

Tackling Harmful Alcohol Use

- SHAPP comment on OECD
report findings

Also inside

Page 5

Breast cancer recurrence
and breast feeding

Page 7

WCRF Continuous
Update Report -
Gallbladder Cancer

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Editorial

In May I was delighted to find myself leaving Perth, Scotland, to spend a couple of weeks in Perth, Western Australia (WA). Like many others, I found myself making comparisons between the two locations, although unlike others, my focus was cancer prevention activities.

My time in WA was carefully scheduled by the Cancer Council WA (cancerwa.asn.au) an organisation that “works within the community to reduce the incidence and impact of cancer” with a strong and visible stream of work on cancer prevention as well as main stream activities around early detection measures, supporting cancer patients and education for health professionals. In WA around 180 cancer council staff provide a service for a population of 2.5 million people, of which about 45 focus on prevention and early detection. Hard to see a comparison with any one Scottish cancer charity in numbers alone, and none with any paid staff working on prevention.

From my lecture and media schedule, it was clear that cancer council do serious business on promoting prevention. Nine talks in seven days, three radio interviews and one live online chat is more than I have seen on the topic in Scotland in 5 years. Amazing audience sizes for public lectures, primary care and other community workers with video links to the remote and rural. Even the medical students billeted in Kooragang came along to hear about what they don't get taught in their undergrad curriculum.

The medical students got me thinking about why it is that many health professionals have so little knowledge about the evidence on lifestyle and the preventability of cancer, and how to assess and advise on behaviour change at opportunistic or “teachable moments”. Cancer continues to be a topic that is discussed with fear, with beliefs about fatalism, and family history dominating. Health professionals are ideally placed to advocate and promote risk reduction but unless they are trained to do so within cancer settings, then the chance may well pass by. Interestingly, the Australian students said they were familiar with many of the lifestyle issues discussed, asking the questions and pointing patients in the right direction BUT, they almost never saw the senior staff put this into practice.

So there are opportunities with the next generation of health professionals, and in the next academic year, the SCPN will be developing a health professionals student section to engage those in training. Our students tell us that prizes attract interest, free conference attendance and interesting social media campaigns are a good way to get students engaged. Hearing from health professionals who do actually promote cancer prevention activities is also important. We would welcome contact from anyone from any university or college who is involved in training (medical, nursing, AHP, dentistry) and would like to know more, would like to get involved or has ideas to share - send an email to scpn@cancerpreventionscotland.org.uk.

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Inside this issue

-
- 03.** Tackling Harmful Alcohol Use
CRUK Cancer Prevention Initiative
-
- 04.** Interview - Terry Slevin
In Australia: Find Cancer Early
-
- 05.** Oesophageal cancer increased in patients with anorexia nervosa
Breast cancer recurrence and breast feeding
-
- 06.** Ask The Expert
Food Standards Scotland Arrives
-
- 07.** Plain truths and tarry lies
-
- 08.** Singing in the rain!
WCRF Continuous Update Report - Gallbladder Cancer
In Australia: Standing Prompts
-
- 09.** Beetroot and Cashew ‘Hummus’
The wee c
In Australia: Live lighter
In Australia: Sun Sound in action
-
- 10.** Sunscreens
Rabbie burns and Rabbie disnae
-
- 11.** Mighty oaks from little acorns grow
Students create for the SCPN
Would you like to see more or less of this?
-
- 12.** What Have We Been Doing?

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Tackling Harmful Alcohol Use

Dr Emma Plant, Acting Policy Officer, SHAAP

A new report published in May 2015 by the Organisation for Economic Co-operation and Development (OECD): 'Tackling Harmful Alcohol Use: Economics and Public Health Policy' found that the UK was the 11th heaviest drinking country of the 40 examined. Levels of alcohol consumption in the United Kingdom are above the OECD average and have increased over the last 30 years.

As Scottish Health Action on Alcohol Problems (SHAAP) have highlighted, alcohol was an attributable risk factor in approximately 6% (or 1,948) new Scottish cases of cancer in 2010 (Alcohol & Cancer Risks: A Guide for Health Professionals, 2014). SHAAP noted that drinking, even at levels lower than the recommended daily allowances (14 units per week for women, 21 for men), can increase the risk of several cancers, including laryngeal, oesophageal, hepatic, colon, rectal and breast.

For both sexes, around half of all cases of oral or pharyngeal cancer have been estimated to

be linked to alcohol consumption; the same can be said for around 700 cases of breast cancer, and over 10% of new liver cancer diagnoses within Scotland.

The OECD analysed the effectiveness of several policy approaches to reducing the harmful use of alcohol. The report analysed alcohol policies over 40 years. Cost effectiveness was estimated on the basis of implementation costs, possible future savings in health care expenditures, and health outcomes, measured in terms of Disability Adjusted Life Years gained. It found "The greatest impact on cancer incidence is obtained with price policies and brief interventions in primary care and at the workplace. In particular, the occurrence of alcohol-related cancers would be cut by up to 2% following changes in taxation leading to a 10% price hike."

The OECD findings support SHAAP's current policy focus, to introduce a minimum unit price on alcohol in Scotland and expand Alcohol



Brief Interventions. For more information on SHAAP's advocacy on these and other issues please go to: <http://www.shaap.org.uk>.

CRUK Cancer Prevention Initiative

Dr Lucy Davies, CRUK

The Cancer Research UK/BUPA Foundation **Cancer Prevention Initiative** is accelerating behavioural research and policy research which has real impact on cancer prevention. Applications are now open for two exciting research funding opportunities for Cancer Prevention Fellowships and the Early Years Innovation Workshop.

Cancer Prevention Fellowships are 3-year awards to fund outstanding postdoctoral scientists and health care professionals to research behaviour changes that can prevent people getting cancer. Fellows may be interested in any of the range of behaviours which may impact on cancer risk, including smoking, obesity, diet, alcohol, UV exposure,

and physical activity. Structured to promote the translation of cancer prevention research into policy and practical interventions through policy-focused secondments, fellows will gain extensive knowledge and experience to become future leaders in cancer prevention. CRUK fund the fellow's salary, a research assistant, plus training and development to provide extra support in translational aspects of the research.

Innovation Workshops catalyse new multidisciplinary collaborations and develop innovative, pioneering research in cancer prevention. The 3-day workshops bring together a diverse range of expertise to develop new multidisciplinary and innovative research ideas,

with successful project teams awarded up to £20,000 seed-funding, to conduct pilot and feasibility work for a 12-month period. The first two workshops have tackled cancer prevention challenges for 'harder to reach groups' and 'risk perceptions'. Take a look at the exciting new projects funded from the **first** (PDF, 1.99MB) and **second** (PDF, 1.87MB) workshops. The next Innovation Workshop will focus on 'early years', to develop new research into health behaviour change for cancer prevention in children and young people. The workshop will take place 15-17 September 2015 at Milton Hill House, Oxfordshire.

For further information

Please contact **Dr Lucy Davies**

Scheme	Deadline	
Cancer Prevention Fellowships	23 October 2015	Apply now
Early Years Innovation Workshop	31 July, 2015	Apply now

Erratum

In the last issue of the SCPN newsletter, we stated that "there was bold evidence that drinking coffee, eating fish and being physically active may decrease the risk of liver cancer".

In fact the only strong evidence found was for coffee. We should have stated that whilst there were some indications that eating fish

and being physically active may decrease the risk of developing liver cancer, this was suggestive (limited).

We apologise for this misrepresentation of the evidence.

To find out more, go to www.wcrf-uk.org/uk/our-research/our-continuous-update-project

Interview



PROFILE

Terry Slevin

Director, Education and Research at Cancer Council Western Australia

Terry Slevin is one of the Australian Cancer Council's foremost experts on public health research and health promotion. A regular media commentator on cancer issues from the causes and early detection of cancer, to broader chronic disease prevention issues, he is Director of Education and Research at Cancer Council WA where he has worked since 1994, and has recently taken on the role of Chair of the Australian Cancer Council's Occupational and Environmental Cancer Risk Committee.

What do you enjoy most about your job?

Variety and relevance. There is so much going on in the cancer control world – every day I go to work I'm likely to learn something, and something that was unanticipated will happen. Not only do I need to keep on top of cancer epidemiology and related research, I need to stay in touch with thinking on advances in communication technology and trends and local and national politics. The relevance is that people have a genuine and close interest in what we do. Cancer is a very real concern for the people we serve. They care about what we say and want to be able to rely on our advice. So getting up in the morning to go to work is not a hardship - in many ways it is a privilege. And the people I work with are legends.

What is the best decision you have ever taken?

When President of my University Student Representative Council at Newcastle University, I decided to get involved with a project aimed at influencing the attitudes on smoking, alcohol and drugs of the students I served. It put me in touch with people in my home town who worked on the early programs on tobacco control. From there I took a job with them starting the tobacco control campaign in my region. That was my first "real" job, and got me in on the

early days (1984) of cancer prevention campaigning. The rest is

What is the most important message you'd like to get across about cancer prevention?

We offer what every marketer claims – youth, beauty and eternal life. Well - maybe not quite, but the closest thing science has to offer on that front. How many dodgy lotions, potions and machines claim to make people look better, feel better or live longer? Too many. But the evidence says if people follow the evidence based advice we offer, they have the best chance available to meet those objectives. We offer people the chance of more birthdays and the capacity to enjoy them. Sounds like an important message to me.

What would people find surprising about you?

Not much I suspect. I am pretty upfront – WYSIWYG (what you see is what you get). I am maybe a little fitter than I look. I swim – a lot, mostly to manage a dodgy back. All that swimming got me into open water (ocean) swimming. An event run near my home involves swimming to Rottnest Island – 20km off the Perth Coast. I've done it a few times in a team (of 4) and twice recently as a duo. Swimmers take turns ploughing through the waves accompanied by a boat carrying the resting swimmer(s). This year I did the swim with my daughter Nicki. That was special. And no – the sharks are NOT an issue.

How do you relax?

Swim! I have also started cycling to work (14km) and I play golf. I also follow rugby. I am a member of my local team in the Super 15s, The Western Force, who have done none too well this year – making it a little less relaxing! I enjoy following the local rugby comp too.

Five a day?

We've run the "go for 2 and 5" campaign. 2 fruit and 5 veg a day is the recommendation. I confess I do not keep close count but I always have fruit in the office and on the kitchen counter at home, and aim to have veggies of some kind every lunch and dinner. If I don't get enough veggies I tend to crave them a little.

Choose one action for cancer risk reduction that you are most proud of in Western Australia

Happily there are a few. I'll name 2 and both took a long time, patience and persistence. The first is our skin cancer efforts. I guess I have a personal investment there in that I've been responsible for leading the skin cancer effort in Western Australia for more than 20 years. I can now show clear evidence of reduction in melanoma incidence and mortality in younger age groups in WA.

Hard-nosed outcomes on the back of long-term prevention work. The second is the campaign we've been running to get the federal government to support the full roll out of the National Bowel Cancer Screening Program. I'm confident specific contributions we've made in WVA have contributed to the long term commitment to a program that will reduce deaths from bowel cancer by tens of thousands. Pretty good I reckon.

In Australia: Find Cancer Early

Some activities have a similar dimension to Scottish approaches but with a unique Australian take. For example, our Detect Cancer Early (DCE) programme has used separate media campaigns for each cancer site, whereas a more economical approach (maybe that Scottish heritage coming through) is Find Cancer Early found in OZ.

No beating about the bush here, nine key questions quickly get the symptoms over - blood in the poo, problems with pee and so on are clearly displayed in big bold cards that remind readers about the importance of early detection for all cancers.

Are you over 40? Have you had any of these...

... for more than 4 weeks?

- Blood in your poo
- Problems peeing
- Looser poo
- Unexplained weight loss
- An unusual pain, lump or swelling anywhere in your body
- Becoming more short of breath
- A persistent cough
- Changes in a spot on your skin

... once off?

- Coughing up blood
- Blood in your pee

If you have...

Tell your doctor

The earlier cancer is found, the greater the chance of successful treatment.



For more information visit:
www.findcancerearly.com.au

Cancer Council
Western Australia
13 11 20

Cancer Council
Western Australia

Oesophageal cancer increased in patients with anorexia nervosa

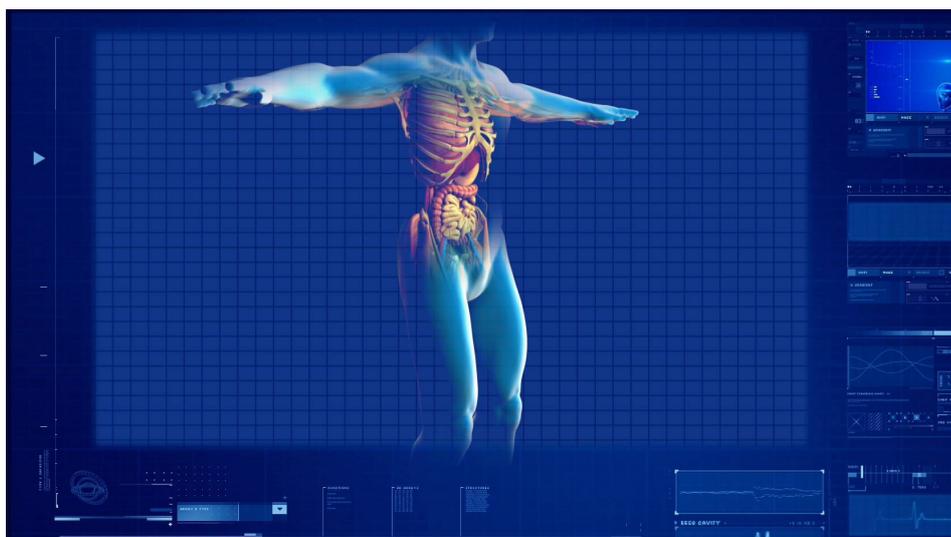
David Brewster, Director, Scottish Cancer Registry Information Services Division, NHS National Services Scotland

Anorexia is a common and well-known symptom of many types of cancer, but what about the risk of cancer among patients with an eating disorder? Previous studies have focused on the hypothesis that patients with anorexia nervosa might be at lower risk of cancer overall due to energy restriction. [1, 2]

However, a recent CSO-funded study in Scotland has shown that patients who have been admitted to hospital with an eating disorder in the past, are at higher risk of oesophageal cancer subsequently. [3] Although there have been case reports of oesophageal cancer occurring in patients with a history of eating disorder, this cohort study is the first to report an increased risk of oesophageal cancer that is statistically significant.

The research team from NHS National Services Scotland and the University of Edinburgh followed up 3,617 patients who had been admitted to Scottish hospitals with an eating disorder between 1981 and 2011. The risk of oesophageal cancer was increased 6-fold in the study cohort, although all of the cases occurred in women with a history of anorexia nervosa.

Established risk factors for oesophageal cancer (alcohol, smoking, and nutritional deficiency) may be the most likely explanation, because the study cohort had higher than average rates of admission to hospital with alcohol-related conditions and chronic obstructive pulmonary disease (which is often associated with smoking). Although some people with eating disorders practice self-induced vomiting to control their weight, acid damage to the lining of the oesophagus seems a less likely explanation because none of the cases of



oesophageal cancer were of the glandular subtype (adenocarcinoma), which has typically been associated with regurgitation of stomach acid in other studies.

Although these findings are interesting, it is important to note that the study was observational in nature, and quite limited in size. It will be important to see the results confirmed in other, larger studies, with longer follow-up.

Closely following publication of the Scottish study, a study from Sweden, Denmark and Finland has just been published, and the findings for oesophageal cancer are largely consistent with results from the Scottish study. [4] The research team from the Nordic countries found a 5-fold increased risk of oesophageal cancer in women with anorexia nervosa compared to randomly selected comparisons.

Taken together, these studies suggest that there may be a place for targeted health promotion, as well as maintaining a low threshold for investigation of symptoms suggestive of oesophageal cancer in patients with a history of anorexia nervosa.

Paradoxically, obesity is also associated with an increased risk of oesophageal cancer (adenocarcinoma). WCRF estimate that 31% of adenocarcinoma is related to body fatness <http://www.wcrf-uk.org/uk/preventing-cancer/cancer-preventability-statistics/oesophageal-cancer>.

Acknowledgement

The Scottish study reported in this article was supported by a grant from the Chief Scientist Office, Scottish Government (Grant number CZH/4/980).

1. Mellemkjaer L, Emborg C, Gridley G, Munkkjorgensen P, Johansen C, Tjonneland A, Kjaer SK, Olsen JH. Anorexia nervosa and cancer risk. *Cancer Causes Control* 2001;12:173-7.
2. Karamanis G, Skalkidou A, Tsakonas G, Brandt L, Ekboom A, Ekselius L, Papadopoulos FC. Cancer incidence and mortality patterns in women with anorexia nervosa. *Int J Cancer* 2014;134:1751-7.
3. Brewster DH, Nowell SL, Clark DN. Risk of oesophageal cancer among patients previously hospitalised with eating disorder. *Cancer Epidemiol* 2015 Mar 10. pii: S1877-7821(15)00045-4. doi: 10.1016/j.canep.2015.02.009. [Epub ahead of print] <http://www.cancerepidemiology.net/article/S1877-7821%2815%2900045-4/abstract> (Open access)
4. Mellemkjaer L, Papadopoulos FC, Pukkala E, Ekboom A, Gissler M, Christensen J, et al. [2015] Cancer Incidence among Patients with Anorexia Nervosa from Sweden, Denmark and Finland. *PLoS ONE* 10(5): e0128018. doi:10.1371/journal.pone.0128018 <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0128018> (Open access)

Breast cancer recurrence and breast feeding

The association between breast feeding and decreased breast cancer risk is well established. The physiological mechanism is not completely understood but breast cancer risk decreases by about 4% for each year of breastfeeding, so the longer a woman breastfeeds, the more she is protected against breast cancer. However, there is little evidence available on the impact of breastfeeding on breast cancer recurrence. Kwan et al. [1] recently published a prospective cohort study of 1636 women from two breast

cancer cohorts estimating hazard ratios (HR) for breast cancer recurrence or death. They found that ever having breastfed was significantly associated with decreased risk of recurrence (HR 0.70, 95% CI 0.53 to 0.93), and a greater association was found for women who had breastfed for six months or more (HR 0.63, 95% CI 0.46 to 0.87). Similar associations were observed for breast cancer-specific mortality (ever breastfeeding: HR 0.72, 95% CI 0.53 to 0.98; breastfeeding ≥ 6 months:

HR 0.61, 95% CI 0.43 to 0.88). A subgroup analysis by tumour type found breastfeeding to be particularly protective of recurrence or mortality for those diagnosed with luminal A tumours, however, although better outcomes were also possible among those diagnosed with luminal B and basal-like tumours, the associations were not statistically significant. The authors concluded then that breastfeeding was associated with better prognosis and survival among breast cancer patients.

1. Kwan ML, Bernard SP, Kroenke CH et al. Breastfeeding, PAM50 Tumor Subtype, and Breast Cancer Prognosis and Survival (2015) *JNCI J Natl Cancer Inst*; 107(7): djv087

Ask the expert

Are e-cigarettes safe to use in pregnancy?



Professor Linda Bauld

Professor of Health Policy at the University of Stirling and Cancer Research UK's cancer prevention champion

Smoking in pregnancy remains the leading preventable cause of neonatal and maternal mortality in the UK. Many women who smoke give up before they become pregnant or in early pregnancy, but around 1:4 in the UK continue to smoke for some of the pregnancy and 1:8 continuously.

Women should be supported to stop smoking completely during pregnancy, by referral to NHS smoking cessation services which are available across Scotland, and can safely use nicotine replacement therapy to do so.

There is little evidence that cutting down is beneficial. The main reason for this is compensatory smoking, where women inhale more deeply and smoke more of each cigarette to get the nicotine they need, even if they have cut down. It is not the nicotine

that is harmful per say, but the many toxicants (known as 'tar') in cigarettes.

E-cigarettes are not currently licensed as stop smoking medications and therefore can't be explicitly recommended for use during pregnancy. There is growing evidence of their potential promise to support smoking cessation in non-pregnant populations and both the Medicines Healthcare Regulatory Agency and the National Institute of Health and Care Excellence have made it clear that these devices are less harmful than continued tobacco use.

Thus, despite the lack of data on safety in pregnancy, we can be relatively confident that if the choice is between continued smoking and use of an e-cigarette ('vaping') then vaping is the safer option. ^[1]

The National Centre for Smoking Cessation and Training guidance ^[2] for midwives and other health professionals states "if a woman reports that she has stopped tobacco completely but is using an e-cigarette, she should be congratulated and encouraged to stay away from all tobacco use, even if that involves continuing to use an e-cigarette to avoid relapsing to smoking".

The priority is to encourage and support pregnant women to move away from tobacco, and some women may find that e-cigarettes help them to do this.

1. NICE (2010), Quitting smoking in pregnancy and following childbirth, PH26, <http://www.nice.org.uk/guidance/ph26>

2. NCSCT (2015), Midwifery Briefing, National Centre for Smoking Cessation and Training, http://www.ncsct.co.uk/shopdisp_midwifery_briefing.php

Food Standards Scotland Arrives

Dr Susan Pryde, Head Nutrition Science and Policy, Food Standards Scotland

A recent YouGov poll ^[1] showed that the vast majority of the population (85%) feels that it is important that there is an organisation focused on protecting the interests of Scottish consumers when it comes to food safety and nutrition. The same poll reveals that when it comes to food, the Scottish public is most concerned (apart from cost) about making sure they and their families eat a healthy, balanced diet (39%). This is closely followed by worries over food authenticity (eating food that isn't what it says it is without knowing) (27%) and concern over food safety (23%).

Against this backdrop, Food Standards Scotland (FSS) was established on 1 April 2015, to provide independent information and advice on food safety and standards,

nutrition and labelling to consumers in Scotland. FSS takes over the responsibilities previously carried out in Scotland by the Food Standards Agency.



When launching FSS and its new website www.foodstandards.gov.scot, Geoff

Ogle, Chief Executive of FSS, said that the new body "will provide a regime responsive to Scotland's needs. Our focus will be on making decisions based on the food safety, labelling and nutrition issues that affect the Scottish public most directly. I'm proud to be the first Chief Executive of Food Standards Scotland and look forward to working with our partners, stakeholders and consumers themselves to confront these important issues."

Based in Aberdeen, the new organisation holds board meetings in public, and regularly publishes papers and research on its website. Consumers are also encouraged to sign up for news and alerts – including food and allergy warnings – at the site, and you can also receive these via the new FSS Facebook and Twitter feeds.

1. All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 1,028 adults. Fieldwork was undertaken 23rd - 24th March 2015. The survey was carried out online. The figures have been weighted and are representative of all Scottish adults (aged 18+).

Plain truths and tarry lies

Sheila Duffy, Chief Executive, ASH Scotland

ASH Scotland's recent international conference was inspiring in many ways, not least through having the chance to compare experiences with and learn from world leaders in the thinking about tobacco control.

On this occasion I learned a great deal from Professor Melanie Wakefield of the Cancer Council Victoria in Australia. She flew half way around the world to join us and to share Australia's experiences as the first nation to introduce standardised tobacco packaging, a measure that the Scottish Government has been committed to since 2013, and which Westminster finally committed to in 2015 for the UK.

Melanie spoke of four dire consequences that were loudly and repeatedly predicted by the tobacco industry ahead of the measure being secured, and of four sets of reassuring data gathered after implementation which give the lie to the tobacco industry's claims.

That there would be catastrophic losses for small businesses

Tobacco companies claimed that finding plain packs would increase retailer transaction times. On average, prior to plain packaging, it took between 10 and 11 seconds to retrieve a pack in shops. It took a second or so longer just after the introduction of standardised packaging, but within a week or two, retrieval times had returned to normal. There was no change in the percentage of smokers purchasing their tobacco from small businesses.

There would be an explosion in the use of illicit tobacco, as standardised, plain packs would be easier to counterfeit

The percentage of roughly processed roll your own tobacco stayed at about 3% before and after implementation. Three types of illicit tobacco - non-duty paid cigarettes, counterfeits, and cheap whites (brands produced for the illicit market) all showed no significant increase in volume over time, and the proportion of illicit tobacco detected in plain packs was and remains negligible over two years since the implementation of plain packaging.



A collapse in prices would occur across the market

Even after adjusting for inflation there were large increases in recommended retail prices between 2011 and 2013 (plain packs were introduced in December 2012).

Low-priced brands price-dipped slightly in real-terms price in the lead up to introduction of plain packs, but then also increased, though not as steeply as the prices of the premium brands at the top of the price boards.

There was a large increase in product offerings at much lower prices just before the introduction of plain packs, plus additional variants on pack sizes (e.g. 20 cigarettes plus one additional free). Research detected that prices paid by smokers using premium brands went up disproportionately and also that there was a substantial shift to the use of low-priced brands during the course of the study.

Overall, the prices paid by tobacco consumers went up and were 2.3% higher in real terms, despite there being no real increases in taxes over the first year after the introduction of plain packs.

There would be an increase in tobacco consumption, bringing negative consequences for public health

Researchers could detect no change in consumption linked to the introduction of standardised packaging, although they did detect a significant decline in reported consumption after the Australian Government increased excise and customs duty on tobacco on the 1st December 2013, a year after standardised packs came in. This impact is in line with reported international experience on the effectiveness of tax increases in reducing tobacco demand.

Conclusions

The data available so far from Australia suggests that all four of the dire consequences predicted by the tobacco industry failed to materialise. This will not deter the industry from rolling out the same arguments here in the UK once our debate on standardised tobacco packaging legislation goes live.

**breast cancer
now**

Breast Cancer Now, a new charity created from the merger of Breakthrough Breast Cancer and Breast Cancer Campaign, was launched in June. Their ambition is that by 2050, everyone diagnosed with breast cancer will live. Find out more at www.breastcancernow.org.



Save the date - Monday 16th November 2015

CRUK are pleased to announce a very strong line-up of speakers for the Scottish Cancer Conference 2015, all experts in their field, to deliver a comprehensive programme that should be of interest to anyone working in the cancer community. Bookings are now open and there is a discount on any booking made before Friday 28th August.

Book now

Singing in the rain!

This summer has brought showers, flooding and all sorts of damp weather, but this doesn't mean we should resort to turning on our televisions to watch other people play sport.

Here are some suggestions from the SCPN team on how we can keep moving and cut our sedentary time on rainy days:

- Suddenly the horror of housework can be turned into vigorous action, hoovering, sweeping, washing the paintwork at speed...
- Kitchen dancing – choose the old favourites (e.g. Sir Van Morrison) or try a new dance move e.g. jiving!
- Make up a new exercise routine – a 15 minute workout can make all the difference to an indoors day (check out YouTube) e.g. squats, lunges, stretching, jumping jacks, calf raises. Check out <https://www.pinterest.com/explore/rainy-day-workouts/> for some inspiration.

- Weight lifting around the house – use BIG books or cans of beans for bicep curls
- Step the stairs - who needs a stepper? 20 stair climbs can feel like a significant effort and gets you warm
- Check out your phone/tablet for yoga, stretch and flexibility APPS...when else would you ever find time to do those exercises that always get forgotten?
- Wardrobe action – stretch by reaching the top of the wardrobe, get the old outfits out and try them on moving and stretching as you go (no sitting for at least two hours)
- DIY inside – cleaning, preparing, painting – keeps you moving

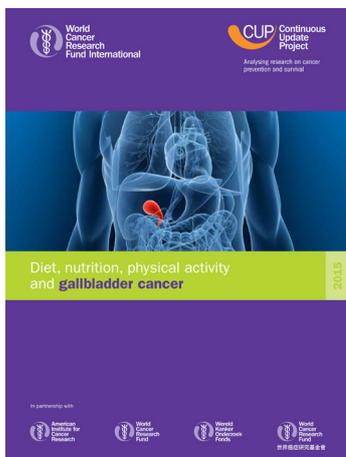
And if all else fails, we get the SCPN brolly out, wellies on, and out we go...

The Met Office provides an excellent account of 10 reasons why we should exercise in the rain and they say, "There is something

exhilarating and liberating about training in the rain - maybe it's the child inside me but nothing beats the feeling when you stop avoiding the puddles because you're already so wet!" <http://www.metoffice.gov.uk/get-ready-blog?blogid=10158>



WCRF Continuous Update Report - Gallbladder Cancer



The latest WCRF CUP report on the association between diet, nutrition, physical activity and gallbladder cancer was released in July 2015. ^[1]

Findings include strong evidence that being overweight or obese increases the risk of gallbladder cancer - a 25% increased risk of gallbladder cancer for every five BMI units.

More research is required to better understand this association, but obesity is a known cause of gallstone formation and having gallstones increases the risk of gallbladder cancer.

Other influences may be hormonal (body fatness increases the levels of hormones like insulin circulating in the body) or inflammatory responses (body fat stimulates a general inflammatory response which may contribute to the development of cancer).

Gallbladder cancer is the twentieth most common cancer worldwide and the seventeenth most common cause of death from cancer. Survival is poor compared to some other cancers, as patients often present late due to a lack of symptoms until the disease is well established. It is more common in women than men and is particularly common in eastern Asia.

DIET, NUTRITION, PHYSICAL ACTIVITY AND GALLBLADDER CANCER

		DECREASES RISK	INCREASES RISK
STRONG EVIDENCE	Convincing		
	Probable		Body fatness ¹
LIMITED EVIDENCE	Limited – suggestive		
	Limited – no conclusion	Peppers (capsicums), fish, coffee, tea, alcohol, sugar, vitamin C, calcium and vitamin D supplements, low fat diets, height	
STRONG EVIDENCE	Substantial effect on risk unlikely		

1. Directly and indirectly through the formation of gallstones. Body fatness is marked by body mass index (BMI).

1. World Cancer Research Fund International/American Institute for Cancer Research. Continuous Update Project Report: Diet, Nutrition, Physical Activity and Gallbladder Cancer. 2015. Available at: <http://www.wcrf.org/sites/default/files/Gallbladder-Cancer-2015-Report.pdf>

In Australia: Standing Prompts

Who knows what this figure represents on PowerPoint presentations? This is a standing person who comes up as a little prompt

when the speaker has been standing too long and the audience have been sitting too long. Warn the audience at the start of your

presentation and then you can see who has been listening when the right response is achieved.



Beetroot and Cashew 'Hummus'

Kellie Anderson,
kelliesfoodtoglow.com and
maggiescentres.org



This rather different take on hummus is a pretty alternative, or accompaniment, to 'normal' hummus. Equally at home with raw vegetables, flatbreads and crackers, or even as a sandwich filling with added salad bits, this striking spread/dip is easy to make and is deeply nutritious.

Make it super-quick by using vacuum-packed beetroot, or add an extra 45 minutes for roasting time to get a deeper flavour and colour.

If you don't have pomegranate molasses, use a tablespoon of pure pomegranate juice with a little lemon added, and chuck in a couple of tablespoons more cashews to account for the extra liquid. But, larger supermarkets and Middle Eastern shops will probably stock pomegranate molasses, and it is certainly not going to be a waste if you seek it out.

- 350g (6 small/3medium) beetroot – roasted or boiled in their skins OR vacuum-sealed
- 100g (3/4 c) raw cashews, soaked in hot water for 15 minutes or so then drained
- 1 clove garlic, peeled and crushed
- 2 tsp pomegranate molasses
- 1 tsp cumin seeds, dry toasted and ground in pestle and mortar
- ½ tsp ground cinnamon
- Salt, to taste
- Water or olive oil as needed to blend
- Lemon juice, to taste (in case you find the beets too sweet)

Peel the cooked beetroot and roughly chop. Add everything to a blender or food processor and blend until smooth, adding a little water or olive oil as required. Taste and adjust flavour - maybe a little lemon or more salt.

Serve as a dip with crunchy fresh vegetables, flatbreads, crackers, pitta chips; in wraps and sandwiches with goats' cheese or feta plus salad leaves; as part of a breakfast mezze with labneh, vegetables, bread and hard-boiled eggs. Or just dig in with a spoon!

Serves 4-6 as an appetizer with accompaniments.

In Australia: Sun Sound in Action

The Australian Cancer Council have a range of 'be sunsmart' activities - they brand (and sell) sun cream, they offer hats and they even do loud speaker beach prompts to remind the bronzing bodies that it might be time to reapply protective lotion. <http://tiny.cc/dqto0x>

Information on the UV index is widely available (and on display) throughout the day and even in winter - a bit like our Scottish summer with average temperatures of 19°C.

To find out more on the theory and practice of sun protection, the SCPN recommends the excellent book, 'Sun, Skin and Health', edited by WA Cancer Council's Terry Slevin.

<http://www.publish.csiro.au/pid/7227.htm>

In Australia: Live Lighter

The Live Lighter obesity campaign started in Western Australia in 2012 (run jointly by Cancer Council, Heart Foundation and Government of WA Department of Health) and offered adults a "journey inside their own bodies" to think about what stored fat meant. The strap line 'Grabbable Gut outside means Toxic Fat inside' is combined with a stunning visual image of adipose tissue (definitely NOT a pretty sight). The mega posters are displayed in key locations from shopping malls to soccer stadiums. Evaluations have shown that people are more likely to be aware of their weight and planning to exercise more and change food choices (<http://livelighter.com.au/news/Grabbable-gut-grabbing-attention>). Obesity and cancer message brought home loud and clear!

The wee c

Diane Primrose, Marketing Manager, Scottish Government

This summer, a new initiative will be unveiled to help reduce fear around cancer in Scotland, in a bid to help increase survival rates.

For too long, people have referred to cancer as The Big C, feeding a fatalistic view of the disease, and research has shown that this fear often results in people delaying visiting their GP with potential symptoms or attending screening.

The wee c hopes to tell the other side of the story – that survival rates are increasing thanks to earlier detection and positive advancements in research, that treatments are constantly emerging and that innovation and investment means cancer isn't what it used to be.

The wee c initiative is being driven by a partnership between The Scottish Government and Cancer Research UK, and has support from an array of charities across

all tumour types, as well as the SCPN.

The wee c will launch in August, bringing together the people who are playing a part in driving these advancements, from medical researchers to health professionals, charity workers to fundraisers. This will be supported by a new online hub where people will be able to see all the work going on across Scotland to bring cancer down to size, and a PR and Partnerships campaign will run throughout the year.

This is a real step change in how cancer is framed in Scotland - it won't happen overnight but it's a move in the right direction. So, keep your eyes peeled for the wee c.

For more information or to find out how to play your part in turning the Big C into the wee c, please contact Diane.Primrose@scotland.gsi.gov.uk.



Reduce your risk of heart disease, type 2 diabetes and cancer by eating less and moving more every day.

LIVELIGHTER
livelighter.com.au



Government of Western Australia
 Department of Health



Heart Foundation
 Cancer Council



livelighter.com.au

Sunscreens



We all love to see the sun but of course we have to be careful with our skin to prevent skin cancer, one of the most common cancers in the UK – not to mention avoiding the wrinkled, leathery look common to some American celebrities.

The sun gives out two types of ultraviolet radiation - UVB rays, the main culprit causing sunburn and skin cancer and UVA rays, which penetrate the skin more deeply and are associated with wrinkling, leathery, sagging, and other light-induced effects of aging (photoaging). UVA rays can make the cancer causing effects of UVB rays worse, and increasingly are being seen as a cause of skin cancer on their own.

Sunscreens help prevent the sun's UV radiation from reaching the skin. Sunscreens include

both chemical and physical substances. Chemical sunscreen ingredients absorb UV rays and convert the sun's radiation into heat energy, while physical sunscreens deflect and scatter the rays before they penetrate your skin. Your sunscreen should be 'broad spectrum' which means it protects against both types of harmful rays. SPF – or Sun Protection Factor – is a measure of a sunscreen's ability to prevent UVB from damaging the skin. The greater the SPF, the greater the protection from the sun.

How good sunscreens are at protecting against UVA and UVB varies, so it is important to have the right sunscreen for you, and to determine how you are going to use it. If you are outside only for minutes at a time, a sun protection factor (SPF) of 15, which filters out about 93% of UV radiation, is usually sufficient.

For extended, intense exposure, you should use a broad spectrum, water-resistant sunscreen with an SPF of 30 or higher. SPF 30 filters out up to 97 percent of the sun's UV radiation; SPF 50 filters out up to 98 percent, so there is not a great difference above factor 30. In practice the main reason for sunscreen failure is not applying enough - use plenty - or not applying often enough. As a rough guide, apply about 2 tablespoons of sunscreen to your entire body 30 minutes before going outside. Try to reapply every two hours or immediately after swimming or excessive sweating. Applying sunscreen in the sun can cause the sunscreen to evaporate before it has had a chance to bond to the skin.

Which type of sunscreen is right for you? People with sensitive skin (such as acne or rosacea), babies and children should probably use physical sunscreens and products which avoid alcohol, preservatives or fragrances. Getting children to use sunscreen is half the battle, so make it fun by using spray sunscreens or brightly coloured packaging.

Older people, despite having already received large amounts of UV light exposure in their lifetime, can still benefit from sunscreen use. Those with decreased mobility may have a hard time applying sunscreen to areas such as the legs and back; for them, spray-on sunscreens may be a great option and should be applied until an even sheen appears on the skin.

Don't forget, that even if you use the right protection, examine your skin head-to-toe every month for any changes in your skin or moles which might make you suspect cancer. Early detection is vital. The advice if you have previously had a skin cancer is the same as otherwise - enjoy your life, try not to burn and use sun protection sensibly.

Rabbie burns and Rabbie disnae



An NHS Lanarkshire campaign encouraging people to stay safe while enjoying the sun this summer and reduce their risk of skin cancer. See the animated video at <https://youtu.be/R7ZlR3xrXzY>.

Mighty oaks from little acorns grow

Fiona Whyte, Social care project officer, Macmillan

Having read a research article in the SCPN newsletter (Volume 5, Issue 3) detailing the behaviours and opinions of secondary school children in Glasgow regarding skin cancer, my colleague Irene and I decided we needed to do something about the reported poor knowledge and awareness.

Starting small, we worked with guidance teachers in 7 high schools in Ayrshire during sun awareness week and facilitated a "Macmillan Skin Cancer Awareness Ambassadors" study afternoon. The plan was that the 28 pupils (chosen by their guidance teachers) from the 7 participating schools would sign up to become 'skin cancer awareness ambassadors' with the

responsibility of spreading safe sun and skin cancer awareness messages throughout their school.

The afternoon started with a quiz on skin cancer awareness followed by a talk from a Macmillan Skin Cancer Nurse Specialist, who told the young people about a real case of a young woman in the West of Scotland, treated for skin cancer after sunbathing and using sun beds since she was a teenager. A Boots/Macmillan beautician also attended the event and kindly brought lots of factor 30 sun product samples for the pupils to try and to take home. The beautician also explained that the sun protective lotions were cheaper than the products used for skin damage

caused by UVA rays!

The young people were then given time to work in groups with their guidance teacher, to decide what they would do in their school to spread sun safe and skin cancer awareness messages. We were thrilled by the ideas and responses from the young people. One example was to work with their PE department to make sure that no pupil is allowed outside to play sport without being covered up and wearing factor 30 protective lotion.

We believe this is a really good example of action following research!

Students Create for the SCPN

Did you know ?

- 96% Brits fail to check their skin the recommended once a month for skin cancer
- 77% Would not recognise signs of melanoma skin cancer
- 72% Of people admitted that they had been sunburned in the last year

Getting a sunburn more than doubles your lifetime risk of skin cancer

Check yourself!

It is important to check your skin at least once a month for early warning signs of skin cancer. Here is what to look for:

- A**symmetry: One half of the area doesn't match the other half
- B**order: Edges are uneven or ragged
- C**olour: Colour is not the same all over and may have more than one colour present
- D**iameter: Size is larger than 6 millimeters
- E**volving: Mole is changing in size, shape or color

How to protect your skin:

- Protect your skin with clothing, including a hat, T-shirt and UV protective sunglasses
- Stay out of the sun between 11am and 3pm when it's sunny
- Use sunscreen with at least SPF 30 which also has a high UVF protection
- Put on sunscreen half an hour before going outside and re-apply at least every 2 hours if staying in the sun
- Check your skin at least once every month and see your GP if you notice any skin changes

Advice from the British Association of Dermatologists

Would you like to see more or less of this?

Yes please or no thank you

Please send us any examples of good or bad marketing images you've come across to scpn@cancerpreventionscotland.org.uk.



Fat isn't refreshing!



Breastfeeding: good for babies, and for mums!



For hospital staff, patients and visitors - no thank you!

Medical students studying an optional module in cancer prevention at the University of Dundee have been tasked with creating infographics for use on social media, designed to help raise awareness of the importance of prevention.

This one regarding skin cancer was made by Anand Alagappan, Stephen Marley and Scott Henderson, and shares revealing statistics from the Association of Dermatologists, with 72% of people admitting they had been sunburned but 96% saying they had not checked their skin.

What have we been doing?

Healthy meetings update

It has been wonderful to see the support this initiative has been given – keep sending in the forms (or complete online: <http://www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/scorecard/>)



Some observations

- Active applause seems to be on the increase – everyone gets a standing ovation!
- Standing room at the back of lecture theatres is a discreet way to avoid sitting too long
- High tables for lunches at conferences with no need to sit down
- Chopped fruit for snacks... a chopped watermelon feeds any conference delegates
- Wholegrain pasta particularly good in salad
- Drinking water availability (throughout the meeting) isn't yet universal
- Pastries are often served for vegetarian option (though caterers agreed no pastry)
- Excess packaging observed with "bagged lunches"
- Chairmen/women a little shy about promoting movement
- Wholegrains rarely spotted apart from sandwiches

Great to see articles about #healthymeetings in The Scotsman, BMJ, Dietetics today and SCPHRP newsletter. Check out our global online map to see who and where our supporters come from: <http://www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/ambassadors/>

Art & Design Prize 2015

The SCPN are delighted to announce that Stuart Clark, a 2015 product design graduate of the University of Dundee's Duncan of Jordanstone College of Art and Design, has been awarded this year's SCPN Art & Design Prize for Creative Communication.

Stuart as part of his final year project developed a UV light sensitive paracord bracelet aimed at 12-18 years olds, to enhance their awareness of their UV exposure and the harm that this can cause in terms of increased risk of malignant melanoma. Malignant melanoma is the 5th most common cancer in the UK.

Stuart, a Scout leader, found himself, while acting as a first aider at a Jamboree last summer, frequently treating kids with severe sunburn. This experience led him to think about ways to help young people be more aware of their sun exposure as he felt this age group spends a lot of time outside but are unaware of or unwilling to listen to cancer prevention messages. Coupled with his interest in smart materials, the more he researched the subject, the more he became passionate about developing a product that would help young people help themselves – much more effective in this age group he thought than lecturing them on the do's and don'ts of sun protection.



Stuart's project, named "Exposed", led to the design of a woven paracord bracelet using a photochromic paint to make it sensitive to UV light. It changes colour from a very light to dark blue depending on the level of UV exposure.

We wish Stuart well with his design and what will surely be a spectacular career in product design.

The SCPN Blog

The SCPN have started blogging – another channel for communicating our messages about cancer prevention. We regularly post items and have invited others to do so too. You can find the SCPN blog here: <https://scpnblog.wordpress.com/>. We hope you enjoy it and if you would like to contribute something we would be delighted to hear from you. This is an extract from a recent post by Professor Callum G Fraser:



Investigating Bowel Symptoms - Remember the Rule of Sixths

The many charities involved in increasing public awareness of bowel cancer achieve excellent results. The symptoms of bowel cancer are documented in simple terms, such as: bleeding from your bottom or blood in your poo, a change in bowel habit lasting for three weeks or more, unexplained weight loss or extreme tiredness for no obvious reason and severe abdominal pain. They also suggest that [\[Read more\]](#)

Watch this space...our online survey is coming your way soon

SCPN members will shortly be receiving an invitation to take part in our annual survey. Please take a few minutes to complete this brief online survey (it will only take a few minutes) as the feedback we receive helps us target our activities. We want to be as relevant as we can be to your needs, so please give us great ideas on how we can make things better.

Thank you for your help in anticipation – we really appreciate it!

SCPN 

Scottish Cancer Prevention Network
www.cancerpreventionscotland.org.uk

You can see who we are and what we do, give us feedback, send us contributions and sign up to receive our newsletter and monthly emails via our website.

The SCPN Blog

scpnblog.wordpress.com

The SCPN on Social Media

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