

## Public Awareness of Obesity as a Risk for Cancer

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## Editorial

“Be the change you want to see in the world” is our latest guest blog (<http://scpnblog.wordpress.com>) from Terry Slevin at Cancer Council Australia (<http://www.cancer.org.au>). The article is about changing “the default setting” in the workplace, in terms of living the recommendations for reducing our cancer risk. In this newsletter we have asked SCPN friends to tell us about healthier practices in their work environment. Workplace issues were a major player in helping to develop smoke free legislation but how good are we on action around other health behaviours? How does your office support healthy food options (is there a biscuit tin looking at you right now?), promoting physical activity, reducing sedentary time and engaging colleagues in cancer screening?

The Paths for All step count worksite challenge (<http://stepcount.org.uk>) has clearly appealed to lots of people and provided the opportunity for team efforts to be active as well as fostering a sense of personal achievement. This reminds us about the power of pedometers which can increase the distance walked by wearers by around 25%. Recently, student nurses and midwives at Edinburgh Napier University have been given pedometers - a very positive action by Universities. But...could **health boards** do likewise? Could pedometers be given out as default to new employees? Whilst a recent study highlighted that almost 70% of nurses in Scotland were overweight or obese they are not the only NHS staff to fall victim to our obesogenic environment.

In 2015 we launched our **healthy meetings scorecard** to help change those long sedentary days and food options at meetings and conferences. The uptake and support has been overwhelming but is it now time to launch a Healthy Worksite scorecard to complement the excellent work of Healthy Working Lives – let us know what you think at [scpn@cancerpreventionscotland.org.uk](mailto:scpn@cancerpreventionscotland.org.uk).

**Professor Annie S. Anderson**

@anniescotta

**Professor Bob Steele**

@BobSteele6

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## THE TEAM

**Dr Maureen Macleod** - SCPN Fellow

**Jill Hampton** - Network Administrator

**Bryan Christie** - Journalist

**Eoin McCann** - Designer

**Connor Finlayson** - Digital Communications

## Speedy Supper: Kimchi and Bean Quesadillas

Kellie Anderson MSc, Maggies Cancer Caring Centres - [kelliesfoodtoglow.com](http://kelliesfoodtoglow.com)



The kimchi is really worth making or buying for speedy meals like this. We also like kimchi in bean soups, savoury pancakes, and grilled cheese, as well as with my own style of Korean (i.e. inauthentic) recipes.

Kimchi is increasingly available at health food stores as well as of course Chinese and pan-Asian shops. If you can't find Kimchi, an alternative is .....sauerkraut!

- 4 small wholemeal tortillas or flatbreads

- 200g cooked beans of choice  
– I like borlotti or black beans
- 4-5 spring onions, sliced
- 2 chopped tomatoes, deseeded if preferred
- 40g grated cheese, such as mature Cheddar
- 50-60g kimchi, lightly drained and coarsely chopped

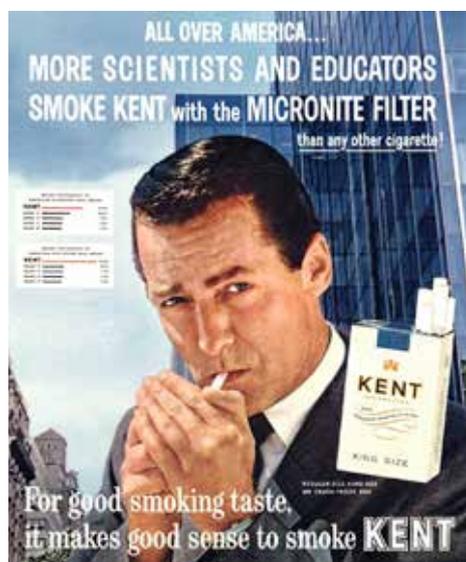
### Method:

Place a tortilla in a frying pan or skillet on a medium heat. Top with half of the beans, onions, chopped tomato, cheese and kimchi, leaving a small border. Slightly dampen the edge with water. Top with a second tortilla and press down lightly, sealing the edges if you can. Heat on both sides until golden in patches and the cheese is melted. Cut into quarters, plate up and cover while you make the second quesadilla. Serve with a green salad.

**Note:** if you aren't very hungry, just use one tortilla, folding over to a half moon shape to heat.

## Workplace health can change! The story of tobacco control

Sheila Duffy, Chief Executive ASH Scotland



This year, Scotland celebrated a decade of smoke-free enclosed public spaces. To borrow a thought from Virginia Slims, we've come a long way, baby. And we're now quite a long way from the widespread normality and visibility of smoking in past decades, where physicians smoked while attending patients, and workplaces were often thick with smoke.

Like any progress in regulating tobacco, smoke-free laws took time. During the 1980s

the evidence mounted steadily, although forcibly denied by tobacco companies. After a voluntary approach delivered increased signage but no real protection, we and others began to push hard for legislation. The establishment of a Scottish Parliament with the power to pass health laws provided momentum, but it still took five or six years for press and public opinion to swing from indifference and hostility to a firm backing for the measure that led to Scotland becoming a world-wide pioneer of smoke-free. It was that awareness and support – forged in the heat of public debate – which led to the highly successful implementation of one of our Parliament's most popular measures.

The benefits began to show quickly. Bar workers showed significant improvements in respiratory symptoms and lung function within a few months, and reported fewer chest and throat problems.

A study of nine Scottish hospitals found a 17% fall in admissions for heart attacks in the first year after smoke-free legislation came into force<sup>(1)</sup>. Further research demonstrated an 18% reduction in child asthma admissions to hospital (reversing a previous trend showing a 5% increase per year in the years preceding the law). There was a marked decline in stroke

admissions. Importantly, public support for the measure was high, and became higher once implemented. A majority of smokers supported it. And the fears that smoking would be driven into domestic settings, exposing children to greater harms, failed to materialise. Instead, more families introduced smoke-free restrictions.

The recently published Scottish Health Survey suggests that children's reported exposure to tobacco fell dramatically from 11% to 6% – possibly due to two years of the excellent 'Take it Right Outside' mass media campaign. From December 5th 2016 the legislation prohibiting smoking in cars with under 18s present comes into force, preceded by a mass media awareness raising campaign. In 2017 we will see a debate around regulations extending the smoke-free legislation in hospital buildings to cover an outside perimeter, removing smoke-drift from windows and doorways.

Today's main challenge is to level the playing field for our poorest communities, where smoking rates are still high and cigarettes still a normal feature of life. If attitudes and culture can change in these communities, we will go a long way towards improving the health of the next generation, and putting smoking out of sight and out of fashion for our children.

1. Pell JP et al (2008) Smoke-free legislation and hospitalizations for acute coronary syndrome NEJM 359 (5) 482-91

## Work places #GetChecked

Diane Primrose, Senior Marketing Manager, Healthier, The Scottish Government



You may have seen checks popping up across Scotland recently – it's part of a drive to encourage people to get checked sooner rather than later, if they spot any changes to their body as finding cancer early is key to saving more lives.

#GetChecked is a Scottish Government campaign, in partnership with Cancer Research UK, which hopes to make check

patterns synonymous with early detection. The hope is that the next time someone sees a checked item they consider visiting their GP if they have a concern, attend screening when invited, or encourage someone close to them to do so.

Some of Scotland's biggest employers have got behind #GetChecked with staff donning their favourite checked items for the

day, covering their retail spaces in check, hosting an awareness session or welcoming the #GetChecked photo-generator to the workplace.

Over 42,000 employees have received the message about the benefits of finding cancer early through their workplace in Scotland so far including those at M&Co, ScottishPower, Baxters, Stagecoach, Morrison Construction, Aviva, Warburtons and many more.

If you'd like to get involved with #GetChecked, and play your part in bringing cancer down to size, there are a host of materials and tools available to support you in doing so, simply email [Diane.Primrose@gov.scot](mailto:Diane.Primrose@gov.scot)

[www.theweec.org/getchecked](http://www.theweec.org/getchecked)

## Promoting physical activity in the workplace

Lynne Galloway, Health and Work Manager - Healthy Working Lives Award



The Healthy Working Lives award promotes these physical activity benefits and provides opportunities to encourage employees to be physically active within and outwith the workplace. This is a free health, safety and wellbeing award for all organisations to take part in. Physical activity is threaded through each of the 3 levels, bronze, silver

and gold, as either information campaigns or activities. In the past these have ranged from lunchtime walks - jogging clubs - active travel packs for meetings - bike storage - subsidised gym memberships - workplace challenges like pedometer challenge etc. The list is endless and is very varied depending on what the organisation is able to offer for their employees.

In addition to the Healthy Working Lives award, NHS Health Scotland are currently piloting an Exemplar Physical Activity award with a number of workplaces. Evaluation and findings from this pilot will be available

at the end of 2016.

For more information on the HWL award, please visit

<http://www.healthyworkinglives.com/award/criteria>

For more information on physical activity in the workplace please visit:

<http://www.healthyworkinglives.com/advice/workplace-health-promotion/physical-activity>

<http://www.healthscotland.com/documents/6114.aspx>

## News from the WHO International Agency for Research on Cancer (IARC)



A summary of the systematic review of the cancer preventive effects of the absence of excess body fat was published last month in The New England Journal of Medicine (<http://www.nejm.org/doi/full/10.1056/NEJMSr1606602>).

The published paper summarises the next cancer prevention handbook from IARC and assessed more than 1000 studies, including intervention trials, cohort and case-control studies, studies in experimental animals, and studies on the mechanisms linking excess body fatness and cancer.

The report highlighted 13 cancers that are related to excess body fat. In 2013, an estimated 4.5 million deaths worldwide were attributable to overweight and obesity. The identification of new obesity-related cancer sites will add to the number of deaths worldwide attributable to obesity.

We can no longer think of excess body fat as a problem related only to the metabolic diseases like diabetes and cardiovascular disease. Obesity prevention offers action for cancer prevention – lets support action now!

## Public Awareness of Obesity as a Risk for Cancer

Lucie Hooper, Researcher at Cancer Research UK

In Scotland more than 1 in 4 (28%) people are obese. Being overweight and obese is the second single biggest preventable cause of cancer after smoking and is estimated to make up 9% of the cancer burden among women in North America, Europe and the Middle East. (1)

If current UK trends of overweight and obesity continued, it is estimated that this will lead to a further 670,000 cancer cases over the next 20 years. (2)

Whilst there is considerable evidence to show that being overweight or obese is

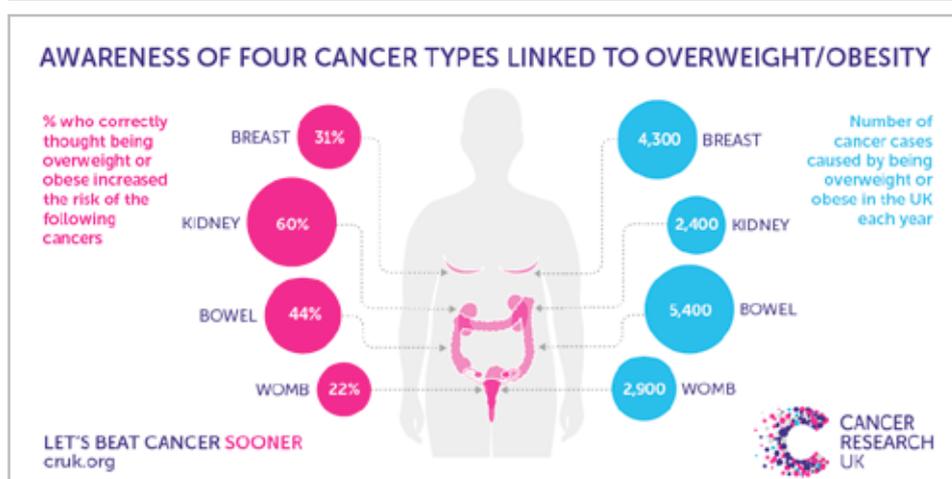
associated with up to 13 types of cancers (3), public awareness of the link is low.

A recent study carried out by Cancer Research UK's Policy Research Centre for Cancer Prevention found that cancer is not at the forefront of people's minds when thinking about health risks associated with overweight and obesity. The study surveyed 3,293 members of the UK general population.

In Scotland, around three in four people were unaware that being overweight or obese could increase their risk of cancer.

When asked about specific cancer types linked to overweight and obesity, the Scottish public were most aware of cancers relating to organs that are used as part of the digestive system, such as the bowel (60%) and liver (54%). There were poor levels of awareness for other cancer types, with almost 3 in 4 (71%) unaware that being overweight or obese can increase the risk of breast cancer and more than 3 in 4 (77%) unaware that ovarian cancer is linked.

There are many steps that the Scottish Government can take to reduce obesity and support people to manage their weight. These include restricting junk food advertising on TV, limiting price promotions on less healthy foods and drinks and reformulating food and drinks. The Scottish Government's Cancer Strategy (4) highlights a new approach to address obesity and Food Standards Scotland are clear on the action needed (5). Everyone has a part to play in helping to cut obesity rates.



1. Arnold M, Leitzmann M, Freisling H, Bray F, Romieu J, Renehan A, et al. Obesity and cancer: An update of the global impact. *Cancer epidemiology*. 2016;41:8-15.
2. Cancer Research UK, UK Health Forum. Tipping the scales: Why preventing obesity makes economic sense. 2016.
3. Lauby-Secretan B, Scoccianti C, Loomis D, Grosse Y, Bianchini F, Straif K. Body Fatness and Cancer—Viewpoint of the IARC Working Group. *New England Journal of Medicine*. 2016;375(8):794-8.
4. Scottish Government, Cancer: Ambition and Action, March 2016 <http://www.gov.scot/Resource/0049/00496709.pdf>
5. Food Standards Scotland (2015) The Scottish Diet – it needs to change <http://www.foodstandards.gov.scot/sites/default/files/Situation%20Report%20-%20COMPLETE%20AND%20FINAL.pdf>

## Promoting the European Code against Cancer (ECAC) in workplaces in Europe

The ECAC is an initiative of the European Commission to inform people about what they can do to reduce their risk of cancer. The ECAC consists of twelve recommendations and the more recommendations people follow, the lower their risk of cancer will be. It has been estimated that almost half of all deaths due to cancer in Europe could be avoided if everyone followed all the recommendations.

In Poland the ECAC is promoted in the workplace by the Cancer Center and Institute of Oncology, Cancer Epidemiology and Prevention Department which contains a Cancer Primary Prevention Unit ([www.coi.pl](http://www.coi.pl)) in collaboration with the organization Employers of Poland (<http://www.pracodawcyrp.pl>).

Employers of Poland produces a newsletter

which is circulated to over 12,000 companies, with about 5 million employees. The May issue included two articles related to the European Code Against Cancer. Texts were prepared in Polish and English and related to the European Week against cancer, including a link to the ECAC website.

More information can be obtained from Dr. Manczuk at [marta.manczuk@coi.pl](mailto:marta.manczuk@coi.pl).

## Unhealthy working lives



An estimated 90% of the workforce in the UK commute to work, with the vast majority of these taking a 'non-active' mode of transport. The evidence on the benefits of active travel (e.g. walking or cycling) for our health and wellbeing has been well described but for many commuters active travel isn't an easy option.

The number of workers commuting two hours or more has increased by **72%** since 2004, from 1.7 to 3 million people

The report called 'Health in a Hurry' (1) recently published by The Royal Society for Public Health (RSPH) tells a worrying tale. In their survey of 1500 commuters they reported that:

1. 41% say their commute reduced levels of physical activity.

2. 29% say they increase consumption of fast foods.
3. 55% say they increase their stress level.

RSPH specifically call for greater adoption of flexible and remote working to reduce commute times or at least allow workers to commute outside of the rush hour. Alongside this, transport operating companies could capitalise on their captive audience for health promotion during both journey time and waiting times in transport hubs.

It is noteworthy that RSPH call for "Greater restrictions on unhealthy food and drink outlets in stations". The report highlights that the re-development at King's Cross and Cannon Street stations in London has led to a 20% increase in sales which includes a 22.5% increase in fast food outlets. No surprise then that workers feel their commute adds an average 767 calories to their diets each week outside of their regular meals! This



report coincides with a new promotion by ScotRail called 'Taste the Landscape'.

A nicely produced full colour booklet which re-enforces all the stereotypical components of the Scottish diet available for tourists and commuters alike. The front cover alone offers a perfect storm of shortbread, Irn Bru, crisps and whisky and the final page offers a little Scottish hospitality in the form of 50p off a fresh doughnut or pastry. If per chance the busy commuter doesn't see these promotions on the train then we can rest assured that station shop provision and promotions will be waiting for the vulnerable (at least in Dundee station where the following promotions were viewed by a commuting editor!)

<https://www.rsph.org.uk/our-work/policy/championing-the-publics-health/health-in-a-hurry.html>



## Art & Design Prize 2016



We are delighted to announce David Brooks as this year's recipient of the SCPN Art & Design Prize for Creative Communication. A masters level graduate in Engineering and Product Design from the Glasgow School of Art, David's final year project was to develop Virtu Scope, a games based endoscopy training tool for junior doctors. Whilst researching the area of endoscopy

training, David noted that existing products are very expensive, take a long time to set up or are very bulky. Most also are designed to train higher level skills rather than basic skills. David noted a gap in the market for an entry level endoscope trainer and the idea for Virtu Scope was born.



A strength of Virtu Scope is it is designed to be transportable and work with a range of devices allowing trainees to choose when

and where they train. Being games based, as well as making endoscopy training affordable and accessible, it should also be engaging and fun. Consultants can also use the product to track how often trainees practise and to record their progress.



David is now working with a design consultancy in London but he hopes to continue refining his product with the view to testing it out in a clinical trial in the near future. We wish him well!

## SCPN Stepcount Challenge

Back in early Spring this year an email popped in to our inbox – an invitation to take part in a workplace step count challenge. Now, we work in a cancer prevention environment so we have good knowledge of the importance of being physically active, and we do try to practice what we preach, but to be honest, we had become a bit slipshod about getting up from our desks and moving. Maybe this could be the very thing to buck up our ideas! A quick email round colleagues and we had a team.

The first week a baseline of our current step count was what we were looking for, something for goals to be built from. Most of us achieved our 10,000 steps per day as recommended for general health so our targets started about 13000- 14000 on three days a week. Surprisingly that wasn't so hard to achieve – we went for walks at lunchtime round the hospital grounds and came to appreciate the beautiful green space around us. We parked further away from the hospital than the staff carparks and walked 15 minutes in to work and back out at the end of the day (an added bonus was a saving of £10 per week on parking charges!). We walked in the evening and at weekends – local neighbourhoods, beaches, mountains, anywhere that would get the step count ticking over.

Monday morning brought the added interest of taking note of other team members step count which served as a motivator to keep moving. Gradually our goals increased in size and frequency – 15000 three times a week, 15000 five times a week, 16500 three times a week...and we managed to keep up. We slowly but surely built walking in to our daily routine, it became second nature and we enjoyed it.

And since then...well lunchtime walking has survived, even over the wet summer that

we've had and the guys have come along too. Cars are still parked further away too. We will keep up these good habits and feel the better for it! If you get the chance go for it and you will reap the benefits too.

Another keen network member (Morven Lean, working at Keech Hospice, south of the border) also gave us a report of her workplace's experience of the Stepcount challenge...

The positive effects of employing a physically active workforce on the organisation e.g. reducing staff sick days/ reducing staff turnover are well-documented. However, the step count challenge brought about all sorts of unanticipated changes in us, the employees, which have impacted our working lives for the better.

Awkward, 'office language' encrypted emails were replaced with real-life human voices when colleagues started to physically walk across the corridor (12 steps) to ask questions and give updates.

Delivering expenses forms to the Finance Department on the third floor (+150 steps) became a favourite pastime of mine, although I regularly experienced colleagues offering to run my errands for me (provided they were over 100 steps).

The 'afternoon food coma' became a thing of the past when we incorporated a daily brisk walk (500 steps) into our lunch break. Leaving the building liberated us to explore other avenues of conversation besides the tasks and moans of the working day.

'Walking meetings' (+1000 steps) also rose in popularity, until the weather decided otherwise.

I noticed that my office printer became something of a social hub for colleagues from the other side of the building (130 steps) despite there being three printers closer to them.

### We Launch Our Autumn Step Count Challenge

Raija Darley, Development Officer, Paths for All

Dust off your pedometer, dig out your scarf and gloves, the Walk at Work Step Count Challenge is back for an extra special autumn challenge!

The nights may be drawing in and there is a definite chill in the air but this is a great time of year to get out and enjoy a crisp walk into work or kick leaves on a lunchtime stroll. The Walk at Work Step Count Challenge is designed to get workplaces walking.

The challenge starts on Monday 31st October and lasts for 4 weeks and you can register at [www.stepcount.org.uk](http://www.stepcount.org.uk)

You need to enter as a team of 5 people and your workplace can enter as many teams as you like. We can provide pedometers for your team, or you can use your own pedometer, favourite app or gadget. You'll get a user account where you can record your daily steps, share comments with your team and track your team's progress on our leader boards. There will be the usual competitions, prizes and more. Wrap up and join us on our autumn challenge to walk more and feel the difference.

## Bowel Cancer UK – workplace health and wellbeing

Emma Anderson, Head of BCUK, Scotland

As an organisation Bowel Cancer UK is committed to looking at ways to improve the health and wellbeing of its staff, and is excited to hear about new ways of achieving this. An annual staff survey helps to gather staff experiences and informs any suggested changes to the way in which we operate. Looking at potential new office premises recently has also given us the chance to explore healthier ways of working e.g. standing desks and exercise balls; break out areas so as you're not tied to the desk and access to green space

for outside meetings and walking meetings when possible. Regular opportunities for staff to be physically active are supported at Bowel Cancer UK - currently our London office is promoting cycling as an alternative to train commuters.

Like many in the charity sector, we all work at full speed and sometimes staff will put the needs of the charity above their own. As an organisation we have a responsibility to ensure that our staff are happy and healthy, to provide a working environment and ethos that

supports a flexible working approach, that our staff are listened to and respected.

(Pic – Scotland team trying out lunch break golf).



## NHS Scotland – time to practise and preach

Lorraine Tulloch, Programme Lead, Obesity Action Scotland

Scotland has one of the highest levels of obesity in the world. In 2014, 65% of adults aged 16 and over were overweight, including 28% who were obese. With such damning statistics we should be looking to our healthcare settings to be leading examples of healthy lifestyles.

However, we know that rates of overweight and obesity among nurses in Scotland are high at 69%, higher than in other healthcare professionals (51%). If NHS Scotland is to be a credible influence in addressing the obesity crisis, it must take the lead with healthy workplace practices.

Environments have a significant effect on diet, physical activity and obesity. Healthcare settings should be exemplary in promoting healthy lifestyles and the presence of outlets selling energy dense

food and drink sends an inconsistent message to patients, staff and the community. The current changes to retail settings in healthcare in Scotland should change that, so let's make that the start of a journey to excellence.

What could be done?

- Boards should introduce diet and physical activity interventions to support staff to achieve and maintain a healthy weight
- Boards should build on the Healthcare Retail Standard by developing and extending the standard it sets
- Boards should increase opportunities for and uptake of walking, cycling and other physical activity in daily lives and minimise sedentary behaviour

With such high levels of obesity and

overweight in Scotland, NHS Scotland must seize the opportunity to effect behaviour change in healthcare staff, and healthcare staff must do likewise to effect behaviour change in patients.

There are lots of innovative and exciting ways to encourage healthy lifestyles and Twitter was recently filled with the August stories of active healthcare professionals undertaking the #WeActiveChallenge.

It's time to practise healthy lifestyles as well as preaching about them.

Read our full briefing on Obesity and NHS Scotland Staff at:

<http://www.obesityactionsotland.org/images/pdfs/briefings/NHSScotlandStaffWeb.pdf>

## Supporting GP Practice staff to implement behaviour change

Cancer Research UK's Health Professional Engagement Team (formerly the Primary Care Engagement Team) continues to work with health staff and health services to improve cancer outcomes in relation to prevention, screening and earlier detection. Over the past two years, the team has met with over 70% of

GP practices in NHS Greater Glasgow & Clyde. Recognising the important role that health care staff can play in raising awareness of cancer prevention and lifestyle risks, the team has been delivering cancer prevention training sessions which has seen positive outcomes for the practice staff as well as patients.

Two key learning points for the staff were around the risk associated with red meat consumption and the links between physical activity and cancer. Practice staff identified personal actions to reduce their processed meat consumption and re-establish their lunchtime walking group.

**Drs Hogan, Allen & Quinn, Inverclyde HSCP**

## The new SCPN advisory board - new members



We're delighted to welcome three new members to our advisory board who bring a wide range of skills and talents to an already strong team.

**Miss Susan Moug** is a consultant colorectal surgeon and Honorary Clinical Associate Professor based at Royal Alexandra Hospital in Paisley. Susan has been a great

supporter of SCPN, bringing patients from her ReX trial to speak at conference, and is very involved with our student chapter in Glasgow.

**Dr Gozde Ozakinci** is senior lecturer in health psychology at the University of St Andrews. Gozde's main research interests surround cancer survivors and secondary cancer prevention. A regular contributor

to the newsletter, a ParkRun advocate and twitter ace we hope she can help to share SCPN activities with students in the University of St Andrews.

**Mary Allison** is Breast Cancer Now's Director for Scotland. Mary provides executive leadership across the charity's work and presence in Scotland. We look forward to advice from Mary on how to bring a more strategic approach to all our activities helping us harness our resources to achieve the best outcomes possible.

For more information on all the members of our advisory board please visit our website <http://www.cancerpreventionscotland.org.uk/advisory-group>.

## Starting on the right foot for a healthy workplace

By Alex Free, Breast Cancer Now's champion encourager and supporter of their healthy working lives, who does a good walk the walk herself!



Breast Cancer Now are invested in promoting healthy lifestyles for women as a preventative approach to reduce the risk of developing breast cancer. The Edinburgh Office of Breast

Cancer Now is committed to 'walking the walk' when it comes to workplace health. This is why we have instituted a few office changes to encourage small but important everyday healthy practices.

Our communal office fruit bowl stands as an alternative to unhealthy workday snacks. Our kitchen is well stocked with herbal and fruit teas, providing non-caffeinated beverage options and encouraging staff to stay hydrated. Our weekly team meeting on a Monday is a standing meeting, starting the week on the right foot!

We also participate as a team in the Breast Cancer Now 'HiMotiv' challenges. This is where we track (either electronically or manually) our exercise throughout the week to compete with other Breast Cancer Now

teams. When you add in an office hula-hoop, sporadic yoga for fun and our healthy meetings policy, we are on track to becoming the change we want to see.



## 5 ways you can eat well in the office

Sharon Hui, Health Information Officer, WCRF

If you consider that we eat at least a third of our daily calories at work, getting it right means you're well on your way to healthy eating. How do you eat healthily in the office?

Here are 5 tips to set you on the right track:

1. Get fruity – have a fruit bowl at your desk so you have healthy snacks to hand. Bananas and apples are easy to
2. Snack attack – clear your drawers of tempting junk food and fill them with healthier alternatives such as unsalted nuts, dried fruit or oatcakes.
3. Love leftovers – planning ahead and having leftovers from **dinner** means you won't be tempted to buy unhealthy ready meals.
4. Sandwich swaps – rather than buying

a meal-deal, make your own healthier and cheaper sandwiches or why not try making a **salad**.

5. Lunch together – ever thought about starting a lunch club? Take turns to prepare healthy lunches – you'll try something new and save time too.

You can download posters that may help your colleagues get on the right track from our website **here**.

## Walking netball



Did you play netball at school? Have you lost touch with the game over the years? Right across Scotland there is a



movement 'BOUNCE BACK TO NETBALL!' encouraging adults of all ages to try a gentle introduction or re-introduction to the

sport. The emphasis is on fun while at the same time getting us moving more. There is no need to register, just turn up, get FIT and have FUN! Everyone is welcome no matter your fitness level or skill level.

Look for a venue near you:

**<http://bounceback.netballscotland.com/session-details.html>**

If you feel that 'Bounce Back to Netball' may be too strenuous for you why not follow the example of some netball clubs in England that have started Walking Netball? To find out more about Walking Netball visit **[Walk this Way... England Netball](#)**.

# CUP report on Oesophageal Cancer

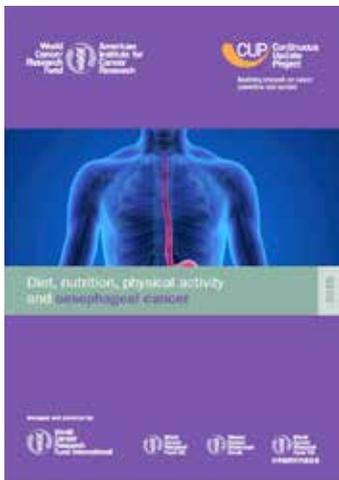
The latest WCRF CUP report on the association between diet, nutrition, physical activity and oesophageal cancer was released in July 2016 (1). Oesophageal cancer is the eighth most common cancer worldwide and the sixth most common cause of death from cancer (2). Oesophageal cancer is twice as prevalent in men.

Oesophageal cancer is typically detected at a more advanced stage which

contributes to poor survival rates. There are two types of oesophageal cancer - squamous cell carcinoma which accounts for 88% of cases and adenocarcinomas which is becoming much more common in affluent countries. Established causes of oesophageal cancer include

smoking, infection with the human papilloma virus (HPV), and gastro-oesophageal reflux disease, a common condition in which stomach acid damages the lining of the lower part of the oesophagus. This report concluded that there is strong evidence that body fatness increases the risk of

adenocarcinomas and that alcohol and mate consumption increases the risk of squamous cell carcinoma. There is limited evidence that physical activity and a diet high in fruit and vegetables may reduce the risk of both types of oesophageal cancer.



2016	DIET, NUTRITION, PHYSICAL ACTIVITY AND OESOPHAGEAL SQUAMOUS CELL CARCINOMA		
		DECREASES RISK	INCREASES RISK
STRONG EVIDENCE	Convincing		Alcoholic drinks
	Probable		Mate <sup>1</sup>
LIMITED EVIDENCE	Limited – suggestive	Vegetables Fruit Physical activity <sup>2</sup>	Processed meat
	Limited – no conclusion	Dietary fibre, red meat, total meat, poultry, fish, coffee, high-temperature drinks, pyridoxine, vitamin C, vitamin E, folate, beta-carotene, body fatness, adult attained height, patterns of diet, cereals (grains) and their products, starchy roots, tubers and plantains, pulses (legumes), oils and oils products, herbs, spices and condiments, milk and dairy products, total fat, saturated fatty acids, monounsaturated fatty acids, polyunsaturated fatty acids, sugary foods and drinks, salt, eating, fermenting, pickling, smoked and cured foods, nitroses and nitrites, frying, grilling (broiling) and barbecuing (charbroiling), protein, vitamin A, retinol, thiamin, riboflavin, calcium, zinc, iron, pre-vitamin A carotenoids, beta-erythrocin and energy intake	
STRONG EVIDENCE	Substantial effect on risk unlikely		

1. As drunk traditionally in parts of South America, involving fat through a metal straw.  
2. Adenocarcinoma and squamous cell carcinoma combined.

2016	DIET, NUTRITION, PHYSICAL ACTIVITY AND OESOPHAGEAL ADENOCARCINOMA		
		DECREASES RISK	INCREASES RISK
STRONG EVIDENCE	Convincing		Body fatness <sup>1</sup>
	Probable		
LIMITED EVIDENCE	Limited – suggestive	Vegetables Physical activity <sup>2</sup>	
	Limited – no conclusion	Dietary fibre, fruit, red meat, processed meat, total meat, poultry, fish, coffee, high-temperature drinks, mate, alcohol, pyridoxine, vitamin C, vitamin E, folate, beta-carotene, adult attained height, patterns of diet, cereals (grains) and their products, starchy roots, tubers and plantains, pulses (legumes), oils and oils products, herbs, spices and condiments, milk and dairy products, total fat, saturated fatty acids, monounsaturated fatty acids, polyunsaturated fatty acids, sugary foods and drinks, salt, eating, fermenting, pickling, smoked and cured foods, nitroses and nitrites, frying, grilling (broiling) and barbecuing (charbroiling), protein, vitamin A, retinol, thiamin, riboflavin, calcium, zinc, iron, pre-vitamin A carotenoids, beta-erythrocin and energy intake	
STRONG EVIDENCE	Substantial effect on risk unlikely		

1. Body fatness is marked by body mass index (BMI), waist circumference and waist-hip ratio.  
2. Adenocarcinoma and squamous cell carcinoma combined.

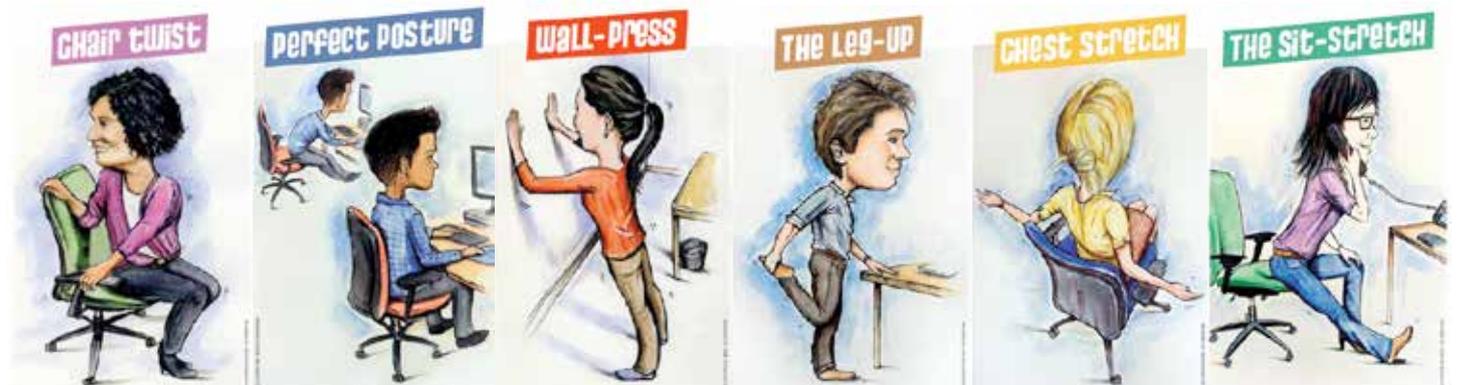
1. World Cancer Research Fund International/American Institute for Cancer Research. Continuous Update Project Report: Diet, Nutrition, Physical Activity and Oesophageal Cancer. 2016. Available at: wcrf.org/oesophagealcancer2016.  
2. Ferlay J, Soerjomataram I, Ervik M, et al. GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality  
3. Worldwide: IARC Cancer Base No. 11. 2015

# Do you sit at a desk all day?

The Chartered Society of Physiotherapists in conjunction with Aviva, a leading health insurer, have developed a set of cards you can buy or download from their [website](#) encouraging desk based workers to try

building six exercises into their working day. They comment “These simple stretches can help ease the aches and pains associated with sitting for long periods, but it’s important to combine them with regular

physical activity. Moving more throughout the day can help keep your weight at a healthy level and limit your chances of developing a number of serious illnesses.”



## Interview



### PROFILE

**Aileen Campbell is MSP for Clydesdale and Minister for Public Health and Sport.**

#### What do you enjoy most about your job?

Being a minister in the Scottish Government is an enormous honour. Having the opportunity to drive forward policies and innovations that will help improve Scotland's health and wellbeing is a privilege and I am determined to use my time

in this post to do what I can to create a healthier Scotland. The job brings with it a huge amount of challenge, but also wonderful enjoyment.

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

Four in ten cancers can be prevented if we all do our best to live healthier lives. We can all do this by taking simple steps such as stopping smoking, watching our weight, eating fruit and veg and less processed and red meat, drinking less alcohol and being more active.

#### What would people find surprising about you?

That's a toughie!! Hmm...probably one thing that folk don't know about me is that I once won a gold medal for karate when I was at a local competition and one thing that has surprised me, is that I have found a new love of gardening and growing vegetables! My dad was a farmer, so I guess you can take the girl from the farm, but you

can't take the farm outta the girl!

#### To tweet or not to tweet?

I love to tweet – I have a new iPhone and it's now complete with emojis which are adding to the fun of social media! It's also a fantastic way to stay connected with groups, organisations and constituents.

#### How do you relax?

I love reading, watching the football (watching strictly come dancing!) and "playing" rugby along with some fellow mums at Biggar RFC

#### Five a day?

I love fruit and veg so I do try my best. My constituency is famous for its orchards, so Clydesdale is the best place to get apples and pears and reach your five a day.

#### What is the best decision you have ever taken?

To have my two wee boys – I love being a Mum.

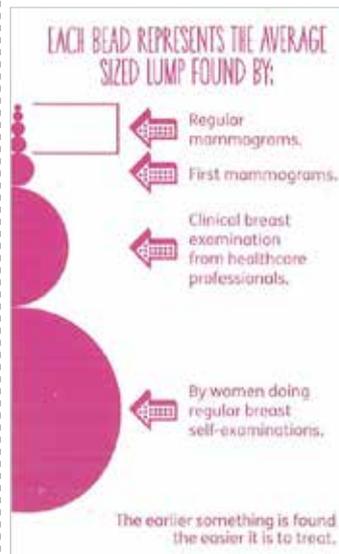
## The People Walker



We pay our dog walkers so what is wrong with a people walker?

A budding actor in Hollywood, Chuck McCarthy, has set himself up in business as a 'People Walker'. Once McCarthy posted his signs around town, the phone started ringing and he discovered there is a market for accompanying people on a walk. So who is willing to pay when walking is something you can do for free? It appears to be more about the comradery that comes from the walk. While walking is great exercise, people like to walk and talk (although Chuck tries to listen more than talk). Charging by the mile, it's a business that is quite literally a walk in the park!

## Have you seen a 'Thingymaboob'?



This clever keyring was originally developed by the Canadian Cancer Society. It is comprised of comparative sizes of pink beads – each bead representing the average size of lump found by women doing regular breast self-examinations, clinical examination by a health professional and mammography. The keyring demonstrates the importance of breast screening, in picking up early stage breast cancer and offering early treatment. The 'Thingymaboob' can act as a great talking point to continue the conversation about early detection of cancer #DontGetScared #GetChecked.

## Could you do this at your workplace?



When was the last time you saw some cancer prevention information at your worksite? This simple idea was spotted recently. A side table with resources which are available from most cancer charities (you can order them from their websites or download and print free of charge) and voila! an important message is delivered. What do you think your workplace could benefit from?

## Do you use the ECAC in your workplace? Is your workplace missing out?

For more details about the European Code against Cancer visit <http://cancer-code-europe.iarc.fr> or follow [@cancercode](https://twitter.com/cancercode) on Twitter.

Or if you would like hard copies of our newsletter at your worksite please let us know via [scpn@cancerprevention.scotland.org.uk](mailto:scpn@cancerprevention.scotland.org.uk).



## Coming soon...



The SCPN is developing a Healthy Meetings Toolkit to help you navigate the minefield of organising a healthy meeting (or encouraging someone else to!). As well as providing guidance on when and how to use our Healthy Meetings Scorecard, we've included examples of good practice and even recipes and sample menus that you can give to your caterers.

The toolkit should be available from November 2016 and will cost £5.

If you would like to obtain a guide please email [healthymeetings@cancerpreventionscotland.org.uk](mailto:healthymeetings@cancerpreventionscotland.org.uk) or visit <http://thescpn.org/healthymeetings>.

## Annual survey: Have we heard from you yet?

It's that time again when the SCPN opens its ears and is ready to listen to our audience. Please spare us a few minutes to let us know what you think of our activities this year. Are we going in the right direction? Have you any comments and suggestions about our work? What kind of things would you like to see us doing? Please visit [www.surveymonkey.co.uk/r/thescpn](http://www.surveymonkey.co.uk/r/thescpn).

## #LosingWeightFeelsGood

In September we ran a social media campaign with associated blogs written in house and by guest editors. Catch up [here](#) with the Twitter campaign #LosingWeightFeelsGood or the blogs:

- **Our obesogenic, carcinogenic environment – a legacy for our children**  
- Prof Annie S Anderson  
<https://thescpn.org/2d4zTWf>
- **Losing Weight Feels Good**  
- Prof Annie S Anderson  
<https://thescpn.org/2bMJSxO>
- **Attention to Action**  
- Obesity Action Scotland  
<https://thescpn.org/2co2iUH>
- **Avoiding excess body fatness makes sense!**



- Prof Annie S Anderson  
<https://thescpn.org/2du4JSK>
- **Changing our Culture of Excess**  
- Louise Codling, Head of Policy and Public Affairs at World Cancer Research Fund  
<https://thescpn.org/2dh6wSW>

## SCPN Students recruitment



The SCPN student chapter was established last year with the aim of helping to create a new generation of doctors who are fully informed on the evidence for disease prevention and the actions needed to reduce risk, who can become advocates and role models for lifestyle change.

We were a very visible presence at the medical students Freshers Fayres at the Universities of Dundee and Glasgow again this year with 223 students signing up. Welcome on board - we hope you find the newsletter and other activities on offer a useful addition to your studies.

Find out more about SCPN Students at [www.cancerpreventionscotland.org.uk/students](http://www.cancerpreventionscotland.org.uk/students).



## Scottish Cancer Prevention Network

Keeping the conversation going, putting prevention first

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. You can also stay in touch via social media or follow our blog.

**Website**  
[www.cancerpreventionscotland.org.uk](http://www.cancerpreventionscotland.org.uk)

**Blog**  
[scpnblog.wordpress.com](http://scpnblog.wordpress.com)

**Social Media** -  
@thescpn on Twitter and Instagram

We are supported by the Scottish Cancer Foundation (SC028300).