel-information-resources/physical-activity-and-health-facts-and-figures Accessed on 22/8/12
2. The Rise of the Adult Playground. Available at http://www.bbc.co.uk/news/magazine-17818223 Accessed on 22/8/12
3. Edinburgh's first outdoor gym opens. Available at http://local.stv.tv/edinburgh/29890-edinburghs-first-outdoor-gym-opens/ Accessed 23/8/12

About the network

At the network we have set ourselves the challenge of doubling our reach over the next 12 months and have decided to share our results with our readers. Our recent survey helped us to estimate that the newsletter/web/tweets reach just over 1000 folks so help us reach our 2000 figure + by June 2013

Here are our current statistics…

	June 2012	September 2012
Network members signed up for Newsletters and emails.	230	246
Twitter Followers	83	211
Facebook Likes	70	77
Website hits	249	1331 (since June)
Website average page views per day	11	10

Please help us increase interest in cancer prevention in Scotland by sharing our contact information:

Twitter **@thescpn**
Facebook **www.facebook.com/theSCPN**
Website **www.cancerpreventionscotland.co.uk**

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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Centre for Research into Cancer Prevention and Screening (CRIPS)

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We hope that you have enjoyed this newsletter and we are always interested in feedback to help us continually improve all aspects of the newsletter. You can help us by telling us want you would like to read about in future issues. We would like your comments and suggestions - just email a.s.anderson@dundee.ac.uk

Find out more on our website

If you would like to know a little more about the kind of work that we do you can visit our website at www.cancerpreventionscotland.co.uk. Here you will be able to find up-to-date news, scheduled dates for your dairy, all previous newsletters and information regarding how to sign up to the SCPN RSS feed for instant access to recent news.

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.