

**SCPN** 

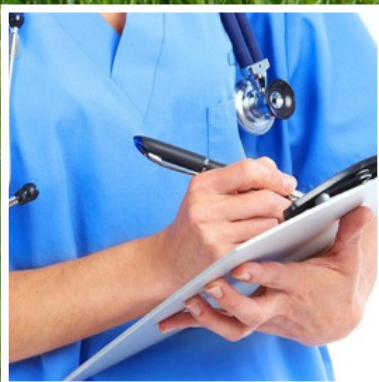
# The Scottish Cancer Prevention Network Newsletter

VOL 4 . ISSUE 2

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# Welcome

The media adore meaty stories. From horse disguised as beef to mutton dressed as beef, not to mention the killer sausage! The horse story failed to have much of a health angle on it though it provided a strong reminder about shortfalls in the tracking and tracing capabilities of our food system which raises issues about how we could deal with food borne contaminants (remember BSE?).

However, the publication<sup>1</sup> from the EPIC group on the negative health effects of processed meat may have proved the tipping point for widespread reflection on meat consumption. The reporting of this paper was truly awful - poor reporting by the news agencies and uninformed comments by “experts” that should have known better! Before getting to the published paper we had heard several radio stations’ reports and saw three website comments which led us to conclude that the main issue for health was the raised risk of pancreatic cancer and actually “moderation” in all things was the key to health and fresh red meat is jolly good stuff.

What the paper actually reported was that in a European cohort of over 50,000 people there was a moderately positive association between processed meat consumption and mortality particularly due to cardiovascular diseases and also cancer. The authors estimate that 3.3% of deaths could be prevented if participants had a processed meat consumption of less than 20g per day. This paper adds to a growing body of evidence from both the US and Europe about minimising our intakes of processed meat. The importance of low intakes of red and processed meat (< 70g cooked weight per day) is also a message from all UK Departments of Health.

What the news coverage might have focused on is how we, as a nation, are or are not translating this advice into action. For example, how much processed meat is served by the NHS and other public sector institutions? What are the practical examples that our health service settings are demonstrating to the public? Where are our role model restaurants and cafes where the low meat or meat free choices outnumber those horsey looking pies, bacon rolls or sausage butties?

Professor Annie S. Anderson  
Professor Bob Steele

1. Rohrmann S, Overvad K, Bueno-de-Mesquita HB et al. (2013) Meat consumption and mortality - results from the European Prospective Investigation into Cancer and Nutrition. BMC Medicine, 11:63 doi: 10.1186/1741-7015-11-63

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## Detect Cancer Early Turns to Bowel Cancer

Prof Bob Steele

The Detect Cancer Early Programme is a Scottish Government Health Department initiative designed to increase the proportion of Scots diagnosed with early stage cancer. Initially the programme is focusing on breast, colorectal (bowel) and lung cancer and the aim is to increase the proportion of these cancers diagnosed in the earlier stage by 25% by 2015. This is an extremely ambitious target and for bowel cancer it poses a particular challenge as the common symptoms of bowel cancer (i.e. rectal bleeding and change of bowel habit) are surprisingly common in the general population and are very poor indicators of early disease. In England a publicity campaign designed to encourage individuals with these symptoms to visit their GPs has been shown to markedly increase the number of referrals but with little or no impact on disease detection.

In Scotland the Detect Cancer Early Programme has consulted widely and has taken the view that a focus on screening is the most efficient method of detecting bowel cancer early. Thus, the strategic objectives of the detect bowel cancer early campaign are to increase the uptake of bowel screening

and to educate the population on bowel cancer and the benefits of screening. Based on available screening uptake data, the target audience is men and women aged between 45 and 74 with particular emphasis on men of this age living in the most deprived communities in Scotland. The key messages are as follows:

1. Early bowel cancer is often hidden.
2. Bowel cancer is the third most common cancer in Scotland.
3. People are at increased risk as they age.
4. It is a highly treatable disease if detected early.
5. That screening is the best way to detect bowel cancer early.

The bowel cancer campaign was launched on 18th February and consisted of a 6 week marketing campaign made up of television, press, radio, bus advertising, washroom posters and a field marketing road show running alongside a public relations programme.

Already in the Bowel Screening Centre in Dundee we have seen an increase in uptake of screening but it remains to be seen whether this will be sustained

beyond the period of the campaign.

It is very important, however, that we continue to respond quickly and appropriately to patients with symptoms and the Detect Cancer Early Programme has committed to applying screening principles to the symptomatic population. In other words the programme is supporting the evaluation of a very sensitive faecal occult blood test based on immunological principles to help determine which symptomatic patients will benefit from intensive investigation and particularly colonoscopy. This work is due to commence in April of this year and a definitive strategy should be available by the end of 2013.

Finally it has just been agreed that bowel screening uptake should be included in the Quality and Outcomes Framework (QOF) so that general practices will be recognised for helping to increase the uptake of bowel screening. This is a major step forward and, for the first time, it provides the opportunity for general practitioners to engage in the screening process.

## BMA petition on alcohol pricing

Sign the BMA petition in support of minimum unit pricing for alcohol. The BMA have set up an e petition to urge the Government to introduce a minimum unit price for alcohol

(MUP). They cite the costs to the NHS and individuals and their families of excessive alcohol consumption as the reasons the Government should push ahead with this policy in the interest of

our nation. If you would like to support this petition go to <http://epetitions.direct.gov.uk/petitions/47073>



## A Prescription for Obesity

The Academy of Medical Royal Colleges has released a report '**Measuring Up: The Medical Profession's Prescription for the Nation's Obesity Crisis**' as a step towards tackling the country's obesity epidemic. Calling the UK the 'fat man' of Europe, they hope the report is not just another shock-based obesity paper but the beginning of a campaign. The Academy stresses that the blame cannot be placed on any one government, organisation or individual, and that with many causes comes the need for many solutions.

To begin the campaign, the report sets out 10 recommendations which fall

under the following key areas.

Action to be taken by the healthcare professions

- Education and training programmes for healthcare professions
- Weight management services
- Nutritional standards for food in schools
- Increasing support for new parents

Changing the obesogenic environment

- Nutritional standards in schools
- Fast food outlets near schools
- Junk food advertising

Making the healthy choice the easy choice

- Sugary drinks tax
- Food labelling
- The built environment

A number of the The Royal Colleges have commented on the report (1,2). Royal College of Physicians noted some similarities between it and their earlier report 'Action on Obesity: Comprehensive care for all' and welcomed the urgent action called for.

1. Royal College of Physicians. RCP comment on Academy of Medical Royal Colleges' obesity report. <http://www.rcplondon.ac.uk/press-releases/rcp-comment-academy-medical-royal-colleges-obesity-report> [18.02.13]
2. Royal College of Obstetrics and Gynaecology. RCOG statement on the Academy of Medical Royal Colleges' report on tackling obesity <http://www.rcog.org.uk/news/rcog-statement-academy-medical-royal-colleges%E2%80%99-report-tackling-obesity> [18.02.13]

## Ask the Expert

**Ask the Expert: Professor Andrew Evans, Professor of Breast Imaging, University of Dundee**

### Question

Is it true that breast cancers are more difficult to detect in obese women?"

### Answer

The mammary gland or breast is a milk producing gland which is composed largely of fat. In obese women clinical detection, either by the patient or physical examination by a health professional is more difficult due to the fat layer camouflaging the lump. Cancers in obese women are therefore often larger at diagnosis, later in clinical presentation and are more likely to be

detected by imaging than to present clinically.

Obesity is a strong risk factor for the development of post-menopausal breast cancer. In addition, oestrogen is produced by fat cells so levels will increase in proportion to body fat. In women who have hormone receptor positive breast cancer, obesity is associated with increased tumour proliferation and advanced TNM stage at diagnosis which is associated with poorer overall survival and breast cancer specific survival.

Mammography accuracy is not decreased in obese women. Screening in this population is vitally important due to the difficulties in detection of lumps at self-examination and the accelerated speed at which certain types of breast cancer grow in the obese woman.

Evidence suggests that weight loss after breast cancer diagnosis improves outcomes but further research is required in this area.



## Sunbeds and cancer

A recent study carried out in England by researchers at the University of Dundee reported 9 out of 10 sunbeds emitted UV radiation above the UK and EU recommended limit (1). The

team estimated that, in some cases, the cancer risk was up to 6 times greater than the Mediterranean sun with similar exposure times. WHO estimates that 10% of Northern Europeans use

sunbeds regularly for tanning purposes which makes it all the more worrying that sunbed use can carry such great risks.

1. Tierney P, Ferguson J, Ibbotson S, Dawe R, Eadie E, Moseley H. (2013) Nine out of 10 sunbeds in England emit ultraviolet radiation levels that exceed current safety limits. *Br J Derm*; 168(3):602–608 <http://onlinelibrary.wiley.com/doi/10.1111/bjd.12181/abstract>

## Putting the physical activity guidelines into practice

Government guidelines on physical activity recommend increases in aerobic activity to 150 minutes per week and activities to improve muscle strength on 2 days or more days per week. We asked Dr Alison Kirk, Lecturer in Physical Activity for Health, University of Strathclyde to give us some examples of muscle strength exercises that can be done without resorting to gym membership...

### Examples of muscle strengthening activities

#### Heel raise

Facing a wall, with feet flat on the floor, rest both hands against the wall at shoulder level. Then raise heels as high as possible whilst keeping the balls of the feet on the floor.



#### Half Squat

With feet shoulder width apart and toes pointing forward, bend the knees and push your bottom out behind you. Keep your back straight. The hips should go no lower than the thighs being parallel with the floor. Keep your heels on the floor and knees behind your toes. If you look down from the squat position you should be able to see your toes. To assist with balance this exercise can be done with the aid of a chair.



#### Back raises

Lying face down with hands under the chin and elbows flexed, use the back muscles to raise the upper part of the body slowly from the ground. Hips and

lower part of the body remain on the floor. Keep your eyes looking forward towards the floor. As an easier alternative, instead of having your hands at your chin, place them on the floor in line with the shoulders and use them to support the movement.



Exercises can be made progressively more difficult by increasing the number of times they are done or by adding a weight (household weights could be used such as cans of food or bottles of water).

Other useful advice specifically for patients with cancer can be found on the physical activity worksheet section on this NHS Health Scotland link

[http://elearning.healthscotland.com/file.php/424/NHS\\_Sheets/Gates%20sheets/gat73308\\_Exercising%20with%20Cancer.pdf](http://elearning.healthscotland.com/file.php/424/NHS_Sheets/Gates%20sheets/gat73308_Exercising%20with%20Cancer.pdf)



# Lung cancer – a wider view

Dr Sean Semple, Senior Lecturer, Respiratory Group, University of Aberdeen

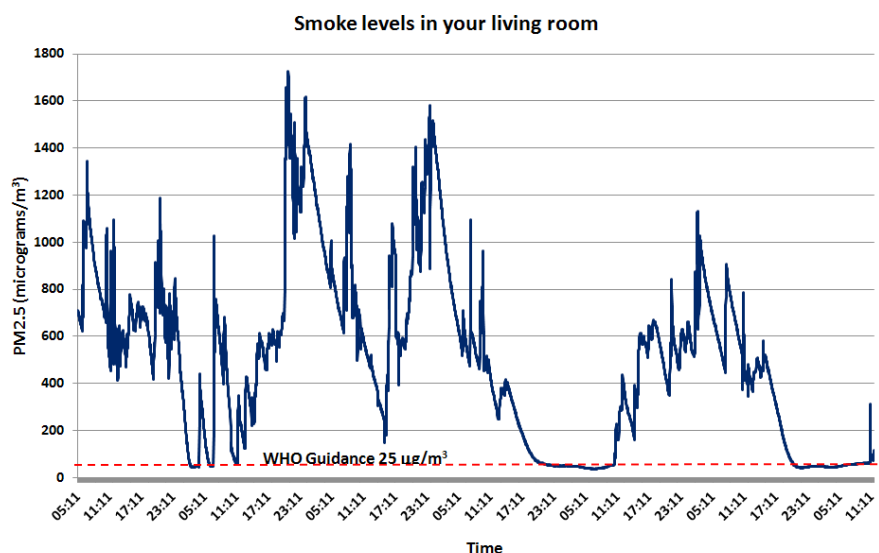
Mention lung cancer and most of us think that the risk applies only to those who smoke. However about 10-15% of lung cancers involve people who have never smoked. There are many possible causes of lung cancer in non-smokers and these include occupational exposures to materials like asbestos and chemicals including arsenic and silica. Other factors including diet and exposure to traffic pollution have also been associated with a higher risk of developing the disease. More recently we've started to understand the lung cancer risk from exposure to second-hand tobacco smoke (SHS). Last year, a global study of risk factors for lung cancer concluded that, in Europe, about 10% of lung cancers in men

were due to SHS exposure, with the figure being slightly higher (14%) for women [1]. Work in Scotland [2], measuring SHS during car journeys where someone smokes has shown that average concentrations of fine particulate matter reach levels that are more than three times the World Health Organisation's guideline on air pollution. In home settings the levels can be even higher for even longer (see figure), with measurements showing that average fine particulate levels in Scottish smokers' homes are seven times higher than the WHO guidance [3]. There is a clear disconnect in our thinking: traffic pollution at a fraction of these levels causes a national outcry and a flurry of media interest and yet we have a

significant proportion of Scotland's children exposed to much higher concentrations in their own home. The Scottish Government have just published an ambitious and bold tobacco control strategy with the aim of making Scotland a smoke-free nation by 2034 [4]. The strategy also sets a global first in proposing the establishment of a national target to reduce the proportion of children exposed to SHS by 2020. In the past decade we've successfully removed SHS from our workplaces, buses, trains, shops and bars. Let's work together to make as many of Scotland's homes and cars smoke-free in the coming decade.

1. Sisti J, Boffetta P. What proportion of lung cancer in never-smokers can be attributed to known risk factors? *Int J Cancer*. 2012 Jul 15;131(2):265-75.
2. Semple S, Apsley A, Galea KS, MacCalman L, Friel B, Snelgrove V. Secondhand smoke in cars: assessing children's potential exposure during typical journey conditions. *Tob Control*. 2012;21:578-83.
3. Semple S, Garden C, Coggins M, Galea KS, Whelan P, Cowie H, Sánchez-Jiménez A, Thorne PS, Hurley JF, Ayres JG. Contribution of solid fuel, gas combustion, or tobacco smoke to indoor air pollutant concentrations in Irish and Scottish homes. *Indoor Air*. 2012 Jun;22(3):212-23.
4. Scottish Government. A Tobacco Control Strategy for Scotland. Towards A Generation Free from Tobacco. <http://www.scotland.gov.uk/Resource/0041/00417331.pdf>

**Figure:** A graph showing fine particulate levels (PM2.5) in a smoker's home over the course of a week (The WHO guidance limit for fine particle pollution is 25 µg/m<sup>3</sup> marked by the red line).



## 2014 Football World Cup extra fee for extra-wide seats

Brazil is to host the next Football World Cup in 2014 and is set to become the first tournament to provide oversized seats for obese spectators. Brazilian law stipulates that at least 1% of seats in each of the 12 World Cup venues must be customized for obese or disabled people. Home and international applicants wishing to sit in the specially constructed seats must provide a medical certificate authenticating their BMI as greater than 30.





## Throat Cancer Foundation

Ewen Lumsden

WORLD ABOUT CANCER

Welcome to the website of the Throat Cancer Foundation. We provide support and community for those with throat cancer diagnosis and their loved ones.

The Throat Cancer Foundation is working to reduce the impact of throat cancer. This includes funding research, prevention and cure, lifestyle changes and campaigns for HPV vaccination.

The Throat Cancer Foundation was founded in 2012 by Jamie Rae, a successful Scottish businessman and oropharyngeal cancer survivor. Jamie was diagnosed in July 2010 and it was his experience of cancer that inspired him to create TCF which aims to be a platform for people who are affected by the numerous cancers which can affect the throat. Based in Falkirk, the charity is run by a mixture of paid and voluntary staff who are working towards the following goals:

- To raise awareness of the various cancers which affect the throat and empower patients and carers.
- To work with the medical community to establish the 'Gold Standard of Care' and for this to be available for all patients.
- To fund research into treatments, their efficacy and how post treatment quality of life can be improved and
- To lobby Governments to introduce Gender Neutral Vaccination in order to reduce the impact of HPV.

TCF welcomes input from all health professionals who have an interest in head and neck cancer. For more information see [www.throatcancerfoundation.org](http://www.throatcancerfoundation.org)

[throatcancerfoundation.org](http://throatcancerfoundation.org) or contact Ewan Lumsden, [ewanl@throatcancerfoundation.org](mailto:ewanl@throatcancerfoundation.org).

### TCF and Gender Neutral Vaccination.

There has been a steep rise in HPV positive cancers particularly over the last twenty years, both in the UK and around the world. Oropharyngeal Cancer in the USA has risen from 16.3% of cases being HPV related between 1984 and 1989 to 71.7% of cases being HPV related between 2000 and 2004. This trend is not unique to America; the same steep rise in HPV positive cancer has been observed in Sweden for tonsillar cancer where rates of HPV positive cancers have trebled in twenty years and in the UK where HPV positive anal cancer has doubled in twenty years.<sup>1</sup>

The Throat Cancer Foundation (TCF) has called for the introduction of gender neutral vaccination (GNV) in the UK. We sought the counsel of leading health professionals who all have stated that a gender neutral vaccination policy will save lives and reduce incidence of HPV Cancers. We then took this overwhelming professional support for

GNV to Labour MP John Robertson who put forward an Early Day Motion (EDM) in the House of Commons. People can write to their MP to implore them to sign the EDM. We are now taking our campaign forward in Westminster and also to the Scottish Parliament with a public petition urging the Scottish Government to extend vaccination to boys as a matter of urgency.

<http://www.scottish.parliament.uk/GettingInvolved/Petitions/protectboysfromhpv>

Australia has recently started vaccinating all young people to protect them from HPV and we believe that the United Kingdom should be making the same investment in protecting their young people from HPV and the illness it causes.

EDM link <http://www.parliament.uk/edm/2012-13/980>

Link to petition <https://www.surveymonkey.com/s/F3KWVXXK>

Link to 150 experts who have signed up [www.throatcancerfoundation.org/campaigning\\_for\\_change](http://www.throatcancerfoundation.org/campaigning_for_change)

[http://www.throatcancerfoundation.org/campaigning\\_for\\_change](http://www.throatcancerfoundation.org/campaigning_for_change)

## Walk to work week

Walking has many benefits so why not join in walk to work week, 13-17 May 2013? Walking burns calories and saves you money so compete with

your colleagues, relieve stress and get lighter while your wallet gets heavier. Find out how many calories you burn, how many miles you walk and how

much carbon you save as a workplace with an online calculator <http://www.livingstreets.org.uk/walk-with-us/national-walking-month>.

## Updating ... have you read the latest reports? Can you answer these questions?

- Among adults who drink, on average how much of their total calorie intake is from alcohol?
  - 6%
  - 10%
  - 14%
- Is the evidence for body fatness increasing the risk of pancreatic cancer?
  - Convincing
  - Probable
  - Limited
- Is the evidence for eating foods containing dietary fibre decreasing the risk of colorectal cancer?
  - Convincing
  - Probable
  - Limited
- How much is your risk of colorectal cancer increased if you smoke 40 cigarettes a day?
  - 23%
  - 31%
  - 38%
- Is the evidence for body fatness increasing the risk of breast cancer (post menopause)?
  - Convincing
  - Probable
  - Limited

1. 10% - <http://www.alcoholconcern.org.uk/assets/files/Publications/Alcohol%20and%20calories%20briefing%20August%202010.pdf>
2. Convincing - [http://www.dietandcancerreport.org/cancer\\_resource\\_center/downloads/cu/Pancreatic-Cancer-2012-Report.pdf](http://www.dietandcancerreport.org/cancer_resource_center/downloads/cu/Pancreatic-Cancer-2012-Report.pdf)
3. Convincing
4. 38% - [http://www.dietandcancerreport.org/cancer\\_resource\\_center/downloads/cu/Colorectal-Cancer-2011-Report.pdf](http://www.dietandcancerreport.org/cancer_resource_center/downloads/cu/Colorectal-Cancer-2011-Report.pdf)
5. Convincing - [http://www.dietandcancerreport.org/cancer\\_resource\\_center/downloads/cu/Breast-Cancer-2010-Report.pdf](http://www.dietandcancerreport.org/cancer_resource_center/downloads/cu/Breast-Cancer-2010-Report.pdf)

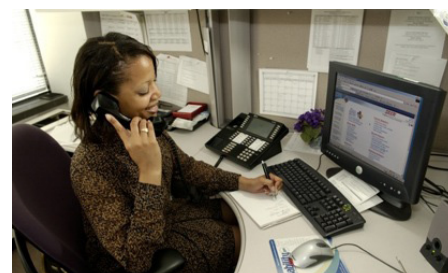
Answers

## Work stress and risk of cancer

It has been suggested by some health professionals and cancer patients that psychological stress may have a role to play in the development of cancers but to date evidence for this association has been inconclusive. A meta-analysis<sup>1</sup> was recently published in BMJ examining the relationship between job strain (a combination of high demands and low control at work) and the risk of developing cancer. The authors included data from 12 independent prospective European studies with over 116 000 participants and a median follow

up period of 12 years. Job strain was measured by self-report at baseline and incident cancers were identified from hospital and death records. High job strain, was not found to be associated with overall risk of cancer in the multivariable adjusted analyses (hazard ratio 0.97, 95% confidence interval 0.90 to 1.04). Similarly, no association was observed between job strain and the risk of colorectal (1.16, 0.90 to 1.48), lung (1.17, 0.88 to 1.54), breast (0.97, 0.82 to 1.14), or prostate (0.86, 0.68 to 1.09) cancers. This new evidence would

suggest that high job strain is unlikely to be a significant risk factor for the cancers studied.



- Heikkilä K, Nyberg ST, Theorell T et al. (2013) Work stress and risk of cancer: meta-analysis of 5700 incident cancer events in 116 000 European men and women. BMJ 346:f165 doi: 10.1136/bmj.f165

## Prostate cancer awareness month

Prostate cancer is the most common cancer in men and kills 10,000 every year in the UK. It often presents without symptoms or signs of the disease and there is little awareness. Currently 9 out of 10 adults do not know what the prostate gland does. Each March, Prostate Cancer UK aims to help raise the profile of prostate cancer with a month of

activities and fund raising efforts. It presses the importance of the public knowing they can turn to Prostate Cancer UK for help. A range of events are to take place under the '10,000 challenge' which has resulted in activities in recent years such as 10k runs, 10,000ft skydives and raising 10,000 pennies. In 2010, research in to breast

cancer had almost three times the budget of prostate cancer. More details from:

Prostate Cancer UK. Prostate cancer awareness month. <http://prostatecanceruk.org/get-involved/sledgehammer-fund/prostate-cancer-awareness-month>

## Promoting changes in diet and physical activity in breast and colorectal cancer screening settings: an unexplored opportunity for endorsing healthy behaviours.

The importance of lifestyle in breast and colorectal cancer prevention is widely recognised in public health but not so visibly transferred into prevention settings such as population cancer screening. The lack of advocacy about lifestyle in these settings

may endorse poor health behaviours in particular the absence of guidance to visibly obese patients. Results from cardiovascular and diabetes prevention programs provide evidence about the components of effective behaviour change programs which could be

used in the screening setting. Findings from interventions initiated in the colorectal cancer screening setting suggest that such programs can be delivered but it is not clear how acceptable these are in routine health services.

- Anderson AS, Mackison D, Boath C, Steele RJC. (2012) Promoting changes in diet and physical activity in breast and colorectal cancer screening settings: an unexplored opportunity for endorsing healthy behaviours. Cancer Prev Res;6(3):165-72.





## Lifestyle advice for cancer survivors

Many health care professionals shy away from giving lifestyle advice to cancer survivors to avoid victim blaming or talking about potentially sensitive areas like body weight. However, as the evidence base on the positive impact of behaviour change on health outcomes increases, there is an urgent need to think about whether we should continue to deny patients the opportunity to be introduced to lifestyle

change concepts. A recent paper by Williams and colleagues<sup>1</sup>, which explored the views of people with friends or family who had cancer and cancer survivors, reports an overwhelming interest in lifestyle advice (physical activity, healthy eating, and weight loss). Over 87% of 1495 adults who completed the survey said that they agreed that advice would be “beneficial”, “helpful” and “encouraging” and that it was the

“doctor’s duty to provide it”. Less than 25% of cancer survivors thought that advice would be “interfering”, “implied blame”, “insensitive” or “unnecessary”. Shouldn’t we ensure clinical encounters have time to offer accurate, effective and supportive advice on these tricky areas which have the potential to improve the health of cancer survivors?

1. Williams K, Beeken RJ and Wardle J. (2013) Health behaviour advice to cancer patients: the perspective of social network members. *Br J Cancer* 108, 831–835 | doi: 10.1038/bjc.2013.38

## Australian fast food: exposing the truth

Cancer Council NSW is a Sydney-based community funded cancer charity dedicated to the defeat of cancer. One of its focus areas is to conduct strategic research into various aspects of the obesogenic environment, including fast food. The organisation has been advocating for several years for stronger regulation in both fast food marketing and menu labelling. Cancer Council NSW has recently released a report, *Fast food: exposing the truth*, detailing three studies investigating different aspects of the fast food environment.

The studies, conducted prior to the introduction of menu labelling initiatives:

- Investigated whether nutrition information was available in-store at fast food chains;
- Analysed the nutrition composition of children’s fast food meals and compared these to daily nutritional recommendations; and
- Observed the sales of healthy and unhealthy fast food meals in fast food stores, to see how many meals promoted as healthier choices were being purchased.

Although the fast food industry has undertaken some initiatives to make healthy eating easier, our report found that

there is no evidence that these voluntary initiatives have had any impact. Specifically, they reported that:

- Nutrition information was not available in 34% of stores surveyed, and when it was available it often did not include the entire menu.
- Children’s fast food meals were generally high in energy, saturated fat, sugar and sodium, and some options exceeded children’s recommended sodium and saturated fat intakes for an entire day.
- Fast food meals promoted as healthier choices represented less than 1% of the 1,448 fast food meals observed.

In light of the findings, Cancer Council NSW has made a range of recommendations to strengthen the voluntary initiatives implemented by fast food chains, and regulate aspects of fast food within the control of the Australian Government. Specific recommendations:

- The Federal Government introduce mandatory menu labelling in-store in fast food chains, nationwide.
- In the absence of nationwide mandatory menu labelling, the fast food industry should ensure that nutrition information, including a range of nutrients for all menu items

on-sale, is always available in-store.

- Fast food chains ensure that staff receive training on the provision of nutrition information to customers.
- The fast food industry reformulates their menu items to reduce the amount of energy, saturated fat, sugar and sodium.
- The nutrient criteria for the voluntary food marketing codes and initiatives are revised to ensure that children’s fast food meals do not exceed 30% of children’s daily needs.
- The Federal Government sets targets for voluntary reformulation of fast foods, and move towards mandatory reductions.
- The fast food industry promotes their healthier menu items in preference to their unhealthy menu items.

The report *Fast food: exposing the truth* is available here <http://www.cancercouncil.com.au/68145/news-media/latest-news-news-media/cc-news/fast-food-exposing-the-truth/?pp=68145>

For more information, please contact Lyndal Wellard, Nutrition Project Officer [lyndalw@nswcc.org.au](mailto:lyndalw@nswcc.org.au)

## Tricky question?

Calling all health professionals... Has someone ever asked you a question about lifestyle and cancer you didn’t know the

answer to? Can you let us know for our regular section on “Ask the Experts”? If you would like your question featured

(anonymously) please email [m.macleod@dundee.ac.uk](mailto:m.macleod@dundee.ac.uk)

## The Ian Stevenson Prize for Excellence in Public Engagement



Recently SCPN were honoured to be awarded The Ian Stevenson Prize for Excellence in Public Engagement by the University of Dundee. The award recognises outstanding communicators at the College of Medicine, Dentistry and Nursing for work improving the understanding of research to a wider audience.

Named after Prof Ian Stevenson, an eminent academic at the University, who was also very involved in the communication of science to the public, this annual award included a certificate of recognition and prize money of £500 to be used towards future public activities.

Left to right Prof Annie Anderson, Prof Bob Steele, Dr Maureen Macleod

## Tax duty on sugary drinks could raise money to invest in the future health of the nation's children

A report proposing a sugary drinks duty published by food and farming charity Sustain is being backed by more than 60 organisations including SCPN. The report '**A Children's Future Fund: How food duties could provide the money to protect children's health and the world they grow up in**' (1) suggests a 20 pence per litre excise tax could raise around £1 billion per year assuming that sales volumes do not fall as a consequence of the tax. Sustain have also given recommendations on how this money should be spent. Free school meals; improving food education and skills in schools; free fruits and vegetables in schools; having free drinking water more readily available and health research were regarded as the most important ventures. Investment in these could benefit children's health as well as their education.



It is well recognised that sugary drinks contribute to excess weight gain. The energy dense drinks which offer little in the way of satiety or nutritional benefits are still drunk far too often. In the UK in 2011, an average of 92 litres of sugary drinks were consumed per person. It is hoped that a duty on these drinks would not only discourage daily drinking in the population but help children in the way of health

programmes and legislature.

Currently in Scotland, over a quarter (27.7%) of adults are obese and over one third (34.4%) of all children are overweight or obese (2). Obesity costs the NHS £5 billion per year (2012) and this is projected to double by 2050 (3). Research has shown that numerous cancers are more common in overweight and obese people including breast (post-menopausal), colon, endometrial, oesophageal, pancreatic, kidney and gallbladder.

Is taxing unhealthy products the correct approach to tackle obesity? Or should the government continue with the voluntary approach and allow the public to decide for themselves? Share your thoughts with us on twitter [@thescpn](https://twitter.com/thescpn).

1. Sustain. A children's future fund: how food duties could provide the money to protect children's health and the world they grow up in. [http://www.sustainweb.org/resources/files/reports/A\\_Childrens\\_Future\\_Fund.pdf](http://www.sustainweb.org/resources/files/reports/A_Childrens_Future_Fund.pdf). 2013
2. The Scottish Government. Scottish health survey 2011. <http://www.scotland.gov.uk/News/Releases/2012/09/stats-health-survey25092012>
3. Royal College of Physicians. Action on obesity: comprehensive care for all. <http://www.rcplondon.ac.uk/sites/default/files/action-on-obesity.pdf>. 2013

## Doctors get Scotland active

The current government recommendations on the level of physical activity we should be aiming for to achieve a healthy lifestyle equates to 150 minutes of moderate activity a week or 60 minutes per day for young people under 16.

Currently many of us fail to achieve this target. The annual costs to the Scottish economy of physical inactivity are estimated at £660 million and to the NHS in Scotland around £94 million.

Evidence suggests that brief advice/interventions for physical activity are a clinically successful and extremely cost effective method of improving physical activity within primary care.

With this in mind a year long pilot study had been rolled out in six health boards across Scotland. Similar to brief interventions already implemented for alcohol and tobacco use in the NHS, GPs and health professionals will ask patients about their levels of physical

activity and offer advice and follow-up support if appropriate.

The pilot will initially focus on those who can benefit the most from being more active, such as people with chronic ill health, long term conditions or older people.

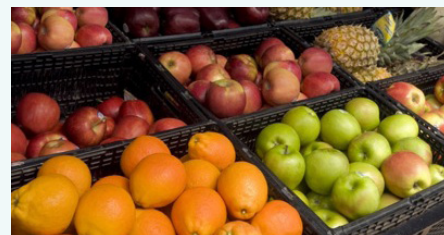
The Active Scotland website [www.activescotland.org.uk](http://www.activescotland.org.uk) is a useful tool providing information on physical activity opportunities in your locality.



## Price discounts increase fruit and veg purchasing

A recent study published in the American Journal of Clinical Nutrition (1) reported that significantly more fruits and vegetables were purchased if the price was decreased. With a 50% price reduction, household purchasing increased by 3.9 kg per two week period and this increased to 5.6 kg if an education package was also

included. In addition, the percentage of participants achieving the current daily recommendations of 400g fruit and veg increased from 42.5% to 61.3%. This would suggest that pricing strategies should form an important focus for future health interventions or policy.



1. Waterlander WE, de Boer MR, Schuit AJ, Seidell JC and Steenhuis IHM. (2013) Price discounts significantly enhance fruit and vegetable purchases when combined with nutrition education: a randomized controlled supermarket trial. *Am J Clin Nutr*. First published ahead of print February 27, 2013 as doi:10.3945/ajcn.112.041632 <http://ajcn.nutrition.org/content/early/2013/02/25/ajcn.112.041632.full.pdf+html>

## Website of the month

### C21 - Understanding & Coping with Cancer in the 21st Century

C21's mission is to help disseminate positively-presented information to enhance the understanding and treatment of cancer via the UK's first mainstream quarterly cancer publication. The magazine aims to bring

together in one place unbiased, accurate, expert knowledge, emotional support and news relating to every aspect of cancer. Each issue, 50,000 hard copies are distributed via NHS hospitals, private hospitals and clinics, support

groups, hospices, drop-in centres and Macmillan information centres. Download an issue and see what you think <http://www.c21century.co.uk/> You can also follow on Facebook and Twitter @C21CancerMag!

## Endocrine Disrupting Chemicals- should we be concerned?

A new WHO publication on Endocrine Disrupting Chemicals (EDC's) provides a comprehensive overview of current information and key-concerns for policy makers on endocrine disrupters. The report highlights that we live in a world in which man-made chemicals have become part of our everyday life and it is recognised that some of these can form chemical pollutants that can affect the endocrine system and interfere with developmental processes in humans and wildlife.

The review describes current understanding in relation to hormone related cancers but recognises that there is limited epidemiological evidence available. For breast cancer the most convincing associations appear to come from EDC's devoid of estrogenic activity such as dioxins. For endometrial and ovarian cancer the evidence on impact of EDC's is conflicting. For prostate cancer there is an association with exposures to mixtures in pesticides in agriculture and in pesticide manufacturing

and to cadmium and arsenic. A large number of human and wildlife disorders are reviewed with respect to EDC's and serve to remind us that the protection of the most vulnerable populations from environmental threats is a key component of the Millennium Development Goals.

[http://apps.who.int/iris/bitstream/10665/78102/1/WHO\\_HSE\\_PHE\\_IHE\\_2013.1\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/78102/1/WHO_HSE_PHE_IHE_2013.1_eng.pdf)

## Dates for your diary...

### Towards a generation free from tobacco.

Thursday 20th and Friday 21st June, 2013, John McIntyre Conference Centre, Edinburgh EH16 5AY

This conference will bring policy makers, leaders in public health, academics and advocates of tobacco control from across the UK and Europe together with the people

who implement smoking related health and tobacco control strategies at local level. Together they will explore a future free from the harm caused by tobacco. For

the conference programme and further information <http://www.ashscotland.org.uk/conference>

### Vaccines to prevent and treat cancer.

Monday 24th June 2013, 6pm, The RSE, 22-26 George Street, Edinburgh EH2 2PQ

Prof Ian Frazer, CEO and Director of Research Translational Research Institute, Brisbane will discuss how vaccines for the

prevention of cervical cancer have been developed and shown to be effective. A joint lecture between the Royal Society of

Edinburgh and SCPN, it is free to attend and open to all. Registration is required [www.royalsoced.org.uk](http://www.royalsoced.org.uk)

### AFRESH approaches to childhood obesity: enterprise, innovation and action.

Thursday 16th May 2013

The 20th European Congress of Obesity (ECO2013) will be held in Liverpool from 12th-15th May 2013. This post-congress satellite event, jointly organised by AFRESH and Liverpool John Moores University, will explore innovative approaches to tackling

childhood obesity and features a fantastic array of high quality speakers from academia, industry, and the public and third sectors.

To register, visit: <http://www.ljmu.ac.uk/>

[sps/RISES/102599.htm](http://sps/RISES/102599.htm) (registration fee £30, free to ECO2013 delegates) For more information, email [afresh@ljmu.ac.uk](mailto:afresh@ljmu.ac.uk) or contact the meeting administrator, Karen Bellew, on +44 (0)151 231 4408.

# 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

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 what you would like to read about in future issues. We would like your comments and suggestions - just email [a.s.anderson@dundee.ac.uk](mailto: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](http://www.cancerpreventionscotland.co.uk). Here you will be able to find up-to-date news, scheduled dates for your diary, 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 383299, email [a.s.anderson@dundee.ac.uk](mailto: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.