

SCPN 

The Scottish Cancer Prevention Network
Newsletter

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Editorial

Happy New Year to one and all and good luck for developing, planning and supporting ideas for healthful living in 2015.

In the US where obesity figures often hit the headlines some new approaches are being taken to help highlight calorific pitfalls. New regulations have been published in the United States that will require restaurants, large vending machine operators, cinemas and amusement parks to display calorie counts of the food and drink items they sell. The hope is that when people know how many calories are in a burger or a sugary drink, they will opt for a healthier alternative. It's a development that will be watched with much interest but one that begs some questions. How powerful is knowledge of calorie content in changing behaviour? Do people know what such numbers mean in relation to a healthy diet?

There is an alternative approach which recent research suggests might be worth exploring, particularly with younger people. Instead of counting calories, it alerts people to the amount of exercise they would need to take to offset what they have consumed. Researchers at Johns Hopkins University Bloomberg School of Public Health (1) erected signs informing teenagers that it would take 50 minutes of running or a five mile walk to burn off the calories in a 500 ml bottle of Coke. This proved more effective than telling them there were 250 calories in the drink. They were much more likely to choose healthier drinks or smaller bottles. The preference for healthier choices persisted weeks after the signs came down.

This appears to be a very interesting approach with considerable persuasive potential. It is easily understood and provides a simple way of explaining the impact of high calorie drinks. In this issue we highlight some information on the calorie content of alcoholic beverages (before mixers are added) and the energy expenditure we need to balance the calorie intake. Is anyone interested in testing the impact of these communications in Scotland?

Professor Annie S. Anderson
Professor Bob Steele

1 Bleich SN et al (2014) Am J Public Health Vol. 104, No. 12, pp. 2417-2424. http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302150?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed

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Exercise Works!

**Ann Gates BPharm(Hons)
MRPharms, Founder of Exercise
Works! and passionate physical
activity advocate Ann Gates
@exerciseworks.**

We know that non-communicable diseases (NCDs) are killers and increase the heavy burden of immobility, disability and untimely death on patients and nations, who we care about.



Yet, we also know that many of these NCDs are preventable and treatable with a variety of simple interventions such as:

1. Moving more
2. Sitting less
3. Enjoying regular, fun, physical activity, for at least 150 minutes/week (adults) or 60+ minutes/day for children (5-18 years).

In fact, we know that exercise works in the prevention and treatment of most NCDs.... which is exactly why I formed my company "Exercise Works!" in 2011!

It started with a concept to train health professionals, around the world, to provide safe and effective physical activity advice, every consultation. This then moved into larger projects, consulting on designing waiting rooms for children's hospitals or designing a medical undergraduate curricula to help tomorrow's doctors provide better quality physical activity care for tomorrow's patients. But we recognised early on that we needed to communicate the evidence for exercise as a medicine. We knew we needed to be different, and stand out from the crowd to be effective physical activity

communicators. Enter... Twitter! I started tweeting in March 2011. It was clever in the 140 character format. You could share research easily, to colleagues and virally. In short, Twitter became a powerful part of our strategy to disseminate the evidence for exercise as a medicine.

We always focussed on the content, image and our 'conversation' with other physical activity advocates and followers. One day I realised that we had passed 20,000 followers. It was that point where we stood back and thought WOW! What a cool way to engage people, globally, on the vision to train every health professional to give confident, competent and capable exercise advice, every contact. Find out more in the British Journal of Sports Medicine Editorial, on January 2nd 2015. It's called: "Training tomorrow's doctors, in exercise medicine, for tomorrow's patients".

<http://bjsm.bmj.com/content/early/2015/01/01/bjsports-2014-094442.full>

Please let us know what you think and if you can help us on our vision!

What the papers said...

Tea and coffee can protect against cancer?

In November an article in a popular daily paper (and website) flagged the amazing health benefits of tea and coffee, including the claims that coffee could protect against liver cancer and green tea may provide protection against lung cancer. We checked out the biggest analysis available on cancer and diet from the World Cancer Research Fund to see how robust these statements are.

With respect to lung cancer, WCRF grade the evidence as limited and no conclusions can be drawn (no recommendations). Liver cancer and tea and coffee has the same limited no conclusion grading. Evidence on prostate cancer and consumption of tea and coffee also shows the same low grading (<http://www.wcrf.org/sites/default/files/Prostate-Cancer-2014-Report.pdf>). However, WCRF

have reported that coffee consumption probably helps to decrease risk of endometrial cancer. Interestingly the association is true for both caffeinated and decaffeinated beverages. However, for people anxious about developing this cancer the strongest recommendation remains the reduction of body fatness (<http://www.wcrf.org/sites/default/files/Endometrial-Cancer-2013-Report.pdf>).

Opportunities for lifestyle change in cancer screening, testing and treatment: using “the teachable moment”- a proof of concept pilot in the Urology Service

Dr Alyssa Lee, Health Psychologist/Researcher, NHS Fife and University of St Andrews

NHS Fife (Steve Leung, Hannah Dale, Alyssa Lee) and University of St Andrews (Gozde Ozakinci, Gerry Humphris) are collaborating on a project to introduce a Health Psychologist into the Urology team.

The service will offer increased opportunities for effective lifestyle change support among patients being screened, tested and/or treated for cancer, capitalising on the potential ‘teachable moment’ a urology consultation may present. This work is funded through Scottish Government Detect Cancer Early campaign.

This proof of concept pilot will, in the first instance, target male patients referred to the Urology service with a suspicion of prostate cancer. This group have relevant risk factors for lifestyle-related conditions (1, 2), often limited access to behavioural change advice and support (3) and lifestyle change can improve treatment and patient outcomes (1, 4, 5). Recent trials have shown that behavioural change can be effectively promoted among patients being screened, tested or treated for cancer (5, 6). However, studies detailing effective implementation into existing NHS services are lacking. A service

evaluation will explore implementation and outcomes from this work. In addition, it will make recommendations for how to support such service developments more widely.

The ultimate aim is to improve patient outcomes and greater attention to lifestyle change within cancer screening, testing and treatment settings.

For further information please contact Alyssa Lee: alyssalee@nhs.net or asl3@st-andrews.ac.uk

1. World Cancer Research Fund International (2014). Diet, nutrition, physical activity and prostate cancer: <http://www.wcrf.org/sites/default/files/Prostate-Cancer-2014-Report.pdf>
2. Schmitz, K, Courneya, KS, Matthews, C, Demark-Wahnefried, W et al. (2010). American College of Sports Medicine Roundtable on Exercise Guidelines for Cancer Survivors, *Medicine & Science in Sports & Exercise*, 42(7): 1409-1426. doi: 10.1249/MSS.0b013e3181e0c112
3. Smith JA, Braunack-Mayer A, Wittert G. (2006). What do we know about men's help-seeking and health service use? *Med J Aust*, 16;184(2):81-3.
4. Moreira DM, Aronson WJ, Terris MK, Kane, CJ, Amling CL et al. (2013). Cigarette smoking is associated with an increased risk of biochemical disease recurrence, metastasis, castration-resistant prostate cancer, and mortality after radical prostatectomy. *Cancer*, 120(2):197-20. doi: 10.1002/cncr.28423
5. Ornish D, Lin J, Chan JM, Epel E, Kemp C, Weidner G et al. Effect of comprehensive lifestyle changes on telomerase activity and telomere length in men with biopsy-proven low-risk prostate cancer: 5-year follow-up of a descriptive pilot study. *The Lancet Oncology*, 14(11): 1112-1120.
6. Anderson AS, Craigie AM, Caswell S, Treweek S, Stead M, Macleod M, Daly F, et al. (2014). The impact of a bodyweight and physical activity intervention (BeWEL) initiated through a national colorectal cancer screening programme: randomised controlled trial. *BMJ*, 7;348:g1823. doi: 10.1136/bmj.g1823

Changes in cervical screening in Scotland

Kerry Teakle, NHS Health Scotland

From 1 April 2016, Scotland will see changes in the cervical screening programme. The age range for women will change from age 20-60 years to 25-64 years plus 364 days. The frequency of cervical screening will continue to be every three years from age 25 to 50, but will change to every five years for women from age 50 to 64 plus 364 days. Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) will be invited up to age 70 years plus 364 days (a change from current arrangements up to age 68).

Carol Colquhoun, Programme Director: National Co-ordinator Screening Programmes said: ‘For nurses, it will mean no day-to-day change to the test itself, but they have an important role in explaining the changes to the women they look after and in particular to those directly affected by the change. A question and answer sheet has been developed for professionals and is available from NHS Health Scotland and NHS Education for Scotland.’

The changes are coming about following the report of the Scottish Expert Review Group and in accordance with the recommendations of the UK National Screening Committee. The recommendations are based on strong evidence and align with established practice in the rest of the UK.

Carol Colquhoun, continued: “There are a number of sound reasons for women being screened from age 25 instead of 20. Cervical cancer is extremely rare in women under 25 and the data shows that the changes will have little or no impact on invasive cancer rates up to the age of 30; plus in England, where the same changes were introduced, there has been no increase in cancer morbidity in women 20 – 25. In women under 25, changes in the cervix are very common, with a 1 in 3 chance of being detected through screening. The vast majority of these changes will clear up of their own accord and screening can lead to unnecessary investigation, treatment and anxiety. Finally, the human

papilloma virus (HPV) vaccination programme is offered to all girls aged 11 to 13 years old (before they become sexually active). It vaccinates against two high-risk types which are known to be the cause of over 70% of HPV cases. The HPV immunisation programme has a high participation rate and protection from the HPV vaccination is long lasting. For women over 50, five-yearly screening offers similar protection to three-yearly and the natural history and progression of cervical cancer means it is highly unlikely that women aged 65 or over who have attended screening regularly would go on to develop the disease.” Health professionals should continue to raise awareness of the signs and symptoms of cervical cancer. Any woman with signs should immediately go to see their doctor.

For more information visit

- www.healthscotland.com/topics/health-topics/screening/cervical.aspx
 - www.nes.scot.nhs.uk
- or contact the screening coordinator in your NHS Board.

Meet Dr David Cameron



David Cameron is Professor of Oncology, (Clinical) Director of the Edinburgh CRUK cancer centre, Director of Cancer Services NHS Lothian and Clinical Cancer Research Champion for CSO

Describe what you do in one sentence?

Try and improve the lot of cancer patients by carrying out clinical research in the NHS, and influencing the NHS to do better by its patients, including doing more research

What do you enjoy most about your job?

The feeling that in a small way

something I have done, or will do, might make a difference to a patient.

What is the best decision you have ever taken?

Agreeing to marry my wife. After that – choosing to become a doctor. No two days as a doctor have ever been the same. It might be stressful at times, long hours, I have done far too many exams, and have not always done everything right, but the variety, the problem solving and the interaction with individual patients cannot be beaten.

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

It can be done. It requires deep-rooted changes in people's behaviour, and it won't prevent all cancers in all people so success is about any reduction in cancer incidence. However, if we banned smoking in public places in the UK, despite opposition from a Westminster health minister, we can go further and implement more things we know will

prevent people getting cancer.

What would people find surprising about you?

That I got selected to be on the steering group of an international trial because I was good at answering emails? That I started life as a mathematics teacher? That my party trick as a younger man was Cossack dancing?

How do you relax?

Family and friends. Long walks or skiing. Music (listening!). I don't relax by doing nothing....that doesn't work!

Five a day?

Doing five different jobs a day – if only. Not sure I manage my dietary five a day in the working week.

Choose one thing that you consider represents the best of Scotland?

When Scotland decides to do something it usually succeeds. Lots of examples, but perhaps not only banning smoking in public places before many other countries, but almost everyone respecting this decision.

We asked ASH Scotland to tell us which three wishes they would ask from a fairy godmother for a healthy 2015

Sheila Duffy, Chief Executive, ASH

1. Imagine the disappointment on the children's faces if their Christmas stockings were full of packages wrapped in plain brown paper. That's why our first wish for the New Year is to see plain, standardised tobacco packaging introduced in the UK as soon as possible. December 2014 marked the second anniversary of the successful implementation of standardised tobacco packaging in Australia. The impact on both adults and young people in Australia has been positive, with a drop in the sale and consumption of tobacco. There has been no rise in illicit product, despite dire warnings from Big Tobacco that illegal tobacco would flourish due to plain packs. Pressure needs to be put on the UK Government to ensure that plain packs legislation comes into force before the General Election in May.

We're asking supporters to write to their MPs asking them to press Ministers to ensure standardised packaging is introduced as soon as possible, to help protect young people from being attracted into tobacco use.

2. We were pleased that the Chancellor's Autumn Statement announced a consultation on a financial levy on tobacco manufacturers and importers. George Osborne said: "Smoking imposes costs on society, and the Government believes it is therefore fair to ask the tobacco industry to make a greater contribution." Our second wish is that this measure goes ahead following the consultation, and the hundreds of millions raised from it will be used to help counter the health and societal costs of tobacco, with support for smoking prevention and cessation.

The consultation, launched in December, will run for 10 weeks and we hope it will gather enough support to ensure the levy is introduced.

3. Our third wish is to see a shrinking of the inequalities gap in Scotland, which is so harshly reflected in the smoking rates. Smoking prevalence in the poorest communities in Scotland was 36% in the most recent figures, compared to 10% in the wealthiest areas. Smokers in the most deprived areas also use more tobacco. Smoking has declined among the most and least deprived communities alike, but the gaps between rich and poor have remained largely unchanged.

And we are looking forward to working with the Fairy Godmother and all SCPN readers to help create a tobacco free Scotland.

The Scottish Diet – the challenge of change

Wendy Wrieden, Principal Research Associate, Human Nutrition Research Centre, Newcastle University and Honorary Lecturer, University of Dundee; Karen Barton Research Nutritionist, Centre for Public Health Nutrition Research, University of Dundee. wendy.wrieden@newcastle.ac.uk

For the last 12 years we have been monitoring the Scottish Diet using food purchase data and adjusting for waste (1). We have been reporting (2) the ongoing trends in the foods and nutrients specified in the original Scottish Dietary Targets (3) and the Scottish Dietary Goals [2013] (4) that include foods and nutrients highlighted by the WCRF to be linked to cancer such as fruit and vegetables, red and processed meat, fibre and energy density.

The most recent results suggest that

there has been little change in the diet over the period 2000-2012.

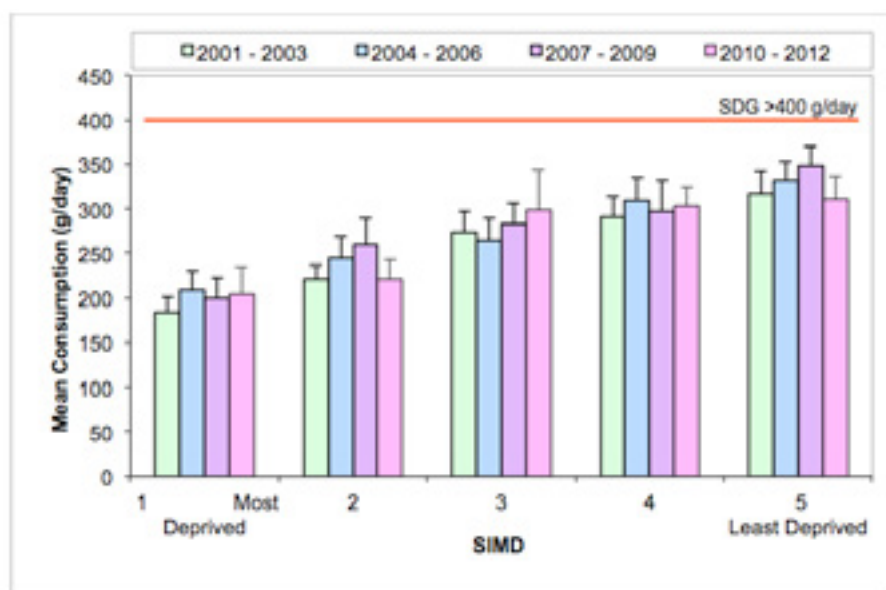
- Daily average fruit and vegetable consumption shows no change since 2001 i.e. still less than 2.5 portions per day (5 a day recommended)
- Red and processed meat consumption has reduced slightly but further analysis shows that processed meat forms around two third (40g) of this total (WCRF recommend avoiding processed meat).
- Fibre intake has remained low and

equates to around half of the revised recommendations (5).

- Clear socioeconomic differences are apparent in the consumption of the processed meat (but not total red and processed meat), fibre, sugars and fruit and vegetables (see Fig 1).
- Even in the least deprived fifth of the population the goals for fruit and vegetables, fibre and free sugars (5) are not being met. There is no evidence that the inequalities gap in intake has decreased or increased in the last 12 years

The Scottish Government has recently launched its aspiration to be a “Good Food Nation” with the vision of healthy fresh food being available for all (6). The reality is that we have a long way to go before we achieve this. However we are beginning to see encouraging trends in terms of falling soft drink and sugar consumption but considerably more needs to be done before we will achieve a diet that is likely to prevent rather than promote cancer.

Fig 1. Trends in fruit and vegetable consumption 2001-2012 by quintile of the Scottish Index of Multiple Deprivation (SIMD) using data from the Expenditure and Food Survey (2000-2007) and the Living Cost and Food Survey (2008-2012)



1. Work funded by the Food Standards Agency Scotland.
2. Barton, K. L. and Wrieden, W. L. (2012). "Estimation of food and nutrient intakes from food survey data in Scotland 2001-2009." http://www.foodbase.org.uk/admintools/reportdocuments/749-1-1324_Final_Report_2001-2009.pdf
3. The Scottish Office (1996). Scotland's health a challenge to us all. Eating for Health. A diet action plan for Scotland. Edinburgh: HMSO.
4. Scottish Government. (2013). "Revised Dietary Goals for Scotland." <http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/DietaryGoalsScot>.
5. Scientific Advisory Committee on Nutrition (SACN) (2014). Draft Carbohydrates and Health report. Scientific consultation: 26 June to 1 September 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339771/Draft_SACN_Carbohydrates_and_Health_report_consultation.pdf
6. Scottish Government. (2014). Recipe for Success: Scotland's National Food & Drink Policy Becoming a Good Food Nation. Discussion Document - <http://www.scotland.gov.uk/Resource/0045/00453219.pdf>

Love Your Greens Soup

Recipe and image by Kellie Anderson, MSc, Cancer health educator at Maggie's Cancer Caring Centre (Edinburgh).

More healthy recipes at www.kelliesfoodtoglow.com



Wholesome and tasty winter-early spring soup featuring any greens you like, but with the gentle kiss of fennel seeds and the slight chop-smack of Dijon mustard. Dairy-free, fat-free and gluten-free, but most definitely not taste-free.

- 1 tsp fennel seeds
- 1 leek, cleaned and chopped
- 8 spring onions/scallions, chopped
- 2 cloves garlic, minced
- 1 small head of broccoli, chopped (include the stem – it is are very sweet)
- 1 small fennel bulb, chopped
- 3 medium-sized maincrop potatoes, peeled and chopped
- 1.5-2 litres (53-70 fl oz) light

vegetable stock

- A double handful of watercress, or other bitter salad green like rocket/arugula or mizuna
- 1 tbsp Dijon mustard (more or less, to taste)

Bring the stock to a rolling boil and add all but the watercress, mustard and seasoning. Bring back up to the boil and then cover and simmer for 20 minutes. Add in the watercress and mustard, and blitz with a hand-blender/immersion blender/stick blender. Check the seasoning (you may find it needs no additional seasoning if your veggies are top notch) and adjust as needed. Recipe serves 4 generously



Healthy Start Alliance

Georgia Machell, First Steps Nutrition Trust

'Starting young will provide the greatest potential to nurture young resilient people who thrive mentally and physically, and to reduce lifetime exposure to risk factors.'

The above quote from Dr. Andrew Fraser, Director of Public Health Science for NHS Health Scotland, highlights the importance of 'starting young' to prevent disease in later life. One policy that strives to do this and address health inequalities is Healthy Start. The Healthy Start scheme, which has been operating in the UK since 2006, offers vouchers that can be exchanged for fresh or frozen fruits and vegetables, liquid cows' milk and infant formula to low-income and young families with a child under the age of four. Healthy Start families can

also access free vitamins. The broad aims of Healthy Start are to encourage breastfeeding and to support and promote good nutrition at key stages of development.

The Improving Maternal and Infant Nutrition: A Framework for Action (<http://scotland.gov.uk/Resource/Doc/337658/0110855.pdf>) highlights the lack of traction Healthy Start has had in Scotland. Few health professionals access available training and take-up of the scheme is low. Despite being the only policy that supports the nutrition of young and low-income families, recent evaluations found that there is little consistent and practical support for Healthy Start across the UK.

There is also concern that the potential Healthy Start has to support breastfeeding, increase fruit and vegetable intake and prevent disease in later life is not being harnessed. Healthy Start is there to encourage and enable better nutrition to support growth and development from conception to age 4. In response to these concerns, the Healthy Start Alliance (www.healthystartalliance.org) has been formed to ensure that all those who work to support pregnant women, young families and those living on low incomes are aware of the importance and potential of the scheme. The Alliance aims to promote, protect and support the Healthy Start scheme so all eligible families can get the most out of it. With the right support Healthy Start could make a

We asked Scottish Health Action on Alcohol Problems (SHAAP) to tell us their hopes for a healthy 2015 and Eric Carlin, Director provided this answer:

As we head into 2015, I am optimistic about what health and other professionals can achieve by working together to promote health and to change attitudes in relation to alcohol use.

Following the Scottish Government's recent reduction of the drink driving limit in line with the rest of Europe a snapshot of opinion by the BBC from lunchtime drinkers revealed little argument that alcohol is a mood altering substance, that drinking and driving don't go together or had any criticism of the policy. People merely asked for information.

There is less public awareness however of the links between alcohol

use and cancer risk. No level of drinking is totally risk-free in relation to cancer. People have the right to know this. In 2011, SHAAP held an expert workshop to consider the evidence and published "Alcohol and Cancer Risks: A Guide for Health Professionals" (www.shaap.org.uk/images/shaap_cancer_risks_booklet.pdf) which has been widely disseminated. My hope is that in 2015, public awareness will continue to improve, that health professionals will grow in confidence to offer advice and support for people to reduce their drinking and to access support services if needed. The alcohol industry claims that harms from alcohol use are restricted to minority 'deviant' behaviours,

that the general population can drink responsibly and thus policy measures such as Minimum Unit Pricing (MUP) would punish the responsible majority for the sins of a few. Contrary to this view, MUP would have a far greater impact on hazardous and harmful drinkers than on other groups, targeting cheap, strong drinks that cause most harms to the most vulnerable populations.

In 2015, SHAAP will continue to front a coalition in Scotland and across Europe to overcome the legal barriers to implementing this legislation. I am confident that we will eventually succeed.

NHS Ayrshire and Arran's Macmillan Nutrition Project

Debbie Provan, National Allied Health Professional Lead for Cancer Rehabilitation and Macmillan Transforming Care After Treatment (TCAT) Project Manager.

Roughly a third of the most common cancers could be prevented if everyone ate a healthy diet, was physically active and maintained a healthy body weight (1). However 71% of the population do not know there is a link between cancer and bodyweight, and 48% of obese and overweight individuals do not believe that eating healthily could reduce their risk of developing cancer (2). Ayrshire's Macmillan Nutrition Team are therefore trying to spread cancer prevention messages and enable the public to adopt healthier lifestyles.



Through developing partnerships with 'Boots' the Macmillan Nutrition Team have hosted a number of cancer prevention events within local stores. This has enabled messages to be relayed directly to the public and has also raised awareness of the importance of a healthy lifestyle

amongst staff. The team have also contributed in a similar way to 'Bringing your NHS to you' road show events in Catrine, Dalmellington and Millport.

Primary and secondary cancer prevention training has also been delivered to 'Macmillan cancer information and support service' volunteers and local fitness instructors. Developed by the World Cancer Research Fund (WCRF-UK) the training highlights how we can reduce cancer risk and showcases a number of available resources. By delivering the training the team aims to up-skill local staff and volunteers, and thereby ensure consistent, evidence-based nutrition information and advice is available across Ayrshire. If you'd like to get involved in similar activities the slides are available via the WCRF website: <http://shop.wcrf-uk.org/collections/for-health-professionals/products/how-to-reduce-cancer-risk-presentation>

With studies suggesting post-diagnostic weight gain increases the risk of cancer recurrence and poorer outcomes; and approximately 60-75% of breast cancer patients gaining weight post-diagnosis (3) the Macmillan Nutrition Team have adapted their local weight management programme 'Weigh to Go Ayrshire' to suit people with a recent diagnosis of cancer. The programme consists of twelve weeks of group education sessions, four assessments (at the start and after three months,

six months and twelve months), and weekly weight monitoring to promote success. Whilst the programme is in its infancy a number of attendees have been successful in losing 5-10% of their initial body weight and feedback has been positive.

"...some of my pain is down to being overweight... The programme has helped me loads; opened my mind to what I actually eat and my portion sizes"



The 'Nutritional Care in Cancer' e-learning package which was created by the team in 2012 and made available via Macmillan's Learn Zone, has also been updated to strengthen the cancer prevention message. If you would like to access the programme or if you think it would be of benefit to health professional colleagues please visit: <http://learnzone.org.uk/courses/course.php?id=38> or contact the team for more information.

The Macmillan Nutrition Team can be contact on 01563 575 412 or via email at Debbie.Provan@aapct.scot.nhs.uk or Lorna.Breeze@aapct.scot.nhs.uk.

1. World Cancer Research Fund/American Institute for Cancer Research (2007). Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. <http://www.dietandcancerreport.org/er/>.
2. Cancer Research UK (2006). Perceptions of Risk Survey [carried out by British Market Research Bureau, commissioned by Cancer Research UK, unpublished]
3. Harvie, M. (2010). The Importance of Controlling Body Weight. In: Saxton, J. and Daley A. Exercise and Cancer Survivorship. New York: Springer Science + Business Media. 73-96.

Calories In and Calories Out

Alcohol can be very calorific and if we are to avoid weight gain then those calories must be balanced by exercise. As mentioned in our Editorial, pictures illustrating how much exercise is required to burn off the calories consumed is an effective approach to help people make better choices. Do you know how much exercise you need to do to spend the calories consumed in your favourite drink?

				
Vodka (40%)	Sherry (17.5%)	Red wine (13%)	White wine (12%)	Beer (5.0%)
25ml	50ml	125ml	125ml	1 Pint
1 unit	0.9 units	1.6 units	1.5 units	2.8 units
50 calories	80 calories	85 calories	90 calories	230 calories
6 minutes	24 minutes	10 minutes	11 minutes	42 minutes
				

News from Cancer Research UK

A global research partnership has been established to reduce smoking related deaths across the world. Cancer Research UK is working with the Union for International Cancer Control, the US National Cancer Institute and Cancer Council Australia on expanding research into evidence-

based tobacco control strategies. It offers opportunities for researchers in Scotland and the rest of the UK to work with international colleagues to reduce the millions of tobacco related deaths that occur across the world each year. By 2030 more than 80 per cent of tobacco-related

mortality will be in low and middle income countries. There is a need in such countries for high-quality, locally-relevant research that informs policy and addresses the varying social, economic, cultural and political situations.

New prevention fellowships from Cancer Research UK

Over 99% of cervical cancers are caused by certain types of human papilloma virus (HPV). Many people will be infected with the HPV virus at some point during their lifetime. In the UK in 2010 around 3,000 women were diagnosed with cervical cancer and over 900 women died as a result of the disease. HPV vaccination is currently offered across the UK in schools for girls aged 12-13.

Cancer Research UK's new Cancer Prevention Fellow, Dr Alice Forster at University College London, is conducting research to inform

efforts to reduce inequalities in HPV vaccination uptake. Dr Forster is aiming to develop a complex psychological intervention to help address low uptake of HPV vaccinations in girls from Black and Asian ethnic minority backgrounds.

Cancer Prevention Fellowships are 3-year awards to fund outstanding postdoctoral researchers who are interested in behavioural and lifestyle changes to prevent cancer. Structured to promote the translation of cancer prevention research into policy and practical interventions through policy-

focused secondments, fellows will gain extensive knowledge and experience to become future leaders in cancer prevention. CRUK provide funding for the fellow's salary, a research assistant, plus training and development to provide extra support in translational aspects of the research. The next deadline for the Cancer Prevention Fellowships is October 2015, with applications opening from March 2015. For more information, or to sign up to the Cancer Prevention Mailing List, contact

cancerprevention@cancer.org.uk

Diet, nutrition, physical activity and breast cancer survivors

WCRF presents the latest findings from the Continuous Update Project (CUP)

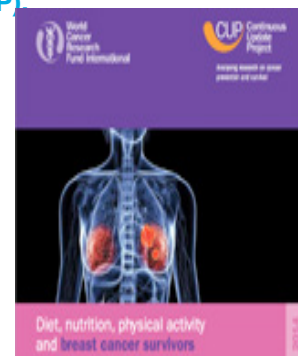
There is limited evidence between better breast cancer survival and

- a healthy body weight
- being physically active
- eating foods containing fibre
- eating foods containing soy,
- a lower intake of total and saturated fat

BUT these were **not** strong enough to make recommendations.

The conclusions therefore and recommendation for breast cancer survivors is 'after treatment, to follow the Recommendations for Cancer Prevention' with a focus on **weight management, physical activity and a largely plant based diet.**

For more information <http://www.wcrf.org/sites/default/files/Breast-Cancer-Survivors-2014-Report.pdf>



Diet, nutrition, physical activity and prostate cancer

WCRF - an update from the 2007 expert report which highlights:

That there is **strong** evidence that

- being overweight or obese increases the risk of advanced prostate cancer
- developmental factors in early life which influence growth impact on prostate cancer risk
- beta-carotene (a form of vitamin A) is UNLIKELY to effect risk

There is limited evidence that:

- High dairy product intake or calcium impacts on risk
- Low vitamin E or selenium impact on risk

The recommendations to reduce risk are to **maintain a healthy weight** and follow all WCRF guidance for cancer prevention

For more information <http://www.wcrf.org/sites/default/files/Prostate-Cancer-2014-Report.pdf>



DETECTING CANCER EARLY



NHS Fife asks residents “What do you know about detecting cancer early?”

Fiona Lockett, Health Promotion Officer - Cancer

Health Promotion Fife commissioned research to find out what level of knowledge residents had about the signs and symptoms of breast, bowel & lung cancer. It also assessed their awareness of the national DCE campaign, their understanding of the benefits of screening and what motivates them to pursue or decline screening opportunities.

Amongst other things, the survey has shown that Fifers aged 50 – 74 have a reasonably good recall of the national campaigns, with the exception of the microscope over the toilet which had only 41 % recall. Interestingly, awareness was generally higher amongst those living in more deprived areas.

Understanding of what the campaign messages meant was less clear. In particular, for bowel cancer, only 11% explicitly recognised that early signs are difficult to detect, with 31% being unaware that screening is the only accurate method of detection.

A quarter of respondents couldn't name any of the signs or symptoms of lung cancer without being prompted. 18% of women said they didn't check their breasts at all – citing 'forgetfulness' as the reason. Locally, the results are invaluable as we are able to target communities more specifically with the support and information they

need. For example, we can target young working males, as they are less likely to participate in the screening process.

Quotes from participants on raising awareness:

- “People are frightened show them positive results”
- “The more you see it advertised the better, more awareness”
- “At any routine visit to the GP, the message should be given. Good opportunity to take using GP.”
- “When they send out kits should be more 'red alert' - say 'you should' rather than 'please.'”

Ask the expert

Dr Alastair Thompson, Professor of Surgery, University of Texas MD Anderson Cancer Center and honorary member of the Division of Cancer Research, University of Dundee

Is it true that antiperspirants/deodorants can cause breast cancer?

The urban myth that underarm deodorants are linked to breast cancer has surfaced from time to time over the last 20 years. What seems on the face of it an attractive idea – to not use under arm deodorant might reduce the risk of breast cancer – was originally based on the information that some deodorants contained one or more chemicals with possible cancer causing or cancer promoting properties. What little information there is, and evidence has been hard to accumulate in studies using

scientifically robust methods, is mostly from surveys and provides little support for the link between deodorant use and breast cancer. Indeed the chemicals in the spotlight have largely been eliminated from many products now on the market. To add to the confusion, use of deodorants has increased over the last 2-3 decades and breast cancer diagnoses have also increased over that time, fuelling the suspicion of a link. However, as with many things, so much has changed over this time that any causal link does not meet the usual rigorous criteria; increased car use, synthetic clothing and shorter working weeks

have also happened in the same time frame, but are also not directly linked to breast cancer. Where there is much better evidence, and where one might want to focus both from a personal and a population based approach, would be to act on increasing exercise, eating more selectively, reducing alcohol intake and avoiding tobacco use – all evidence based approaches which reduce the risk of breast cancer.

See also Institute of Medicine Breast Cancer and the environment – a life course approach http://www.nap.edu/openbook.php?record_id=13263&page=124

Would you like to see more or less of this?



YES Please!

NO Thank you!

Please send us any examples of good or bad marketing images you've come across j.z.hampton@dundee.ac.uk

Last few places remaining....

Do a little: gain a lot for prevention of cancer occurrence and recurrence

Wednesday, 4th February 2015 (World Cancer Day)
Merchants Hall, Hanover Street, Edinburgh



[Click here to book your place now](#)

9:30-10:00

Registration



Morning Session (Chair: Dr Hilary Dobson) – Updating Evidence on Cancer Prevention

10:00-10:10	Welcome –A question, a challenge, a surprise...	Prof Robert Steele
10:10-10:20	Ministerial address	Shona Robison MSP
10:20-10:40	Cancer Task Force – Prevention and HPHS	Dr Aileen Keel CBE (Acting CMO)
10:40-11:20	World Cancer Research Fund- continuous update (focussing on lifestyle in breast cancer survivors and prostate cancer)	Prof Martin Wiseman
11:20-11:35	<i>Movement break (and coffee!)</i>	
11:35-12:05	Overview of 4 th edition of European Code Against Cancer	Prof Annie Anderson
12:05-12:35	Changing Lifestyle – Lessons from tobacco control	Linda Bauld
12:35-13:00	Everyday actions- Walk and Talk	Prof Nanette Mutrie
13:00-13:45	Lunch & Networking	

Afternoon Session (Chair: David Weller) – Supporting change

13:45-14:00	Scottish Cancer Coalition - Stacking the odds	Myles Fitt
14:00-15:15	New SCPN Activities: Advocacy - working together	Prof Annie Anderson
14:15-16:15	Facilitating lifestyle change in the NHS 2-3 speakers (Health Professionals or similar) on good practice 2-3 speakers – the patients' perspective Plus contributions from the floor and discussion	TBC
16:15-16:30	Closing remarks	Prof Robert Steele

Thank You

To all our readers, we hope you have enjoyed the articles in this issue and we appreciate your continued interest.

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Find out more on our website

If you would like to know a little more about the kind of work that we do you can visit our website at www.cancerpreventionscotland.co.uk. Here you will be able to find up-to-date news, scheduled dates for your diary, all previous newsletters and information regarding how to sign up to the SCPN RSS feed for instant access to recent news.

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