SCPN

Newsletter

Scottish Cancer Prevention Network - Evidence to Practice and Policy

VOL 8 . ISSUE 2

Special issue focusing on cancer survivorship

SCPN

The SCPN are committed to getting the word about cancer prevention out to individuals, health professionals, policy makers and government.

We want to let everyone know what they can do to stack the odds against developing cancer through lifestyle choices. It's not enough for individuals to attempt to change. Health professionals, cancer charities and other agencies with an interest in this field want to be informed about the latest research on how to support that change. Policy makers and government also have a role to play in ensuring our environment and legislative structures enable change rather than inhibit it.

We promote action for cancer prevention by disseminating news on recent research, initiatives and events through our website, newsletters and social media platforms.

#SCPN2017 Conference Presentations Now Available

We had a great annual conference, We Can I Can 2017, which took place on the 6th of February to mark World Cancer Day. If you weren't able to join us presentations are now available for you to view and download from our website *thescpn.org/WeCanICan17*.

Social Media

We've been busy on social media too. Follow us @thescpn on *Twitter* and *Instagram*.

We've been sharing #WinterVeg tips to provide some inspiration on what do with all your seasonal veggies and don't forget #kettlecise to fill those moments waiting for the kettle to boil.

Latest from the SCPN Blog

We've covered Dry January, No Smoking Day, the Scottish Obesity Strategy and more recently at *scpnblog.wordpress.com*. Visit us to see what we have to say.

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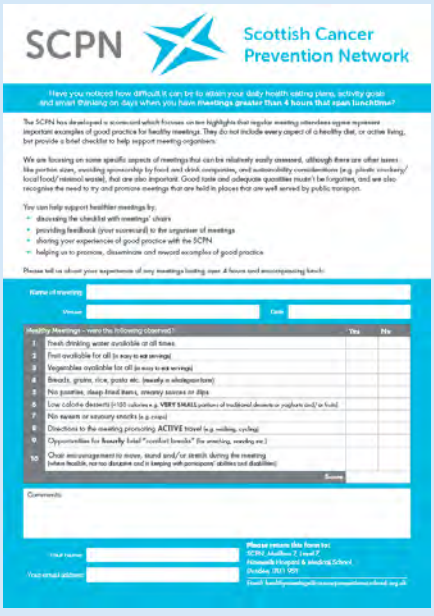

FRONT COVER IMAGE: Me and my new Hair by Liz West. CC BY 2.0

Editorial

We are often asked if talking about cancer prevention and lifestyle to people living with and beyond cancer is relevant. To be honest, when we say prevention we really mean risk reduction or "stacking the odds against occurrence and recurrence". Patients may be offered drugs to reduce the risk of recurrence but how often are they offered lifestyle programmes?

There is now a robust evidence base that shows that interventions can impact on quality of life, wellbeing, reduced risk (or better management) of co-morbidities like diabetes and cardiovascular disease (which may arise as a late treatment effect) and might just reduce risk of recurrence. Is it a duty of care of clinicians to offer brief interventions, endorse activity and healthy eating programmes, and pass on practical information on where to get advice and support? As Elspeth Banks and Peter Rainey highlight in their article, it seems many patients revert to Dr Google and patients report inadequate and inconsistent advice. The question then arises: whose responsibility is it to give lifestyle advice?

So many patients wish to return to normal life… to regain weight and to eat and drink in ways that are familiar and certainly not to feel guilty about enjoying "hearty eating". Indeed, they may have been told in hospital to eat anything and everything they like… as long as they eat, don't worry about what it is.

In the TreatWELL (http://www.cso.scot.nhs.uk/wp-content/uploads/CZH-4-939.pdf) study the Clinical Nurse Specialists listened hard – the idea that maybe we should think of diet quality as well as quantity came as a bit of a surprise, especially when we saw the printed guidance which encourages pies, sausage rolls, cakes, pastries and sweeties as basic diet items.

Years ago, many cancer patients presented with weight loss as a key symptom; now with screening and earlier diagnosis it is more likely that people are overweight which means poorer outcomes. The aim of post treatment lifestyle programmes should be to help build resilience to future disease by increasing the proportion of muscle mass (helped by regular and adequate physical activity) and decreasing body fat (by avoiding excess calorie intake).

More research needed, more action needed and more responsibility by the cancer community needed now.

Professor Annie S. Anderson
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Professor Bob Steele
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Inside this issue

THE TEAM

Dr Maureen Macleod - SCPN Fellow
Jill Hampton - Network Administrator
Bryan Christie - Journalist
Eoin McCann - Designer
Connor Finlayson - Digital Communications

In this issue

In this issue we wanted to focus in on Cancer Survivorship although we still have many of our regular features. We have grouped all the survivorship articles together in this green shaded section to make them easier to find. We'd love to hear what you think of the idea of a themed issue - send us an email at scpn@cancerpreventionscotland.org.uk.

Nutrition Advice for Cancer Patients

Peter Rainey and Elspeth Banks, patient representatives

Barely a week passes without a news item or press article on the subject of diet and its relationship with disease. The dangers of tobacco are well established, but there is now growing evidence that eating well, moderating alcohol consumption and physical activity can reduce your risk of developing a range of cancers including bowel, oesophagus, stomach, and breast cancer and can also have an effect on treatment response and overall recovery.

Why do so few cancer patients receive advice about nutrition? On diagnosis most people are focussed on getting the treatment they need as quickly as possible. A conversation about nutrition may not be very constructive at this stage unless it is directly relevant to the specific treatment plan. After treatment, however, many patients ask the question "what can I do?" They want to take back some control, to remain healthy and to prevent recurrence. This is when nutritional advice would be both welcome and appropriate.

Whose responsibility is it? Should patients expect their consultants to talk about nutrition during a busy oncology clinic? Perhaps not, but they should at least be signposted to a specialist who knows about nutrition as it relates to their disease.

Does it happen? Based on anecdotal evidence, the picture is patchy at best and it seems that many patients revert to consulting Dr Google. Patients report inadequate and inconsistent advice e.g. being told "eat what you fancy", "just eat healthily…that's all I got", and are often confused by reading conflicting advice in the media.

Are there specific foods that patients should/should not consume? How do you overcome loss of appetite or taste as side effects of chemotherapy? What advice should be given to patients who are encountering weight loss or gain? These are typical questions patients want answered and sometimes it's a case of "if you don't ask, you won't get and if you do ask, you might". In the face of mounting evidence that nutrition is important there is an urgent need for more reliable and consistent nutritional and dietetic information for cancer patients.

The NIHR Cancer and Nutrition Infrastructure Collaboration is undertaking a programme of work to address this issue. A patient survey identified the need for better evidence to allow more reliable and consistent nutritional and dietetic information. A clinician survey highlighted both the importance and the challenges of including nutrition in cancer care.

Patients are involved in supporting the various work streams aimed at information provision and communication with cancer patients and the public, creating a skilled community of practice, identifying major research priorities and characterising nutritional status in cancer. One priority is the development of a nutritional assessment toolkit for use by clinicians and researchers. The collaboration is also identifying the most important research questions to ask in order to develop better guidance for patients and is attempting to develop a central repository for the best currently available evidence. In this way patients and professionals will have a consistent and cross-checked source of information.

More information is available at ***http://cancerandnutrition.nihr.ac.uk/***

Evidence surrounding cancer survivorship

Debbie Provan

Debbie Provan is Regional TCAT Lead (WoSCAN) & National Macmillan AHP Lead for Cancer Rehabilitation. As a registered dietitian Debbie has a keen interest in the role of diet and other lifestyle factors in cancer prevention and treatment. Debbie sits on a variety of groups and Boards relating to nutrition and/or cancer including the SCPN advisory board.

For cancer survivors who are obese is it safe to try and lose weight or might this compromise the ability to achieve a nutritionally balanced diet?

Evidence surrounding cancer survivorship is increasing and improving all the time, however, there is not yet a great deal of good quality research which allows us to make firm recommendations on weight loss for this group.

We know that excess body fat is a risk factor for cancer survival but we do not know for certain whether losing weight during or after cancer improves outcomes. A systematic review of the evidence was carried out and published in January 2017.[1] Five papers met the criteria for inclusion in the review, all of which focused on female breast cancer survivors. As a result any conclusions were limited to this patient group. Most (4/5) studies reported a positive association between weight loss and mortality in overweight/obese patients. However the authors noted that none of the studies were able to differentiate between intentional weight loss and disease-related unintentional weight loss.

The ESPEN guidelines on nutrition in cancer patients[2] made a strong recommendation that cancer survivors maintain a healthy body weight and a healthy lifestyle; however there was acknowledgement that the level of evidence in this area was low and thus to some extent the recommendation was based on expert clinical opinion and further research is needed.

As part of the World Cancer Research Fund's Continuous Update Report a systematic review of the evidence into breast cancer survivorship was published in 2014.[3] This review also concluded that there is no strong evidence linking a healthy body weight to survivorship; however there was strong evidence to show that being overweight/obese increased the risk of developing 8 cancers (this has since increased to 11 cancers [4]) and that having a healthy BMI before and after cancer was linked to increased survival. In support of the limitations noted in the review by Jackson et al, this review also noted that the quality of a women's diet is important and as such breast cancer survivors should follow the WCRF's recommendations for cancer prevention.

Taking the above information into account I would stress the importance of achieving and maintaining a healthy body weight throughout life, and suggest individuals who are overweight or obese should aim to lose weight through a balanced calorie controlled diet and regular physical activity.

Is the intermittent fasting (5:2 diet) ok for women to try whilst undergoing chemotherapy for breast cancer?

Some recent research undertaken by Michelle Harvie suggests women can adhere to the 5:2 diet during chemotherapy and initial results look promising for managing weight fluctuations during chemo. *http://www.breastcentre.manchester.ac.uk/Research-Groups/Michelle-Harvie*.

Michelle Harvie was one of the first to demonstrate that weight loss can reduce risk of breast cancer. Her collaborative epidemiological study with the Iowa Women's Health Study cohort (33,000 women) suggested risk reduction of 25-40%.

There seems to be a lot of confusion out there about intermittent fasting diets as the majority of the public seem to think about the 5:2 diet rather than Michelle's well researched 2-day diet. The 2-day diet by Michelle and colleagues certainly does look promising for women at high risk of breast cancer and those with a diagnosis and it is research which I watch with great interest!

What are the 3 key dietary messages that all cancer survivors should be bear in mind?

1. Aim to achieve and maintain a healthy body weight, being as lean as possible without being underweight.
2. Base your diet around plant foods: vegetables, fruit and wholegrains.
3. Limit alcohol.

1. Jackson SE, Heinrich M, Beeken RJ, and Wardle J (2017) Weight loss and mortality in overweight and obese cancer survivors: A systematic review. PLOS ONE 12(1): e0169173. doi: 10.1371/journal.pone.0169173
2. Arends J, Backmann P, Baracos V, Brthelemy N, Bertz H, Bozzetti F et al., ESPEN guidelines on nutrition in cancer patients, Clinical Nutrition (2016), http://dx.doi.org/10.1016/j.clnu.2016.07.015
3. World Cancer Research Fund International/American Institute for Cancer Research Continuous Update Project Report: Diet, Nutrition, Physical Activity, and Breast Cancer Survivors. 2014. Available at: www.wcrf.org/sites/default/files/Breast-Cancer-Survivors-2014-Report.pdf
4. Kyrgiou M, Kalliala I, Markozannes G, Gunter MJ, Paraskevaidis E, Gabra H et al. Adiposity and cancer at major anatomical sites: umbrella review of the literature BMJ 2017; 356 :j477

Walking the Walk – after breast cancer

In February 2016, 43 year old Di Winstone from Porthlethen, in Aberdeenshire was diagnosed with breast cancer. She underwent chemotherapy, a double mastectomy, and finally radiotherapy, finishing her treatment at the end of October.

Incredibly, just six weeks later, Di signed up for the 26.2 mile Full Moon challenge at The MoonWalk Scotland, the iconic fundraising event organised by grant-making breast cancer charity Walk the Walk.

At Midnight on Saturday 10th June, Di will join thousands of women and men wearing brightly decorated bras to Power Walk distances from 6 to 54 miles through the streets of Edinburgh from Holyrood Park.

Di says: "A solicitor at work mentioned The MoonWalk, having done it before, and I thought I am going to do that! I wanted to raise money for breast cancer charities, but also give myself something positive to focus on, challenging myself beyond anything I have ever done physically before. My message for someone else thinking about taking on The MoonWalk - if I can walk 26.2 miles, having just finished treatment, having only ever participated in one 5km fundraising event, so can you!"

To join Di and sign up for The MoonWalk Scotland 2017, go to ***www.walkthewalk.org***

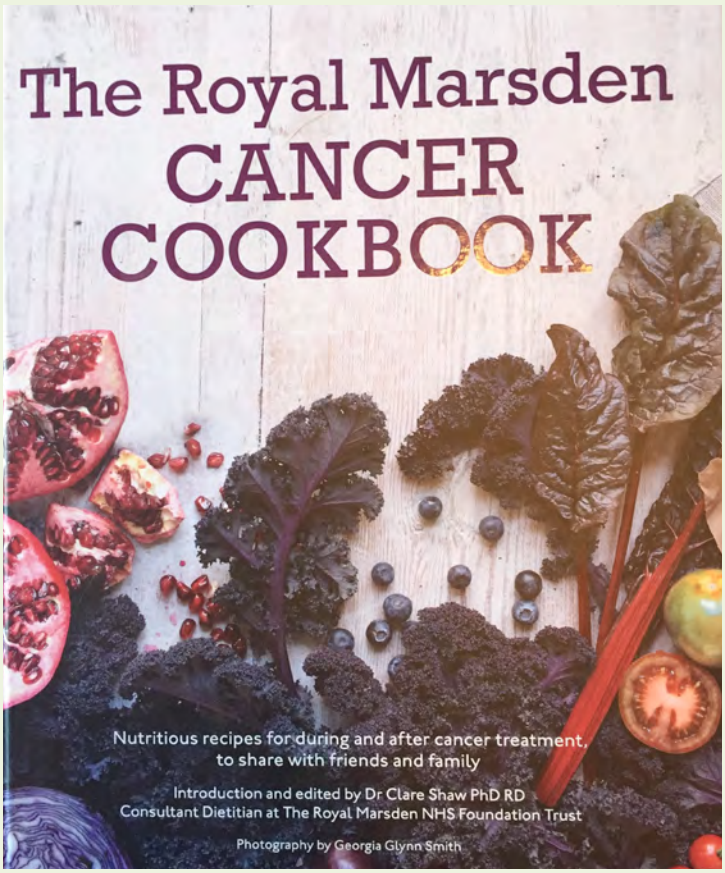
walkthewalk®
uniting against breast cancer

Eating well when you have cancer

After a cancer diagnosis there can be many changes in appetite, taste, ability to swallow, presence of nausea and tiredness all of which can impact on food preferences. Diet needs can change throughout treatment phases from what is required post-surgery, during radio, chemo and hormone therapy. Defining what is healthy at different stages and after treatment has ended can create a lot of confusion and anxiety for people with a cancer diagnosis. An excellent guide to food needs throughout the cancer journey, with innovative recipes, has been produced by consultant dietitian in oncology Dr Clare Shaw at the Royal Marsden Hospital (50% of the proceeds go to the Royal Marsden Cancer charity). It's a bold and bright recipe and ideas book which covers "during treatment" and "after treatment" energy dense diets for those with poor appetite and also healthy eating options for those with too great an appetite. Some great chefs have contributed and provided inspiration for recipes from far and wide.

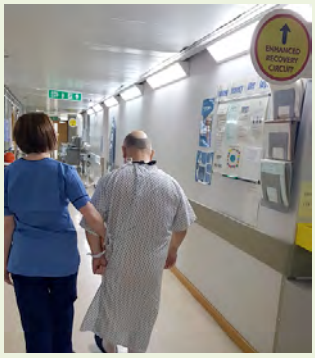
The book can cost £19.99, but shop around or ask your local library or Maggie's Centre.

Want to know more about eating well after a cancer diagnosis? Contact your local Maggie's centre to check out free classes and workshops ***https://www.maggiescentres.org/***



Keep on moving

Jane Porteous, Enhanced Recovery Nurse, NHS Greater Glasgow and Clyde, Royal Alexandra Hospital



Enhanced recovery after surgery (ERAS) is a programme that aims to get patients back to their normal health as quickly as possible after surgery.

In the Royal Alexandra Hospital, Paisley we have been running an ERAS programme for the last 5 years. This programme is aimed at patients coming in for elective bowel surgery, either due to having bowel cancer or inflammatory bowel disease.

Although there are lots of factors involved with ERAS, there is a strong focus on physical activity and early post operative mobilisation. Patient are given information on the importance of being active prior to surgery and of the benefits of this on their recovery. Having discussed this, the patient is offered a referral to either Macmillan Move More programme or to their local authority Get Active programme.

We have established "The Apple Clinic" prehabilitation service where we discuss lifestyle changes and promote the benefits of physical activity. Exercise is a medicine, the fitter the patient, the less likely they are to experience complications after surgery.

Surgical recovery starts as soon as the patient is back to the ward. Patients are assisted out of bed to sit for 2 hours morning and afternoon. If they are able, they walk the length of the ward with assistance. Leg exercises are also encouraged to promote good circulation and reduce the risk of DVT.

Over the next few days patients are sitting up for longer spells and are encouraged to walk more around the ward. We have introduced a walking circuit in the ward as a way of encouraging mobility which is identified with big yellow signs.

Patients are encouraged to walk around the 60m circuit 4 times a day, which they mark up on our daily ward walking chart. This is motivational and can turn into a bit of a competition! Understanding the benefits spurs patients on to really push themselves.

We will continue to promote physical activity and are always coming up with new ideas to help patients in their hospital journey.

> "Physical activity is an important part of wellbeing. Especially when recovering from surgery"

Mary, Colorectal Patient.

> "The benefits of getting mobile as soon as possible are many, including quicker recovery and early release from hospital. It also keeps your muscles firm."

John, Colorectal patient.

Getting active after a cancer diagnosis – international action Cancer Council Western Australia's Life Now Exercise Program

Cancer Council Western Australia | Life Now Staying well during and after cancer

The Life Now Exercise Program provides people previously treated for cancer an opportunity to participate in a group exercise program supported by a health professional, to build strength, improve fitness, reduce fatigue and improve overall quality of life. This program was developed in 2007 in response to an increasing body of research which identified exercise as an important part of cancer treatment and recovery. This tailor-made exercise program runs for 12 weeks, twice a week for an hour, and is facilitated by an Accredited Exercise Physiologist so participants can experience the benefits of exercise in a safe and supportive group environment.

An evaluation of the program has demonstrated significant and sustained improvements in the physical, mental and social wellbeing of cancer survivors.[1] Participants also valued this program for personal health benefits, the social interaction and the opportunity to exercise with others facing a similar life situation.

For more information on the other Life Now programs please visit *https://www.cancerwa.asn.au/patients/support-and-services/life-now/*

1. Cormie, P, Lamb, S, Newton, RU et al. Implementing exercise in cancer care: study protocol to evaluate a community-based exercise program for people with cancer. BMC Cancer *2017) 17: 103. doi:10.1186/s12885-017-3092-0 http://rdcu.be/o4ij

PgCert Cancer Survivorship

Course summary
This unique course will provide you with comprehensive, up-to-date information about this area of work, and will allow you to develop critical thinking and reasoning skills in order to further enhance your practice.

It is aimed at anybody who has practical involvement or an interest in working with people affected by cancer.

In brief

- **This course is delivered online via our virtual learning environment, where you will be able to experience real time lectures with your peers as well as tutorials with academic staff**
- **Obtain a better understanding of the long-term impact of cancer diagnosis and treatment on individuals and their families**
- **Gain an overview of the cultural shift in the approach to care and support for people living with and beyond cancer**
- **International students can apply**

Location: Online delivery
Duration: One year part-time
Start date: September
Entry requirements: Applications would normally be accepted from any registered health and social care professional whose clinical experience includes patients with cancer. Applicants will be expected to have at least one year's relevant experience. You will normally be expected to have a minimum of a 2.2 degree classification and satisfactory references. If you don't have a minimum 2.2 degree, your application will still be considered if you have relevant experience, in line with the University's Accredited Prior Learning (APL) procedure.
Assessment: Essay
Delivery: Online learning delivered through the University's Blackboard and Collaborate systems
For full details, including fees:
www.salford.ac.uk/cancer-survivorship

For more information visit *www.salford.ac.uk/cancer-survivorship*

To prevent cancer we need to have an IMPACT on Mental Health

John Watson, Deputy Chief Executive, ASH Scotland

The Scottish Government's target of being tobacco-free in 2034 would prevent a large proportion of cancers from ever happening.

So it is unfortunate that, as things stand, it will not be achieved.

Continuing the current rate of progress would leave us with a smoking rate of 6.5% by 2034, not far off the actual target of 5%. But that national figure masks huge inequalities in smoking behaviours.

Achieving the 5% target in the most advantaged fifth of the population requires just 30,000 fewer smokers. This will likely happen long before 2034. But that same target demands 230,000 fewer smokers in the most disadvantaged SIMD group. And that's a whole different story.

Most of these smokers are adults in their 20s, 30, 40s and 50s, who will still be around in 2034 and, on current trends, still smoking. Fortunately most smokers do want to stop – while the Scottish Health Survey reports an adult smoking rate of 21%, two thirds of those say that they want to stop. This means that the actual proportion of willing smokers in Scotland is already down at 7%. And almost 90% of the journey from where we are now to the tobacco-free target is helping people to realise their own stated goal.

One priority is to break the link between mental health and smoking, and that's what ASH Scotland's IMPACT (Improving Mental and Physical health, Achieving Cessation Targets) project sets out to do.

Our new guidance materials for community-based mental health services set out the extent to which smoking damages both mental and physical health. But rather than call for further restrictions or policies, we have created a framework for staff to talk to clients about their needs, and work with them to seek less harmful coping mechanisms.

Key issues include:

- One third of all tobacco is used by people with mental health problems, the main reason why this group are dying 10-20 years earlier than the general population
- People with mental health issues are as likely to want to stop smoking as anyone else, but those taking part in the consultation called for discussion and support to help find the right solution for their individual needs
- Those consulted were particularly concerned to hear that smoking interferes with medications so that higher doses are required, with the risk of increased side effects

In response we have developed the **AID** framework – which stands for **A**sk, **I**nform, **D**iscuss. The guidance sets out how staff can talk to clients and give them the best available information and advice, then work with the client to consider what approach will work best for them.

Launching the guide Sheila Duffy, Chief Executive of ASH Scotland, said:

"We've learned so much in the process of developing this guidance. We know the harm smoking causes to people with mental health problems, and now it is clear that most of them want to stop and when they manage to do so both their mental and physical health improve."

But there are services across Scotland engaging with these people every day. If we can demonstrate to those services that tobacco use is part of the support needs of their clients. If we can give them the tools to support their clients to stop using tobacco and find alternatives. If we can persuade them to integrate this approach into their existing activity, we can make a significant difference to achieving the tobacco-free target – with all that means for preventing cancer.

For further information, and to access the guidance materials, visit ***www.impact.scot***

'Health champions' introduced at the State Hospital

Karen Burnett and Tracy Hillan, Health Champions, The State Hospital

Many patients with serious mental health conditions, such as bi-polar, psychosis and schizophrenia die of the same conditions as the general population.

Rates of overweight/obesity have risen nationally over the last 20 years with approximately 65% of Scottish males being overweight/obese (Scottish Health survey 2012). It is known that those with mental health conditions have higher rates of obesity and are more likely to have additional health complications and a shorter life expectancy. On average men with schizophrenia die 20 years earlier and women die 15 years earlier than the general population. The State Hospital population is no different, with obesity rates being 20% higher than those of the general population.

Role of the Health Champion

The 'Health Champions' initiative aims to enhance the role of the Healthcare Support Worker (HCSW) and support them to acquire fundamental knowledge and skills in health promotion and health improvement. HCSWs are in a position to help influence and advise patients, engage in brief interventions and behaviour change initiatives to improve patients' physical health and wellbeing.

The program was delivered in-house using a blended learning approach. Attendance at face-to-face training, and completion of work-based projects and activities to support learning transfer and application, are key elements of this learning program.

What has been the impact?

Since completing the program the 'Health Champions' have stated that they feel more knowledgeable about the physical health issues within the hospital and have an increased understanding of the interactions between mental and physical health.

The 'Health Champions' report they feel more empowered and confident to raise issues and have these conversations with patients and support patients, through their day-to-day interactions, to make healthier lifestyle choices (e.g. in relation to nutrition and physical activity).

Conclusion

The Health Champion role is in its early stages and will evolve as time progresses. It is envisaged that over the coming year the 'Health Champions' will have an influencing role that helps encourage patients to attend for various health screening appointments and reviews. It is hoped that in due course, an overall improvement on the physical health of the patients within the State Hospital will be demonstrated.

Scottish Government urged to curb alcohol marketing

Gillian Bell, Senior Communications Coordinator, Alcohol Focus Scotland

In a new report, Promoting good health from childhood: Reducing the impact of alcohol marketing on children in Scotland, leading academics and health experts outline how the Scottish Government can reduce the unacceptably high levels of alcohol marketing that children and young people are exposed to. Alcohol Focus Scotland was asked by Ministers to facilitate an international expert group on alcohol marketing to advise on the most effective policy options available and how they might be implemented in Scotland. The group's recommendations include:

- removing alcohol marketing from public spaces such as streets, parks, public transport and sports grounds
- ending alcohol sponsorship of sports, music and cultural events
- pressing the UK government to introduce restrictions on TV alcohol advertising between 6am and 11pm, and to restrict cinema alcohol advertising to 18-certificate films
- limiting alcohol advertising in newspapers and magazines to publications aimed at adults
- restricting alcohol marketing on social networking sites

The report also recommends setting up an independent task force on alcohol marketing to remove the regulatory role of the alcohol industry.

More than 30 organisations, including the Scottish Cancer Prevention Network, Children 1st and the medical Royal Colleges, as well as the majority of MSPs (72), have pledged their support to end alcohol marketing in childhood. This report now outlines specific actions which could be taken to achieve that.

The report and summary can be downloaded here: *http://www.alcohol-focus-scotland.org.uk/news/scottish-government-urged-to-curb-alcohol-marketing/*

CERVICA - Tayside's smear guru for cervical screening

Dr Wendy McMullen, Cervical Cancer Lead, Dr Emma Fletcher, Specialty Registrar Public Health, and Dr Kalpana Ragupathy, Lead Colposcopist, NHS Tayside

The uptake of cervical screening is declining. In 2016 only 69% of Scottish women were up to date with their smears – the lowest level in ten years. Concurrently we are seeing an increase in mortality from cervical cancer, with more than 2 women in Scotland now losing their lives to cervical cancer every week. Tragically, many women presenting with incurable cervical cancer have not had a smear in the preceding 10 years.

In Tayside we used the recent Cervical Cancer Prevention Week to launch CERVICA – our smear guru – to disseminate information to screening providers and the public using social media and social marketing, together with information stalls in local health facilities and public places. Cartoon strip posters were designed to address some of the myths about cervical screening and answer common questions concerning smear tests.

We know there are groups of very vulnerable women who need to be drawn into the screening programme. There is an urgent need to engage with women with chaotic lifestyles, including drug dependency and substance misuse, and to offer screening within the context of existing support networks. 1 in 4 women in Scotland have been victims of sexual assault and these women need a safe space in which to approach healthcare professionals *https://vimeo.com/channels/490354.*

A daytime clinic run in the GP surgery by a single-handed smear taker may not be the best environment for all women and we are now developing the work we started with CERVICA to pilot 'pop up' clinics in order to deliver screening to women with particular issues or additional needs. This work is being supported by the Scottish Government, who have recently launched additional on line resources for smear takers *http://www.healthscotland.com/topics/health-topics/screening/cervicaltoolkit1.aspx.*

It is tragic that vulnerable women are still dying in this country from what should be a preventable disease. It is our professional responsibility to make sure all women are aware of the benefits of screening and do not die from fear or inability to access services.

Brazilian Fish Stew

Kellie Anderson, MSc kelliesfoodtoglow.com

The flavours of South America can be yours, even here in Scotland, with just a rummage in your spice cupboard and a few easily bought ingredients. This recipe is suitable for frozen or fresh fish. The coconut milk is optional but is authentic and very delicious. Serve with lime wedges and roasted sweet potato or wholegrain rice. Serves 3-4 generously.

- 1 tbsp oil of choice – I like coconut for this dish
- 1 onion, chopped
- 1 green or other coloured pepper, deseeded and chopped
- 1 tsp paprika
- 3 cloves garlic, peeled and minced/ grated
- ½ tbsp. ground cumin
- 1 rounded tbsp grated ginger root
- ½ tsp chilli flakes, optional
- 1 tin tomatoes
- 200ml coconut milk OR water with 1 tbsp tomato puree added
- 250g hake, coley or other firm white fish – fresh or frozen (cube the fresh fish) from sustainable stocks
- 100g peeled prawns, fresh or frozen
- Leaf coriander, optional garnish

Method:

Heat the oil in a deep, wide pan and add the onion. Sauté over a low-medium heat for five minutes, stirring occasionally. Add the pepper, paprika, garlic, cumin, ginger and chilli flakes if using, cooking for a couple of minutes. Add in the tomatoes and their juice, along with the coconut milk or tomato paste and water. Mix well and bring to a bubble. If you are using frozen fish and prawns add these now, cover, bring back up to a simmer and cook gently for 20 minutes or until the fish is cooked through. If using fresh fish, simmer the sauce for 15 minutes then add the fresh fish and prawns.

To serve the dish using frozen fish, use a fork to steady each fish fillet while you remove the skin with a knife; cut the fish into pieces with the knife.

Scottish fruits and vegetables – spring

Spring is a great time for physical activity in the garden but also a great time for early vegetables and rhubarb! Two lowly tablespoons of cooked rhubarb provides one portion of our five a day. *http://www.nhs.uk/livewell/5aday/documents/downloads/5aday_portion_guide.pdf*

Rhubarb also contains some interesting bioactive components. Everyone knows not to eat the rhubarb leaves (high content of oxalic acid) but there are other interesting ingredients too. In particular, the anti-neoplastic potentials of Rheum palmatum and emodin which, laboratory work indicate, are capable of influencing various stages of cancer development and progression. How the science actually translates into whether consumption of rhubarb is beneficial for cancer risk reduction we do not know. But the science suggests that having rhubarb in the diet is probably no bad thing and a reminder that eating a range of different fruits and vegetables is important because of the many different active ingredients with potentially beneficial actions.

Of course rhubarb demands added sugar in preparation at a time when we are all trying to cut our intakes. Rhubarb does have some naturally occurring sugar and you can tell how sweet a rhubarb will be by its stalk. The redder the stalk is, the sweeter the rhubarb will taste. However, no one is recommending a complete sugar ban and, where we add sugar to our foods better to use it in a way that makes foods with health properties more palatable. Certainly better to use it to sweeten rhubarb than to have sugar in sugary drinks, biscuits and cakes.

What to do with rhubarb

- Try gingery rhubarb compote (add ground ginger, orange juice and chopped almonds)
- Make stewed rhubarb the new banana – as a breakfast cereal topping
- Add some chopped strawberries to cold stewed rhubarb
- Bake rhubarb with orange juice, honey, cardamom, star anise, vanilla and a small piece of grated ginger for 15 mins at 200°C
- Make rhubarb and orange sauce (for serving with baked white fish).To 225g rhubarb add juice of 3 oranges orange juice, 2 tsp marmalade and cayenne pepper

For info on local cooking projects see Community Food and Health (Scotland). http://www.communityfoodandhealth.org.uk/

Interested in Scottish fruit? Read about the orchard revival project. http://www.orchardrevival.org.uk/inventory-scotland/

Have you given up your treats for #treatfreetuesday?

Food Standards Scotland (FSS) is encouraging people in Scotland to give up unnecessary treats every Tuesday as part of its drive to start breaking Scotland's unhealthy snacking habits. Taking a first step to changing our diet, such as cutting down the number of calorie rich snacks we eat and drink, can help to reduce the risk of obesity, Type 2 diabetes and some cancers. FSS will be sharing its #treatfreetuesday tips for avoiding unhealthy snacking habits on social media throughout the campaign. Further campaign information, ideas and advice are available on the FSS website *www.foodstandards.gov.scot*

How to avoid unhealthy snacks at work

1. Instead of bringing in cakes and sweets, ask people to stock up a team fruit bowl, or bring in healthier snacks. And keep less healthy treats out of the line of sight so those trying to go treat-free aren't tempted.
2. Keep your mind off snacking when treat cravings strike (and get more active too) by moving away from your desk and going to speak to a colleague instead of emailing or phoning.
3. Be prepared not to give in to cravings for unhealthy snacks and have some carrot sticks and hummus or fruit ready at your desk if you need a boost.
4. Good hydration is key - often you're actually thirsty when you think you're hungry. Keep a water bottle on your desk and keep drinking throughout the day.
5. Avoid hunger mid-afternoon by making sure you have a healthy, filling lunch so there will be less need to snack at work.

ActWELL volunteer lifestyle coaches

ActWELL

If you are interested in volunteering, lifestyle and helping to reduce breast cancer risk (especially if you come from a health professional background) you might be interested in the ActWELL study which Breast Cancer Now are working on with a numbers of Scottish universities and the NHS. Highly recommended!!

Breast Cancer Now are looking for volunteers to be part of an exciting and innovative project. We are currently recruiting volunteer lifestyle coaches in Edinburgh, Glasgow, Dundee and Aberdeen to join our team and support the delivery of the ActWELL trial, to deliver advice on lifestyle change for breast cancer risk reduction to women over 50.

We are looking for individuals who:

- share Breast Cancer Now's ambition 'A future where everybody who develops breast cancer lives – and lives well'
- are committed to making a difference to women's lives by providing personalised lifestyle advice
- have excellent interpersonal skills and the ability to influence and motivate others.
- have experience of counselling or coaching

Volunteers will receive fully certificated training to carry out the role with a focus on:

- understanding lifestyle choices and their impact on the risk of developing breast cancer
- evidence based approaches to offer sustainable lifestyle change advice with emphasis on physical activity, diet and body weight

You can find more information on Breast Cancer Now's website [https://tinyurl.com/l8b9c6c]. If you have any questions please email *volunteerscot@breastcancernow.org* or call Amy Hickman (Volunteer Service Co-ordinator) on 0131 240 2851

breast cancer now

Have you seen these papers?

ESPEN guidelines on nutrition in cancer patients

Cancer patients frequently suffer from malnutrition and metabolic derangements whether due to their tumour itself or the effects of anticancer therapies. Malnutrition is associated with poorer prognosis [1, 2] as it can limit the response to anticancer therapies. In addition, metabolic derangements like obesity and insulin resistance are associated with increased risks of cancer recurrence [3, 4].

The European Society for Clinical Nutrition and Metabolism (ESPEN) and the European Partnership for Action Against Cancer (EPAAC) have developed evidence-based guidelines [5] based on current best evidence and expert opinion to improve early detection and treatment of malnutrition and metabolic derangements in cancer patients and cancer survivors; to provide guidance to health care workers and patients on the most appropriate and effective management of nutritional and metabolic problems in cancer patients; and, by this, to lower the incidence and impact of malnutrition and metabolic derangements in cancer patients and survivors.

Two guidelines were specifically aimed at cancer survivors:

- C5-1 Engage in regular physical activity
- C5-2 Maintain a healthy weight and lifestyle, which includes being physically active and a diet based on vegetables, fruits, wholegrains and low in saturated fat, red meat and alcohol.

Recent reviews [6, 7] indicate obesity and metabolic syndrome may be independent risk factors for cancer recurrence and reduced survival in breast and gastric cancer cases. In addition cancer survivors are significantly more likely to develop second primary cancers and chronic diseases e.g. cardiovascular disease, diabetes and osteoporosis. It is perhaps even more important then that this group of patients are nutritionally assessed and supported to make healthy food choices and be physically active.

1. Andreyev HJ, Norman AR, Oates J, Cunningham D. Why do patients with weight loss have a worse outcome when undergoing chemotherapy for gastrointestinal malignancies? Eur J Cancer 1998;34:503e9.
2. Pressoir M, Desne S, Berchery D, Rossignol G, Poiree B, Meslier M, et al. Prevalence, risk factors and clinical implications of malnutrition in French comprehensive cancer centres. Br J Cancer 2010;102:966e71.
3. Oh SW, Park CY, Lee ES, Yoon YS, Lee ES, Park SS, et al. Adipokines, insulin resistance, metabolic syndrome, and breast cancer recurrence: a cohort study. Breast Cancer Res 2011;13:R34.
4. Flood A, Mai V, Pfeiffer R, Kahle L, Remaley AT, Lanza E, et al. Elevated serum concentrations of insulin and glucose increase risk of recurrent colorectal adenomas. Gastroenterology 2007;133:1423e9.
5. Arends J, et al., ESPEN guidelines on nutrition in cancer patients, Clinical Nutrition (2016) http://dx.doi.org/10.1016/j.clnu.2016.07.015
6. Azrad M, Demark-Wahnefried W. The association between adiposity and breast cancer recurrence and survival: a review of the recent literature. Curr Nutr Rep 2014;3(1):9e15.
7. Kim EH, Lee H, Chung H, Park JC, Shin SK, Lee SK, et al. Impact of metabolic syndrome on oncologic outcome after radical gastrectomy for gastric cancer. Clin Res Hepatol Gastroenterol 2014;38:372e8.

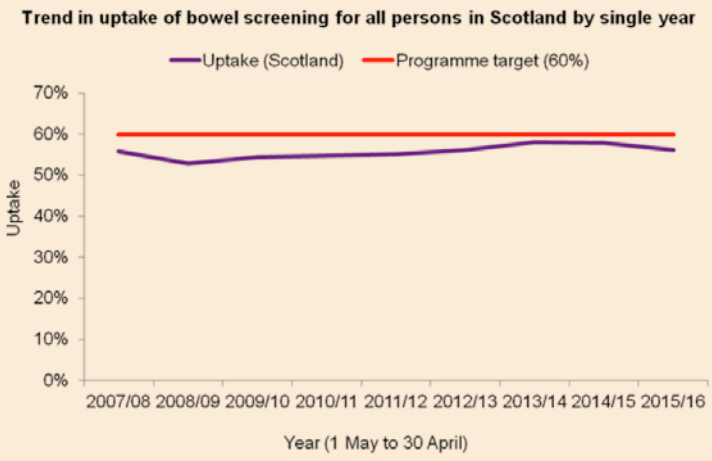
Scottish Bowel Screening Programme Statistics May 2014 - April 2016

Andrew Deas, Information Services Division, NHS National Services Scotland

The Information Services Division (ISD) of NHS National Services Scotland publish statistics relating to the Scottish Bowel Screening Programme twice per year. The most recent publication was released in February 2017 and covered the period May 2014 - April 2016. The publication includes information on uptake, laboratory workload and clinical outcomes.

The key points from the most recent publication are:

- Uptake of bowel screening for the period May 2014 – April 2016 was 57.0%. This was slightly lower than for the period May 2013 – April 2015 (57.7%).
- Uptake is higher in women (60.1%) than men (53.8%).
- Uptake was lower in the most deprived areas (44.2%) than in the least deprived areas (66.2%).
- The percentage of positive test results was higher in men (2.5%) than women (1.7%).
- Cancer detection was slightly higher in men (6.7%) than women (6.1%).
- Three out of five screen detected cancers (61.1%) were diagnosed at the earliest two stages. The earlier a cancer is detected the greater the chances are of successful treatment.



The ***publication report*** is available on the ISD website along with accompanying ***data tables***.

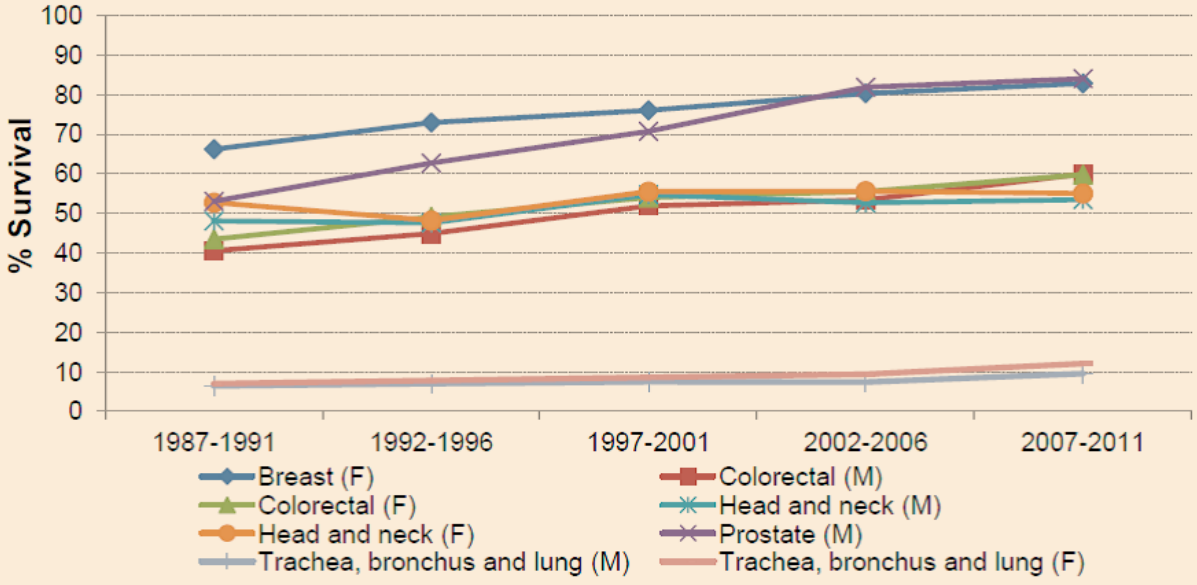
Our publication uses data shared by patients and collected by the NHS as part of their care and support.

Cancer survivorship - living with and beyond cancer

Cancer survivorship is a term we are all becoming more familiar with and in its widest sense includes the time from a cancer diagnosis being made to death. It is thought there may be currently around 14.8m cancer survivors in Europe (about 2% of the population)[1]; more than 15.5m cancer survivors in the US (roughly 5% of the total population)[2] and in Australia, cancer survivors accounted for 4.1% of the population in 2010.[3]

Overall survival rates have improved over recent years but there are variations by country due to their age profile, the cancers being diagnosed, access to screening, early diagnosis and treatment. A study using population-based registries in 67 countries and 25.7m patients, found that net survival rates for breast cancer ranged from at least 80% in 34 countries, to 50-60% in India and South Africa.[4] Prostate-cancer survival rates ranged from less than 40% to over 90%, while the survival rates for stomach cancer were found to be less than 20% in some European countries including the UK, but over 50% in Japan and South Korea.

5 year survival for the five most common cancers in Scotland



Source: Scottish Cancer Registry
1. These rates are age-standardised to the International Cancer Survival Standard (ICSS).
2. Cases diagnosed in 2009-2011 do not have 5 years' follow-up. Patients have been followed up to 31st December 2013.
3. Cancer registration is a dynamic process: the data presented here may differ from other published data relating to the same time period.

Age and stage matter: the younger the patient is at diagnosis, the higher the survival rate and the stage of the cancer at diagnosis also has an impact. A Japanese study reported a five year survival rate for all cancers (grouped) of 68.8%, but this ranged from 96.2% for cancers diagnosed at Stage I, to just 20% for those diagnosed at Stage IV.[5]

The incidence of cancer increases with age so our ageing population, coupled with an improvement in survival rates, means that the number of people living with or beyond cancer is growing every year. This demands that our attentions are turned to ways to improve their quality of life by addressing patients' needs at each stage of the cancer journey from diagnosis to long term care. A major challenge for all those in the planning and delivery of those health care needs.

The Economist Intelligence Unit has written articles on the challenges of providing integrated care for cancer survivors aimed at healthcare professionals, cancer survivors and policymakers respectively which may be of interest to those on the coal face.[6-8]

1. JH Rowland, EE Kent et al, "Cancer survivorship research in Europe and the United States: Where have we been, where are we going, and what can we learn from each other?" Cancer. 2013 Jun 1; 119(0 11): 2094–2108. doi: 10.1002/cncr.28060
2. ACS Report: Number of US Cancer Survivors Expected to Exceed 20 Million by 2026, American Cancer Society, June 2nd 2016. Available at: http://www.cancer.org/cancer/news/news/report-number-of-cancer-survivors-continues-to-grow
3. Australian Government, Cancer Australia, All cancers in Australia. Available at: https://canceraustralia.gov.au/affected-cancer/what-cancer/cancer-australia-statistics
4. C Allemani et al, 2015, "Global surveillance of cancer survival 1995–2009: analysis of individual data for 25,676,887 patients from 279 population-based registries in 67 countries (CONCORD-2)", The Lancet, Volume 385, Issue 9972, 977-1010, March 2015. Available at: https://www.ncbi.nlm.nih.gov/pubmed/25467588
5. Foundation for Promotion of Cancer Research, Cancer Statistics in Japan – 2015, March 2016. Available at:http://ganjoho.jp/data/reg_stat/statistics/brochure/2015/cancer_statistics_2015.pdf
6. http://cancersurvivorship.eiu.com/providing-integrated-care-for-cancer-survivors-the-primary-care-perspective/
7. http://cancersurvivorship.eiu.com/providing-integrated-care-for-cancer-survivors-the-patients-perspective/
8. http://cancersurvivorship.eiu.com/providing-integrated-care-for-cancer-survivors-the-policymakers-perspective/

Have you seen these CSO funded studies?

CSO provides funding opportunities for researchers in Scottish Universities and Health Boards to undertake projects (up to £300k and three years) through two response mode research grant programmes covering the broad spectrum of applied health and care related research. Following the publication of the 2015 Scottish Government health and social care research strategy, CSO re-positioned its research grant programmes to place greater emphasis on relevance, importance, and potential impact on health in Scotland and on the translation of research findings into policy practice, either directly or by laying the foundations for larger definitive studies that can be supported by other UK health research funders. To support this, CSO contributes financially to the National Institute of Health Research (NIHR) to allow researchers in Scotland to access the four major NIHR research programmes (EME, HS&DR, PHR and HTA), which have no funding threshold and therefore can fund large definitive studies.

The two CSO programmes are:

Translational clinical studies research programme - for research aimed at improving treatments and / or diagnostic approaches for conditions of clinical importance to the population of Scotland.

Health improvement, protection and services research programme - for research aimed at improving or protecting population health or improving the quality, safety and/or effectiveness of healthcare in Scotland.

CSO also invests through NHS Research Scotland in infrastructure to support research studies in Scotland:

- *Clinical research networks and specialty groups to support recruitment to trials*;
- *SHARE a register of people interested in participating in health research studies that can be used to recruit to studies*;
- *Clinical Research Facilities, Biorepositories, and Imaging Capability*;
- *Health service data linkage and access*.

For more information go to: http://www.cso.scot.nhs.uk/funding-2/

A pilot study of the feasibility and patient-related outcomes of performing a walking intervention in patients undergoing treatment for rectal cancer - The REx Trial

Moug SJ, Mackay G, Anderson AS et al.

Why is this paper important?
This is the first RCT to assess feasibility of performing a walking intervention in patients with rectal cancer in a prehabilitation setting. Patients with rectal cancer undergoing chemo-radiotherapy (CRX) followed by potentially curative surgery in Greater Glasgow and Clyde (GGC) were approached from August 2014 to March 2016. Each participant underwent baseline testing with physical tests and psychological/ quality of life questionnaires. Randomisation was to either the intervention group (progressive walking programme for 12-17 weeks) or control group (usual care). Follow-up testing was undertaken prior to the planned surgery date.

High recruitment and retention rates alongside indicative results support the development of a fully powered trial to measure the effects of the PA intervention in patients with rectal cancer.

Main take home messages All patients with rectal cancer undergoing CRX should be considered for a walking programme prior to starting their CRX, starting at the time of diagnosis and lead by a designated pre-habilitation team. This structure is already in place in the NHS. Pre-habilitation could be a developing role for the Enhanced Recovery after Surgery (ERAS) nurse who already counsels patients with rectal cancer peri-operatively about diet, smoking, alcohol, weight and PA.

A future definitive RCT would be powered on daily step counts and consider the following:

1. Pre-trial education for Clinical Nurse Specialists and Medical staff.
2. Multi-centred
3. Group interaction as motivational tool
4. Recruitment of wider demographic group.

Bottom line Pre-habilitation in this patient group looks promising and needs further investigation.

Colonoscopy as a catalyst for change? Predictors of changes in diet, alcohol, physical activity and tobacco use after colonoscopy among patients and their partners

Morrison D, Hubbard G, Campbell N, et al.

http://www.cso.scot.nhs.uk/wp-content/uploads/2013/09/CZH.4.567.pdf

Why is this paper important?
Colonscopy is seen as a teachable moment following a cancer scare. This study is the first to report health behaviours of patients (n=565) and their partners (n=460) before and after colonoscopy in 3 Scottish Health Boards. Participants self-reported health behaviours (diet, physical activity, alcohol, smoking) when they attended colonoscopy and then 10 months later. At colonoscopy 27%, 20% and 50% of patients were not meeting government recommendations for fruit/vegetable consumption, alcohol intake and physical activity respectively and 21% were obese, suggesting potential for health improvement. At 10 months after colonoscopy significantly more patients reported a low level of physical, there had been little change in fruit/vegetable intake however more patients were meeting alcohol guidelines

Bottom line More research is needed to understand why some behaviours change for the worse and some for the better following a major health event.

Cancer and lifestyle – research round up

Determining cancer survivors' preferences to inform new models of follow-up care

Murchie P, Norwood P, Pietrucin-Materek M, et al. (2016) British Journal of Cancer; Vol.115, pages 1495-1503

With a growing number of cancer survivors requiring long term follow up, the current practice of hospital based, medical led, one to one appointments is becoming increasingly untenable and is failing to meet patient needs. When thinking of alternatives it is important to take patients' views into account. A questionnaire based study (1) was conducted exploring which factors are important to cancer survivors when receiving follow-up. Respondents were asked to select from 32 choice sets giving alternative care providers; contact mode, place, duration, frequency and length of follow up; and preference for counselling and additional services. Survey responses were received from 668 survivors of melanoma, breast, colorectal or prostate cancer. Responses varied by the type of cancer but overall, survivors preferred continuous, face-to-face consultant-led follow-up. However, respondents appeared willing to consider follow-up by a specialist nurse, trainee specialist doctor or GP provided they received other benefits, primarily greater continuity of care but also longer appointments, dietary advice and one to one counselling. This suggests the possibility that more cost-effective ways of delivering cancer follow-up would be acceptable to patients.

Cardiovascular disease in cancer survivors

Okwuosa TM, Anzevino S, Rao R. (2017) Postgrad Med J; Vol93, Pages 82–90. doi:10.1136/postgradmedj-2016-134417

https://www.ncbi.nlm.nih.gov/pubmed/28123076

The leading cause of death in cancer survivors after recurrence or a second primary cancer is cardiovascular disease (CVD) often due to the toxic effects of the chemo and radiotherapies which these patients have undergone. With improved survival rates for many cancers patients are often exposed to these therapies for many years and the implications for their cardiac health are seen well in to the longer term. This review focused on the effects of specific cancer therapies associated with CVD in cancer survivors, their diagnosis and management, as well as how best to reduce this risk in survivors and promote better future health. In addition to careful screening and early diagnosis of any CVD, preventative lifestyle choices have an important role in mitigating the effects of these lifesaving but toxic therapies. Stopping smoking, eating a healthy diet, taking plenty of exercise, alcohol in moderation and maintaining a healthy body weight are all messages which are important for reducing the risk of cancer recurrence but also CVD.

Yoga for improving health-related quality of life, mental health and cancer-related symptoms in women diagnosed with breast cancer

Cramer H, Lauche R, Klose P, et al. (2017) Cochrane Database Syst Rev. Jan 3;1:CD010802. doi: 10.1002/14651858.CD010802.pub2

https://www.ncbi.nlm.nih.gov/pubmed/28045199

Surviving breast cancer is often associated with long-term effects on a women's mental health including anxiety and depression, chronic pain, fatigue and poor quality of life. This review assessed the effects of yoga on quality of life, mental health, pain and fatigue compared to no support or more traditional psychosocial/educational support among breast cancer survivors. The review comprised 24 papers studying 2166 women who were either undergoing or post treatment for breast cancer. The authors concluded there was reasonable evidence that yoga is a useful intervention for improving quality of life and reducing fatigue and disturbed sleep patterns when compared with no therapy. In addition, when compared with psychosocial/educational interventions yoga is effective for reducing depression, anxiety and fatigue.