



**SCPN** 

# Newsletter

**Scottish Cancer Prevention Network** - Evidence to Practice and Policy

**VOL 9. ISSUE 3**



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

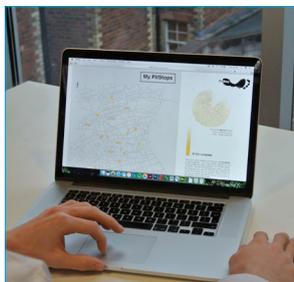
and other agencies with an interest in this field want to be informed about the latest research on how to support that change. Policy makers and government also have a role to play in ensuring our environment and legislative structures enable change

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.

**Congratulations!**

The SCPN Art & Design prize has been awarded this year to Amy Steindl, a final year product design student from the University of Edinburgh. Amy designed 'PitStop' a service for employees and employers to encourage office workers to move more at work by suggesting independent cafes or park benches to walk to in their lunch hour. Employers reward their staff for being healthier while promoting a culture that prioritises health and wellbeing.

The independent cafes offer a loyalty scheme to encourage repeat business and increase workers movement. We look forward to meeting Amy to present her with the prize and hear all about her project.



**Have you seen these blogs?**

We really hope you already follow our blog (<https://scpnblog.wordpress.com/>) but if not why not sign up now by clicking the follow button in the bottom right hand

corner of the blogsite. We write about all sorts of topics relating to cancer prevention – some serious, some humorous, but hopefully all thought provoking and interesting. Topics we have covered lately include recognising

symptoms of bowel cancer, a bowel screening Q+A, a young person's guide to preventing skin cancer, the WCRF's report on cancer survivorship and men's health.

Put the kettle on and take a moment.

**International activities**

Following regular interactions with the Irish cancer Society, our Co-directors Profs Bob Steele and Annie Anderson were invited by the HSE (Health Service Executive) National Cancer Control Programme to deliver a

presentation and workshop in Dublin on the work of the SCPN. This presentation was to inform the development of an Irish Cancer Prevention Network. The meeting was well attended (around 50 people from public health, cancer registry,

Irish cancer Society, HSE etc.) with great enthusiasm. We

look forward to developing strong links with this flourishing network.



**Join our network**

Did you miss our messages in all the GDPR traffic? If you haven't signed up for our newsletters and emails you still can by following link <https://www.cancerpreventionscotland.org.uk/subscribe/>. We'd love you to join us.

**Join our network**

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

**SCPN STUDENTS**

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**Healthy Meetings**

[www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/](http://www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/)

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Have you noticed how difficult it can be to attain your daily health eating plans, activity goals and smart thinking on days when you have meetings greater than 4 hours that span lunchtime?

The SCPN has developed a scorecard which focuses on ten highlights that regular meeting attendees agree represent important examples of good practice for healthy meetings. They do not include every aspect of a healthy diet, or active living, but provide a brief checklist to help support meeting organisers.

We are focusing on more specific aspects of meetings that can be relatively easily assessed, although there are other issues like portion sizes, avoiding sponsorship by food and drink companies, and sustainability considerations (e.g. plastic crockery/ local food/ minimal waste), that are also important. Good tone and adequate quantities mustn't be forgotten, and we also recognise the need to try and promote meetings that are held in places that are well served by public transport.

You can help support healthier meetings by:

- discussing the checker with meetings' chairs

SAVE THE DATE

**04**

**02**

The SCPN Conference **19**

## Editorial

Well done to The World Cancer Research Fund for their superb updated report on cancer prevention ([www.dietandcancerreport.org](http://www.dietandcancerreport.org)). The evidence continues to grow that prevention needs a greater focus, greater effort and greater funding. It is becoming clear that there is no single bullet – being a non-smoker isn't a guarantee against cancer, being slim doesn't mean no risk, being an occasional drinker doesn't mean secure prevention. All positive lifestyle behaviours help to stack the odds against cancer development, progression and recurrence. Clearly, it is time to put individual risk factors to one side and focus on a package of behaviours that will impact on cancer incidence.

At the SCPN we have really enjoyed networking with agencies working on smoking, increasing physical activity, dietary changes and other behaviours and helping those stakeholders to think in a context of cancer prevention. But, there is more work to be done. In this issue we talk about the discussion of the cross party group on cancer on the Scottish cancer strategy but what we really need to be doing is thinking what the next strategy will look like and ensuring prevention is much more visible. We always hear about pleas for more money for cancer treatment and assume our public health efforts address cancer prevention. It is hard to hear the patient voice shouting for more prevention investment ... it is we the future patients who need to get our voices heard.

Equitable approaches to supporting healthy lifestyle packages will take a very long time to be achieved if we wait for the wee policy moves proposed recently. The announcement in the recent obesity plan about getting sweeties off supermarket tills was first discussed in the early 1990s. More than 20 years in trench warfare does not bode well for our generation or the next. It is of course politic to applaud small changes (they certainly don't come easily) but we need a much greater vision for how we achieve that lifestyle package. Many, many stakeholders have worked long and hard on tobacco control (and are still doing so) with significant achievements on lung cancer rates but does what we see in other health behaviours mean the likelihood of an impact on cancer incidence will not be seen in our lifetime? Is this the legacy we want to leave?

**Professor Annie S. Anderson**

@anniescotta

**Professor Bob Steele**

@BobSteele6

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### THE TEAM

**Dr Maureen Macleod** - SCPN Fellow

**Jill Hampton** - Network Administrator

**Bryan Christie** - Journalist

**Eoin McCann** - Designer

**Connor Finlayson** - Digital Communications

## Behind the Headlines



Seen something in the news about lifestyle, screening, cancer? If you want to check it out try NHS England's 'Behind the Headlines' website (<https://www.nhs.uk/news/>). This site provides a guide to the science that makes the news, looking at how health issues are reported in lay language. The coverage includes where the story came from,

what kind of research it was, what the basic results were and their interpretation and what were the conclusions. Stories are categorised by topic so you can select those of greatest interest to you e.g. obesity, lifestyle and exercise. Great for reliable information and a guide to valid interpretation of the scientific research.

## How young adults can #befree and achieve more...

Sheila Duffy, Chief Executive ASH Scotland



ASH Scotland is preparing to launch a new campaign highlighting how not smoking leaves young adults happier, better off and achieving more. Our Development Lead, Emma Papakyriakou, explains why.....

The tobacco industry deliberately built up smoking as a lifestyle choice promising to help young adults find their identity at a time when they are still learning about themselves, their potential and where they fit in. Where they can they still do this, so we feel it's time to reclaim the aspirations of young adults.

The reality is that a pack a day habit will cost £250 a month of their limited finances, immediately impact on their energy levels and fitness and dictate their

daily schedules as they socialise, train, learn or work around smoking breaks – while developing unhelpful coping mechanisms that can be hard to break.

The factors which push people to smoke, and the protective factors which discourage it, are closely linked to social and economic circumstances and as such it looks less and less like a lifestyle choice and more like part of the problems facing disadvantaged young adults. So we can understand why smoking rates are four times higher in the most deprived communities, even though these groups are just as likely to say they want to stop.

This means that young adults growing up in these communities are more likely

to have parents or families who smoke. They will live in areas where cigarettes are more widely sold and where smoking is more commonly accepted as a normal part of daily life. And while most schools and families today are conscious about creating a smoke-free environment for children, young adults often arrive into a culture where smoking breaks are the norm, where doorways and entrances are visible gathering points for smoking breaks and where smoking is an expected part of the social scene.

Yet smoking need not be inevitable for these young adults. They have more to gain by being smoke-free and we know young adults want better for themselves and their families regardless of their postcode. We've been out speaking to young adults, who have told us some of their goals for the next 12 months – passing exams, getting a job, saving for their driver's license, buying a car, being a good parent and going to college, to name a few.

Our #befree campaign will be clear and simple and link to these aspirations, complementing existing efforts to help young adults achieve more. The first phase of the campaign will use a new set of posters to promote the key message that not smoking means being happier, fitter and better off, and we aim to get these out to colleges, employability services and other venues where young adults spend their time.

If you can help with this then please contact Emma Papakyriakou on [epapakyriakou@ashscotland.org.uk](mailto:epapakyriakou@ashscotland.org.uk)

## Shout out for ActWELL Volunteers

Breast Cancer Now is recruiting volunteer lifestyle telephone coaches to join our team and support the delivery of the ActWELL trial.

ActWELL is a research trial that will deliver advice on lifestyle change for breast cancer risk reduction to women over 50. Lifestyle telephone coaches will provide telephone support to

trial participants on lifestyle change, with a focus on physical activity, diet and body weight, after receiving 2 face to face counselling sessions with an ActWELL coach.

Training will take place on Tuesday 31st July in Dundee. We would love to hear from anyone who has an interest in health and lifestyle choices

and would like to make a difference to women's lives. If you would like to find out more email Amy Hickman,

ActWELL Project Officer [amy.hickman@breastcancernow.org](mailto:amy.hickman@breastcancernow.org)



breast cancer  
now



ActWELL

## Making our food environment work for us – Scottish hospitals have begun their journey

Deborah Shipton, NHS Health Scotland

As a species our survival relied on us wanting to eat and prioritising high energy food. Is it any wonder that we respond to our new environment of (calorie) abundance by eating the calories provided in our environment and prioritising energy dense foods?

We need a food environment that recognises our biology and seeks to make the healthy choice the easy choice. Changing the food environment in the public sector is a good place to start – our leisure centres, care facilities, schools and hospitals. NHS Scotland began its journey of making our food environment work for us with the introduction of the Healthy Living Award and the Healthcare Retail Standard (<http://www.gov.scot/resource/0048/00484485.pdf>).

Both specified that at least half of foods and drink on offer should comply with a nutritional criteria – in other words more healthy food and

drink should be available. In addition, the HRS only allows the promotion of the food and drink that we should be eating more of. Although the HRS criteria were ambitious, all outlets did achieve compliance. But it wasn't easy. Changes were required not only by the shop but also in the supply chain – initially there just weren't enough healthy products available to meet the criteria.

What happens when we change the food environment? It turns out we respond to our environment - as the amount of unhealthy food and drink in the shop was reduced,

customers bought less of it and more of the healthy stuff.

So the journey has started. How can we ensure that our food environments in other settings join in? Generally we still don't expect our food environment to work for us and consequently we don't make demands that it should. Until that time, we can learn a lot from the success of the HRS – be bold, support change and ensure it is maintained.

The full evaluation report for the HRS will be published on the NHS Health Scotland Website in the Autumn. For more information contact Deborah Shipton ([Deborah.shipton@nhs.net](mailto:Deborah.shipton@nhs.net)).



## Does the availability of alcohol make a difference?

Alison Douglas, Chief Executive, Alcohol Focus Scotland

Recent research from Alcohol Focus Scotland and the Centre for Research on Environment, Society and Health (CRESH) at the Universities of Edinburgh and Glasgow (1) looked at the links between the number of places selling alcohol and the health and social harms in a community.

This research highlights the clear relationship between the availability of alcohol and a range of serious problems suffered by communities across the country. Looking at information for 6976 small neighbourhood areas across Scotland we found that areas with the most places selling alcohol had almost double the rates of alcohol-related deaths and hospitalisations compared to areas with the least outlets.

We were also able to see the stark differences at a local level between the numbers of places to buy alcohol in different communities. There were 40% more alcohol outlets in the most deprived neighbourhoods than in the least deprived neighbourhoods; but 90% more off-sales outlets specifically. This is helping to drive and sustain the severe health inequalities we see in Scotland.

What does this mean for Scotland? The Scottish evidence – in keeping with international evidence – is clear that the easier it is to get hold of alcohol, the more people will drink, and the more harm we will experience. Although there has been some progress in licensing over the years, availability is moving in the wrong direction, with the number of places licensed to sell alcohol continuing to grow.

The local evidence presented can be used to help boards in assessing the overprovision of licensed premises in their areas. Unfortunately, there is no action that a licensing board can take to reduce the number of licensed premises, however, they do have the ability to prevent further increases. It is their duty to act in the public interest and where their communities are suffering, they should be

applying the brakes.

But the reality is also that the licensed trade is changing and this is a challenge for a local licensing system. Supermarkets are moving to smaller convenience stores where consumers buy little and often. This has implications for the ease of purchase, particularly when products are sold chilled and ready-to-drink, encouraging impulse purchases.

That's why there's a real need for greater national direction on availability and a clearer expectation of how licensing can and should contribute to reducing consumption and harm in Scotland. Alcohol Focus Scotland would like to see a commitment to tackling availability at the heart of the Scottish Government's next steps on alcohol prevention which are due to be published later this year.



# 40%

more places to buy alcohol in **deprived areas** than in more affluent areas.

## More than 16,000

places to buy alcohol in Scotland



### The **impact** of alcohol availability in Scotland

Compared to those with the fewest outlets **neighbourhoods with the most outlets** have...



## Double the alcohol-related death rate

1. <http://www.alcoholfocus-scotland.org.uk/media/310762/alcohol-outlet-availability-and-harm-in-scotland.pdf>

# Blueprint to beat cancer: updated WCRF Cancer Prevention Recommendations

Deborah Hyde, World Cancer Research Fund UK

Lifestyles featuring little physical activity and lots of fast and processed food are fuelling overweight and obesity, resulting in dramatic increases in cancer rates worldwide including across Scotland, according to the latest cancer prevention report from World Cancer Research Fund

(WCRF), which was launched on 24 May and backed by the SCPN.

The new report – Diet, Nutrition, Physical Activity and Cancer: a Global Perspective – is the result of an ongoing, worldwide review of decades of evidence by world-renowned, independent experts.

It provides strengthened evidence for a comprehensive package of behaviours that, when followed together across a lifetime, represent the most reliable blueprint available for living healthily to reduce cancer risk: these behaviours are encapsulated in WCRF's updated *Cancer Prevention Recommendations*.

Importantly, the recommendations now include separate recommendations to limit consumption of fast/processed foods, and sugar-sweetened drinks. WCRF's new report shows that overweight and obesity is a cause of at least 12 cancers, five more than WCRF findings a decade ago. However, cancer prevention depends not only on individual choices but also on governments creating an environment that encourages lifelong healthy eating and a physically active lifestyle. Launching the report, WCRF and the SCPN called on governments to prioritise cancer prevention through the development and implementation of effective policies to address the rising burden of cancer in the UK and worldwide.



1. WCRF's updated Cancer Prevention Recommendations can be found online at: [www.wcrfuk.org/10ways](http://www.wcrfuk.org/10ways)
2. Copies of Diet, Nutrition, Physical Activity and Cancer: a Global Perspective are available online at: [dietandcancerreport.org](http://dietandcancerreport.org)

## New WCRF Cancer Health Check goes online

Deborah Hyde, World Cancer Research Fund UK

Many of us may feel that we lead a relatively healthy life – and that it's not us who needs to make any changes. Alternatively, others may feel that there are so many changes they need to make that they don't know where to begin. Following the recent launch of its latest cancer prevention report and updated Cancer Prevention Recommendations, World Cancer Research Fund (WCRF) is

committed to giving everyone the most up-to-date and authoritative information about cancer prevention and survival in relation to diet, nutrition and physical exercise, enabling them to make healthy lifestyle choices. So WCRF has launched a brand new, online *Cancer Health Check* tool.

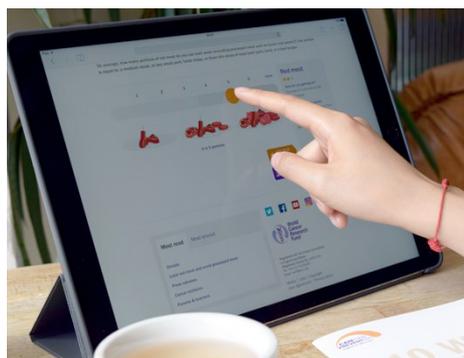
By answering some simple questions about their lifestyle, people using the new Cancer

Health Check can see which areas they are doing well in when it comes to eating a healthy diet, being more active each day and maintaining a healthy weight, and which areas they could make changes in, to reduce their cancer risk.

The new online tool is quick and easy to use. It links users through to WCRF's updated Cancer Prevention Recommendations, as well as providing them with practical tips on how to make those small, but key, lifestyle changes.

It can be used by individuals or with the help of health professionals such as practice nurses who can also provide support, guidance and signposting for vulnerable groups. It has already proved very popular with visitors to WCRF's website.

WCRF's online Cancer Health Check tool can be found at: [wcrfuk.org/cancertool](http://wcrfuk.org/cancertool)



## CANDU is bringing the 'Wonderbox' to Maggie's



CANDU ([www.cancerdundee.org](http://www.cancerdundee.org)) are a team of cancer patients and survivors, based in Dundee, who work with others e.g. NHS Tayside, Macmillan Cancer Support, Tayside Cancer Support, The Scottish Health Council, The SCPN and Maggie's Dundee, to promote existing support services, identify local support

needs and encourage effective, transparent partnership working between service providers.

CANDU also deliver community-based outreach projects aimed at meeting the practical, physical and emotional needs of local cancer patients. This summer, at the Dundee Maggie's

Centre, they will deliver a series of creative wellbeing workshops for people affected by cancer. Over 4 weeks, participants will be supported to create their very own Wonderbox, the eco-friendly, energy and money saving slow cooker that just happens to look a lot like a bean bag! Workshops are an opportunity to learn and enjoy crafts with new friends, while learning about healthy eating for those living with cancer. Each week, as you sew your own Wonderbox, a healthy, simple 1-pot meal will be cooked which the group will share together. The workshops take place on Saturday 11th & 18th August and 1st & 8th September from 2-4 pm. All materials are provided.

If you would like to take part please contact Julie Wardrop (07427 607 380 or

[juliewardrop@gmail.com](mailto:juliewardrop@gmail.com)).

### Note from the Editor:

CANDU are planning to produce a recipe book as part of this project and would love to gather as many one-pot recipes as possible, which are nutritious and also address other cancer patient's needs, such as soft foods etc. If you have any recipes that lend themselves to the "slow cooker" method of cooking, we would be grateful if you could share them with us. Please send any recipes (stating original source if appropriate) to Karen Barton at Abertay University [k.barton@abertay.ac.uk](mailto:k.barton@abertay.ac.uk)

**Image:** From left Debbie Findlay, Julie Wardrop, Rubina Zafar & Satyavani Macmillan from CANDU with a Wonderbox 'they made earlier'!

## Growing well and eating well throughout childhood

Children who are heavier for their height (mainly due to fat) tend to grow faster and become taller (and fatter). These children also reach developmental milestones earlier. These processes are directly or indirectly the result of *nutrition during development*, and altered hormone levels which influence both the visible structures such as height and the growth and behaviour of cells within the body. Eight cancers are related to adult height (colorectal, breast, ovary, pancreas, endometrium, prostate, kidney, skin). In terms of the relationship between early nutrition and later health we welcome action that will help *achieve equitable, optimal growth trajectories in childhood*.

School food can have a significant effect

on dietary intake, on current and future health as well as the development of healthy eating behaviours. The Scottish Government has recently announced a consultation on proposed amendments to 'Nutritional requirements for food and drink in schools (Scotland) Regulations 2008' (the Regulations). All food and drink served in local authority run primary, secondary or special schools, at lunchtime, at breakfast clubs, in vending machines, in tuck shops, at morning break or other times of the school day, must meet the nutritional requirements set out in the Regulations. In November 2016, the Deputy First Minister and Cabinet Secretary for Education and Skills, John Swinney MSP, set up a Technical Working Group to review the

Regulations.

The consultation paper and consultation questions are available online at: <https://consult.gov.scot/support-and-wellbeing/food-and-drink-in-schools/>. The consultation is designed to seek views on four key themes:

1. Increasing access to fruit and vegetables
2. Reducing sugar content of food and drink
3. Setting a maximum for red and red processed meat
4. Enabling caterers to provide a service which better supports secondary age pupils

The consultation deadline is 29 August 2018.

## Scandinavian Roasted Carrot Pate

Kellie Anderson MSc, [kelliesfoodtoglow.com](http://kelliesfoodtoglow.com)



Roasted carrots meet soft cheese (vegan or dairy) and fresh dill to become more than the sum of their parts in this Scandinavian-influenced pâté. Spread it or use as a dip. Simple, and simply delicious.

- 2 tsp olive oil
- 500g carrots, scrubbed, topped and tailed (peeled if not organic)
- 100g cottage cheese or soft cheese
- Zest of half a lemon and about 2 tsp of the juice (adjust to taste)
- 2 tbsp chopped fresh dill or 1 rounded tsp dried dill + extra for garnish
- 1/8 tsp freshly ground cardamom - optional
- A few grinds of pepper

### Method

Preheat the oven to 160C fan/180C/350F.

1. Cut the carrots into evenly sized batons. I cut medium carrots into 8 pieces. Toss the carrots in the oil and lay on a baking tray. Place the tray in the oven and roast the carrots for 30 minutes, shaking the tray once. Remove the tray from the oven and let the carrots cool for a few minutes.
2. Pop the roasted carrots into a food processor or blender along with the cheese, dill, lemon zest and juice, the salt and pepper. Add the cardamom if using, too. Blend until you get a mostly smooth or very smooth consistency. I like a little bit of texture. You will have to scrape down the sides of the blender or food processor once or twice.

Serve as a sandwich filling, with crispbreads, slices of rye bread, or as a dip for vegetables. The pâté will keep for a week in the refrigerator.

## #Be Physically Active in everyday life to reduce cancer risk

Many of us have heard of the Daily Mile, an initiative to improve the health of our schoolchildren. The brainchild of a Stirling head teacher who observed her pupils' lack of fitness, she introduced a daily run in school grounds, getting pupils out in the fresh air for 15 minutes a day, no matter the weather. Teachers, pupils and their families are hugely enthusiastic about this free initiative and research has shown that The Daily Mile can increase attainment in primary school, while parents have reported an increased interest in health and wellbeing from their children.



Following the success in schools The Scottish Government now wishes to extend the Daily Mile into public sector and private sector workplaces to achieve the vision of a Scotland where more people are more active, more often.

NHS Tayside launched the Daily Mile for staff in May this year. It is estimated that most employees will manage a mile in around 20 minutes at an easy to moderate pace.

A communication plan has been drawn up to publicise aspects of the initiative via the staff intranet:

- An organised 30 minute staff walk is held every Tuesday, in conjunction with Steps to Health Dundee, led by a qualified walk leader.
- Maps of suggested walks are freely available
- Walking meetings are encouraged
- Participation is encouraged in Charity Challenges e.g. Paths for All Step Count

Challenge, Move More MacMillan step Count Challenge or Walk the World challenge. Pedometers are available and mobile app use encouraged to log steps

Walking opportunities in the workplace are underpinned by evidence that extended sitting is an independent risk factor for some cancers. Support is provided by The Chief Medical Officers recommendation to reduce sedentary time, The Toronto Charter for Physical Activity, The Health Promoting Health Service: Action in Secondary Care Settings and the NICE Physical Activity in the Workplace guideline all of which support physical activity programmes in workplaces, in particular walking and active travel, to improve staff health and reduce staff absence.

See also our blog from Prof Annie Anderson on her daily mile <https://scpnblog.wordpress.com/2018/06/25/walk-a-mile-in-my-shoes/>.



# Living well with, and beyond, cancer: WCRF's recommendation

Dr Giota Mitrou, Director of Research Funding and Science External Relations, World Cancer Research Fund International

In recent decades, progress in the early detection and treatment of cancer has led to a dramatic increase in the number of cancer survivors, defined as all people who have been diagnosed with cancer, including before, during and after treatment. Survival rates vary for different cancers but are highest for colorectal (bowel), prostate, endometrial (womb)

and breast cancers. Research focused on aspects of cancer survivorship has grown in parallel to the prevalence of cancer survivors, including an *entire chapter* dedicated to cancer survivors in World Cancer Research Fund's (WCRF) new cancer prevention report, *Diet, Nutrition, Physical Activity and Cancer: a Global Perspective*. This chapter provides

persuasive evidence in breast cancer survivors that nutritional factors and physical activity reliably predict important outcomes for breast cancer.

Although there has been this dramatic increase in research into the impact of diet, nutrition and physical activity on outcomes after a diagnosis of cancer – including prognosis and quality of life during and after treatment – the current evidence is not sufficiently strong to support specific recommendations for cancer survivors beyond advice to follow WCRF's recommendations for cancer prevention. The new report by WCRF also *identified gaps in our knowledge and future research directions for cancer survivors*, in particular in terms of the quality of the studies to address each phase of survival and across diverse cancer types and subtypes.

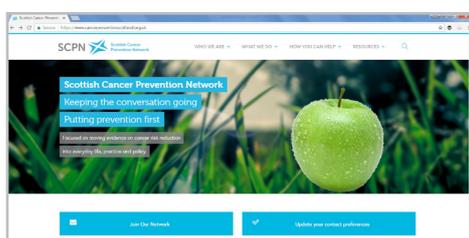
Read more about WCRF's evidence on cancer survivors [here](#).

After a cancer diagnosis follow our recommendations, if you can; check with your health professional what is right for you

**RECOMMENDATION**  
**After a cancer diagnosis: follow our recommendations if you can**  
 Check with your health professional what is right for you  
[dietandcancerreport.org](http://dietandcancerreport.org)

## #kettlecise

Have you seen our #kettlecise posters? We put all of our #kettlecise cards together on a poster which fits neatly on a kitchen cupboard door to remind you to stretch while the kettle boils. We have already had requests from hospitals, the Church of Scotland and health professionals. If you would like a poster please just let us know [scpn@cancerpreventionscotland.org.uk](http://scpn@cancerpreventionscotland.org.uk)



**SCPN**

**Be physically active in everyday life. Limit the time you spend sitting.**

says the European Code Against Cancer ([cancercode.eu](http://cancercode.eu)). During busy days in the office or at home, how often do we find the time to stretch or be active? How much exercise can we fit in the time it takes for the kettle to boil? The SCPN has developed a set of 13 simple kettlecises to keep you healthy and active throughout the day - and have a bit of fun while you're at it!

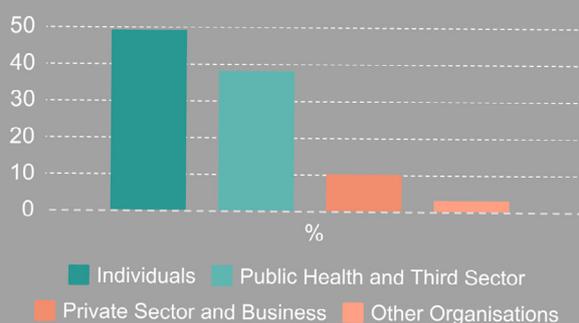
Consultation Responses to

# A Healthier Future - Action and Ambitions on Diet, Activity and Healthy Weight

## The process

Between October 2017 and January 2018, the Scottish Government undertook a consultation to gather views on its proposals to improve diet and promote healthy weight. The consultation received 362 responses and an analysis of responses was published in May 2018.

## Who responded?



## What did they say?

Public health, third sector, private weight management organisations and a majority of individual respondents expressed support for the consultation proposals. Industry respondents generally opposed the proposals on transforming the food environment



### Food Environment

60 - 80% supported the actions proposed. By contrast private sector and business were opposed due to potential negative impact of restricting price promotions and advertising



### Healthier Lives

Respondents urged consideration of the following issues: tackling inequalities, positive framing and joined up working. Funding for weight management welcomed with comment on coverage, targetting, referral routes and content of programmes



### Leadership

Broad support for the idea that 'everyone should be involved' with comments on need for collaboration and accountability. Important role for public sector and employers as well as community initiatives



## What next?

The Scottish Government will publish its diet and healthy weight delivery plan this summer.

Source : <http://www.gov.scot/Publications/2018/04/3768>

Infographic produced by Obesity Action Scotland  
[www.obesityactionsotland.org](http://www.obesityactionsotland.org)



# Spotlight on Scottish Non-Melanoma Skin Cancer

It is often thought that skin cancer is uncommon because we don't see the statistics. In fact skin cancer is the most common cancer in Scotland largely due to UV exposure – not usually deadly but not desirable. We asked Andrew Deas, Information Services Division, NHS National Services Scotland to tell us more

## Recording of non-melanoma skin cancer

Non-melanoma skin cancer is one of the most common cancers in the world and the most commonly diagnosed type of cancer in Scotland and the rest of the UK. However, recording practices vary for non-melanoma skin cancer in cancer registries around the world. Some

registries do not record it at all, while others attempt to record all cases. The Scottish Cancer Registry aims to record the first occurrence of basal cell carcinoma (the most common form of non-melanoma skin cancer) in each person and all cases of squamous cell carcinoma.

As a result of these differences

around the world, it is common practice to exclude non-melanoma skin cancer from statistics for "all cancers combined". This ensures that statistics are comparable with those of other countries. ISD do publish statistics on non-melanoma skin cancer, however, along with those on malignant melanoma of the skin.

## Incidence<sup>1</sup>

The main risk factor for skin cancer is exposure to ultra-violet radiation, either from the sun or from sun-beds. Although non-melanoma skin cancers are rarely fatal, they represent a significant workload for the health service. Much of the treatment for non-melanoma skin cancer can be given in an outpatient or GP surgery setting.

In 2016, 11,677 cases of non-melanoma skin cancer were recorded by the Scottish Cancer Registry. This is over a quarter of all cancers diagnosed in Scotland in 2016 and almost 90% of all skin cancers. In comparison, the next most common type of cancer in Scotland is lung

cancer, of which 5,045 cases were diagnosed in 2016.

Around 70% of the non-melanoma skin cancers diagnosed in 2016 were basal cell carcinomas. This affects the cells at the bottom of the outer layer of the skin (the epidermis). Basal cell carcinoma does not usually spread to other parts of the body and rarely causes death. Squamous cell carcinomas formed 29% of cases in 2016. This affects the cells lining the top of the epidermis. There is a small risk (between 2-5%) of squamous cell carcinoma spreading to other parts of the body (usually the lymph nodes)<sup>4</sup>. The remaining 1% were other specified and unspecified types

of carcinoma.

Nearly three-quarters of cases diagnosed in 2016 were in people aged 65 and over. Nearly three-fifths of cases are

diagnosed in men (6,831 cases diagnosed in men and 4,846 cases in women). The age-adjusted incidence rate in men is nearly double that of women (figure 1).

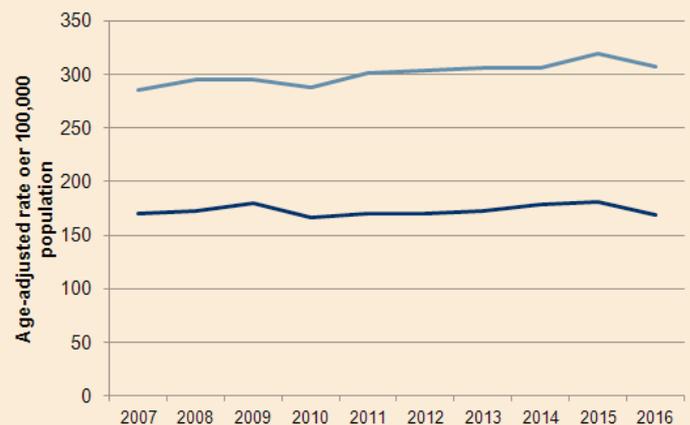


Figure 1. Non-melanoma skin cancer, age-adjusted incidence rates in Scotland by sex, 2006-2015.

## Mortality, survival and prevalence<sup>2,3</sup>

Survival for non-melanoma skin cancer is generally very good. Deaths from non-melanoma skin cancer are relatively rare in comparison to the number of cases that are diagnosed. In 2016, 87 people died from non-melanoma skin cancer (figure 2). In comparison, 162 people died from malignant

melanoma of the skin.

As the incidence of non-melanoma skin cancer is so high and mortality is so low, the number of people who have survived is large. It is estimated that there are over 100,000 people in Scotland who have been diagnosed with non-melanoma skin cancer and who were still alive at the end of 2016.



Figure 2. Non-melanoma skin cancer, number of deaths and age-adjusted mortality rate in Scotland, 2007-2016.

## Further information

All statistics are based on publications on the ISD website:

- [https://www.isdscotland.org/Health-Topics/Cancer/Publications/2018-04-24/\\_l\\_cancer\\_skin.xls](https://www.isdscotland.org/Health-Topics/Cancer/Publications/2018-04-24/_l_cancer_skin.xls)
- [https://www.isdscotland.org/Health-Topics/Cancer/Publications/2017-10-31/m\\_cancer\\_skin.xls](https://www.isdscotland.org/Health-Topics/Cancer/Publications/2017-10-31/m_cancer_skin.xls)
- [https://www.isdscotland.org/Health-Topics/Cancer/Publications/2017-04-25/p\\_cancer\\_skin.xls](https://www.isdscotland.org/Health-Topics/Cancer/Publications/2017-04-25/p_cancer_skin.xls)
- <https://www.nhsinform.scot/illnesses-and-conditions/cancer/cancer-types-in-adults/skin-cancer-non-melanoma>

## Acknowledgement

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

## Expert Insight



We asked Professor Sarah Wild to provide an update on the association between diabetes and cancer. Sarah is an epidemiologist at the University of Edinburgh and an honorary consultant in public health at NHS Lothian. A large proportion of her research is based on analysis of the excellent routine data available in Scotland.

### Which cancers are more likely in people who have type 2 diabetes?

The strongest evidence for an association with type 2 diabetes is for breast, colorectal, endometrial and gallbladder cancers. The relationship between diabetes and cancer is complex and may work in both directions – for example cancer of the pancreas and of the liver may cause diabetes, in addition to the possibility that diabetes of long duration may increase risk of both these cancers. Interestingly, diabetes appears to be associated with a lower risk of prostate cancer for reasons that are not yet clear.

### What are the possible explanations for an association between diabetes and cancer?

Chronic non-communicable diseases all share common risk factors for which the most important for diabetes and cancer after increasing age are inadequate levels of physical activity and unhealthy lifestyle choices resulting in obesity. In

people with both forms of diabetes, elevated levels of blood glucose provide fuel for cancer cells. High levels of insulin, resulting from treatment in people with type 1 diabetes and as a response to insulin resistance among many people with obesity and/or type 2 diabetes, are also thought to support tumour growth. In addition there is the possibility that other diabetes treatments such as metformin and other agents may influence risk of cancer although at present the evidence is not conclusive. Many previous studies of this topic have had serious design flaws that have given biased results. Some cancer treatments, for example steroids, increase the risk of diabetes.

### Are there different patterns of cancer risk in people with type 1 and type 2 diabetes?

There is much less information about cancer risk in people with type 1 diabetes than in people with type 2 diabetes. However, the overall patterns of cancer risk look similar with increased risk of cancers that are known to be associated with obesity. A discordant finding is that women with type 1 diabetes appear to be at lower risk of breast cancer than women without diabetes, but this finding needs validation.

### Do people with type 2 diabetes who lose weight reduce their cancer risk?

There are not enough studies with measurement of weight and sufficient follow-up to be able to provide a definite answer to this question. In observational studies there is the concern that unintentional weight loss may indicate the presence of undiagnosed cancer and it is usually not possible to identify intentional weight loss in routine data. Bariatric surgery results in lower risk of obesity-related cancers among women but it is not clear whether the effect is similar in women with and without diabetes.

### Should people who are obese and diagnosed with a cancer also be checked for diabetes?

There is no evidence for the benefits of screening for diabetes in people who are obese and have been diagnosed with cancer. However, it is likely that investigations performed during the diagnosis and treatment of cancer will include a blood glucose level and may identify previously undiagnosed diabetes. This is an example of how ascertainment bias occurs, that is the identification of one condition makes it more likely that another disease will also be identified. This exaggerates the strength of the relationship between diabetes and cancer.

### Are risks of diabetes and cancer similar in men and women?

Both type 1 and type 2 diabetes are slightly more common in boys/men than girls/women. Overall men are at higher risk of cancer than women but there are a small number of cancers that are more common in women than men. Obviously some of the most common cancers (prostate, breast, endometrial) only occur in one sex or the other! Relative risks of cancer associated with type 2 diabetes tend to be slightly higher in women than men.

### Is the link between diabetes and cancer largely genetic?

Although some genetic variants influence risk of both diabetes and cancer environmental factors related to lifestyle make a much larger contribution to the association. Recent worldwide estimates suggests that 6% of all cancers, 25% of liver cancers, 38% of endometrial cancers can be attributed to diabetes and obesity. It was also estimated that approximately 30% of cancers could be attributed to increases in the prevalence of diabetes and obesity between 1980 and 2002. These time trends are clearly related to environmental and not genetic factors.

## BeWEL - From Research to Practice

The BeWEL study (body weight and physical activity intervention in people with an adenoma detected through the national screening programme and a BMI > 25 kg/m<sup>2</sup> <https://www.bmj.com/content/348/bmj.g1823.long>) demonstrated a significant effect on weight loss, glucose control and blood pressure congruent with decreasing risk for colorectal cancer (CRC) and other lifestyle related conditions. Interestingly, despite potential barriers faced by the more deprived participants, primary and most secondary outcomes were comparable across social groups

(<https://onlinelibrary.wiley.com/doi/abs/10.1111/jhn.12524>).

But... the big question is can an intervention shown to be effective under trial conditions be implemented and rolled out in real life settings? The Scottish Government with the Scottish Cancer Foundation are supporting a feasibility study in Clydeside and Tayside to answer this question. Working with the charity Bowel Cancer UK and Beating Bowel cancer, people who have an adenoma detected as part of screening will be offered the BeWEL intervention,

delivered by lifestyle coaches in community settings similar to the ActWELL model. The project starts on October 1st and work is already ongoing training staff and recruiting coaches. For more details about the project or about coaching positions, please contact Ross Lamb [ross.lamb@bowelcanceruk.org.uk](mailto:ross.lamb@bowelcanceruk.org.uk).



Together to stop bowel cancer

## Have you seen this report?

As many of our regular readers know, the World Cancer Research Fund (WCRF) Network has an ongoing programme of research evaluation looking at the evidence for cancer prevention and cancer survivorship related to diet, nutrition and physical activity. This programme has produced the series of Continuous Update Project (CUP) Reports on 17 specific cancers and cancer survivorship published over the last ten years. The CUP database, held and systematically reviewed at Imperial College London, is constantly being added to and then assessed by an expert panel to produce updated cancer prevention recommendations.

In May the WCRF published its Third Expert Report, Diet, Nutrition, Physical Activity and Cancer: a Global Perspective (available from [www.dietandcancerreport.org](http://www.dietandcancerreport.org)). So what is different in this report?

- The greater number and quality of studies included in the review gives greater confidence in the accumulated evidence.
- Improved statistical approaches are possible on the greater accumulated evidence to allow for subgroup analyses and identification of thresholds or plateaus i.e. the level of exposure below which there is no evidence of association with

cancer risk and above which there is. Emerging evidence for fruit and vegetable consumption indicates that most gain in terms of cancer risk is for people eating little or no fruit and vegetables rather than those eating one or two.

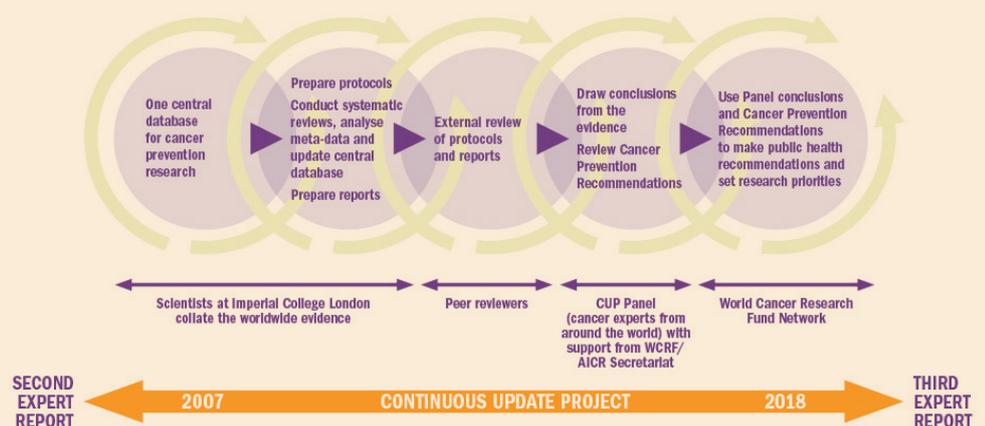
- A more holistic approach to the WCRF recommendations for cancer prevention is recognised as being more beneficial, although adhering to specific recommendations will confer some cancer prevention. There is good evidence that the more recommendations people adhere to the lower their risk of developing cancer. Recommendations should

therefore be regarded as a package or lifestyle.

- More evidence is emerging on cancer subtypes which allows for analysis of the association between exposures and the risk of specific cancer subtypes.
- Evidence of the importance of following cancer prevention recommendations across the life course are emerging. Adult height, a marker for developmental growth and metabolic programming from conception onwards, is becoming more apparent. This is an area earmarked as of importance for future research.

### Continuous Update Project

The process we use to analyse worldwide research



## The ActWELL study

Stephanie Gallant, Trial Manager

The ActWELL study is into the final stages of recruitment. So far, nearly 3500 women have expressed an interest in taking part across our four breast screening centres; Aberdeen, Dundee, Edinburgh and Glasgow. We have recruited 450 of the 550 women we need to take part and

we expect to finish recruitment on time in August. Aberdeen have done so well that the screening centre has now stopped discussing the study with women attending for routine screening.

The intervention delivery is well underway

with our Breast Cancer Now volunteer coaches seeing women in leisure centre locations across the four cities. We've had some excellent feedback from participants who are enjoying the ActWELL programme.

*"I found the pedometer a really good incentive"*

*"The walking has really helped me maintain my weight, I feel healthier and my clothes feel better"*

*"I thought this would be really hard but it's not like being on a diet"*

## Cancer and lifestyle – research round up

### Prevalence of beliefs about actual and mythical causes of cancer and their association with socio-demographic and health-related characteristics: Findings from a cross-sectional survey in England.

Shahab L et al. *Eur J Cancer*. (2018) doi: 10.1016/j.ejca.2018.03.029

<https://thescpn.org/2K0lFAI>

The body of evidence that around one third of cancers are preventable is unequivocal and cancer prevention guidelines have been published for many years now however studies suggest that the awareness of the general public and in particular those from more deprived backgrounds of the link between cancer risk and lifestyle choices is low.

This study extracted data from the Attitudes and Beliefs about Cancer-UK Survey, a large population-based cross-sectional omnibus survey in England carried out between January and March 2016. The Cancer Awareness Measure (CAM), a validated tool of known cancer risk factors, was used and the authors developed the CAM—Mythical Causes Scale (CAM-MYCS) to accurately identify the range of beliefs people hold about mythical cancer causes.

A total of 1990 adults took part in the survey all of whom completed the CAM and a randomly selected subsample of 1348 adults was also asked to complete the CAM-MYCS. A significantly higher proportion of CAM (53%; 95% confidence interval [CI] 51–53) were correctly identified than CAM-MYCS (36%; 95% CI 34–37) items ( $t[1329] =$

15;  $P < 0.01$ ). Fewer than half of items were correctly classified as either cancer causing or not cancer causing (44%; 95% CI 43–45). Smoking and passive smoking were the most identifiable causes of cancer however only 305 of participant correctly identified HPV infection or low fruit and vegetable intakes. The most commonly identified mythical cause of cancer were stress (43%; 95% CI 40–45), food additives (42%; 95% CI 39–44), exposure to non-ionizing electromagnetic frequencies (35%; 95% CI 33–38) and eating genetically modified food (34%; 95% CI 31–36).

**Conclusion:** Awareness of actual and mythical risk factors for cancer was low and this has implications for the adoption of healthier lifestyles to reduce the risk of cancer.

### Dietary Patterns and Breast Cancer Risk: A Systematic Review

Dandamudi A et al. *Anticancer Res*. (2018) doi: 10.21873/anticancer.12586

<https://thescpn.org/2MlgDOF>

The relationship between what we eat and breast cancer risk has been long established but more recent evidence and guidelines are more cognisant of dietary patterns rather than the intake of individual foods. The American

Cancer Society recommends eating a healthy diet with an emphasis on plant foods to reduce a person's lifetime risk of developing cancer. This systematic review of 17 original research studies, published 2013-17, characterized diets using prospective and retrospective approaches to examine associations between dietary patterns and breast cancer risk. A novel scoring matrix was used to grade retrospective dietary pattern alignment with the American Cancer Society dietary guidelines. The authors identified 15 healthy and 10

unhealthy dietary patterns determined retrospectively, and 7 dietary indices determined a priori. Patterns which were protective for breast cancer were found to be high in vegetables and those which were associated with increased breast cancer risk consistently contained saturated fat and red and processed meats.

**Conclusion:** Findings suggest that dietary patterns that include vegetables and limit saturated fat and red and processed meats may lower breast cancer risk.