

Welcome

So many months have passed since we launched our first e-digest but here at SCPN we have been beavering away on learning more about how the environment and lifestyles can help to decrease risk of cancer and improve the lives of people who have had a cancer diagnosis. When COVID-19 first hit Scotland it seemed wrong to have a strong steer towards healthy living when the major message was to stay at home and stay safe. Now we understand that there may be strong COVID related reasons to watch our body weight, to eat well and to keep physically active to reduce the severity of the condition and give our bodies the best chances of staying well. But the messages and routes to healthier living have changed; gone are our (physical) group classes and shared problem sharing, replaced by zoom sessions, new APPS and telephone prompts and messages. The digital world has (for the moment) taken over, or as they say in the medical school “blended learning” is the new normal. Much cancer related research activities have been paused but, many researchers now have time to analyse data and identify better ways to improve early detection and preventative actions. Cancer diagnosis and care has been delayed but not forgotten and only through limiting COVID and aiming at zero COVID will we be able to get cancer support back to being fully operational. Let’s hope the weeks and months ahead see better times and compliance with all the behavioural changes that are recommended so we can resume all things that are good.

Annie S. Anderson and Bob Steele

In this issue we have:

- **Progress report from The ActWELL Study**
- **Highlights from the SCPN blog**
- **Exciting news about a new PhD Opportunity.**
- **A round up of interesting recently published research**
- **Covid-19 Changing how we live our lives**
- **Exciting upcoming events**
- **Free online courses**
- **Get on your Bike infographic**

Progress report from the ActWELL Study.

**The ActWELL Study
- supporting breast cancer risk reduction
through lifestyle change**

ActWELL

The first set of analysis of the ActWELL study has been completed and the paper is currently being considered for publication by a high impact Medical Journal which means we can't say too much about the findings. We have demonstrated that the ActWELL programme helps women of breast screening age to lose weight and the amount of weight lost after a year is of a magnitude likely to be helpful in reducing breast cancer risk. However, there are some issues we need to explore further including some of the physical activity results which suggest our participants were enthusiastic about walking and all sorts of activity from enrolment onwards. Our qualitative interviews suggested women really liked the programme but also had some great ideas about changes and improvements giving us lots of food for thought for taking this work forward.

Highlights from the SCPN Blog.

We have been busy writing and posting a number of blogs since we were last in touch in February - including ideas and tips to help everyone survive lockdown and adjust to a new 'normal'. Here are a selection of some of our popular blogs over the past few months!



Professor Richard Martin, University of Bristol provides us with some of the key findings from the latest research carried out by the Integrative Cancer Epidemiology Programme (ICEP) - [The causes of cancer: implications for policy and practice.](#)

[Resistance exercise,](#)

[anyone?](#) Christos

Theodorakopoulos (a Lecturer in Nutrition at the School of Health Sciences, Queen Margaret University, Edinburgh) shared his expertise on how we can all exercise at home (with excellent video links for easy exercises...readers are in for a surprise!) and the importance of exercises that '*increase or maintain muscle strength (resistance training)*'.



With a watchful eye on the increasing rise in popularity of the e-bike, we've had a number of blogs on the benefits of cycling including a personal account from Nanette Mutrie, Chair in Physical Activity for Health / Director of PAHRC, University of Edinburgh. [My E-bike Joy! – Nanette Mutrie](#)

In support of World Breast Feeding Week earlier this month (August), one of our own - Lauryn Monahan, shared her knowledge and experience of some of the challenges for new breastfeeding mums during the Covid-19 pandemic.

<https://scpnblog.wordpress.com>

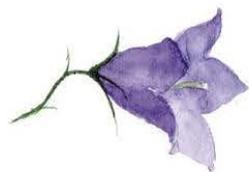


[ss.com/2020/08/05/bf-support-during-a-pandemic-wbw2020/](https://www.scpcn.org.uk/2020/08/05/bf-support-during-a-pandemic-wbw2020/)

Don't forget all of our blogs can be viewed here:
<https://scpnblog.wordpress.com/>
and if you haven't already

[Click to have our latest blogs straight to your inbox](#)

Scottish Cancer Foundation PhD Studentship



Scottish Cancer Foundation

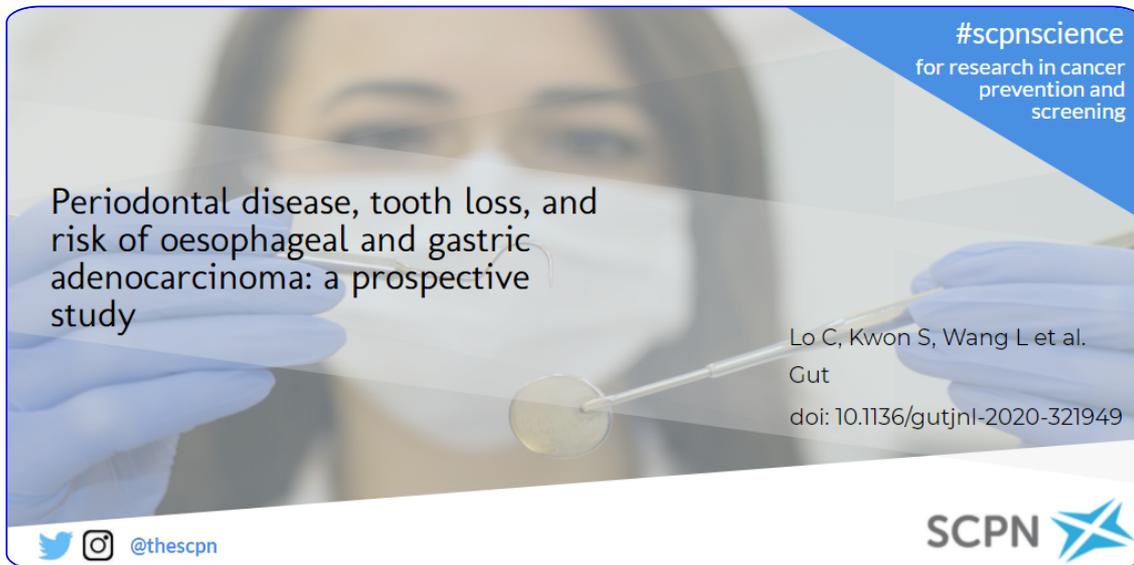
We are excited to advertise shortly a new Scottish Cancer Foundation PhD Studentship looking at improving cancer preventive behaviours in cancer patients and their families. Cancer prevention is vital given ever increasing cancer cases and spiralling costs of cancer treatment. The challenge is that supporting people to live a cancer preventive lifestyle (not smoking, being physically active, having a healthy diet/weight, limiting alcohol intake etc.) is hard, and few people in the Scottish population and elsewhere achieve it. A cancer diagnosis can offer a potential window of opportunity for behavior change in cancer patients and their family, as it increases motivation to make lifestyle changes.

The PhD will be supervised by a multidisciplinary team (Dr Katie Robb, Professor Susan Moug, Professor Sharon Simpson, Dr Christos Theodorakopoulos) and will be based in an existing prehabilitation/rehabilitation programme for colorectal and gynaecological patients undergoing elective cancer surgery at the Royal Alexandra Hospital in Paisley. The research will examine whether family support can improve cancer preventive behaviours in cancer patients, with the additional goal of also improving cancer preventive behaviours in the family member.

For further information, please contact: Katie.Robb@glasgow.ac.uk

Research Round Up

There has been some fantastic research published since our last e-digest! Here are some recently published articles we have found interesting at the SCPN.



#scpnscience
for research in cancer
prevention and
screening

Periodontal disease, tooth loss, and
risk of oesophageal and gastric
adenocarcinoma: a prospective
study

Lo C, Kwon S, Wang L et al.
Gut
doi: 10.1136/gutjnl-2020-321949

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<https://gut.bmj.com/content/early/2020/06/30/gutjnl-2020-321949>

Lo and colleagues prospectively examined the association of periodontal disease history and tooth loss with the risk of oesophageal and gastric adenocarcinoma in 98459 women from the Nurses' Health Study (1992–2014) and 49685 men from the Health Professionals Follow-up Study (1988–2016). Over a 22-28 year follow up, the authors report that periodontal disease was associated with a 43% increased risk of oesophageal adenocarcinoma and a 52% increase in risk of gastric adenocarcinoma. Compared to individuals with no tooth loss there was also a modest increase in risk of oesophageal adenocarcinoma (42%) and gastric adenocarcinoma (33%) in individuals who lost two or more teeth. Various factors relating to the oral microbiome are believed to be linked, including periodontal pathogens *Tannerella forsythia* and *Porphyromonas gingivalis*, highlighting the importance of maintaining good oral hygiene and regular visits to the dentist for cancer prevention.

#scpnscience
for research in cancer prevention and screening

Does prehabilitation modify muscle mass in patients with rectal cancer undergoing neoadjuvant therapy? A subanalysis from the REx randomised controlled trial

Moug S.J, Barry S.J.E, Maguire S et al
Tech Coloproctol
doi: 10.1007/s10151-020-02262-1

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<https://link.springer.com/article/10.1007/s10151-020-02262-1>

The authors of this paper are the first to report modification of muscle mass with prehabilitation in patients with colorectal cancer who received neoadjuvant therapy. Patients followed a walking programme prior to treatment (for a minimum of 13 weeks) with the aim of increasing their average daily step count by 3000 steps. The graduated individualised walking programme provided enough muscle overload to increase psoas muscle mass in 65% of the intervention group in comparison to the control group, where 67% had the expected reduction in muscle mass as a consequence of having long-course chemoradiotherapy. This study supports the positive role physical activity can have in the prehabilitation colorectal cancer setting.

#scpnscience
for research in cancer prevention and screening

The association between recreational screen time and cancer risk: findings from the UK Biobank, a large prospective cohort study

Hunter R.F, Murray J.M and Coleman H.G
Int. J. Behav. Nutr. Phys. Act
doi: 10.1186/s12966-020-00997-6

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<https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-020-00997-6>

Using UK Biobank data from 502,619 adults, a new study published by the International Journal of Behavioral Nutrition and Physical Activity report that daily recreational screen time, particularly watching TV, was associated with

small increased risks of oesophago-gastric and colon cancer. The authors highlight the benefit of introducing modest amounts of exercise to daily routines; by replacing 1 hour a day of watching TV with 1 hour of moderate-intensity physical activity or walking was associated with lower risk of oropharyngeal, lung, breast and colorectal cancers. These findings reiterate UK Chief Medical Officers' Physical Activity Guidelines for minimising time spent in prolonged sedentary behaviours for health benefits.



<https://doi.org/10.1136/bmj.m2206>

Data from the Nurses' Health Study, Nurses' Health Study II and Health Professionals Follow-up Study were used to look at associations between the intake of total and individual wholegrain foods and the risk of developing type 2 diabetes. The authors report that individuals who consumed one or more portions of wholegrains daily had a 29% (CI, 26% to 33%) lower rate of type 2 diabetes compared with those who consumed wholegrains less than once a month. In terms of wholegrain foods (when one or more portions were consumed a day) wholegrain cold breakfast cereals reduced risk of type 2 diabetes by 19%, and non-white bread by 21% compared with those consuming less than one portion a month. Wholegrain consumption not only reduces risk of cardiovascular diseases but also other non-communicable diseases including cancer.

COVID-19 Changing how we live our lives

The work of Obesity Action Scotland <https://www.obesityactionsotland.org/> focusses on policy action to change our environment to improve access and cultural acceptability of food and drinks associated with weight gain in children and adults. Their work is relevant for cancer risk reduction but also other chronic diseases like heart disease and diabetes and now acute conditions like

COVID-19. Their survey

<https://www.obesityactionsotland.org/publications/reports/lifestyle-of-scotland-s-people-since-the-coronavirus-outbreak-stories-within-the-data/> on changing habits in 2000 Scottish adults during lockdown highlights the difficulties many people faced over food. Sadly, participants who reported eating more unhealthy food since the outbreak of the pandemic were also the most worried about diet and body weight suggesting that knowledge about food and diet doesn't easily translate into positive action and the added stresses brought about COVID brings even less control over food habits. This is a reminder that education alone can have little impact on food choices and we need to look to the wider environment (food access, food quality, prices, marketing) to make healthy food choices and habits the norm.

Events



Virtual Showcase will feature a number of topical sessions, panel discussions and proffered paper presentations covering the latest discoveries in: Big data and AI, Prevention and early detection, Immunology and immunotherapy, Living with and beyond cancer, and Cancer research and COVID-19. For further information, submit an abstract or to register visit <https://conference.ncri.org.uk/>



Cancer Prevention Course for Health Professionals

e-learning course by WCRF

This cancer prevention course is accredited by the Royal Society for Public Health and covers information about lifestyle and cancer prevention. It also counts towards Continuing Professional Development.

The course is Free of Charge and available online here.

<https://www.wcrf-uk.org/uk/here-help/health-professionals/online-training>



Food and Nutrition: The Truth Behind Food Headlines

Online learning by EIT Food and University of Reading

Aimed at those working outside of nutrition, learn how to find reliable, scientific information about food and nutrition and identify the truth behind food headlines.

This course is Free of Charge and available online

<https://www.futurelearn.com/courses/food-and-nutrition>

All our upcoming events can be found on our [website](#).

Get on Your Bike

We were a little bike crazy during July, with some great cycling stories shared by our bike loving SCPN bloggers. In case our blogs were not convincing enough, we asked Dr Suzanne Zaremba to put together 8 reasons why you should get behind the handlebars. So, go on, enjoy the ride (and what's left of the lighter nights!)



GET ON YOUR BIKE



Cycling has the potential to help many people achieve suggested physical activity goals, especially if incorporated into their everyday lives. We all remember that feeling as a child when our stabilisers were removed and we tasted freedom for the first time!

We have put together a few 'wheelie' great reasons why you should get back behind the handlebars.

1 Easier on your joints

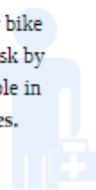
Cycling is a **low-impact** exercise. When you sit on a bike you put your weight on your pelvis, unlike running which puts heavy impact on your knees and ankles.



2 Reduce risk

Evidence suggests that active commuting by bike can reduce both **cancer** and **heart disease** risk by almost half.* Physical activity plays a key role in reducing risk of **non-communicable diseases**.

*Celis-Morales *et al.* BMJ 2017;357:j1456



3 Builds muscle mass



Cycling works many muscles, especially in the lower body. The quadriceps and hamstrings do most of the work when you ride a bike, becoming stronger over time. Cycling can also strengthen the upper body - shifts in body movements place pressure on the upper body and help to tone and strengthen these areas.



4 Awareness & co-ordination

When cycling you are constantly checking your surroundings, changing gears and braking. Cycling at least one hour a week was associated with improvements in **balance** in older adults.* Riding a bike can help with **reducing falls risk**, leg weakness and poor balance.

*Rissel *et al.* J Environ Pub Health 2013 doi:10.1155/2013/686412

5 Mental well-being

Getting out in the fresh air will clear your mind and give our skin exposure to sunlight for **vitamin D** synthesis. Being in nature can reduce feelings of **stress** and gives your mind a well deserved break away from our busy routines.



6 Saves cash

Let's face it, cars are expensive. In the UK car owners spend over £3,000 to run their car each year.* Parking and public transport expenses can quickly add up, not to mention gym memberships. Once you make the initial purchase a good bike should last you for years if properly maintained.

*based on RAC data 2018



7 Eco-friendly

Cycling is a **pollution-free** means of transport. Currently bikes and e-bikes make up 6% of miles travelled in world cities. If by 2050, bikes and e-bikes make up 14% of travel in world cities, there would be an overall 11% reduction in carbon emissions.*

*Institute for Transportation & Development Policy 2020



8 Fresh air

You may be more likely to catch a cold if you use public transport. Research estimates that you are six times more likely to end up with an acute respiratory infection if you have recently used a bus or tram.*

*Troko *et al.* BMC Infect Dis 2011; doi: 10.1186/1471-2334-11-16



Interested in our work?

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