

## Latest cancer prevention research

- new evidence linking liver cancer to body weight

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"Children's Charter" to work towards a tobacco free generation

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## Keeping Updated

### “Social sharing is powerful enough to topple dictators and profitable enough to merit multi-billion dollar investments”

We have no problem finding interesting topics to publish in the newsletters and present at the annual SCPN conference and we are delighted with feedback that tells us that our communications have alerted members to new research and introduced new angles on old stories.

However, we have to confess that we don't spend hours trawling websites for ideas, what we actually do is spend between 5 and 10 minutes a day on twitter. We have no doubt that our twitter feeds are as important as our journal alerts to keeping us up to date and are a key part of communicating research and good practice ideas.

We are busy people but twitter now fits into our daily priority actions. We would like to encourage readers to join up now to access this fast approach to information updating.

We still meet many researchers and professionals who do not tweet and frequently ask three main questions, so let us share these with you.

#### What do you find so useful on twitter?

Research findings (full reports available when link is tweeted), latest guidelines, seminars, conferences, grant opportunities, ongoing research (not yet published), info on practical activities (physical activity, food, community based programmes), creative actions taken by creative people to change lifestyles, campaigns.

#### Who are the first people/groups to follow that are really useful for anyone new to twitter who is interested in cancer prevention?

@thescpn (ofcourse), @wcrf\_uk, @aicrtweets (cancer prevention)  
 @exerciseworks, @docandrewmurray @nanettemutrie (physical activity)  
 @debbieprovan @foodtoglow (nutrition, food)  
 @shaapalcohol @ashscotland (alcohol, smoking)  
 @scphrp (scottish public health)  
 @scotgovhealth

#### How do you find the time to craft messages of 140 characters?

We spend much less time tweeting than reading tweets, in fact you can simply be a reader. Once you start composing tweets it comes easily and it's adding the links (reports/events/photos) that make it especially worthwhile.

Basically you can create your own small group of people that interest you and their news is brought directly to you - no need to look up their website or search on google.

For researchers, the reach of twitter is potentially far greater than Research Gate or other channels. If you want your work disseminated widely why not tweet about it?

### 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



## What has SHELS ever done for cancer in Scotland?

Prof Raj Bhopal CBE, DSc (hon), MD, FFPH, Centre for Population Health Sciences, University of Edinburgh

Tackling health inequalities, including among ethnic groups, is one of the key points of Scottish, UK and European health strategy [1]. To achieve this objective, data is required on the incidence and mortality of disease groups in populations of different ethnic origin. SHELS (Scottish Health and Ethnicity Linkage Study) [2] has provided an analysis of health status, including lung, colorectal, breast and prostate cancer, by ethnicity.

Data on social background, including ethnicity, were extracted from the census 2001, whereas data on health and cancer were obtained from health records and data linkage information systems in a way that ensured individuals could not be identified. Populations were then characterised and differences (e.g. age and country of origin)

were adjusted for. Results were reported by ethnic minority groups compared to the White Scottish population.

In contrast to other outcomes, especially cardiovascular disease [3], most non-White ethnic groups (Indian, Pakistani, Other South Asian, African, and Chinese groups) were less likely than the White Scottish population to develop cancer, and had lower risks of hospitalisation or death from cancer [4]. The lowest rates of colon cancer were found in Pakistani populations (despite being settled in Scotland for an average of more than 30 years, and having a diet high in red meat and fat but low in processed meats). Differences were also identified between White Scottish and other White British populations. White Scottish had a higher

risk of any first cancer diagnosis, lung cancer and colorectal cancer but not breast cancer and prostate cancer compared to other White British.

Women from non-White ethnic groups were also found to be less likely to attend for breast cancer screening than White Scottish women [5].

Differences in place of death by ethnic group were small, with hospital being the commonest place of death for all groups [6].

In conclusion, this work, based on national data, contributes evidence to help improve the health of everyone. Knowledge based on ethnicity may help the NHS better target health care in groups where uptake of services is known to be low.

1. Bhopal RS. Ethnicity, race, and health in multicultural societies; foundations for better epidemiology, public health, and health care. Oxford: Oxford University Press; 2007.
2. Bhopal R, et al. Cohort profile: Scottish Health and Ethnicity Linkage Study of 4.65 million people exploring ethnic variations in disease in Scotland. *Int J Epidemiol* 2011; 40(5):1168-1175.
3. Fischbacher CM, et al. Record linked retrospective cohort study of 4.6 million people exploring ethnic variations in disease: myocardial infarction in South Asians. *BMC Public Health* 2007; 7(1):142.
4. Bhopal R et al. Does the 'Scottish effect' apply to all ethnic groups? All cancer, lung, colorectal, breast and prostate cancer in the Scottish Health and Ethnicity Linkage Cohort Study. *BMJ Open* 2012; 2:e001957.
5. Bansal N et al. Major ethnic group differences in breast cancer screening uptake in Scotland are not extinguished by adjustment for indices of geographical residence, area deprivation, long-term illness and education. *Br J Cancer* 2012; 106(8):1361-1366.
6. Sharpe KH et al. Policy for home or hospice as the preferred place of death from cancer: Scottish Health and Ethnicity Linkage Study population cohort shows challenges across all ethnic groups in Scotland. *BMJ Supportive & Palliative Care* 2013. Link

## Challenging interventions with an obese society

Engaging without Enraging - Satellite Meeting, Monday 8th June 2015

This satellite meeting offers a range of interactive sessions, work-share structured discussions and a designer led approach to creative opportunities for increasing awareness and action around physical activity and diet for weight management and maintenance. Short presentations include recent work on new visual tools for assessing unhealthy body weight in children, effective communications and brief interventions.

Our programme aims to explore

- How good are we at recruiting and retaining overweight people in our control and intervention groups?
- How we practice optimal oral communications with intervention participants - do we know the key concepts of engagement?
- How good are our tools at measuring and assisting weight loss - can we engage with the design community?
- What are the key factors in brief interventions for weight management - how brief is brief?



Challenging interventions with an obese society – engaging without enraging  
Satellite Meeting, Monday 8 June 2015

In all areas of nutrition and physical activity interventions, researchers are faced with engaging children and adults with excess body weight (even when weight management is not a study outcome). Often described as the elephant in the room, behavioural interventions must take account of energy needs, physical abilities and disabilities and researchers need to optimise communications which engage but do not enrage. There

is much to learn, share and explore about effective communication strategies for our growing populations. All ISBNPA members with an interest in optimising communications about obesity research (involving diet and physical activity) are welcome to the meeting for an interactive day with time for sharing experiences, reflections and ideas. To book a place go to <http://isbnpasat2015.org/>

## Interview



### PROFILE

#### Dr Andrew Murray

GP, Sports and Exercise Medicine Consultant, Runner, Speaker

[www.docandrewmurray.com](http://www.docandrewmurray.com)  
@docandrewmurray

#### What do you enjoy most about your job?

I enjoy a sense of purpose. Our former CMO Harry Burns is right in pointing out that the human body functions best with a sense of direction and clear aims. I like working with people to get things done that are important. I have a variety of roles, in public

health, general practice, sports and exercise medicine and working with good people and getting things done is what unites these. My main job at present is for the Royal College of Physicians and Surgeons of Glasgow. The people are tremendous.

#### What is the best decision you have ever taken?

To do a bit more exercise. I remember playing football, and not being fit enough to track a player back who scored against my team. I got an earful from the coach, so started to do some running to get a bit fitter. I find regular exercise be that a walk with my wife and baby or a jog, or playing sport with friends helps me unwind and puts a big fat smile on my face.

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

We can make a huge difference as health professionals. Hippocrates said that prevention is better than cure, and I think we have lost sight of this, and provide great treatment, but less input into prevention. This should be the big show in town for the UK for the next 20 years, and we can help drive this forward together.

#### What would people find surprising about you?

I once ran 4300 miles from John O'Groats to the Sahara desert, although was passed by a donkey on the way.

#### How do you relax?

I love going to swimming lessons with my daughter Nina who is 5 months, or watching the football or sport with friends. My wife and I like to go for sushi each Sunday that we are home.

#### Five a day?

I eat like a rogue elephant as I run about 80-90 miles a week. I probably eat about 10 bananas and 20 oranges a week along with a load of peaches, plums, and green stuff. It's maybe not the healthiest but I love custard and bananas, if I've been out and about in the hills on a really cold day.

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

INNOVATION. Scots invented penicillin, MRI, anaesthesia as well as the 3 best friends of the couch potato - TV, telephone and the fridge. And there are great ideas coming out of Scotland at present worth supporting like SCPN, and national efforts on physical inactivity.

## Detect Cancer Early turns three

Diane Primrose, Marketing Manager, Healthier, The Scottish Government

Detect Cancer Early (DCE), the Scottish Government's programme aiming to increase the proportion of people diagnosed in the early stages of breast, bowel and lung cancer, has turned three. Cancer clinicians, voluntary sector organisations and patients attended an event to mark this milestone.

Set up in 2012, DCE has worked with leading clinicians and charities to develop innovative projects, increase diagnostic capacity and support clinical posts, as well as driving improvements in screening and training. This collective effort has contributed to 24.3 per

cent of all breast, bowel and lung cancers in 2012 and 2013 being diagnosed at the earliest stages. High profile campaigns – featuring celebrities such as Elaine C Smith and Sir Alex Ferguson - have also helped raise awareness and reassure Scots that cancer can be beaten, and often cured, if detected early.

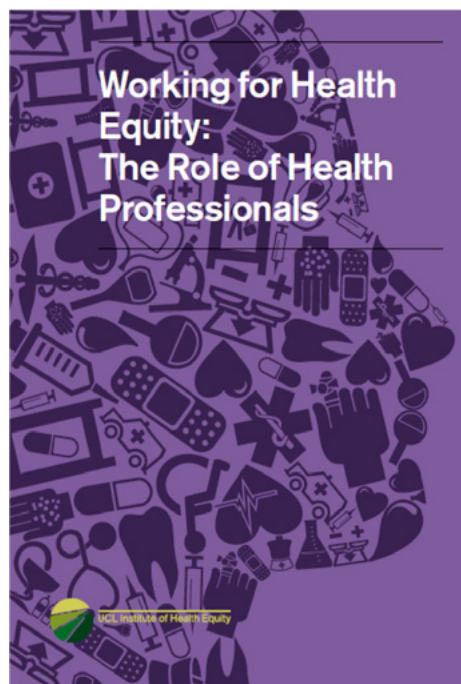
To coincide with the anniversary Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport announced a further £9 million was being committed to the programme and that a new simplified bowel cancer test is to be introduced over the next two years in

a bid to encourage more people to complete and return the test (see article on page 7).



## Addressing 'causes of the causes' to tackling health inequalities

Dr Andrew Fraser, Director of Public Health Science, NHS Health Scotland



The Working for Healthy Equity: The role of the Health Professional report published in 2013 set out a series of commitments by the health workforce and other organisations to embed and develop action on social determinants. The report includes statements for action by professional organisations.

How far are these actions making a difference across the healthcare professional groups? Might there be other ways to communicate key points and influence daily practice?

At the SCPN conference we heard about the most recent European Code against Cancer which encourages people to take measures to prevent cancer and estimates that 'almost half of all deaths due to cancer in Europe could be avoided if everyone followed the recommendations.' It is also well recognised that, in the case of tobacco, in order to achieve smoke-free within a generation we need to tackle inequalities and address the underlying 'causes of the causes'.

So – what about a supplementary code (Scottish) for health professionals that is also based on evidence? It might start:

1. Seek to understand the economic and social conditions of your patients, and the barriers they may face in following your health advice.
2. Advice and guidance to achieve the goals of prevention and disease management should include support in good employment and employability of welfare, the means to pay and not worry about food and fuel bills, having and keeping a home – a secure tenancy if you rent.

The World Health Organisation terms money, power and resources as the fundamental causes of health inequalities. Adequate income, good work and a decent secure home are the building blocks for sustained health benefit, including cancer prevention.

Is it time to develop a working code that all Health Care Professionals can easily understand and work towards implementing?

## Occupational cancer - time to take it seriously

Andrew Watterson, Occupational and Environmental Health Research Group, University of Stirling

Globally, the WHO (World Health Organisation) estimates that 7-19% of all cancers are due to environmental exposures and EU agencies estimate that over 13% of male cancer deaths are work-related. In 2013, 15,764 people died from cancer in Scotland. If 10% of cancer deaths are work-related, they would account for approximately 1576 cancer deaths at an estimated cost to the country of £3,862,200,000.

Occupational cancers are one of the biggest causes of workplace deaths. They hit the most vulnerable socio-economic groups hardest so are socially unjust. Several countries recognise far more occupational cancers than the UK. For example, in Alberta, Canada 14 types of occupational cancer are recognised for firefighters but the UK lists none of them. The UK Health and Safety Executive (HSE) has identified 10 top occupational

carcinogens, with millions of exposed workers, causing a range of cancers, yet, the UK Department of Work and Pensions only recognises those associated with asbestos and silica.

The Scottish Government could improve workplace cancer risk through:-

- A government working group with cross-party initiatives on occupational cancer with public, trade union and community engagement
- A stronger focus on public health interventions underpinned by social and environmental justice principles linking NHS policy, plans and practice with effective enforcement and regulation by HSE and the Scottish Environmental Protection Agency (SEPA)
- Economic incentives and Scottish Government benefits for enterprises adopting toxics use reduction and

phasing out carcinogens

- Economic penalties with extended Scottish parliamentary action to recover costs of all occupational cancers from employers
- Greater governmental support for victims of occupational cancer and improved disease recognition, recording, welfare rights and social service networks
- Improved advice, information and use of existing regulation and enforcement where needed from HSE/SEPA/Environmental Health Officer on monitoring of industries and work places using and emitting carcinogens



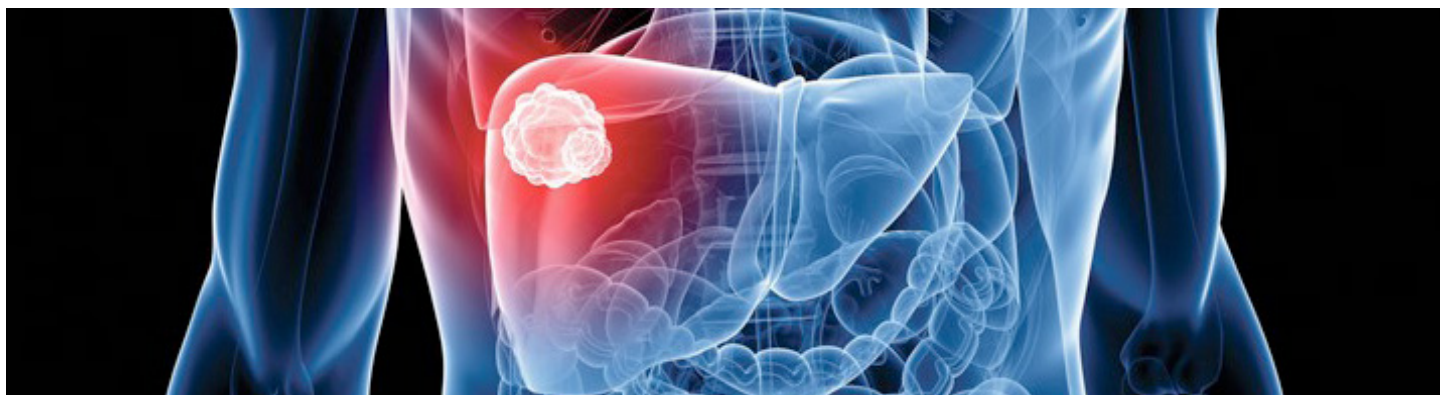
### Download

To download a PowerPoint presentation on this subject by Prof Watterson please [click here](#).



## Latest cancer prevention research – new evidence linking liver cancer to body weight

Maya Monteiro, Deputy Head of Health Information, World Cancer Research Fund UK



In 2012, 4,703 cases of liver cancer were diagnosed in the UK. Liver cancer is more common in men than in women and risk increases with age. Sufferers are often asymptomatic until the disease is advanced, late diagnosis resulting in poor survival rates.

The World Cancer Research Fund's (WCRF) Continuous Update Project (CUP) [1] is an analysis of global scientific research into the link between diet, nutrition, physical activity, weight and cancer. The review of the evidence on liver cancer included 34 studies involving 8.2 million people, of which over 24,500 were diagnosed with liver cancer. A panel of world-renowned experts evaluated and interpreted the evidence to give their findings.

This CUP review found convincing evidence that being overweight/obese and drinking alcohol can increase the risk of liver cancer.

Scientists estimate that around 1 in 4 cases of liver cancer could be prevented in the UK if everyone was a healthy weight and didn't drink alcohol.

There was probable evidence that drinking coffee, eating fish and being physically active may decrease the risk of liver cancer but more research is needed before these links can be confirmed.

### How can people reduce their risk of liver cancer?

People should be aware of their BMI and waist circumference: [www.wcrf-uk.org/health-tools](http://www.wcrf-uk.org/health-tools). If necessary WCRF has a range of free tools and resources to help support lifestyle change to lose weight <http://shop.wcrf-uk.org>

The evidence shows that drinking 3 or more alcoholic drinks a day increases the risk

of liver cancer. The risk is even greater if a person smokes. WCRF recommend no more than 2 alcoholic drinks a day for men and 1 for women. For more information see the 'A Closer Look at Alcohol' factsheet:

[shop.wcrf-uk.org/products/a-closer-look-at-alcohol-1](http://shop.wcrf-uk.org/products/a-closer-look-at-alcohol-1)

1. [www.wcrf-uk.org/uk/our-research/our-continuous-update-project](http://www.wcrf-uk.org/uk/our-research/our-continuous-update-project)

We now know that being overweight is linked to an increased risk of 10 cancers:

- Bowel
- Oesophagus
- Pancreas
- Kidney
- Liver
- Prostate (advanced)
- Womb
- Breast
- Ovary
- Gallbladder

## Green curtain campaign

Lorna Renwick, Health Improvement Programme Manager, NHS Health Scotland



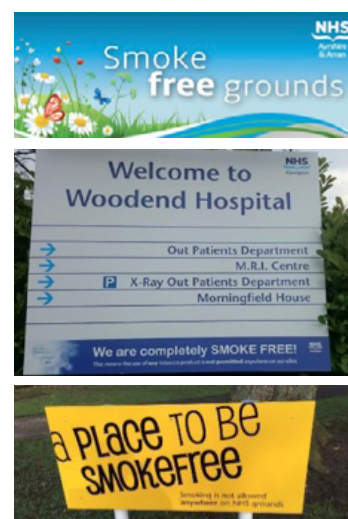
Scotland led the way in 2006 by introducing legislation to prevent

smoking in public places including workplaces. In 2013 the Scottish Government introduced a tobacco control strategy "Creating a Tobacco-Free Generation" aimed at achieving a smoke free status by 2034 (less than 5% of the population smoking). The strategy specified that 'all NHS Boards will implement and enforce smoke free grounds by March 2015'.

NHS Boards have been working steadily towards this aim but to support their efforts and raise general awareness that smoking is not permitted anywhere on any NHS grounds, a national

campaign (#greencurtain) was launched on 2nd March.

TV adverts ran throughout March in which a green curtain was seen being pulled by a nurse from a patient's bedside, out of the ward, through the hospital, past parked cars and eventually around the entire perimeter of the hospital grounds. The TV campaign was supported by radio ads, a dedicated website and a PR campaign. Whilst aimed at all smokers, this campaign specifically targeted more deprived populations which consistently display the highest prevalence of smoking.



## Help us change meetings to make our working lives healthier



At the SCPN conference 2015 we launched our Healthy Meeting Score Card, a simple form which can be filled in online or in hard copy when you attend a meeting at least four hours long and including lunch.

The evidence is clear - to reduce our risk of cancer, we need to move often, take at least 30 minutes of moderate exercise on five days of the week, stay within the healthy weight range (BMI <25kg/m<sup>2</sup>), eat more wholegrain, fruit and vegetables, and limit processed meats.

We had noticed how difficult it was to eat healthily, be physically active and not sedentary for long periods of time during our working day while attending meetings. It's easy to turn a blind eye to these issues but in 2015 we think with your help we can sow some seeds of change, and help people to practice healthy behaviours in their working lives through the healthy meetings score card.

We aim to:

- help people experience healthier meetings to feel well and think smart.

- help share good practice about healthier meetings
- create demand for healthier catering and more active meetings
- promote meetings organisers and venues who can support a healthy workforce

After consultation with experts we came up with a simple 10 point score card. Ten observations which we would ask you to score with one point if achieved at your meeting. We aim to encourage meetings to attain 10/10!

A little preparation is required prior to your meeting – we ask you to send the score card to your meeting organiser, letting them know you will be scoring the meeting. Print off a copy from the website and take it along with you to the meeting and once completed give it to the meeting organiser as feedback on the meeting. You can either send us another hard copy or complete the score card online – whichever is easier for you. Any quotes, comments and photographs of good or bad practice (with permission) would of course be very welcome. We aim to publicise good practice through our website and social media. Everything you need to carry out the score card assessment is on our website.

(<http://www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/>) including a cover letter for the meeting organiser which you can personalise, and you can also sign up to become a Supporter or Ambassador for this initiative.



Healthy Meetings - were the following observed?		Score
1	Fresh drinking water available at all times	
2	Fruit available for all (in easy to eat servings)	
3	Vegetables available for all (in easy to eat servings)	
4	Breads, grains, rice, pasta etc. <b>mostly</b> in wholegrain form	
5	No pastries, deep-fried items, creamy sauces or dips	
6	Low calorie desserts (<150 calories) such as VERY SMALL portions of traditional desserts or yoghurts and/or fruits	
7	No sweets or savoury snacks (e.g. crisps)	
8	Directions to the meeting - promoting ACTIVE travel (e.g. walking, cycling)	
9	Opportunities for <b>hourly</b> brief "comfort breaks" for stretching, standing etc.	
10	Chairman encouragement to move/stand/stretch during the meeting (where feasible, not too disruptive and in keeping with participants' abilities and disabilities)	
<b>Total score out of ten</b>		



## “Children’s Charter” to work towards a tobacco free generation

Sheila Duffy, Chief Executive of ASH Scotland

ASH Scotland has developed a new “Children’s Charter” to highlight the goal of creating a tobacco-free generation in Scotland by 2034. Formally known as the Charter for a Tobacco-free Generation, it’s aimed at organisations whose work directly or indirectly impacts on young people and families and sets out what changes need to be in place to make the next generation tobacco-free.

The Charter was launched on 1 April at the Scottish Parliament and a number of organisations were founding signatories, including Cancer Research UK, Children in Scotland, Children 1st, the British Lung Foundation, Barnardo’s Scotland and the Scottish Cot Death Trust.

Now we want more of those who work with young people to join the drive towards a generation free from tobacco by signing up to the Charter, which has been developed with funding from Cancer Research UK.

We’re encouraging people to support their employer, community organisation, local authority, school, college, university or other organisation in signing and living up to the spirit of the Charter. People can consider their own life as a student, parent, carer, teacher, youth worker, health worker, employer or role model and find the best way of supporting the ideas in the Charter.

The Scottish Government’s ambition is that adult smoking prevalence will be 5% or lower by 2034. This goal can be accomplished by encouraging a shift in social attitudes so that choosing not to smoke is the norm. It’s a compelling vision and one worth striving for.

Tobacco is the biggest preventable cause of premature death in our country. Half of all regular, long-term smokers will die early from a smoking-related disease. That translates into over 13,000 lives lost each year, a terrible burden on our families and communities.

Tobacco wrecks lives not only for smokers but also for those exposed to tobacco smoke. Our economy and our health service are burdened by the damage that tobacco does and the ill-health it causes.

Two-thirds of adult smokers say they started smoking as children before they could really make an informed choice. It is an expensive addiction in terms of money and health. Many smokers say they regret ever starting and as parents they want to encourage their own children to lead smoke-free lives.

We realise that organisations outside of tobacco control circles in Scotland may not be aware of the Scottish Government’s “endgame” target for a tobacco-free generation in 20 years’ time, so our hope is that the Children’s Charter will provide a clear, evidence-based

understanding of how you can help support this goal.

The Charter has six key principles that encourage and enable discussion within organisations to examine how their own policy and practice can best contribute to the tobacco-free goal:

1. every baby should be born free from the harmful effects of tobacco
2. children have a particular need for a smoke-free environment
3. all children should play, learn and socialise in places that are free from tobacco
4. every child has the right to effective education that equips them to make informed positive choices on tobacco and health
5. all young people should be protected from commercial interests which profit from recruiting new smokers
6. any young person who smokes should be offered accessible support to help them to become tobacco-free

If we all work together on this, the children who are just going into nursery school now can be the first generation to grow up free from the harm caused by tobacco.

### For further information

visit [www.ashscotland.org.uk/charter](http://www.ashscotland.org.uk/charter)

## Scotland to have a state of the art bowel cancer screening programme

Prof Robert J.C. Steele, Professor of Surgery, Division of Cancer Research, University of Dundee

Screening for colorectal cancer has been offered to everyone between the ages of 50 and 74 in Scotland since 2010.

The programme is based on the test for blood in stool called the Guaiac Faecal Occult Blood Test (gFOBT) which is sent in the mail every two years to people in the appropriate age range. If the test is positive, a colonoscopy is offered. Research has shown that participating in this programme reduces the risk of death from colorectal cancer by about 30%.

However, uptake of the programme is still less than 60% across Scotland and even in people who do participate, the test can miss significant numbers of cancers.

For these reasons a good deal of research has gone into changing from the gFOBT to a more sensitive and user-friendly test,

the Faecal Immunochemical Test (FIT). The differences between FIT and the old gFOBT are fourfold. Firstly, because the test is based on an immunological reaction it is highly specific for human haemoglobin, unlike the old gFOBT. Secondly, the test only has to be done once, unlike the three sample approach required by the gFOBT. Thirdly, the test is much easier and more hygienic to do. Finally, the test is quantitative; in other words, it actually measures the amount of blood in the stool.

A large scale pilot of this test in the screening population in Tayside and Ayrshire and Arran demonstrated that its use was associated with a significantly improved uptake and that it performed at least as well as the gFOBT. For this reason a business case was submitted to Scottish Government and this was accepted last month and announced by the Cabinet

Secretary, Shona Robison at a Detect Cancer Early event at the Royal College of Surgeons of Edinburgh.

It is anticipated, therefore, that the screening programme will move from the old to the new test over the next few months and we anticipate replacing gFOBT to FIT by next year. Thus, Scotland will have a state of the art screening programme using technology that is not only associated with higher uptake but which opens the way towards a more accurate, stratified approach to screening where an individual’s risk of having asymptomatic colorectal cancer or adenomas can be more accurately estimated. By increasing uptake and by reducing the numbers of cancers that are missed by the screening programme we would therefore expect to see a much greater effect on the number of people who die from this disease.



## Walk the walk

Grant-making breast cancer charity Walk the Walk is flying the flag for cancer prevention in Scotland, with its iconic night-time walking challenge, The MoonWalk Scotland.

At Midnight on Saturday 13th June, thousands of women and men wearing brightly decorated bras will walk through the streets of Edinburgh from Inverleith Park, raising money and awareness for breast cancer.

As a health charity, Walk the Walk is passionate about encouraging people to become fitter and healthier and take control of their own wellbeing. According to the World Cancer Research Fund, 38% of all breast cancers could potentially be prevented by reducing alcohol intake, making small changes to diet, maintaining a healthy weight and becoming more active (<http://www.wcrf-uk.org/uk/preventing-cancer/cancer-preventability-statistics/breastcancer>).



For many people, joining a Walk the Walk challenge is often the first step towards making important and lasting life changes. There is a walking distance for every age and ability at The MoonWalk. The 6.55 miles New Moon is a great way to kick start fitness regimes, with younger Walkers aged from just ten able to sign up. For those wanting to push themselves further, there's The Half Moon (13.1 miles), Full Moon (26.2 miles) and Over The Moon (52.4 miles).

The pre-walk party at Walk the Walk's

huge Pink Tent in Inverleith Park will be extra special this year, as The MoonWalk Scotland is celebrating its 10th birthday, with a Mad Hatter's Midnight Tea Party theme. What was already the hottest party in town now has even more spice, as the Red Hot Chilli Pipers will be playing before walkers set off!

The MoonWalk Scotland has raised almost £18 million, with most of the money staying in Scotland, to help improve the lives of people with cancer. Walk the Walk has given grants to Maggie's Cancer Care Centres in Glasgow, Larbert and Airdrie; for Scalp Cooling machines in hospitals throughout Scotland; and to the Breast Cancer Institute in Edinburgh (renovation of Ward 6, a new theatre and renovation of the Mammography Unit).

### For more information

Sign up as a Walker or Volunteer for The MoonWalk Scotland, go to [www.walkthewalk.org/moonwalkscotland](http://www.walkthewalk.org/moonwalkscotland)

## What the Papers Say...

### Should we add ARSENIC to tap water to cut breast cancer deaths?

A recent tabloid headline proclaimed: Should we add ARSENIC to tap water to cut breast cancer deaths? Study could pave the way for new treatment to combat the disease.

Arsenic is a naturally occurring trace element in the diet (seafood, poultry, grains especially rice, bread, cereal products, mushrooms, and dairy products). The estimated adult daily intake of arsenic from a typical diet is 12-50 mcg. Low levels are also present in many homeopathic remedies and traditional Chinese medicines. High levels of ingestion may lead to symptoms of toxicity.

Arsenic is classified in both Europe and the US as a class 1 carcinogen. A systematic review,

undertaken by WCRF/AICR (1) reported convincing evidence that arsenic, as a water borne contaminant, is a probable cause of lung cancer, is a probable cause of skin cancer and there is limited evidence of causality in kidney and bladder cancers.

The tabloid article (2) was reporting on a study (3) set in an area of Chile using a geothermal water source originating in the Andes. This water source, introduced in 1958, was subsequently found to have levels of arsenic 80 times higher than those recommended by WHO.

An arsenic removal plant was installed in 1970 after some

residents displayed signs of toxicity.

Scientists have been studying this population for many years, focusing on increased disease and mortality attributed to the historical exposure to arsenic in this population. Researchers however found breast cancer mortality rates were half the expected rate and 70% less in premenopausal women. Whilst this finding was promising, researchers were at pains to point out that it was too early to speculate on whether arsenic could potentially be used in the prevention or treatment of breast cancer but that more research is required to establish any such role.



1. World Cancer Research Fund/ American Institute for Cancer Research. Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective. Washington DC: AICR, 2007  
 2. <http://www.dailymail.co.uk/health/article-2813991/Should-add-ARSENIC-tap-water-cut-breast-cancer-deaths.html#ixzz3UqGWaGPZ>  
 3. Smith AH, Marshall G, Yuan Y et al. (2014) Rapid Reduction in Breast Cancer Mortality With Inorganic Arsenic in Drinking Water. EBioMedicine; 1 :58-63

## Cancer Prevention Innovation Workshops

Lucy Davies, Cancer Research UK

Cancer Research UK's Cancer Prevention Innovation Workshops fund cutting-edge research into behaviour change to prevent cancer, as part of the CRUK/BUPA Foundation Cancer Prevention Initiative. The 3-day 'sandpit' style workshops bring together a diverse range of expertise to develop new, multidisciplinary, innovative research ideas, with successful project teams awarded up to £20k seed-funding, to conduct pilot and feasibility work for 12 months.

The second workshop, based on 'Risk Perceptions', took place in February 2015, commissioning new research to identify, understand and engage cancer risk perceptions to change health behaviours and prevent cancer. The Workshop Panel, led by Professor Frank Kee (Belfast), and including researchers from Scotland - Professor Linda Bauld (Stirling) and Dr

Gozde Ozakinci (St Andrews), recommended the following projects for funding:

- **UPPP Project** will develop a tool to assess politicians' cancer risk perceptions and policy positions on alcohol, with the aim to better inform advocacy efforts for cancer prevention.
- **#InnerSelfie: Making Future Risk Seem Real** will explore the feasibility and acceptability of using a virtual reality technology intervention to change young people's cancer risk appraisals, particularly around obesity, and promote health behaviour change.
- **The Bank of Good Times** will develop a novel app that reinforces the link between physical activity and positive mood, to facilitate physical activity in inactive adults who are considering more exercise.

- **Personalised Risk Information to Change Behaviour** will explore the ways and acceptability of presenting an individual's modifiable cancer risk to facilitate health behaviour change.
- **IBAC Study** will develop a valid and reliable tool to assess the casual beliefs about cancer, incorporating novel sources such as social media.

Projects funded through the innovation workshops will be supported by contact with CRUK staff. In addition, information about future funding options for projects with CRUK or other funders will be made available. The next Cancer Prevention Innovation Workshop will focus on 'Early Years' and is scheduled for September 2015. Applications open May 2015 via the Bupa Foundation Fund Webpage. For further information please contact:

[cancerprevention@cancer.org.uk](mailto:cancerprevention@cancer.org.uk)

## 'Do a little, gain a lot for cancer occurrence and recurrence'



World Cancer Day 2015 saw 116 delegates gather for the SCPN conference at The Merchants Hall, Edinburgh, 'Do a little, gain a lot for cancer occurrence and recurrence'. Two thirds of delegates had not previously attended an SCPN conference and cancer charities were well represented, reflecting the greater emphasis on cancer prevention in their full agendas. Making healthy choices starts at home so throughout the day there was an emphasis on delegates taking regular breaks from sitting and we even had a standing presentation!

Academics presented data from the WCRF/AICR continuous update programme reports on breast cancer survivors and prostate

cancer (1,2); gave an overview of the European code against cancer (3); examples of changing health behaviours from tobacco control that could be applied to the problem of obesity. The strong evidence (4) of an association between physical activity/ inactivity and cancer occurrence and recurrence was the basis of Prof Nanette Mutrie's talk on everyday actions to increase physical activity and reduce sedentary time.

We were honoured the conference was chosen as the launch of the Scottish Cancer Coalition's new initiative 'Stacking the odds against cancer' in which cancer charities will sign up to collectively group their prevention work under this banner. This is a very positive

step for cancer prevention work in Scotland and one the SCPN will actively support.

As ever, the experiences of clinicians and patients formed a very valuable part of the day. Lifestyle choices are for everyone so personal journeys were explored by doctors and patients alike. We also explored the support mechanisms required to sustain workplace change and what the Health Promoting Health Service and Detect Cancer Early initiatives in Scotland are doing to support making a healthier lifestyle for everyone in our nation.

All speaker presentations can be accessed at [www.cancerpreventionscotland.org.uk/conference-presentations/](http://www.cancerpreventionscotland.org.uk/conference-presentations/)



### Events

Next year's conference will be held on World Cancer Day, 4th Feb 2016 – keep an eye on our website for more information, we'd love to see you there.

1. World Cancer Research Fund International (2014). Diet, nutrition, physical activity and breast cancer survivors: <http://www.wcrf.org/sites/default/files/Breast-Cancer-Survivors-2014-Report.pdf>  
 2. World Cancer Research Fund International (2014). Diet, nutrition, physical activity and prostate cancer: <http://www.wcrf.org/sites/default/files/Prostate-Cancer-2014-Report.pdf>  
 3. 4th European Code Against Cancer <http://cancer-code-europe.iarc.fr/index.php/en/>  
 4. Lee IM, Shiroma EJ, Lobelo F et al., 2012 Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet*;380(9838):219-229.

## Double Chocolate and Cherry Porridge

Adapted from Kellie Anderson, [kelliesfoodtoglow.com](http://kelliesfoodtoglow.com) and [maggiescentres.com](http://maggiescentres.com)



The breakfast that thinks it's dessert.

- 1 cup wholegrain oats OR buckwheat flakes
- 2¼ cups milk of choice
- 2 tbsp best cocoa/cacao
- 1 heaped tsp Scottish heather honey – optional
- 3 tbsp unsweetened/dark chocolate chips
- ½ cup pitted fresh or frozen cherries (or pears or berries)
- 50g/small handful of toasted pecans or other nut, roughly chopped

### What you do:

Add the oats, milk, cocoa and honey to a saucepan. Gently heat, stirring frequently, until thickened to your liking. Stir in most of the chocolate chips, the cherries, and most of the pecans. Serve with reserved pecans and chocolate chips on top.

## #Kettlecise

A recent meta-analysis (1) has reported that sedentary time (e.g. sitting time) is associated with a significant increase in cancer mortality and cancer incidence independent of physical activity. Breaking up sitting time is an important way to reduce the risks of sedentary behaviour – and a brief walk for a couple of minutes every half an hour is a useful starting point.

The UK Department of Health's 'Start Active, Stay Active' report [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216370/dh\\_128210.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf) recommends breaking up long periods of sitting time with "shorter bouts" of activity for just one to two minutes. Regular breaks are an important way to break up sitting time and if you get bored of doing the same two minute walk every hour what about doing some #kettlecise?

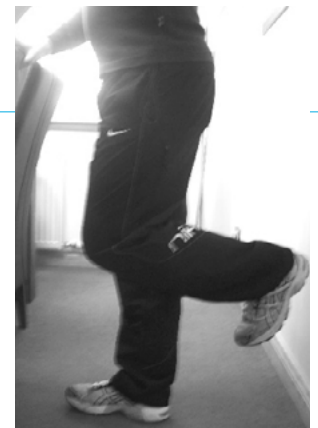
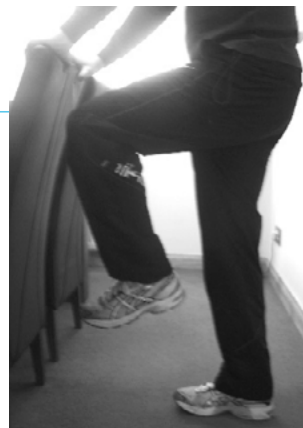
Our office kettle takes 2 minutes to boil –

here are just some of the ideas we have seen in action in those 2 minutes

- Standing push-ups: Stand about an arm's length from the kitchen counter or wall, and push your arms against the counter. Push in and out to get toned arms and shoulders.
- Lateral steps: Make small steps or jumps to the side as if you are stepping or jumping over an invisible line.
- Step ups or toe taps.
- Knee lifts or jog on the spot.
- Heel up behind.

Later this year @thescpn will be tweeting more #kettlecise ideas for making the most of those "waiting for the kettle to boil" moments. We'd love you to join in our campaign by letting us know what you do in those two minutes and retweeting our examples - all ideas are welcome!

With thanks to **Dr Alison Kirk** (University of Strathclyde)



1. Biswas A, Oh PI, Faulkner GE, Bajaj RR, Silver MA, Mitchell MS, Alter DA. Sedentary time and its association with risk for disease incidence, mortality and hospitalization in adults: A Systematic Review and Meta-analysis. *Ann Intern Med* 2015; 162(2):123-132. doi:10.7326/M14-1651

## Would you like to see more or less of this?

Yes please or no thank you

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





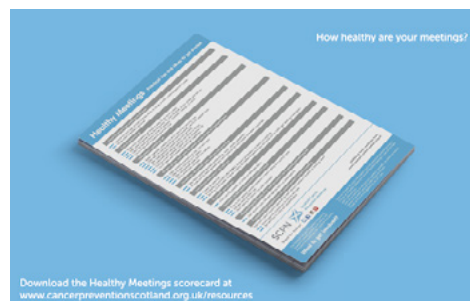
## What Have We Been Doing On Social Media?

### #healthshelfie



In January 2015, we ran our #healthshelfie campaign on social media, encouraging our followers to share a "shelfie" from their fridge, raising awareness of the importance of a healthy diet in cancer prevention. The first of our campaigns, #healthshelfie resulted in our tweets reaching 84.5k people in January, compared with just 23.4k the previous month. You can see a selection of the campaign's activity on [Storify](#) and read our blog '[From #selfie to #healthshelfie](#)'.

### #HealthyMeetings



We have of course been publicising our healthy meetings campaign, announcing our list of supporters and ambassadors, as well as sharing the examples of good practice we receive, and spreading the word. We've written about the campaign on our blog: '[Healthy Meetings in 10 Lines](#)'.

### #SoupOnSaturday

## Curried Parsnip Soup

#SoupOnSaturday

**Description**

A nutritious, full-bodied soup with a spicy kick, Curried Parsnip is well up to the job of warming some hearts this #SoupOnSaturday!

**Ingredients**

- 1 Medium Onion (peeled & diced)
- 8 Parsnips (peeled & chopped)
- 1 Tbsp Fresh Ginger (grated)
- 2 Sweet Potatoes (peeled & chopped)
- 1 Tbsp Curry Spice
- 1/2 Tbsp Chili Flakes
- 750ml Boiling Water
- 100ml Milk

**Method**

- 1) Lightly fry the onion until softened and golden. Add in the ginger, and mix continuously for 2 minutes.
- 2) Add in the parsnips and potatoes with water, and allow to boil until the vegetables become soft.
- 3) Add in the milk, chili flakes, and curry spice, and blend to taste.
- 4) Serve with a dollop of low-fat yogurt, and enjoy!

Throughout February and March we ran our #SoupOnSaturday campaign, releasing a new healthy SCPN soup recipe each week. A total of 8 recipes were produced, all of which are available [on our website](#). At the beginning of the month, we blogged the answer to the question '[Why Soup on Saturdays?](#)'



The SCPN (@thescpn) on Instagram: "The #HealthyMeetings campaign is all about... #SMALLtalk, veggiefriendly, #dining-outside, #water..."

### The SCPN Blog



An important part of our online presence has been the addition of the SCPN blog, With a new blog published at least once a fortnight, we have covered subjects from the motives behind [#SoupOnSaturday](#) to the relationship between alcohol and breast cancer in women. Our blog is located at [scpnblog.wordpress.com](#), and new articles are shared on Facebook, Twitter and Google+.

### Broadening Our Horizons



Since January, the SCPN has been a member of Instagram and Pinterest in addition to Facebook and Twitter, and this month, we joined YouTube and Google+. On Pinterest, you'll find a whole selection of virtual pinboards, from news on the latest policy changes to our collection of (un)healthy marketing examples and on Instagram, you'll find our work in image form. We are busy formulating ideas for our various platforms so, keep your eyes peeled.



Scottish Cancer Prevention Network  
[www.cancerpreventionscotland.org.uk](http://www.cancerpreventionscotland.org.uk)

You can see who we are and what we do, give us feedback, send us contributions and sign up to receive our newsletter and monthly emails via the website.

**The SCPN Blog**  
[scpnblog.wordpress.com](http://scpnblog.wordpress.com)

**The SCPN on Social Media**  
 Search for thescpn

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