



SCOTTISH CANCER PREVENTION NETWORK

StackingtheOdds

FOR GOOD HEALTH



inside **StackingtheOdds**



Featuring

04 Prostate Cancer - Tackling the Issue

05 A Slower Version of the Beautiful Game

06 Activity Trackers

07 An Interview with John Beattie

09 Bowel Screening: My Story by Iain Kerr

11 The Scottish Men Shed Movement

13 Electric Cars, How Did Norway Do It?

14 Techwatch

15 Alcohol and Red Meat

16 The Joy Of Home Cooking

18 'Manning Up' When it Comes to Weight Loss

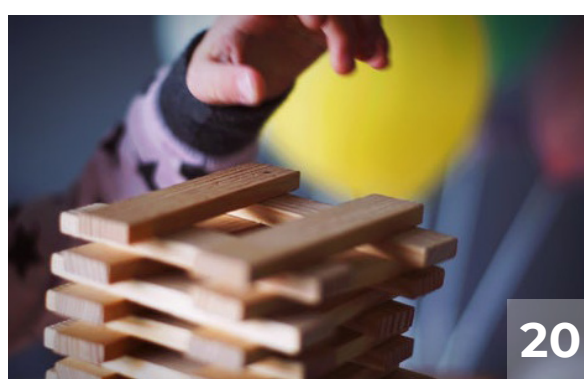
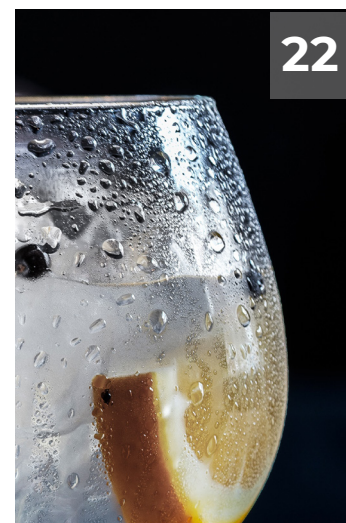
19 What Does the Prof Say? - Naveed Satar

20 Cancer Facts or Fiction?

22 Cheers! Go Hard or Go...Alcohol Free?

23 E-Cigarettes – What Do We Know?

23 Billy Connolly: Made in Scotland



A note from the editor...

Welcome to our first issue of 'Stacking the Odds'. A Scottish publication for men written (mostly) by men! Health is a topic that we, as men, don't often talk about and perhaps as a result we often fare less well than women, particularly when it comes to cancer, but this doesn't have to be the case. Inside is some of the latest information and guidance on maintaining good health as (dare I say it) we get that bit older.

From cancer screening to cancer myth busting, we provide the science behind alcohol and red meat, the latest on e-cigarettes, and opportunities to get active in your community. We hear from John Beattie as well as our National Chef and MasterChef Winner - Gary Maclean, and we speak to some of our local 'shedders' (Scottish Men's Health Association).

We hope you find our articles interesting, and pick up some simple ideas for stacking the odds in your favour when it comes to reducing cancer risk and healthy living in Scotland.

Prof. Bob Steele, University of Dundee



Prostate Cancer - Tackling the Issue



“If women get screened for breast cancer what about men? Why aren’t we screening for prostate cancer?”

Prostate cancer is the most common cancer in Scotland with around 1 in 8 men being diagnosed at some point during their

lifetime. Although numbers are increasing the good news is - so is survival, especially when it’s spotted early! So why don’t we have a national screening programme to help detect prostate cancer early? Well, the simple answer is that we don’t have a test that is good enough. A test many will have heard of is the PSA (prostate specific antigen) test which you or someone you know may have had

and is often offered to men by their GP when they experience urinary problems. However a high PSA level does not necessarily mean that you have cancer so there are important advantages and disadvantages to consider before deciding whether or not to have the test. Recent evidence tells us that screening with a single PSA test will not prevent people dying from the disease. The problem is that, although PSA testing does detect a form of prostate cancer, most cases do not progress and therefore are not destined to cause death. In addition, aggressive prostate cancer often presents in the face of a normal PSA. So what can we do? Professor Bob Steele (chair of the UK National Screening Committee) says the message cannot be “don’t screen”, it must be “don’t offer screening with PSA alone”, and more work needs to be done before we have a screening programme for prostate cancer. As we get older the prostate does grow and can sometime lead to peeing problems. This does not mean that you have prostate cancer but the best thing to do if you are having trouble with your water works is to hop along to your GP who will be able to advise you on the best treatment.

Prostate Health - What can you do?

Strong Evidence

Currently the only strong evidence we have for preventing prostate cancer is keeping a healthy weight.

Having excess body fat can increase your risk of developing prostate cancer and so the recommendation is to work towards a healthy body composition (building muscle and reducing body fat) by being physically active whenever possible and balancing your calorie intake for your own personal needs.

Limited Suggestive Evidence

There is some evidence that eating and drinking too many dairy products and diets high in calcium increases the risk

of developing prostate cancer. However, the evidence is limited and there is no current recommendation to reduce how much dairy produce you have, especially as dairy products can have health benefits. However...that’s not to say there’s any harm in saying no to that chocolate ice cream!

There is also some evidence that suggests low plasma alpha-tocopherol concentrations (Vitamin E) and low plasma selenium concentrations (Selenium) are associated with an increased risk of developing prostate cancer, but this refers to levels in the blood and not a lack of foods containing these nutrients. Again evidence is limited and there is no current recommendation to increase foods rich in these nutrients.

No Conclusion

There are also lots of individual studies that

have led to confusing advice in the media about foods that men should eat to reduce the risk of prostate cancer, ranging from carrots, pomegranate juice to green tea and Brazil nuts and I’m sure you will have read or heard of many more. That’s not to say that some of these foods don’t have health benefits, BUT, there is just not enough evidence to show that eating these foods means you are less likely to get prostate cancer.

INSTEAD, the current and best advice is to think more widely about your health by following the recommendations for cancer prevention more generally which will in turn benefit your health overall. See page 19 (Cancer Prevention Recommendations)

If you want to find out more about prostate cancer you can visit:- <https://www.prostatescotland.org.uk>, <https://prostatecanceruk.org/>

A slower version of the beautiful game

(Walking Football Scotland)

Do you sometimes reminisce about the good old days when you would kick a ball about with your mates or perhaps you played in a team and miss the banter that ensued? Have you ever considered walking football?

Walking football was first played in the May of 1932 between Derby and Crewe Railway veterans at the Baseball ground which was home to the Rams until 1997. The game was watched by more than 1500 spectators to see the match end in a 1-1 draw. It became an annual event lasting for a few years but then, walking football seemed to all but vanish...until much more recently. Reintroduced by the Chesterfield FC Community Trust in 2011, to encourage the over 50s to become more active, it was the 2014 Barclays TV ad that really brought walking football to the fore. More recently a documentary aired on Sky Sports in 2017

led to further clubs getting involved and setting up their own teams, Manchester City being the first Premier team, followed by Glasgow Rangers! More than likely there will be a team not too far from you (perhaps you have already joined a team or at least know someone who has...?).

“
YOU DON'T EVEN NEED
TO BE IN YOUR BEST
SHAPE ALL YOU NEED
IS SOME ENTHUSIASM
TO GET UP, GET OUT
AND GIVE IT A GO!
”

In fact with upwards of 800 clubs across the UK, walking football has become so popular among the over 50s, and indeed the over 60s and beyond, that in 2016 the Football Association stepped in, drafting a rule book that they hoped everyone could

agree on!! The main rule, as the name suggests, is no running (which everyone does tend to agree means one foot must be in contact with the ground at all times) otherwise you concede a free kick to the opposing team, it's low-impact so no sliding tackles, and the ball must be kept below a certain height. Teams tend to be 5 or 6 aside and, as it is of course a slower pace to normal football, it means it is absolutely perfect for those returning to the game after many years or for those who just fancy getting out of the house and want to give it a try. Most importantly you DON'T need a bod that resembles an athlete. You don't even need to be in your best shape all you need is some enthusiasm to get up, get out and give it a go!

The aim is to get older men (and women) more active, enjoying a favourite pastime, socialising and having fun. There are around 20 clubs across Tayside, Angus, Fife and Perth and Kinross playing on various days of the week. Search here to find your local team - <https://www.walkingfootballscotland.org/joinin/>.



Kirkcaldy Walking Football Club'



Activity Trackers

Fitness watches are growing in popularity but do remember that you can get out and track your activity without having to spend a penny!

A good old fashioned watch can do just the trick or a pedometer can make a much cheaper alternative and does a similar job. If you haven't exercised in a while remember you can start small, even walking for five or ten minutes can have huge health benefits and you can gradually increase the time that you are active.

If you have any health concerns and are worried about what activity will be safe, speak to your doctor who will be able to advise you on how best to get started. We can all benefit from doing just that little bit more.

However, if you are a fan of the gadget and have a birthday approaching or just fancy treating yourself here are some of the best buys under a £100.

Which? Best Buy fitness watches and activity trackers

Top five budget fitness trackers under £100

By Hannah Walsh

CHEAPEST BEST BUY



Garmin Forerunner 25 (73%)

Good step count, tracks calories, sleep and has built in GPS. Waterproof up to 50 meter.



Huawei Band 2 Pro (65%)

Accurate, lots of features and comfortable to wear. Good value.



Garmin Vivofit 3 (65%)

Simple, accurate and comfortable. No heart rate monitor but it has a replaceable coin-cell battery so you don't need to take it off to charge.



Garmin Vivofit 4 (64%)

Accurate during walking and running, simple and comfortable and long battery life.



Fitbit Alta (56%)

Excellent Fitbit app, stylish and with an active hours feature.

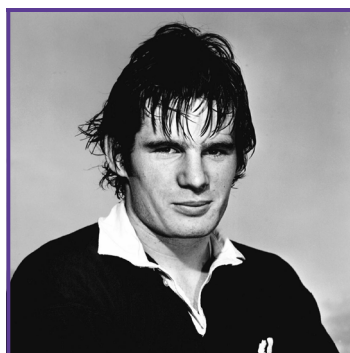


AN AFTERNOON WITH

John Beattie

Playing rugby from the age of 6, John Beattie found the sport the best way to be accepted when he moved to Scotland from Borneo as an eleven year old. Little did he know then that 25 caps for Scotland and 3 Lion's tours lay ahead of him.

Today John is a successful broadcaster, fronting the John Beattie show, a daily news programme on Radio Scotland and commentates on sporting events across the spectrum. We were delighted to catch up with John and find out a little of what makes him tick.



What was your first job?

I had lots of summer jobs, labourer, scaffolder, driving a van delivering flowers, driving a van full of frozen food all over Scotland, but my degree was in Civil Engineering so my first job was on the Edinburgh city bypass in late 1980 - in fact there are some bits of it in slightly the wrong place because of me.

How do you keep fit now that playing rugby isn't a regular part of your life?

I cycle to and from work every day - three or six miles in and six miles home on a horrible day, or ten miles each way on a beautiful summer day. I have plenty of detour routes. I also do weights three times a week and do three circuits of compound exercises that hit every muscle with press ups and pull ups on top of that.

Do you have a fit bit or other gadget for measuring how active you are?

I did for a while. But I don't see the point in competing with myself effectively - I had enough of that in my rugby days - and the measurement can take the fun out of things. If I do enough then I feel good, and if I can't do what I used to be able to do then I am either not training enough or I am getting older. Don't tell my wife but I weigh myself every morning so that tells me where I am.

Where does alcohol fit in your life?

I hardly drink. I had two alcoholic uncles and my folks seldom had enough money for drink in the house. As a young man I would drink a fair amount after rugby, but I prefer feeling sober now. I do look forward to a pint and a glass of wine at a weekend. I drink alcohol once a week at most. I drink because others drink. In an ideal world I wouldn't drink anything.

If you could choose one record for your desert island what would it be (and why)?

The Beatles 62-66 compilation. I only came to the UK when I was around 11, and my folks in the jungle of Borneo hadn't heard of the Beatles when I came home on holiday from school in Penang singing "She Loves You." So when I came to Scotland songs like Ticket to Ride and I Feel Fine mesmerised me in terms of song writing, singing and playing guitar.

What do you prefer? To Cook? Or to be cooked for?

I enjoy cooking, but somehow it doesn't taste as good if I do it myself. I do play the pathetically proud man and crow about "merely following instructions". I also claim to deviate from them with no ill effects. There is nothing nicer than being cooked for though as it is an act of giving.

How do you keep active when your job seems to involve so much sitting in the studio?

Quite a few of us now have standing desks. Also I get up and walk, and when I am on air I stand up regularly. It can be very disconcerting for interviewees. I probably sit too much at work though.

Tell us one thing that people might find surprising about you?

You know I play in a rock band, my brothers and I would sing harmony as we did the dishes after a meal when we all lived with our parents, but as I get older I do wonder about the winning and losing aspect of sport. It took me a long time to realise that sport is part of the entertainment business, the score is the unpredictable by-product, and that in the end it's about belonging and friendship. Not winning and losing. But youngsters don't believe me - yet.



AAA Screening

All of us have a big blood vessel running down the back of our tummies (just in front of our back bone) called the abdominal aorta.

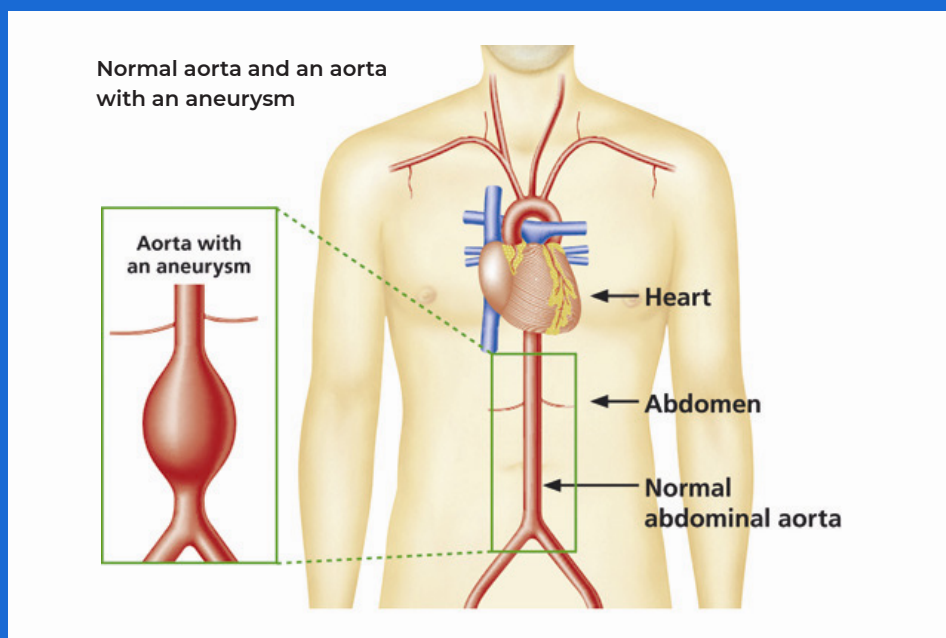
In some of us, as we get older, this dilates to form what is called an aneurysm (hence AAA - Abdominal Aortic Aneurysm). This is potentially dangerous, because, if it bursts, it causes massive internal bleeding which usually leads to rapid death. The good news is that if an AAA is detected before it bursts then it can be treated safely by an operation which is usually very straightforward. However, people with an AAA usually don't know they have it until it's too late, and although it is possible to operate on an AAA when it has burst, the chances of surviving this are quite small. As a result, early detection is really important and in the UK we have a National Screening Programme where all men at the age of 65 are invited for an ultrasound examination. This is very simple, painless and only takes a few minutes.

It is a very accurate method of picking up

AAA and there has been a lot of research that shows very clearly that detecting AAA early and operating on it saves substantial numbers of lives. A common question is - why only men? And the simple answer is that this condition is very rare in women. Another common question is - if the scan is positive will I need an operation? The answer to this is sometimes but not always. If you have a small AAA, rather than an operation you may be offered

careful follow-up and you might only need an operation if the AAA gets bigger. The bottom line is that taking up the offer of AAA screening can save your life. The test is painless and simple and the treatment, if you need it, is very effective. So when the offer comes in, take it seriously!

For more information visit <https://www.nhsinform.scot/healthy-living/screening/abdominal-aortic-aneurysm-aaa/abdominal-aortic-aneurysm-aaa-screening>





Bowel Screening: My Story by Iain Kerr



In October 2013, at the age of 58, I was fortunate enough to retire early.

My wife and I made the decision to move from the South West of England and relocate to Clydeside. For me it was to return home to places I had missed so much. So a fresh start after many years away. Very soon after registering with our GP we received the

bowel screening kit. I took the test without hesitation. After going through further tests I was invited to go for the routine colonoscopy. Blood had been found in my poo.

I had no symptoms beforehand.

Although not complacent, I was convinced it was due to 'piles'. However I was diagnosed with bowel cancer in January 2014. A tumour was found in the lower part of my large bowel. At first it was a bombshell – I was all over the place. However, within a few days I made the personal decision to fight this disease, face the future positively, and use whatever time I had for others.

Throughout 2014 I went through a series of surgical procedures including having a

large part of my bowel removed, an ileostomy, the bag and subsequent reversal. So it may seem strange to feel fortunate. Friends and family did wonder at times why I felt that way. Quite simply at the time of my diagnosis the bowel screening programme in Scotland was aimed at people who are 50 and over. In England it was 60. In effect if I had not moved 'back home' it would have been over two years before the tumour was discovered.

The basic question then is; 'who knows what could have happened?'

Following treatment from a wonderful colorectal team at the RAH in Paisley I took the advice from my surgeon to support other patients and

people in similar circumstances. By chance I saw an advert in my local paper from Bowel Cancer UK, who were looking for volunteers in my local area. I subsequently attended a volunteer induction day where I was trained to deliver bowel cancer awareness talks aimed at helping people to be healthy and, most importantly, take part in screening. A key piece of information: complete the screening and if caught early (stage 1) then 98% survive bowel cancer. I am an example of someone who did just that. I so enjoy going out to workplaces and community groups to meet people, share the knowledge I have gained, and hopefully influence people to care for themselves and others. I often say in my talks that "if by doing this I save one life then it is worth every effort".

Bowel Screening

The NEW FIT test (faecal immunochemical test). What are the advantages and what have people said?

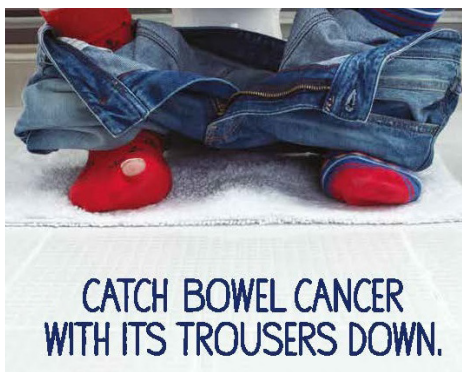
Almost 4000 people in Scotland are diagnosed with bowel cancer every year and unfortunately our risk increases as we get older. In Scotland everyone aged between 50 and 74 are invited to take part in bowel screening which aims to detect bowel cancer at its earliest stage when treatment is most likely to be effective. In fact most men will survive bowel cancer when it's detected early (stage 1).

Advantages of picking up bowel cancer at stage 1:

- It can almost always be cured
- Chemotherapy and/or radiotherapy are not required, therefore no side effects from these treatments
- Surgery is usually straightforward and can be done using keyhole techniques
- In many cases, stage 1 cancers can be removed completely by endoscopy (colonoscopy) alone, and no surgery is needed

Bowel screening can also detect polyps which can be removed, preventing bowel cancer before it even begins. The introduction of a new bowel screening test in November 2017 has seen an increase in the number of people taking part in bowel screening. One of the advantages of the new, simpler test is that it requires only ONE poo sample compared to the previous test which required THREE poo samples! As well as being a better test (clinically) it has been designed to be much easier to use, more hygienic and better yet, you can post it off back to the lab straight away!

One Sample > Complete at home > Results within two weeks



“

So what do people think about the new test?

My wife and I would have been happy to continue with the three stage format. However, the new version is simpler and more user friendly and hopefully this will encourage more people to take the test - Jim, Age 68

Much more practical, quicker and user friendly - Brian, Age 70

This is the third invitation I have received to participate in the bowel screening and it is so much better. It's easy to ignore, but colorectal cancer is treatable. This one off test takes just a few minutes. Stephen, Age 54

”

The Evidence - Lifestyle and Colorectal Cancer Risk	
STRONG EVIDENCE - Decreases Risk	STRONG EVIDENCE - Increases Risk
Physical activity	Red Meat
A diet rich in wholegrains	Processed meats
Foods containing dietary fibre	Alcohol
Dairy products	Being overweight or obese
	Being tall
SOME EVIDENCE - Decreases Risk	SOME EVIDENCE - Increases Risk
Vitamin C and vitamin D	Low consumption of non-starchy vegetables
Consuming fish	Low consumption of fruit
Multivitamin	Foods containing haem iron

Ref World Cancer Research Fund Third Expert Report Summary

This little test could help save your life.

The bowel screening test: What you need to know

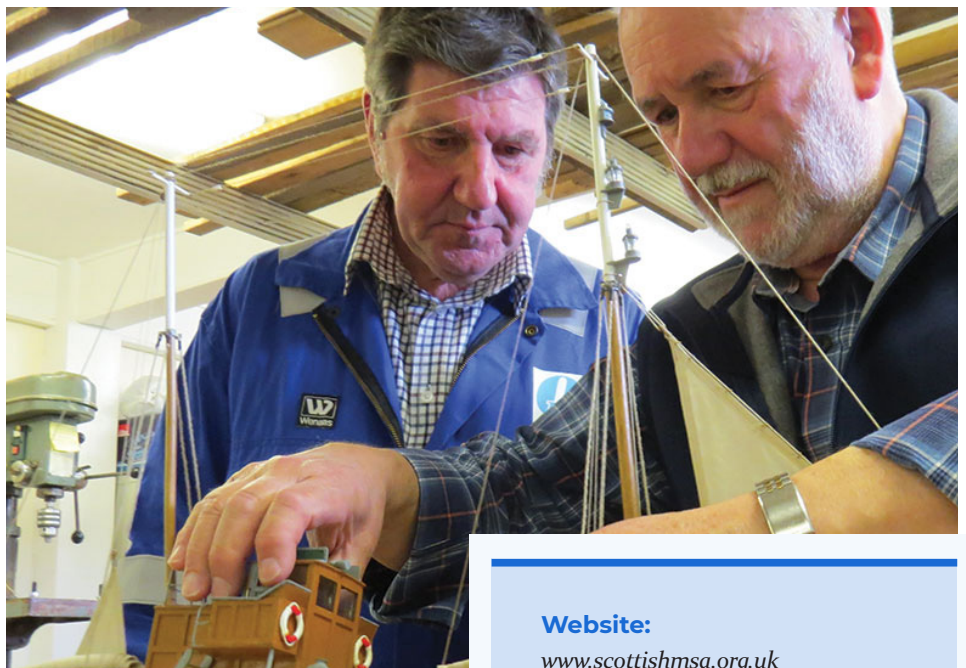
- ✓ One sample
- ✓ Complete at home
- ✓ Results within two weeks

THE SCOTTISH MEN SHED MOVEMENT



The very early rumblings of the Men's Shed movement began in Australia in the 1980s concerning the lives of former miners, with Menshed Australia first established in 1992.

Men's Sheds are non-profit organisations, essentially charities operating in local communities providing a social space for men to "connect, converse and create" (Men's Shed Association). Although the idea builds on that of a garden shed where men would engage in practical interests, although these might often be solitary endeavours, modern 'Sheds' can be whatever the members or 'Shedders' wish them to be with activities varying



greatly but often including some form of repairing or creating whether it be wood or metal work or something else. The key and recurring phrase we hear is "Men don't talk face to face. They talk shoulder to shoulder". Engaging together in their various interests which are as diversified as model railway

making, 3D printing, playing cards and pool, cooking, leatherwork, singing and playing instruments and learning to speak again after having a stroke in a shame free environment, is the key to success in their local Shed. Most importantly the Men's Shed Association in Scotland is for all men over the age of eighteen with time on their hands who want to socialise with a purpose in a healthy way. However, not all members partake in activities with some just enjoying the social interaction, friendships and banter that comes part and parcel with joining the Men Shed movement.

Scottish Men's Sheds have mobilised a hard to reach male sector of our society and are spreading in popularity. According to the Scottish Men's Sheds Association, launched in November 2015, Scotland has 103 Sheds currently up and running (over 5000 Shedders) and another 51 in development!

Website:

www.scottishmsa.org.uk

Facebook & YouTube:

[Scottish Men's Sheds Association](#)

Twitter:

[@ScottishMSA](#)

Stacking the odds against cancer

- A visit to our local 'Shed'

The Scottish Cancer Prevention Network aims to raise awareness about reducing cancer risk through promoting screening and healthy lifestyles and helping cut through the false messages that scunner so many people.

We have lots of information on our website (www.cancerpreventionscotland.org.uk) and written materials but in order to get some insight into what men are thinking, wondering and worrying about, we went to visit the very welcoming Carse of Gowrie Men's Shed.

Here are some of the messages we talked about:

- » About a quarter of cancers are related to lifestyles (diet, physical activity, alcohol, body weight) in addition to the impact of smoking
- » Bowel screening saves lives – get the disease early and it's treatable
- » It's never too late - no one is too old to benefit from making changes to lifestyle

Here are some of the topics the group discussed: Alcohol is good for health isn't it?

- » Not good for avoiding cancer and actually any good is cancelled by having more than one small glass a day. Enjoy small!
- » The less alcohol you drink the better, the hard message is that for cancer none is best, but that might be a bit ambitious. Things that help decrease booze intake are low alcohol beers, not drinking on at least 2 nights of the week (the more the better), being the driver, counting your drinks (and setting a limit).

I used to be very fit but can't manage to exercise these days

- » Something is better than nothing. Keep moving, avoid sitting, try and walk as much as possible – inside and outside!
- » A 10 minute walk counts! Add in activity to your day... park the car further away, take a walk round the block, go for a walk with a friend at your local Shed. If you do this every day that's over one hour of extra walking a week. Start modest and increase month on month. Fitbits and pedometers can be motivating but looking at your watch and ticking off the 10 minutes is the cheapest of all.

We all need a bit of extra weight as we get older

- » Excess body fat is related to the development of 13 cancers. In Scotland, over 80% of men aged 45 to 74 are overweight or obese. Keeping to a lower weight helps reduce cancer risk (as well as diabetes, heart disease and strokes) at all ages.
- » Whatever your weight – watch out for weight gain. In terms of cancer we all know that unplanned weight loss can be a sign of cancer but the bigger problem is unplanned weight gain which is a risk factor for cancer development. Weigh weekly and write the weight down with an action plan if needed!

Everyone knows someone who was the model of healthy living but they were diagnosed with cancer

- » Both genes and lifestyle are important in the development of cancer. We can do little about our genes but we know that leading a healthy lifestyle can help "stack the odds" against cancer occurrence and recurrence.

A TEN MINUTE WALK COUNTS!

paths
for all

**Everyday walking
for a happier,
healthier
Scotland**

#everydaywalking



ELECTRIC CARS

HOW DID NORWAY DO IT?

Norway leads Europe with the volume of plug in electric car sales but how has Norway moved to electric vehicles (EVs) so quickly?

The answer is largely down to taxation and subsidy. Norway is the only country where it can be cheaper to buy an electric car rather than a petrol or diesel vehicle. In addition to this, electric vehicles in Norway are also free to use many bus lanes and currently pay no tax. Toll roads and parking too are free so the incentives are many, with an estimated saving of £3000 per year on running costs. However despite this, approximately 70% of electric car owners in Norway still also own a fossil-fuel vehicle.

Buying a petrol or diesel car in Norway is the most expensive in Europe with a Honda CR-V starting at £46,000 as opposed to £21,000 in the UK. So although electric cars typically cost more to produce and buy, since in Norway they escape all initial tax and VAT, their price is in line with fossil-fuel vehicles making them a much more attractive proposition to buyers.

Norway does have a smaller population and a large oil wealth that has helped create the world's largest sovereign wealth fund. In May 2018 it was worth about \$195,000 per Norwegian citizen. Although the UK also has oil, no such fund was created here and thus decisions to incentivise are limited. Indeed what little incentives the UK has provided have already been cut. Recent 2018 reforms brought an end to financial support for plug in hybrid vehicles while the maximum grant for EVs has been cut from £4,500 to £3,500.

Without government incentives it seems most unlikely that in the short term at least the UK will see a steep rise in EV sales. This is compounded by the prohibitively high costs for new EVs and an as yet negligible second hand market. Together this means EVs look set to remain out of reach of large parts of the population. So in the UK we will likely have to wait for the prices to come down as the competition amongst car makers increases and the price of the battery reduces as the technology improves. This, combined with a growing second hand market, might see more affordable electric cars on our roads.

“

NORWAY IS THE ONLY COUNTRY WHERE IT CAN BE CHEAPER TO BUY AN ELECTRIC CAR RATHER THAN A PETROL OR DIESEL VEHICLE.

”





Techwatch

I was recently struck by a BBC news article by Justin Rowlatt @BBCJustinR with its attention grabbing title “Why you have (probably) already bought your last car”.

Justin says that nothing stops the progress of technology and used the example of the horse quickly being replaced by the car. However the car is now more than just a mode of transport, it is a way of life. Will we really be ferried around in driverless electric vehicles?

Let's presume most of us live and work in a city, although quite a few of us don't. People still own and love their vehicles. Even in London 54% of households have at least one car. More locally in Dundee 58% of families have access to a vehicle, a small increase from 2001.

These new vehicles will have to be very convenient and cheap to hire to replace the

car currently parked outside. For now the tax on petrol and diesel is around 60%. With the demise of the car surely government will have to look to the new transport network to reclaim this lost tax revenue?

Returning to the technology itself, the tech companies claim a combination of digital mapping and onboard sensors will allow vehicles to navigate around our existing roads. Computer ethics commentator Ben Byford is concerned by how a driverless car will respond to pedestrians and other road users. “Say that the cars always react in the same way. That being the case, I could seriously injure people by walking out in front of a car on purpose, knowing that it wouldn't be able to hit me.” In March 2018 Uber suspended the testing of driverless cars after a cyclist was killed. This incident made every news bulletin for days and people were outraged by the dangers of such vehicles. However the number of pedestrian fatalities in the U.S in 2017 was just

short of 6,000 according to estimates from the Governors Highway Safety Association. Perhaps a media offensive will suffice to explain the risks.

So, have I bought my last car? I doubt it. However, the industry is now moving quickly and a spokesman for BMW was quoted as saying, “the technology for autonomous driving will be ready in 2021, regardless of whether the legislation is.” However legislation is perhaps the key and the UK government's own “Road to Zero” strategy which outlined how the UK plans to outlaw the sale of petrol and diesel vehicles by 2040 is hardly on the horizon; indeed, it is five years later than recommended by government advisors. Without the push of legislation or economic incentives the pace of change might not be as fast here as is promised from other countries around the world.

Alcohol and Red Meat

So why are we being warned off eating and drinking too much red meat and alcohol? Can it really be that harmful?

The Science

Red and Processed Meats

Several factors have been implicated. Red meat when cooked at high temperatures produces substances called heterocyclic amines and polycyclic aromatic hydrocarbons (carcinogens) both of which have been linked to colorectal cancer development. Red meat also contains haem iron which promotes the formation of potentially carcinogenic N-nitroso compounds in the body. For similar reasons, processed meats are also thought to be linked with colorectal cancer, but they also often have N-nitroso compounds added to them. Current guidelines recommend not eating processed meats and eating only moderate amounts of red meat. Red meat can be a good source of nutrients but we don't need to eat it every day. <https://www.wcrf-uk.org/>

Alcohol

While the precise mechanisms are not completely understood, there is strong evidence that acetaldehyde, the principal and most toxic metabolite of alcohol, can act as a carcinogen by disrupting DNA synthesis and repair. Ethanol can induce a process that is potentially damaging to the genetic information within a cell (genotoxic) causing mutations, which may lead to cancer. Alcohol is also thought to function as a solvent, which allows carcinogens from the diet or environment (e.g. tobacco) to penetrate cells more easily. Alcohol may also interfere with DNA repair mechanisms.

THE JOY OF HOME COOKING

GARY MACLEAN

*Scotland's First National Chef and
MasterChef Winner 2016*

What a life changing experience winning MasterChef the professionals 2016 has been, I have done some incredible things since winning. Travelling the world - events in Singapore, New York, Los Angeles, Malaysia and India - cooking for the Prime Minister at Number 10 and the First Minister at Bute House.

I have just published my first book and was determined to write a book that will actually teach people to cook and eat better. Using my skills as a lecturer and as a father of five, the book will show the readers simple practical dishes that will go into great detail on not only how to do it but also why things are done.

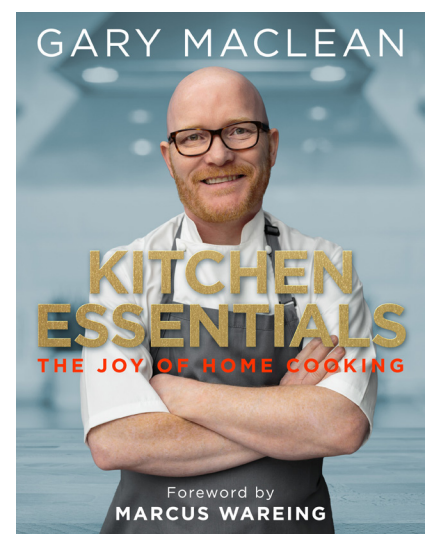
The other big news was I became Scotland's First National Chef. This appointment is made by the First Minister to help promote the use of Scotland's amazing larder, having a healthier lifestyle and a better relationship with food.

Being a culinary coach at the City of Glasgow College has pushed me and given me skills and opportunities that I would have never had in the private sector. I competed against some amazing chefs on MasterChef who had a much better CV than me, with loads of experience in some of the best restaurants in the country. I felt very calm throughout the whole show and it took me ages to figure out why. I put it down to coaching young chefs for competition - you spend weeks practicing, you have the expectations of the young people and the whole department on your shoulders. When you then compete you have a one in eight chance of winning or getting through. The pressure is incredible on MasterChef however, in most rounds, as long as you are in the top half of your challenge you are fine so, for me, at least the odds were more in my favour and it was easier than coaching the college team.

“

IF WE HELD A COOKING
COMPETITION AT THE CITY
OF GLASGOW COLLEGE I
DON'T THINK I WOULD WIN

”



*Kitchen Essentials - The Joy of Home
Cooking by Gary Maclean: Available
at all book retailers*

The other advantage I think I had was being surrounded by the amazing, talented chef/lecturers that I work with. They are total experts in their chosen field, so every day as a lecturer we see and experience food and skills at a very high level. I was quoted not long after winning and I said if we held a cooking competition at the City of Glasgow College I don't think I would win. The talent in my department is incredible. Winning MasterChef and secondly becoming Scotland's National Chef has highlighted how good culinary education is in the UK.



A simple, easy to follow, recipe

from our good friends down under

PREP: 10MINS
COOK: 20 MINS
SERVES: 5

Ingredients:

- 5 skinless chicken thighs
- 1 apple
- 2 cups garden peas or beans (e.g. kidney beans or chickpeas)
- 1 onion
- 2 small courgettes
- 2x 400gms tinned tomatoes
- ½ tbsp sultanas
- 1 ½ tbsp curry powder
- pepper to taste
- 2 cloves garlic to taste

Method:

1. Take skin off chicken.
2. Peel and chop apple and onion.
3. Chop courgettes.
4. Place apple, onion, courgettes, peas or beans, chicken, tomatoes, sultanas, curry powder, garlic and pepper into a large saucepan.
5. Bring to the boil slowly and cook over low heat for 1 hour.
6. Job done!!

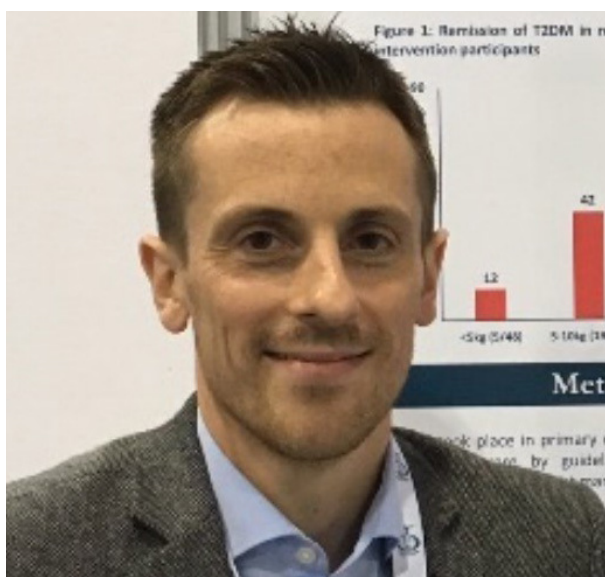
Serve with some brown rice, spinach and a large dollop of low fat natural yoghurt – delish!

Recipe from Deadly Tucker cookbook (Aboriginal & Torres Strait Islander-FOODcents manual, 2006), North Metropolitan Health Service, Department of Health WA, reproduced with permission.

You can find more Deadly Tucker recipes at <https://www.superherofoodshq.org.au>.

A male perspective on weight loss, and how to do it

George Thom, Research Dietitian, Glasgow University



A male perspective on weight loss, and how to do it

None of us are gaining weight through choice, but in a world of plentiful, tasty and cheap food it's become normal. If you are carrying more weight than you'd like to, the good news is you can tackle it successfully.

I've seen many men in their 50's and 60's who've been able to lose considerable amounts of weight. In a recent study I'm involved in (DiRECT, which stands for the Diabetes Remission Clinical Trial), lots of men were successful in reversing type 2 diabetes after an average weight loss of 10kg (1 stone 8 pounds) and quite a few lost upwards of

15-20kg (2½-3½ stone). The bottom line though is that losing even small amounts of weight can make a difference to things like blood pressure, reducing risks from certain cancers, and just making you feel generally better about yourself.

Where to go for help

Some prefer men-only weight loss groups, and an option for football enthusiasts is the Football Fans in Training initiative which offers free programmes to help men lose weight and get fit at their local football club (<http://spfltrust.org.uk/projects/football-fans-in-training/>). A useful website offering advice and support

to men can be accessed here (<https://manvfat.com>) and an option for those who like to cook are 'The Hairy Dieters' recipe books (by The Hairy Bikers), which offer practical ideas on how to adapt your favourite meals. In the DiRECT study a meal replacement approach was used, and some people find that structure helpful for short periods (<http://counterweight.org>).

A word on calories...

The bottom line is that to lose weight, you need to take in less calories than your body requires. Diet is the most important aspect – exercise helps a bit, but what you eat should be your main focus when it comes to weight loss. Put it this way, burning off a Snickers will require about a 3 mile jog.

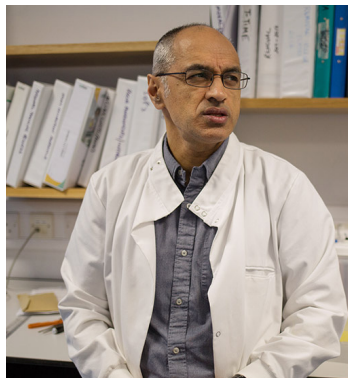
It's never too late to be that slimmer, healthier guy you want to be. If you've got too heavy and your health is suffering, and you're fed up with the "we're worried about you..." chat from family, or the chaffing between your thighs, then now is the time to take control and shift the excess weight. What are you waiting for?

My 10 top tips for weight loss success:

- Identify the root cause of your weight gain, and address it.
- Set yourself a target – whether you want to lose a little or a lot be realistic about how long it will take to lose. Weight that has gone on over years will not come off in days.
- Weigh yourself weekly – and keep a record of progress.
- Try writing down what you're eating, it will make you more aware of what and how much you eat, but also focus your mind on what you're trying to achieve.
- Have a plan: 3 meals a day, with 1-2 low calorie snacks is good. Try to have home-made meals and not eat out too often.
- Eat your calories, don't drink them. Watch your booze intake, and cut out sugary drinks, and supposedly healthy smoothies and breakfast juices. Opt for low calorie fluids - tea, coffee (not too many milky ones), zero sugar drinks, or plain cool water.
- If you need a snack between meals try and have fruit (or something around 100 calories) but try coping with mild between-meal hunger.
- Enjoy your food, be flexible and not too restrictive. Still allow yourself a bit if what you fancy
- Get more active - exercise won't take the pounds off alone but it will help, and make you feel happier and fitter in the process. It can also take the edge off appetite.
- Don't give up! If you overdo it one day, get back on track the next day, it's what you do over weeks and months that counts.

What does the Prof Say? Naveed Satar

Professor/Honorary Consultant (Cardiovascular & Medical Sciences), University of Glasgow

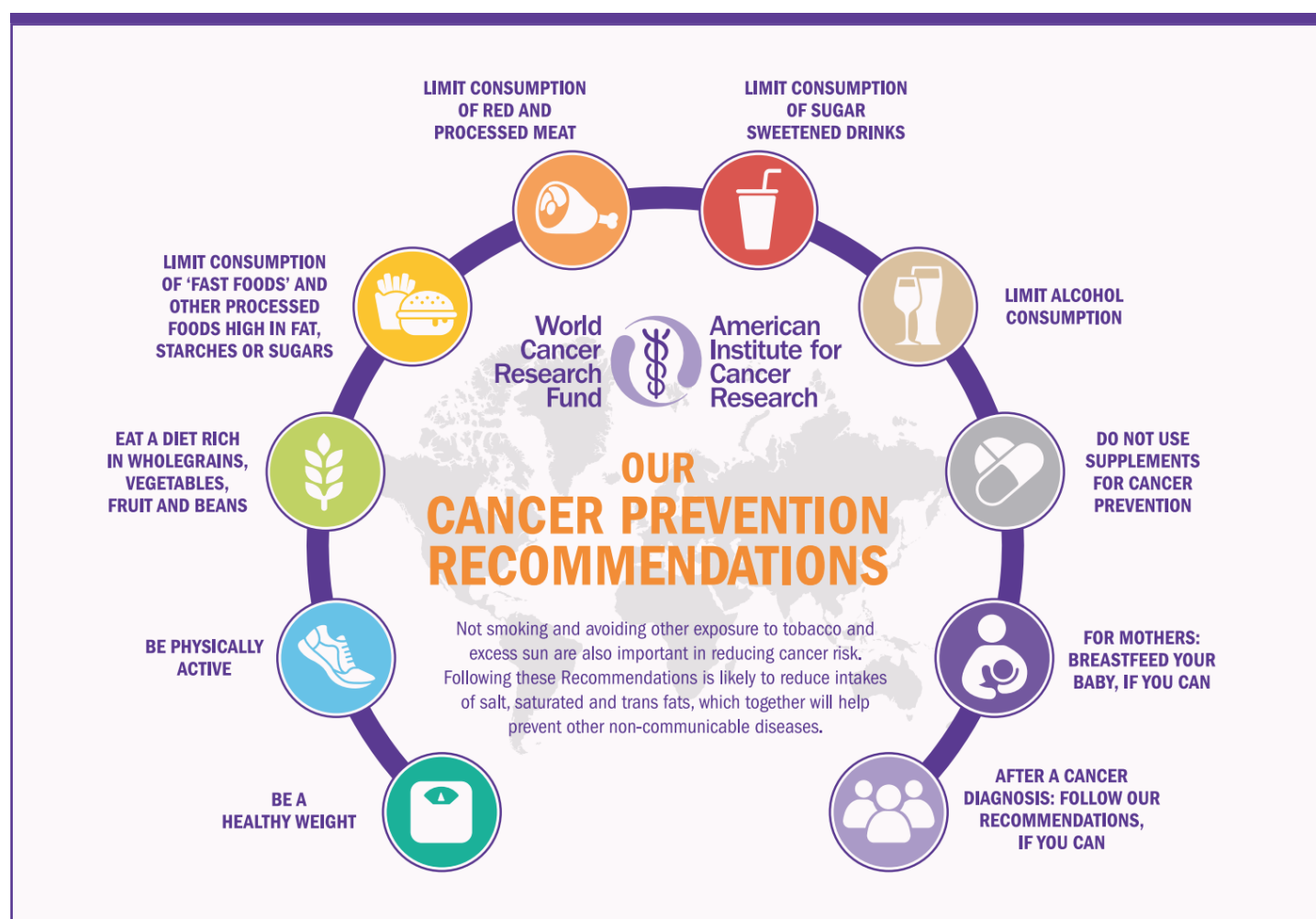


Over 50 and just a wee bit overweight and waist getting progressively bigger – does it matter to your future health?

Well, in many ways it does. We know now that for a given rise in weight, men do worse than women as proportionally many more men than women will develop diabetes or heart disease. This is because we know that as waist levels rise, fat builds up in or around the organs inside the body which leads to the ‘clogging’ up of organs like liver that normally help manage blood sugar and fat levels. We also know that carrying too much fat also stresses the blood vessels and increases cancer risks. So, whilst men think they can often “get away” with a little beer belly, changes are happening inside

their bodies which increase their risks of important diseases. We say that if waist levels in men are above 102cm (40 inches) then risk of developing a chronic disease is high enough to want to do something about it (*For more information on waist size see back page). Of course, many men would wish to be lighter than they are even below this level as losing weight means better quality of life, more energy and enjoyment in nearly all physical activities. Here there is now very good news. The medical evidence to help people lose weight and do so in a sustainable manner has increased substantially so that

several simple options to weight change can be tried. Many men (and women) are struggling with their weight given all the cheap temptations that exist. Health care workers should no longer judge but should be there to work as a team to help people lose weight or make meaningful changes that slow weight gain.

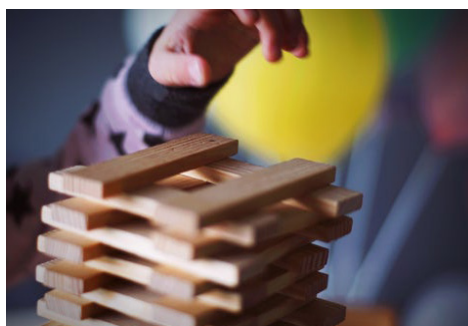


Cancer Facts or Fiction?

*What's true and what's a load of old b*ll*cks?*

"If you are going to get cancer you are going to get it – there is nothing you can do to prevent it"

There is now strong evidence showing that up to 40% of all cancer diagnoses CAN be prevented through making healthier lifestyle choices including; not smoking, eating a healthy diet and keeping physically active. While we know this is not a guarantee that you won't get cancer it will certainly help to "stack the odds in your favour".



"I won't go to my doctor because frankly, I'd rather not know if I have cancer."

Many of us feel like this - cancer can be scary! But, what we must remember is that while cancer is common, more and more people are surviving cancer and treatments are improving all the time. Cancer can be treated and in many cases cured – especially if it's detected early. If you have any concerns go to your doctor – believe me, they have seen and heard it all before!!



"Alcohol is good for your health - it's always in the news"

Well this is a tricky one, yes some studies have shown that small amounts of alcohol can be good for us. For example we've all heard that a glass of red wine can be good for the heart! However we can't be sure the same is true for cancer and in fact there is growing and convincing evidence that alcohol is linked to a number of different cancers. In Scotland 1 in 4 of all alcohol related deaths are caused by cancer. Cancer prevention guidance published by The World Cancer Research Fund recommends not drinking alcohol at all. However if you do choose to drink alcohol try to stay within the government guidelines of under 14 units per week (roughly seven pints of lager or seven 175ml glasses of wine).



"My dad had cancer...I know I'm going to get it too"

Within some families an inherited faulty gene can lead to an increased risk of developing cancer BUT this is only in a very small proportion of cancer cases. In MOST cases where a family member has developed cancer it will not be the result of an inherited gene. Unfortunately cancer is common, particularly in older people, and 1 in 2 of us will develop cancer at some point in our lives. However even if you do have an inherited gene there are still things that you can do to reduce your chance of getting the disease including making healthier choices, eating well, reducing your alcohol intake and getting as much exercise as you can even if it's just taking the stairs instead of the lift!



"If you don't have any symptoms you don't need to bother with the bowel screening test."

This is most certainly FALSE. In fact it is the opposite! The bowel screening programme is specifically designed for individuals who do not have symptoms and who are showing no signs of toilet trouble or pain. The key is to detecting cancer at its earliest stage, before symptoms arise and therefore even if you don't have symptoms you should still complete the bowel screening test (*which is now much easier than it used to be with a one off sample and that's you for another two years*). Many people survive bowel cancer when it's caught early so don't let a little poo test put you off!



Should we all be counting our drinks?

Many years ago it was traditional at Hogmanay to go first footing, take a bottle and share a glass with neighbours or family and friends and move on to the next. I remember being struck at the time that the same bottles had sat waiting from last year to be opened again. How times have changed, no longer do we wait for Hogmanay to have a drink at home. Drinking at home has become much more

commonplace, we don't even wait for the weekend! Kids have left home, retirement may have come and the TV offers constant entertainment, the likes of which was only seen at Christmas in years gone by. So why not open a beer or a bottle of wine? After all, it is so readily available and cheap and much cheaper than drinking in the pub.

Did you catch the BBC documentary with Adrian Chiles 'Drinkers Like Me'? It certainly got me thinking about my own drinking habits. Are you partial to a regular glass of wine or a cut price beer in the evenings, have you ever thought how the units might add up? Do you worry you could be drinking too much? If this is you, as it is many of us, it might be worth thinking about how much you are drinking. Are you brave enough to count your drinks to see whether or not you are within the recommended limits of 14 units of alcohol per week...? The relationship between alcohol and cancer is now clear with consistent findings by cancer researchers across the globe,

showing that alcohol does increase your risk of getting cancer. Last year the World Health Organisation's expert cancer group recommended "If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention" (<http://cancer-code-europe.iarc.fr/index.php/en/ecac-12-ways/alcohol-recommendation>). Alcohol increases the risk of head and neck cancer, colorectal cancer, oesophageal, liver cancer and breast cancer. The increased risk is multiplied for smokers who drink.

Dryathlon, run by Cancer Research UK, encourages people to take a break in drinking altogether throughout January - 31 days, 0 units! More recently "Dry October" from McMillan Cancer Support highlights there is a demand to reduce our drinking. But there is no need to wait for the next month long campaign, make your own commitment stop today! But if that sounds too much then why not just cut back?



Tips for cutting down alcohol

- Count your drinks
- Set yourself a goal
- Buy less alcohol
- Drink lower strength alcohol
- Try and keep at least three days a week alcohol free
- If you fall short of your goals don't beat yourself up, try to work out why, forgive yourself and start again



Cheers! Go hard or go...alcohol free?

Rising in popularity, so much so, that last summer saw Glasgow host their very first drinking festival dedicated to alcohol free drinks - from beer to wines to spirits and cocktails!

The choices were endless, appealing to the adult palate and just perfect for those who are teetotal, considering drinking less or choosing to take part in Dry January, Sober October or similar! Attitudes towards drinking are clearly changing which is excellent news because drinking less alcohol could prevent 12,800 cancer cases per year in the UK. People decide to cut down on their alcohol intake for a variety of reasons whether it be for health reasons, to lose a few pounds or simply because they'd much prefer to take the car and avoid a dreaded hangover. Whatever the reason there are now so many more alcohol free options available that make socialising without alcohol so much more interesting!

We asked our local shedders when we popped in for a visit if they were partial to an alcohol free beer

Bill, a retired health professional, said he quite regularly drinks alcohol free beers as he relies on his car for various social events. Generally Bill will drink alcohol free beers, often Becks Blue or whatever is on offer and although he feels he can tell the difference he still likes the taste. On occasion Bill will choose to drink low alcohol cider instead and can't detect any difference in the taste from the alcohol version.

"I don't believe in drinking and driving. I'd rather take the car than have a good drink...you can still enjoy yourself"

Jim also had a great tip for cutting down on his drinking which was to buy smaller sized cans which he said worked very well and did result in him drinking less. Jim also regularly drinks low alcohol beer

on Friday evenings when he attends his local snooker club, again as he prefers to take the car.

"It's very much like an ordinary beer"

Iain who doesn't drink alcohol at all due to health reasons, has sampled various low alcohol beers, most recently Adnam's Ghost Ship which he thoroughly enjoyed.

Others too were certainly aware of the growing options coming to market with mention of various mocktails (albeit these were said to be enjoyed by their wives), low alcohol wines and a new one I hadn't heard of which was Seedlip, a gin like alcohol free drink which can be added to soda to create various 'gin tasting' based drinks (Seedlip Garden 108, Seedlip Spice 94, Seedlip Grove 42).

For more ideas on alcohol free drinks you can visit the link here: <https://joinclubsoda.co.uk/hosting-a-diverse-drinks-event/>

E-Cigarettes – What do we know?

Sheila Duffy, ASH Scotland

Scotland released a consensus statement about using e-cigarettes:

Key findings

- There are still a lot of unknowns about e-cigarettes. They are not risk free, but they have a much lower risk to your health than tobacco.
- They are not products for children or non-smokers.
- Although most e-cigarettes contain nicotine, which is addictive, vaping carries less risk than smoking tobacco. Thus, it would be a good thing if smokers used them instead of tobacco.
- Using e-cigarettes without stopping smoking (dual use) does not provide health benefits. Anyone who is using both should be strongly encouraged to stop smoking tobacco as soon as they can.
- To smokers we say: whether or not you

use e-cigarettes, try stopping smoking for the sake of your health and wellbeing and those around you. There is lots of help at



hand to help you quit. NHS Scotland stop smoking services are free and are here to help you do that. See www.nhsinform.scot/smokeline

In terms of helping to stop smoking cigarettes, the jury is still out. E-cigs seem to be a popular choice amongst smokers. They can work successfully to help some long term established smokers get free from tobacco (similar to using NRT) and they definitely succeed better when used alongside specialist advice. However, there are question marks over relapse in the mid to longer term, which probably apply to NRT too.

The take home messages are that tobacco is the most harmful substance, and no one quit method works for everyone. The aim is to 'Quit Your Way' – find out what works for you – e-cigs can work for some smokers to help them quit, but using both tobacco cigs and e-cigs provides little benefit.

Billy Connolly: Made in Scotland – my grand adventures in a wee country

BBC Books £14.99 and now out in paperback (or free from your local library)

Two books for the price of one...

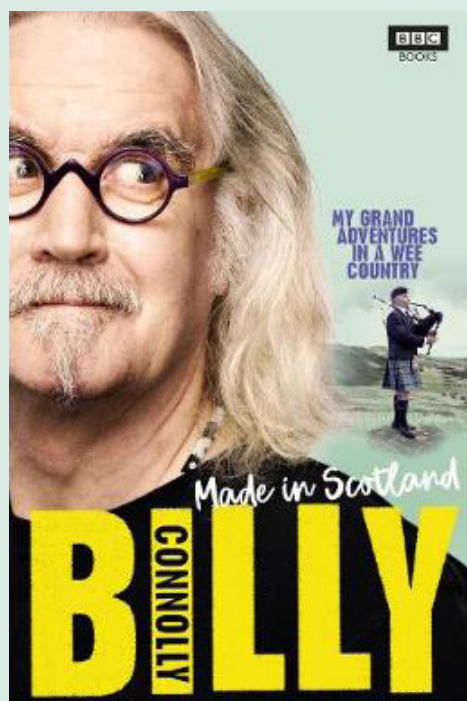
Firstly Billy talks us through his childhood (challenging) and adult life from being a shipyard apprenticeship (Clydeside life) to musical adventures (making music) and comedy (for all!). Religion and "Scottishness" get a look in too. Secondly, between accounts of his life stage there are other reflections ... on literature, retirement, fine art, Parkinson's disease and friendships. We can see how the boy becomes the man, from stories about the knitted swimming costume, banjo playing, the joy of making people laugh and a knighthood. With older years also come reflections on health "I stopped drinking whilst it was still my idea", the importance of the Men's Shed Movement (with a focus on Dalbeattie) and the opportunities it might have provided the

shipyard men all those years ago. There are reflections on humour and favourite stories including this one from Chic Murray:

“
I MET A COWBOY IN
A BROWN PAPER HAT,
BROWN PAPER WAISTCOAT
AND BROWN PAPER
TROUSERS... HE WAS
WANTED FOR RUSTLING”

”

The final sentences consider potential burial rites and an epitaph.... With humour all the way. A great read about a big yin!



SCOTTISH CANCER PREVENTION NETWORK

StackingtheOdds

FOR GOOD HEALTH

ACKNOWLEDGEMENTS

EDITORIAL TEAM

PROFESSOR ROBERT J.C. STEELE

PROFESSOR ANNIE S. ANDERSON

DR KAREN BARNETT

DR STEPHEN CASWELL

MR EOIN MCCANN

ADVISOR

PROFESSOR GHULAM NABI

FUNDER

THE EVELYN FERRIS
MUDIE CHARITABLE TRUST

THE SCOTTISH
CANCER FOUNDATION



SPECIAL THANKS

TO ALL OUR CONTRIBUTORS, OUR ADVISORY
GROUP AND ALL THOSE INVOLVED IN THE
PRODUCTION OF THIS PUBLICATION

WITH SUPPORT FROM



Do you know your waist size?

With our first issue of Stacking the Odds we have included a free gift – your very own waist measure... but why? You might ask! Well, measuring your waist size is a really simple way to find out if you are carrying any excess body fat around your middle.

How to measure your waist:

- Find the top of your hip bone and the bottom of your ribs.
- Breathe out normally.
- Place the tape measure midway between these points and wrap it around your waist.
- Check your measurement.

The measure will let you know if your waist size is putting your health at risk. Current guidelines recommend that men's waist size should be below 37 inches.

If you have checked your waist measurement and you think you're at risk, don't worry there are lots of things you can do and lots of help to do it! Talk to your GP or you can visit <https://www.heartfoundation.org.au/your-heart/know-your-risks/healthy-weight-for-more-advice>.

Our thanks to the British Heart Foundation.