

SCPN 

The Scottish Cancer Prevention Network

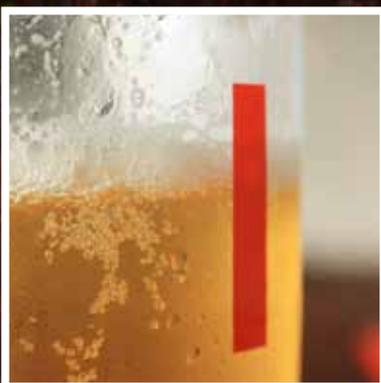
Newsletter

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Editorial

The merits of fish oil supplements?

Two papers have come across our desks this summer on n-3 fatty acids which raise questions about the merits of fish oil supplements. The first, published in the British Medical Journal is a meta-analysis which reports that high intakes of marine n-3 polyunsaturated fatty acids are associated with 14% reduction of breast cancer risk, <http://www.ncbi.nlm.nih.gov/pubmed/23814120>. No significant association was observed for fish intake, possibly due to low fish intake in the population studied or due to the use of fish oil supplementation. In a BMJ editorial, Professor Kay-Tee Khaw reminds us that “trials of antioxidant vitamins and other supplements have taught us to be wary of recommending isolated nutrient supplements for disease prevention” (given that these have been shown to increase rather than decrease disease outcomes), <http://www.ncbi.nlm.nih.gov/pubmed/23861431>. She is very clear that, despite the lack of association with fish intake in the above study that oil rich fish (e.g. mackerel, sardines, and herring) remain the main source of marine n-3 polyunsaturated fatty acids in the population. Her view is that general advice for a healthy varied diet which includes current recommendation for fish consumption is the route to follow and highlights that this has already been demonstrated to decrease total mortality and cardiovascular disease.

Just as we were reflecting on these findings another paper hit the headlines. This time a large American case-control study reported that men in the highest versus lowest quartile of n3 plasma phospholipid levels showed a significant increase in prostate cancer risk, <http://jnci.oxfordjournals.org/content/105/15/1132>. Although dietary intakes are not reported it is likely that those men with the higher biomarker for n3 were more likely to have taken supplements.

Many surveys have reported that people use dietary supplements for cancer prevention, often as an insurance against a sub optimal diet. It would be interesting to know if anybody stops to think of the potential increased cancer risk and whether re-considering dietary intake might be a better action.

Professor Annie S. Anderson
Professor Bob Steele

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Macmillan @ Glasgow Libraries

A pioneering new Information and support service for people affected by cancer has now been rolled out to 14 venues across Glasgow. Macmillan Cancer Support and Glasgow Libraries have teamed up to offer cancer information and support in local venues as part of a city-wide project to ensure everyone in the city can access cancer support in their community. This volunteer led service provides a confidential listening ear within a friendly and accessible environment, to not only anyone who has had a diagnosis, but also to their relatives, carers and friends. Along with this emotional support, the service also provides

access to benefits and financial advice, complementary therapies, counselling and a menu of physical activity options. Partnership working is paramount to providing such a comprehensive service, with various different statutory and non-statutory organisations working together to support the population of Glasgow.

In the year since its official launch, Macmillan @ Glasgow Libraries has had over 2,000 attendances, supporting over 1,000 different individuals in their local community. By the end of 2014, every library (33) across Glasgow, along with Scotstoun and

Tollcross Leisure centres will have a Macmillan presence. To find out more, please feel free to give them a call on 0141 287 2906, or email macmillan@glasgowlife.org.uk.

Services elsewhere in Scotland?

There are currently some library services in Renfrewshire, Ayrshire, and Argyle and Bute, with other areas also in talks. These areas just have the couple services, whilst Glasgow is developing a total of 35 across the next year or two.

The Macmillan helpline on **0808 808 00 00** would be able to tell anyone out with Glasgow where their nearest service is.

SCPN growing - join us now!

Last year we aimed to double the reach of our network, setting ourselves the task of increasing our email contacts from 246, with a reach of about 1200 and 65 twitter followers last July. Our latest survey (completed by 148 people) carried out in July 2013 showed that our reach is now around 3500 people, exclusive of those who link up via other networks e.g. CHAIN or the Food & Health Alliance. Our twitter followers have also increased to 462 over the same period. Interestingly, there is little duplication between twitter followers and network members so

the cascade of newsletter articles clearly goes far and wide (we have a large North American following via twitter).

A huge thank you to all of you who take the time to tell people about SCPN or send our newsletter on to other interested parties and to those who completed the survey, we really need the feedback to show that people are interested in cancer prevention. Especially big thanks to those who offered to be more involved ... we will get in touch over the next few weeks.

The work of growing the network doesn't stop here however! If you are reading this and do not receive a personal copy of the newsletter please contact us to get your name on the mailing list so you can also get the emails about key reports, conferences etc as they go live. We seem to have fewer members from Glasgow and the West, so all efforts to get more people from this part of the county joined up would be really appreciated. To join the SCPN mailing list please contact a.s.anderson@dundee.ac.uk

Alcohol policy - how will we know if it makes a difference?

Scotland's alcohol strategy is a whole population approach incorporating both evidence-informed legislative and policy measures to reduce alcohol-related harms including cancer. In 2009, NHS Health Scotland was tasked by the Scottish Government to lead on the evaluation of Scotland's alcohol strategy through the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) work programme.

This evaluation comprised of a portfolio of seven studies.¹ The studies started at the beginning of 2010 and will run through to 2015, with monitoring of routine data continuing beyond this point. Each year MESAS publishes an annual report that collates the studies that contribute to

the MESAS programme of work.^{2,3} One study uses alcohol sales data to estimate population level alcohol consumption. Sales data are recognised as the most accurate method for estimating population alcohol consumption⁴ and are routinely used by MESAS to provide details on adult alcohol consumption in Scotland.^{2,3,5} The latest sales update report published by NHS Health Scotland indicates that in 2012, 10.9 litres of alcohol were sold per adult in Scotland (equivalent to 21.0 units per adult per week).⁵ This report provides further information on trends in alcohol consumption and price distribution data including, where possible, comparisons between Scotland and England and Wales.⁵

Analyses of sales data also showed that the ban on quantity-based discounts in the off-trade in Scotland was associated with a 2.6% fall in off-trade alcohol sales, driven by a reduction in wine sales.⁶

The evaluation of the impact of minimum unit pricing (MUP), if implemented, will be developed and interpreted within the MESAS programme of work. The evaluation plan for MUP is currently being devised and details of the plan will be published on the MESAS webpages.⁷ For more information on MESAS or to receive email notifications of the latest publications please contact [nhs. HealthScotland-MESAS@nhs.net](mailto:nhs.HealthScotland-MESAS@nhs.net)

1. NHS Health Scotland 2013 Monitoring and Evaluating Scotland's Alcohol Strategy Study Portfolio <http://scotlands-health/evaluation/planning/MESAS/MESASstudyportfolio.aspx>
2. Beeston et al. 2011 Monitoring and Evaluating Scotland's Alcohol Strategy. Setting the Scene: Theory of change and baseline picture. <http://www.healthscotland.com/documents/5072.aspx>
3. Beeston et al. 2012 Monitoring and Evaluating Scotland's Alcohol Strategy. 2nd Annual Report. <http://www.healthscotland.com/documents/6182.aspx>
4. World Health Organization (WHO). International guide for monitoring alcohol consumption and related harm. Geneva: WHO, Department of Mental Health and Substance Dependence; 2000. http://whqlibdoc.who.int/hq/2000/who_msd_msb_00.4.pdf
5. Robinson et al. 2013 Monitoring and Evaluating Scotland's Alcohol Strategy. Alcohol Sales Update 2013. <http://www.healthscotland.com/documents/21782.aspx>
6. Robinson et al. 2013 Monitoring and Evaluating Scotland's Alcohol Strategy. The impact of the Alcohol Act on off-trade alcohol sales in Scotland. <http://www.healthscotland.com/documents/21101.aspx>
7. NHS Health Scotland 2013 Monitoring and Evaluating Scotland's Alcohol Strategy <http://www.healthscotland.com/scotlands-health/evaluation/planning/MESAS.aspx>

Recommended reading: SHAAP Research and Policy Briefing (September 2013)



In a well referenced article on "What health-care professionals need to know about alcohol sales and price" some key facts and findings are flagged.

- Scotland continues to drink more than England (21 units per week vs 17.6 units)
- Most of our drinking is at home (around 69%)

- Vodka is fast becoming the national drink (Scots consume 2.2 times more than the English and Welsh)
- The proportion of off-trade sold in the lower brands has declined.

http://www.shaap.org.uk/pages/84,Reports_%26_briefing_papers_.html

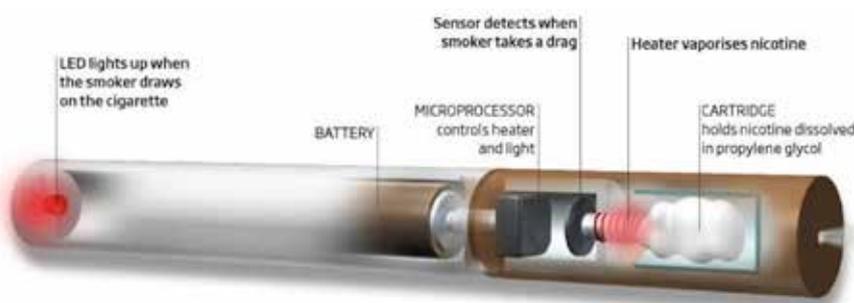
E-cigarettes

Professor Linda Bauld, University of Stirling and UK Centre for Tobacco and Alcohol Studies

E-cigarettes are becoming increasingly popular in the UK as an alternative to tobacco smoking. Also known as ENDS (electronic nicotine delivery systems), they provide a means of inhaling nicotine vapour, potentially eliminating the need to use smoked tobacco. First developed in China in 2004, e-cigarettes typically consist of a plastic or metal tube, a glowing light-emitting diode tip and the emission of vapour. They often (but not always) resemble cigarettes in size and appearance. The user puffs on the device as they might a cigarette, inhaling a vapour solution of nicotine

in propylene glycol or glycerine. At the moment there is limited evidence on the safety or efficacy of e-cigarettes and this is one of the reasons that a decision has been taken in the UK to regulate these products as medicines in a similar way to current Nicotine Replacement Therapy (NRT) products. This change will happen gradually and is intended to fit with EU legislation (the Tobacco Products Directive) which should come into effect in 2016. In the meantime, recent surveys suggest that current use of e-cigarettes has more than doubled in the UK from 2.7% of smokers in 2010 to 6.7% in

2012. This equates to around 800,000 current e-cigarette users in the UK in 2012, and more recent data suggests that use has continued to rise since then. The vast majority of those using the products are current or recent ex-smokers who are buying them to help cut down or stop smoking. This fits with the growing body of evidence that the products may play a potentially useful role in tobacco harm reduction and in smoking cessation, and that they are safer than continuing to smoke. However, there are a number of important concerns about e-cigarettes and, in particular, their advertising and promotion. Some of this advertising may appeal to young people who are current non-smokers, introducing them to nicotine use and potentially providing a gateway to smoking. Time and further research should provide much needed information about the place of these products in public health in the future.



Ask the Expert

By Prof Bob Steele

We are told that cancers take years to develop so if you have one negative test for bowel screening do we really need to repeat this every two years?

Although it is true that colorectal cancer may take between ten and fifteen years to develop from the first changes in the cells of the bowel wall, it is important to continue to

have bowel screening tests even if the first test is negative. The reason for this hinges on the fact that the bowel screening test is designed to detect traces of blood in the bowel motion. The very early changes in the bowel wall leading to cancer (adenoma formation) do not cause bleeding. Thus, if you have had a negative test it is quite possible that you could have already developed early changes which have not yet started to bleed. In addition, it is well

recognised that adenomas and even cancers bleed intermittently. It is, therefore, possible for one screening test to miss significant disease, and because of this it is possible to have a negative screening test and then go on to develop a cancer that has not been detected by screening. We now know that the chances of developing such a cancer, commonly known as an interval cancer, is greatly reduced by regular participation in the screening programme.

What is so important about HPV?

Written by Prof Heather Cubie, Head of Human Papillomavirus group, University of Edinburgh

Human papillomaviruses (HPV) are very old, very common viruses with most infections coming and going without anyone knowing they have been infected. Papillomaviruses are found in all vertebrate species and in humans, there are over 120 types, around 30 of which infect the genital area. Indeed, about 80% of people, men and women, who have ever been sexually active, are estimated to have experienced an HPV infection at some point in their lives. So what, you say. The trouble is that at least 12 types are highly oncogenic (HR-HPV) and these are amongst the most potent biological carcinogens known.¹

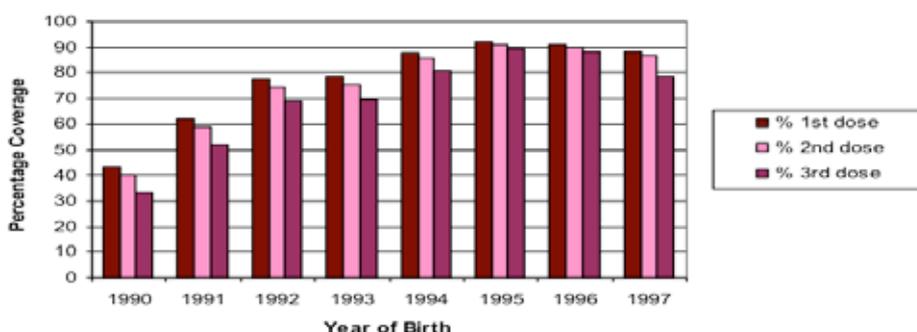
When HPV infection is not cleared, the trouble starts. Persistent infection with HR-HPV is essential for the development of cervical cancer, the third most common cancer in women worldwide. In Scotland there were 313 new cases of cervical cancer in 2011 and 2 deaths every week.² This is despite a highly effective cervical screening programme offered to women aged 20-60, good access to treatments which can provide a cure for pre-invasive lesions and, since 2008, a nationwide programme of

HPV immunisation in schoolgirls aged 12-13, using the Cervarix® vaccine which protects against infection with HPV 16 and 18, which together cause 70-80% of all cervical cancers. The NHS has provided probably the best, sustained HPV programme in the world, with Scotland achieving the highest coverage, at around 90%. This is an achievement of which we should be proud.

Sadly this is not the end of the story. HR-HPV are also associated with other cancers – anogenital cancers of the vulva, penis and anus affecting both men and women and these cancers are increasing. Even more worrying is the significant rise in cases of oropharyngeal cancer. This used to be considered a disease of older men, who smoke and drank, but new cases are in young people of both sexes who don't smoke and they are usually associated with HPV16, one of the HPV types targeted by vaccine. Scottish data show that the rate of oropharyngeal cancers increased more than any other cancer with a 2.9 fold increase in men and a 2.4 fold increase in women between 1987 and 2006.⁴ HPV positivity

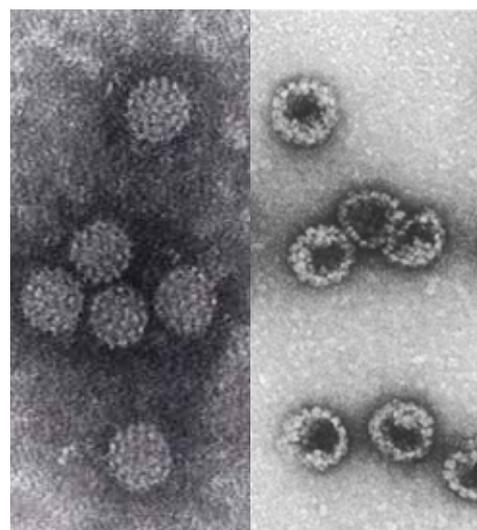
rose from 67% to 81% in men and 50% to 85 % in women between 2000 and 2005.⁵ Add to this the fact that genital warts, largely caused by HPV 6 and 11, are the most common sexually transmitted infection. The quadrivalent HPV Vaccine, Gardasil® can protect against HPV 6 and 11 so, as the debate about gender neutral immunisation 'hots' up (<http://www.bbc.co.uk/news/health-24142695>), it is perhaps not surprising that in 2012 the UK HPV programme changed from using the bivalent vaccine against cervical cancer to the quadrivalent vaccine which would protect against genital warts and most HPV associated cancers and is licensed for boys as well as girls.

In conclusion, it is important to realise how close we could be from eradicating cervical cancer in Scotland if vaccine uptake is sustained at high levels and women continue to attend for cervical screening. Could Scotland go further and possibly become the first part of the UK to introduce 'gender neutral HPV immunisation' in schools, thus potentially reducing the overall burden of HR-HPV infection, disease and cancers?



HPV Immunisation coverage for girls in Scotland by year of birth

Adapted from: <http://www.isdscotland.org/Health-Topics/Child-Health/Publications/2012-09-25/2012-09-25-HPV-Uptake-Report.pdf>



1. Bouvard V, Baan R, Straif K et al. (WHO International Agency for research on cancer Monograph working Group). A review of human carcinogens –Part B: biological agents. *Lancet Oncology* 2009; 10:321-2.
2. <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/> accessed 13th September 2013
3. Pollock K, presented at Scottish HPV Investigators' Network meeting 29th September 2012; www.shine.mvm.ed.ac.uk . Manuscript in preparation
4. Mehanna H, Jones TM, Gregoire V, Kian Ang K. Oropharyngeal carcinoma related to human papillomavirus editorial, *BMJ* 2010; 340: c1439. Also Junor et al. *BMJ* 2010; 340: c2512
5. Junor et al. *British Journal of Cancer* 2012; 106: 358-365



Most Women Wrongly Estimate Their Risk for Breast Cancer

Breast cancer is often in the news, however, a large American survey of middle aged women found that only 10% of women accurately assessed their life-time risk of contracting the disease. Of the remainder half overestimated and half underestimated their risk. This finding

has implications for women's lives with some worrying unnecessarily, however, of more concern is that some women may not be attending for screening or seeking treatment as they underestimate the likelihood of breast cancer affecting them. There appeared to be a socioeconomic influence also as

white women tended to overestimate their risk and women from ethnic minorities tended to underestimate their risk. Education is required for women to be able to accurately assess their risk which will be most useful to those women who are unaware they are at high risk.

1. Herman J. 2013 Breast Cancer Symposium: Abstract 4. Presented September 7, 2013

New from World Cancer Research Fund

1. Work from the Continuous Update Project (CUP) highlights the strength of evidence about body fatness as a "convincing" cause of endometrial cancer. Current estimates are that, in the UK, this factor alone accounts for 38% of the disease. Coffee (both caffeinated and decaffeinated) and physical activity appear "probably" protective but glycaemic load "probably" increases risk. For more details see http://www.dietandcancerreport.org/cancer_resource_center/downloads/cu/Endometrial-

[Cancer-2013-Report.pdf](#)
2. New Preventability estimates for food, nutrition, body fatness and physical activity for 12 main cancers have been published. Of note is the new estimate for endometrial cancer (44%) which shows that 44% of the disease is estimated to be preventable through changes in body fatness and physical activity. The estimate for the role of body fatness in causing colo-rectal cancer has now increased from 7% to 14%.
3. Overall, for 12 cancer sites which are related to food, nutrition

and physical activity, 37% of the disease can be accounted for by these lifestyle factors. This means that when looking at all cancers around a quarter (27%) are related to lifestyle choices. http://www.wcrf.org/cancer_statistics/preventability_estimates/preventability_estimates_food.php

Look out for the next CUP reports, due out next year, on ovarian cancer and breast cancer survivors.

SCPN Conference - World Cancer Day Feb 4th 2014

Save the date

Melting Pot

Be active against cancer! Come and join our conference at The Melting Pot in Edinburgh. Speakers include Professor Martin Wiseman (WCRF), Professor Nanette Mutrie, Dr Anna Campbell and others. The conference aims to look at evidence for physical activity and weight management to reduce cancer recurrence and

occurrence and practical ways to talk, act, share and lobby for more physical activity for all in the Scottish Commonwealth Games year. Price £30 (reductions available).

Contact us ASAP for a place j.hampton@dundee.ac.uk.



Could walking your dog improve your health?

Note from the editor

In the last few issues of the newsletter we have looked at some practical ways to increase physical activity. For some time when I have talked about getting more active I have highlighted how it would be considered cruel if dogs were not walked on a daily basis but yet many of us do not think this applies to humans. Two colleagues have recently acquired puppies so office conversation has moved to canine matters and lead us to ask the question about what we know about dogs and health. Professor Nanette Mutrie (Sport, Physical Education and Health Sciences, University of Edinburgh) has kindly provided us with a summary and we have added some photos so you can see a bit more of the SCPN team!

A number of studies have shown that

physical activity levels are higher for adults who own dogs than those who do not own dogs.^{1,2} This may not be surprising since dogs demand to be taken out for toileting and most dogs love to play or go for long walks. This level of physical activity becomes routine since these demands are, of course, made by dogs at least two or three times in the day. This is where the advantage lies because the person walking the dog is now walking in a habitual way on a daily basis, without thinking too hard about 'when can I fit some activity in for myself today?'. This routine level of physical activity will have substantial physical and mental health benefits. We have now seen some innovative research which aims to help adults or children to become more active by focussing on increasing

walking and playing with the dog.³ There are also additional benefits to owning a dog.⁴ The bond between human and dog may be psychologically important and may offer social opportunities. Some workplaces encourage owners to bring their dogs to work because this improves the working environment. We also know that for those with particular needs trained dogs can provide support such as guide dogs, hearing dogs or dogs that remind people about medications.

In Scotland there are approximately 800,000 dogs and so, if you own one, be glad that the dog demands to be taken out for a walk and perhaps even consider walking a longer route tomorrow! And if you don't have a dog ----- take it for a walk anyway!

1. Cutt H, Giles-Corti B, Knuiman M, Timperio A, Bull F. Understanding dog owners' increased levels of physical activity: results from RESIDE. *Am J Public Health*. 2008 Jan;98(1):66-9. PubMed PMID: 18048786. Pubmed Central PMCID: 2156050.
2. Reeves MJ, Rafferty AP, Miller CE, Lyon-Callo SK. The impact of dog walking on leisure-time physical activity: results from a population-based survey of Michigan adults. *J Phys Act Health*. 2011 Mar;8(3):436-44. PubMed PMID: 21487144.
3. Rhodes RE, Murray H, Temple VA, Tuokko H, Higgins JW. Pilot study of a dog walking randomized intervention: effects of a focus on canine exercise. *Prev Med*. 2012 May;54(5):309-12. PubMed PMID: 22405707.
4. McNicholas J, Gilbey A, Rennie A, Ahmedzai S, Dono JA, Ormerod E. Pet ownership and human health: a brief review of evidence and issues. *BMJ*. 2005 Nov 26;331(7527):1252-4. PubMed PMID: 16308387. Pubmed Central PMCID: 1289326.

Welcome Primary Care!

SCPN, in conjunction with Dr Paul Baughan (Chair, Scottish Primary Care Cancer Group), recently carried out some work to increase the awareness of the network among primary care health professionals with an invitation to join us. All practices in NHS Forth Valley and NHS Fife were approached. Fourteen practices responded from NHS Forth Valley and 29 individual health professionals joined the

network. In NHS Fife 10 practices responded and 14 individuals joined. We are also working to develop links with and through community pharmacists and NHS Education for Scotland. We would of course love more to join us to help spread the word about cancer prevention – contact j.hampton@dundee.ac.uk. Welcome one and all and we hope you find the newsletter relevant and informative.

Not just for January Go Sober for October!





Television viewing – think twice!

A recent study by Heinonen investigated the association between different sedentary behaviours and obesity in an adult Finnish population. As a secondary analysis of a large prospective cohort study the authors were able to control for a wide range of possible confounders. Results showed that television viewing was

most consistently associated with a raised BMI and waist circumference but that this was partly mediated by other lifestyle choices while watching television such as unhealthy snack consumption.

Those who watched television for more than 3 hours per day were found

to be twice as likely to be overweight or obese when compared to those who watched for less than 1 hour. This evidence reinforces the message that television watching is a modifiable lifestyle choice which could influence the likelihood of becoming overweight or obese.

1. Heinonen I, Helajärvi H, Pahlkala K, et al. Sedentary behaviours and obesity in adults: the Cardiovascular Risk in Young Finns Study. *BMJ Open* 2013;3:e002901. doi:10.1136/bmjopen-2013-002901 <http://tinyurl.com/ntknv4m>

Male Breast Cancer

A common misconception about breast cancer is that it is a gender specific disease – affecting only the female population. Breast cancer cases in men are rare, but still around 400 men are diagnosed with the disease each year in the UK, with Scotland contributing approximately 25 cases.

The stigmatisation of living with a feminised disease can create psychosocial barriers that can lead to symptoms being ignored and missed opportunities for early medical intervention. Although cases are rare, it is vitally important that the public understands the impact of the disease on men, and that men understand the symptoms and treatments.

James Jopling, Director for Scotland Breakthrough Breast Cancer

There are many resources out there for women to learn how to look for the signs and symptoms of breast cancer. Guides such as *Touch Look Check* from Breakthrough Breast Cancer describe 5 signs that women should be aware of and the majority of these also apply to men. The unusual changes to look for include a lump behind or near the nipple, a change in appearance of the nipple and nipple discharge.

Many of the treatments for male breast cancer are the same as those used in women and patients are usually offered surgery, radiotherapy and chemotherapy. There have been very few studies into targeted drug treatments specifically for male breast cancer so most of the treatments used

are based on those that are known to work in women. Most breast cancers in men are sensitive to oestrogen and as a result can be treated with targeted drugs such as tamoxifen.

In 2007, the charity Breakthrough Breast Cancer launched the *Male Breast Cancer Study*, the world's largest study into the causes of male breast cancer. There are currently over 1,500 men participating, about half of whom have been diagnosed with the disease. The study is following the participants throughout life to find out more about the genetic, lifestyle and environmental causes of male breast cancer.

Do you have a view?

The Office for National statistics has opened a consultation compiling user's views on reducing its non-statutory outputs due to funding pressures. The consultation is open until 31st October 2013 and we would urge you to

contribute if you or your work would be impacted by any of the proposed cuts. Of particular relevance to cancer prevention might be the loss of statistics currently produced on cancer incidence and mortality in England

and Wales and lifestyle data collected regarding tobacco and alcohol use. The consultation questionnaire, with a full list of affected resources, can be accessed at <http://tinyurl.com/pzo8kst>



eatwell everyday

eatwell everyday is a web based resource developed by the Food Standards Agency to explain a healthy balanced diet and help individuals make appropriate food choices to improve their diet. Focusing on the

'eatwell plate', meals are based on starchy foods and limit the intake of foods high in fat, sugar and salt. The resource provides a week-long example menu and additional information to help individuals

continue to eat healthily, as well as recipes and a create/print/email shopping list and recipe function.

<http://eatwelleveryday.org/>

Lifestyle promotions – what can we do?

Around two thirds of Scots are overweight or obese. There is increasing evidence for the role of obesity in the aetiology of many cancers. Should we be doing more about the lifestyle promotions we see around us?

Does Scotland need more of these sorts of marketing messages?

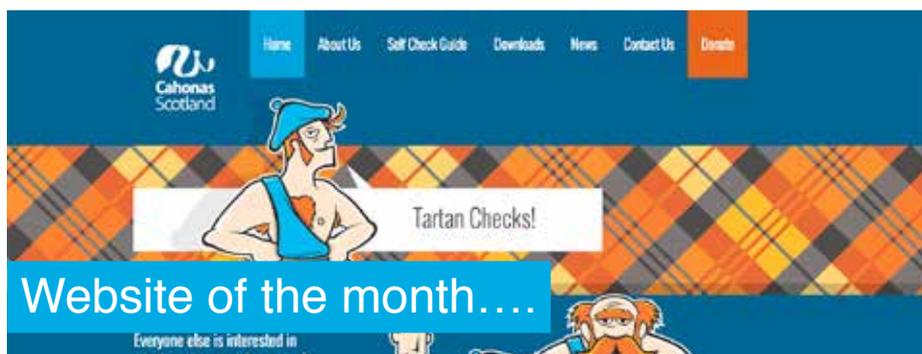


NO Thank you!



YES Please!

Let us know what you think or if you have any examples of good or bad marketing images please send them to us to share in future newsletters j.hampton@dundee.ac.uk



Tartan Checks – a fantastic user friendly website for Scottish men to learn the early signs of testicular cancer and how to self-check. <http://www.tartanchecks.org/>

Research by Queen Margaret University showed Scottish men had limited awareness about Testicular cancer risks, were reluctant to deal with concerns, unsure of symptoms and would delay consulting health professionals for advice. Early

diagnosis is key to successful treatment. "It is so important that men get to know their bodies and are able to spot the signs of Testicular Cancer early."

Look out for Tartan Checks Male Cancer Awareness Week (23rd - 30th November).

Facebook: <https://www.facebook.com/CahonasScotland>
Twitter @CahonasScotland

The Road to Better Health - A Guide to Promoting Cancer Prevention in Your Community

National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, US
<http://tinyurl.com/o6zzubd>

This document describes a Cancer Prevention Toolkit which can be used by those interested in developing Cancer Prevention activities in their local community. Although American in origin it has many tips and ideas which translate into a UK and Scottish setting. It provides support right through the process from assessing

what is already out there in terms of activities and resources, planning and implementing your activity and its evaluation. Advanced tips are available for those more experienced in community involvement. Well worth a look!



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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You can visit SCPN online at:

**cancerprevention
scotland.co.uk**

Or follow SCPN on
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Kindly Supported by the
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Centre for Research into Cancer Prevention and
Screening (CRIPS)

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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

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 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 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.