SCPN

Newsletter

Scottish Cancer Prevention Network

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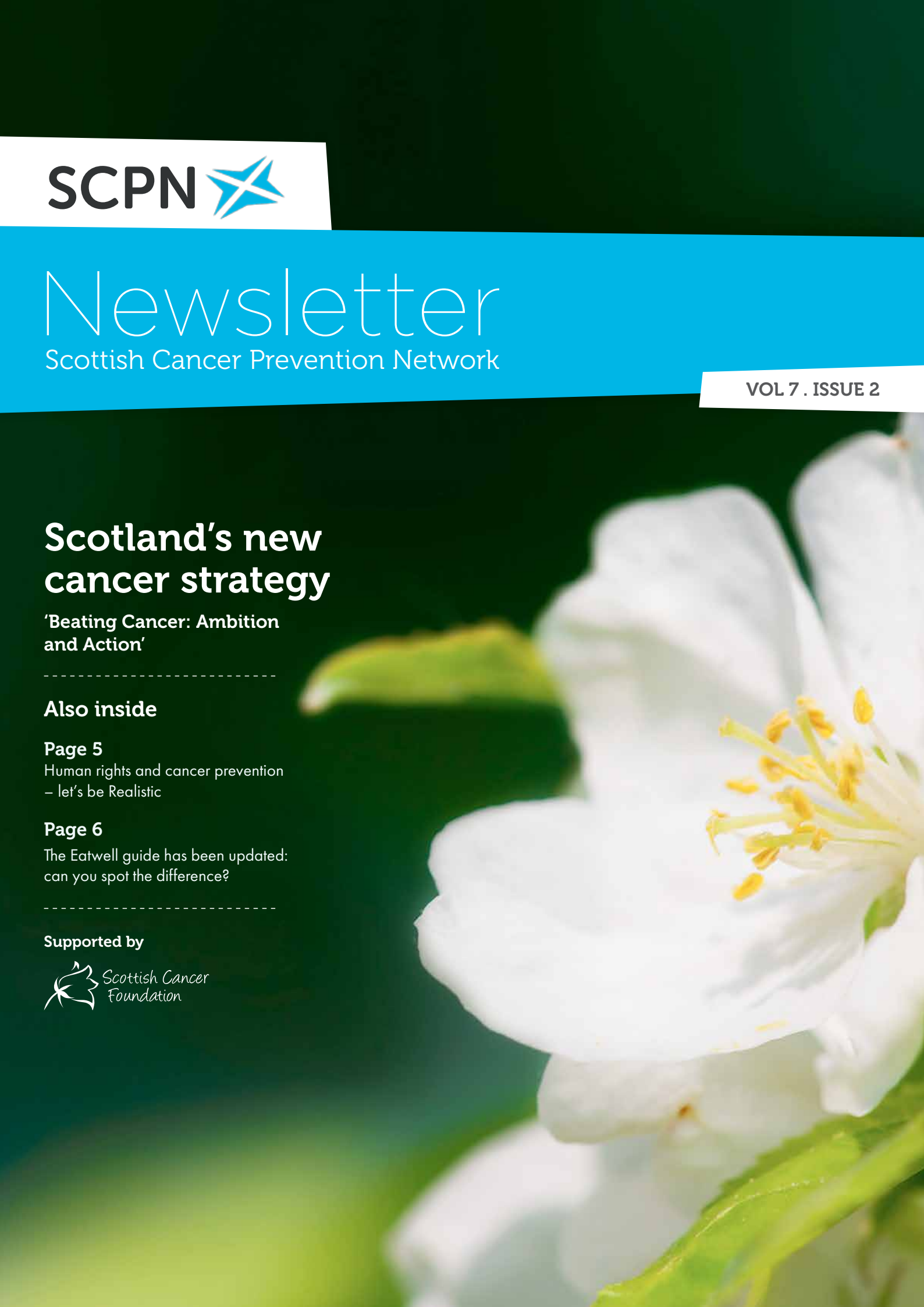

Scotland's new cancer strategy

'Beating Cancer: Ambition and Action'

Also inside

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Editorial

Alcohol Guidelines and breast cancer prevention

The new alcohol guidelines[1] published in a consultation document earlier in the year are baffling. For a start they provide a very clear message that "the risk of a range of cancers, especially breast cancer, increases directly in line with consumption of any amount of alcohol" but then go on to give the thumbs up for 14 units per week for women.

The so called "new" findings on the relationship with cancer is entirely consistent with reports that have been around for more than 10 years and were also highlighted in 2014 by the European Code Against Cancer (ECAC)[2]. These risks are also detailed by CRUK[3] who note that "regularly drinking even small amounts of alcohol can increase the risk of breast cancer".

The new alcohol guidelines for "a low risk level of drinking in the UK should be recommended not to be higher than 14 units weekly for both women and men". This recommendation compares with the ECAC which advises ''If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention". The UK alcohol guidelines development group estimates that for female breast cancer, relative risks of both illness and death from the disease increase by 16% if drinking regularly at 2 units (16 grams) per day.

Interestingly a report last year that highlighted that a commonly prescribed drug could **increase** the risk of heart disease by a similar magnitude was headline news. So maybe we should think the other way – if there was a drug that could reduce breast **cancer** risk by 16% should this be marketed and discussed at breast screening clinics or would the information lie deep within a document where the clearest bit of wording (and the word most likely to appear on bottles) is 14 units weekly?

We have a long way to go with alcohol communications and cancer risk including perception of "small amounts", "low risk", "alcohol units" and even general awareness about breast cancer. A recent CRUK survey of 2100 adults[4] reported that only 18% of respondents were aware of a link between alcohol and breast cancer. For those of us that care about breast cancer prevention there is an agenda to progress that must include awareness raising but move beyond the personal to reviewing advertising and promotions of alcoholic drinks (as well as the widespread availability of cheap booze) to women.

Professor Annie S. Anderson
@anniescotta

Professor Bob Steele
@BobSteele6

1. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489796/CMO_alcohol_guidelines.pdf

2. http://www.ncbi.nlm.nih.gov/pubmed/26115567

3. http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/alcohol-and-cancer/alcohol-facts-and-evidence#alcohol_facts2

4. http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2016-04-01-9-in-10-dont-link-alcohol-and-cancer

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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

Interview

PROFILE

Dr Catherine Calderwood, Chief Medical Officer for Scotland

What do you enjoy most about your job?

My role is incredibly varied and I have the opportunity to meet extremely interesting people and become involved in many aspects of medicine and beyond. Last week for example I presented my first annual report Realistic Medicine in Holyrood, spoke at a health literacy conference, met orthopaedic surgeons and obstetricians in Glasgow, and talked about the Scottish successes in maternity services in the House of Lords.

What is the best decision you have ever taken?

To move to a Government advisory role initially in the Scottish Government working with Sir Harry Burns and then working for NHS England with Professor Sir Bruce Keogh. I thought I would miss clinical work too much to stay but I continue to have a maternal medicine antenatal clinic and enjoy the contact with pregnant women and their families. These moves have enabled me to become CMO in Scotland so very good decisions indeed.

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

Prevention is better than cure as Erasmus first said in 1500. The message that people really can make a difference for themselves personally and that physical activity and diet and not becoming overweight are also ways of preventing cancer not just the well known life style changes such as cigarettes and alcohol. Every little helps, even small changes add up.

What would people find surprising about you?

I have climbed Mount Kilimanjaro.

How do you relax?

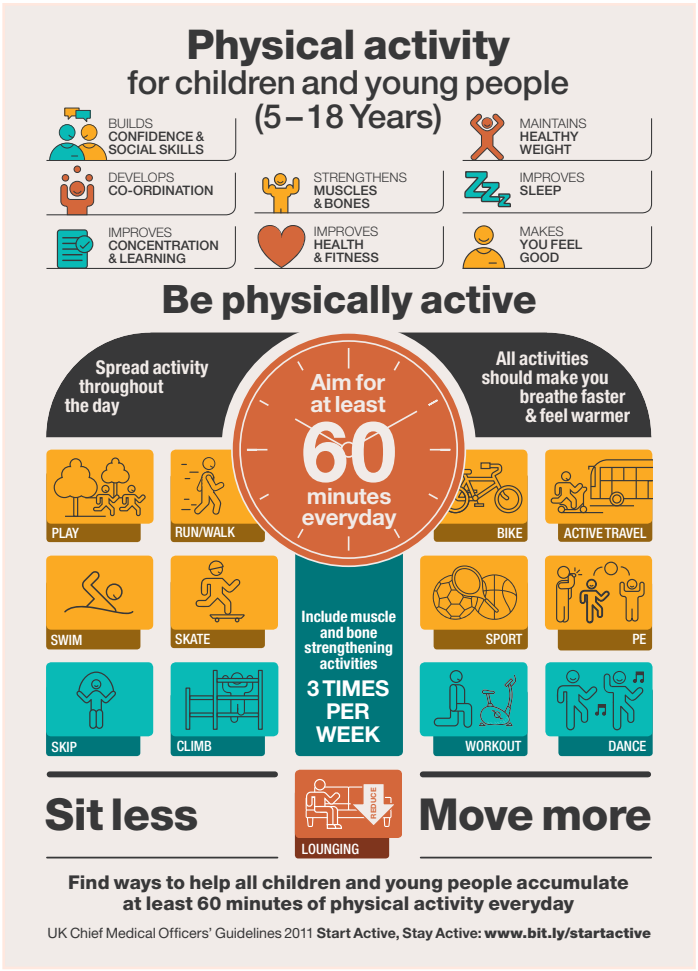
With my children - my favourite place is by the sea if I can persuade them to come with me for a walk.

Five a day?

I eat a lot of apples and bananas – often in place of lunch as I don't get time.

When was the last time you weighed yourself?

2 or 3 weeks ago - I've recently joined a gym so that's part of the regime!



Work isn't working!

Kate Cunningham
OCHRE - the oesophageal cancer charity

Kate has kept us amused with her ambition to be and remain physically active – she has revealed many of the stumbling blocks from high heels to poor weather. Read more on our blog site ***https://scpnblog.wordpress.com/****.*

A recent week, comprising bed to train to desk to train to bed, has raised more disquiet than the profound lack of poodles and home comforts. Craving your indulgence as I knock the foundation of our very existence, how are we to go on living long and well if work has us confined to barracks Monday to Friday?

Spring has sprung, but I only know this because the trains still have winter level heating on and there is no room to disrobe on a commuter train to Edinburgh. How can it be that we are we so stuck within Victorian desk bound rules that we are not able to be outside and moving about in it?

I see women in formal office wear wearing trainers and I smile with the quiet comradeship of one who knows the joys and benefits of pounding pavements. I make plans to walk at lunchtime, but rarely have the chance to take anything more than a few minutes away from desks, computers and meetings. I dream of light evenings and returning to the park with my dogs and a reluctant child or two but fundamentally this is an exercise in futility. Modern life has doomed us to failure and we are being forced to take it sitting down.

We need a revolution. We need employers to be chasing us out of doors at regular intervals. We need better working options and we need to think of workplace risk as involving inactivity as much as physical hazard. Who's with me?

Scotland's new cancer strategy 'Beating Cancer: Ambition and Action'

So what do people think of the new cancer strategy?

Annie S. Anderson (Co-Director, Scottish Cancer Prevention Network)

The long awaited cancer strategy from the Scottish Government has a clear focus on health inequalities and the need for person centred care. In the foreword by the Cabinet Secretary, prevention of the disease does get a note, highlighting "the further plans being developed to reduce the risk of people getting cancer in the first place". Further mention is then made of "building on our extensive prevention programme" and that's where I started to get excited.

The strategy does set out to be ambitious and, of the 7 targets for assessing success, I feel sure that the most challenging will be "a reduction in the growth in the number of people diagnosed with cancer". The bottom line is that we cannot treat our way out of the cancer problem – we need significant investment in prevention. It is difficult for politicians to hear the voices of those who work on cancer prevention but yet I cannot imagine a patient with a cancer diagnosis who does not wish that the disease could have been prevented.

The prevention chapter sets out a range of existing initiatives around tobacco and alcohol control, with an important reminder that there is no "safe limit" of alcohol consumption when it comes to cancer prevention. The diet and obesity section describes the recent recommendations set out by Food Standards Scotland, which are currently being considered by Scottish ministers (now announced – see article on page 9) with a particular note on health inequalities. Little is said about obesity (despite this being the second most important modifiable risk factor next to tobacco) but there is a note that the Obesity Route Map will be reviewed to ensure cancer risks are included as part of best available advice. For the SCPN the most interesting announcement is the commitment to developing (and implementing as appropriate) the ***ActWELL programme*** (support for lifestyle change in women attending routine breast screening clinics) which was developed with support from the Scottish Cancer Foundation and piloted in Dundee and Glasgow with funding from The Chief Scientist Office.

Debbie Provan (National AHP Lead for Cancer Rehabilitation)

I very much welcome the focus on cancer prevention within the national strategy, and I am particularly pleased to see the commitment to roll out Actwell. I believe this will provide people with the practical support they need to adopt health improvement behaviours and that as a result we have an opportunity to impact upon the 30% of cancers which could be prevented through healthy lifestyles.

I also welcome the acknowledgment that we must consider the whole workforce when planning services as this ensures they are fit for the future and promotes best outcomes. The proposal to invest in radiotherapy services is another positive step; and I hope that this move will allow more radiographers (therapeutic) to support people to manage the late effects of treatment. However, I believe there could have been a stronger acknowledgment of the role of the wider workforce, particularly AHPs, when considering how we deliver services in the future. I also believe that the growing evidence base for cancer rehabilitation was not fully considered when proposing how we should support people to live well with and after cancer; and an acknowledgement that rehabilitation should begin right at the beginning of the pathway (with a move towards prehabilitation) would have been valuable.

Gregor McNie (CRUK)

For over two years, we've been watching closely and campaigning for the Scottish Government to produce a plan that will help prioritise the nation's efforts in tackling cancer. That's why the commitment in the ***new Scottish Government cancer strategy*** to £100m investment over the next term of the Scottish Parliament is very welcome news.

The 50 commitments made in the strategy range across the cancer pathway, and include: £50m investment in radiotherapy equipment and workforce; £7.5 million of new money committed to surgery; and £5 million of new money targeted at tackling the link between inequalities and cancer.

But as the old adage goes, and as readers of this newsletter will be most concerned with, prevention is better than cure. Across Scotland there's a glaring need to reduce the number of patients who need NHS treatment for conditions that could have been prevented. The Scottish Government may, rightly, point to two landmark public health measures that we think will make a difference. The first was an early and strong commitment to plain, standardised tobacco packaging – something that's vital to help Scotland achieve its target for becoming 'tobacco-free' – and something very few countries have yet committed to. The second involves the ongoing and significant legal battle to introduce minimum unit pricing for alcohol.

And while there are no similar big prevention issues tackled in the plan, we do welcome the commitment to review the 2009 'route map' Preventing Obesity and Overweight in Scotland. There are also plans to look at **some radical new proposals on obesity** outlined in the recent board meeting of Food Standards Scotland (such as action on price, promotions, labelling and taxation).

We look forward to working with the Scottish Government on the prevention agenda particularly, where **more action** should be defined for the next term.

Extending the HPV vaccination programme

In September 2008 a national programme was launched to vaccinate all girls between the ages of 12-13 against human papillomavirus (HPV). The vaccine helps protect against certain strains of HPV which can cause cancer. The most common cancer linked to HPV infection is cervical cancer. Although men are not at risk of cervical cancer, recent research suggests there may be a link between infection with HPV and several other cancers including those of the mouth, throat, anus and penis. Following consideration of the evidence the Joint Committee on Vaccination and Immunisation (JCVI) has recommended a targeted vaccination programme for men who have sex with men aged up to 45 who attend GUM and HIV clinics. The Scottish Government has announced it will offer HPV vaccination to this vulnerable group of men.

Public Health Minister Maureen Watt said: "We have accepted the JCVI's recommendation, based on the most up-to-date clinical evidence. This programme will help to provide protection against HPV which can cause a range of cancers, not just cervical cancer. The Scottish Government is now working closely with Health Protection Scotland and NHS Scotland to find the best way to deliver this programme."

Flower Sprout, Shiitake, Quinoa & Egg Brunch

By Kellie Anderson, MSc
www.kelliesfoodtoglow.com

Using the same old vegetables can get a bit boring so we thought you might be interested to see this delicious recipe that uses a vegetable which may be new to many of us. Give it a try and let us know how you get on.

This is a half lazy, half hands-on protein-packed breakfast for anyone who loves a savoury start to the day. And it's a good way to promote the fashionably frilly flower sprouts from side dish to centre of the plate. The flower sprouts are in many supermarkets as well as farm shops and markets. We absolutely love them - growing them too! If you can't get hold of flower sprouts, broccoli florets and stem are the best substitute - same weight.

- Double-cupped handful of flower sprouts – washed and dried in a clean tea towel, "bottoms" trimmed
- ¾ tbsp olive oil – divided use
- ¾ tbsp cider vinegar (or any non-flavoured vinegar you like)
- Pinch of flaky/sea salt
- Handful of shiitake mushrooms – brushed of any soil
- 75g of cooked quinoa
- 1-2 organic eggs
- Freshly ground black pepper
- Dried seaweed flakes (kombu or wakame) – optional

1. Preheat the oven to 200C/400F.
2. Toss the flower sprouts with about 1 teaspoon of the oil; in another bowl toss the mushrooms with about 1 teaspoon oil, all of the vinegar and a good pinch of salt and pepper. Lay these vegetables separately on a baking tray and roast for 10 minutes, turning the vegetables as needed.
3. While the vegetables are in the oven, heat the remaining oil in a small skillet or sauté pan. Add the egg(s), pop on a lid and steam-fry until the white is firm and the egg is still a bit wobbly (gently shake the pan to test "for jiggle"). Carefully lift the eggs from the pan and set on a plate, or in the oven on the tray with the vegetables if the vegetables are done and the oven is off.
4. Add the cooked quinoa to the pan and heat through, stirring. When it is warmed through add in the roasted flower sprouts, mushrooms and top with the egg(s). Season with more pepper and some dried seaweed flakes if you have them.
5. Vegan Variation: I also like this with smoked or marinated tofu instead of the egg; spring onions give a different kind of bite, and I like them sautéed with a touch of Old Bay seasoning (a classic American seasoning blend); squeeze over a scary amount of sriracha sauce if you need a good wake-up call.

Human rights and cancer prevention – let's be realistic

Dr Andrew Fraser, Director NHS Health Scotland

At the Scottish Cancer Prevention Network conference, We Can I Can, in February, my colleague Drew Walker promoted the idea of the right to health. This theme has been the subject of work over the past two years led by another colleague, Cath Denholm, under the SNAP (Scotland's National Action Plan) for Human Rights programme. That work has produced a series of short films (***http://www.healthandsocialcare-snap.com/case-studies)*** to illustrate points that assert the rights of people to quality and sensitive health and social care, often when people experience long-term conditions and disabilities. More recently the CMO Dr Catherine Calderwood has promoted 'Realistic Care' as a key principle in Scottish medicine, offering a new era that sets new balances and relationships with patients.

What has this got to do with cancer prevention? Surely people who have the right to health have opportunities for cancer prevention?

Applying tests of rights to cancer prevention presents a number of improvement challenges. Has everyone been involved fully in decisions about their care and outcomes? More specifically, does everyone feel their screening test is as dignified as it can be? Does every prisoner have a fair opportunity to access cessation support (72% smoke) and breathe smoke free (28% don't)? What about opportunities for weight management in mental health care?

Food for thought: improving the student diet

Francis Vaughan is studying for an MSc in Human Nutrition at the University of Aberdeen; SCPN student member; founder and editor of the blogsite 'The Seasoned Student'.

Student life is associated with notoriously unhealthy behaviours: little sleep, lots of alcohol, and a reliance on cheap convenient food. Perhaps the most worrying thing about these behaviours is the enthusiasm with which they are adopted, as though students are 'entitled' to a period of indulgence before "real life" begins. But if we are what we eat, surely students should be especially encouraged to choose a smarter diet?

Given the importance of food for brain function as well as physical health, students may have a lot to gain from better eating habits.

Admittedly, student life can pose numerous challenges to healthy living, not least our limited budgets (and perhaps, budgeting skills). Yet higher education represents a unique "teachable moment", and with the right support, students are in prime position to adopt healthy lifestyles (3). That is why I launched The Seasoned Student (***www.theseasonedstudent.com***), a food blog which aims to provide students with the resources we need to eat for health. From recipes to product reviews, The Seasoned Student features articles written by students and staff at universities across the UK. Now operating as a product of the Edinburgh-based social enterprise Next Stage (***http://nextstagenow.co.uk/***), our content is expanding to engage secondary school students as well as recent graduates. As the future work force and the next generation of parents, we believe millennials are key targets for improving public health and wellbeing. If you are interested in hearing more about our work, or are keen to get involved, tweet us ***@seasonedstudent***, or email ***theseasonedstudent@gmail.com*** - we would love to hear from you!

1. El Ansari W, Stock C, John J, Deeny P, Phillips C, Snelgrove S, et al. Health promoting behaviours and lifestyle characteristics of students at seven universities in the UK. Cent Eur J Public Health. 2011; 19:197 http://apps.szu.cz/svi/ceiph/archiv/2011-403-full.pdf
2. Fedewa MV, Das BM, Evans EM, Dishman RK. Change in weight and adiposity in college students: a systematic review and meta-analysis. Am J Prev Med. 2014; 47: 641-52. http://www.sciencedirect.com/science/article/pii/S0749379713004024
3. Plotnikoff RC, Costigan SA, Williams RL, et al. Effectiveness of interventions targeting physical activity, nutrition and healthy weight for university and college students: a systematic review and meta-analysis. The International Journal of Behavioral Nutrition and Physical Activity. 2015; 12: 45. https://isbnpa.biomedcentral.com/articles/10.1186/s12966-015-0203-7

Menopausal hormone therapy and breast cancer risk: is it just bad press?

Mrs E. Jane Macaskill, Consultant Breast Surgeon and Honorary Clinical Senior Lecturer, Department of Breast Surgery, Ninewells Hospital & Medical School, Dundee

NICE have recently updated their guidance on diagnosis and management of menopause, sparking again the animated discussion regarding risks and benefits of hormone replacement therapy (HRT), and how these can be communicated to patients[1,2].

The guidelines state that the risk of developing breast cancer is higher in current users of combined HRT preparations, with increasing risk with longer durations of treatment, but reducing to the same risk as never-users after 4-5 years of stopping[3-5].

There are, however, data from the Women's Health Initiative randomised trial of combined HRT versus none, showing that there was still an increase in breast cancer risk at 12 years follow-up despite most women having stopped at least 4 years prior to this, and 42% of women having stopped treatment when the early trial results showed an excess of breast cancers in the HRT arm[6].

There are risks related to being diagnosed with breast cancer while taking HRT: not only are patients at increased risk of developing breast cancer, they are also almost twice as likely to die from breast cancer if current users while diagnosed[6]. Mammographic sensitivity is reduced, resulting in more patients having cancers picked up by presenting with symptoms out with screening, and thus later presentation and stage of disease, with increased likelihood of node positive disease and poorer prognosis[7-9].

There are alternative options for management of menopausal symptoms[10]. While the proven benefits of HRT at reducing vasomotor (hot flush) symptoms of menopause are compelling, no difference in overall quality of life has been detected in women on HRT compared with never-users[11]. While HRT has been shown to reduce osteoporosis and fractures, there are other treatments available for this that do not have inherent risk of cancer, and this should not be a sole indication for the use of HRT.

For women trying to come to a decision about whether to use HRT and concerned about the risk of breast cancer, the best advice would be in agreement with the NICE conclusion that for women with troublesome vasomotor symptoms, HRT can be used in the short term, at as low a dose as possible, and using oestrogen only based preparations, and that women should be fully informed about the breast cancer risks.

1. National Institute for Health and Care Excellence. Menopause: diagnosis and management. NICE guideline 23; Nov 2015 https://www.nice.org.uk/guidance/ng23
2. Hickey M, Banks E. NICE guidelines on the menopause: missing quantitative summary estimates of risks of hormone therapy. BMJ 2016; 352:i191 http://www.bmj.com/content/352/bmj.i191
3. Beral V, Reeves G, Bull D, Green J, for the Million Women Study Collaborators. Breast Cancer Risk in Relation to the Interval Between Menopause and Starting Hormone Therapy. J Natl Cancer Inst 2011; 103: 296-305 http://jnci.oxfordjournals.org/content/103/4/296.long
4. Million Women Study Collaborators. Breast cancer and hormone replacement therapy in the Million Women Study. Lancet 2003; 362: 419-427 http://www.thelancet.com/journals/lancet/article/PIIS0140673603140652/abstract
5. Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and hormone replacement therapy: collaborative reanalysis of data from 51 epidemiological studies of 52 705 women with breast cancer and 108 411 women without breast cancer. Lancet 1997; 350: 1047-1059 http://www.thelancet.com/journals/lancet/article/PIIS0140673697082330/abstract
6. Chlebowski RT, Anderson GL, Gass M et al, for the WHI Investigators. Estrogen Plus Progestin and Breast Cancer Incidence and Mortality in Postmenopausal Women. JAMA 2010; 304 (15): 1684-1692 http://jama.jamanetwork.com/article.aspx?articleid=186747
7. Banks E. Hormone replacement therapy and the sensitivity and specificity of breast cancer screening: a review. J Med Screen. 2001;8:29–35. http://msc.sagepub.com/content/8/1/29.full.pdf
8. Chiarelli AM, Kirsh VA, Klar NS, et al. Influence of patterns of hormone replacement therapy use and mammographic density on breast cancer detection. Cancer Epidemiol Biomarkers Prev. 2006;15(1):1856–1862. http://cebp.aacrjournals.org/content/15/10/1856.long
9. Reeves GK, Beral V, Green J, Gathani T, Bull D for the Million Women Study Collaborators. Hormonal therapy for menopause and breast-cancer risk by histological type: a cohort study and meta-analysis. Lancet Oncol 2006; 7: 910-918 http://www.millionwomenstudy.org/publications/261/hormonal-therapy-for-menopause-and-breast-cancer-risk-by-histological-type-a-cohort-study-and-meta-analysis
10. Hickey M, Elliott J, Davison SL. Hormone Replacement Therapy BMJ 2012; 344:e763 http://www.bmj.com/content/344/bmj.e763
11. Hays J, Ockene JK, Brunner RL et al. Effects of Estrogen plus Progestin on Health-Related Quality of Life. NEJM 2003; 348: 1839-1854 http://www.nejm.org/doi/full/10.1056/NEJMoa030311

Another approach to menopausal vasomotor symptom control?

The NICE guideline on diagnosis and management of menopause recommends that menopausal women (and their support network) should receive advice on hormonal (HRT), non-hormonal (other drugs), and non-pharmaceutical approaches to the management of menopausal symptoms e.g. cognitive behavioural therapy (CBT)[1].

CBT is recommended for the management of depressed mood and anxiety in the guideline but has also been developed to help women manage vasomotor symptoms (hot flushes and sweats) which is not included in the guideline. Three clinical trials of more than 600 women (healthy women and women with breast cancer)[2-4] have shown CBT significantly reduces the impact of vasomotor symptoms and found that improvements were maintained 26 weeks after randomisation. CBT is brief and available in self-help format[5] or in a group setting (a manual is available for health professionals[6]).

A recent position statement from the North American Menopause Society recommended CBT as an effective non-hormonal management option for vasomotor symptoms[7].

Non-pharmaceutical approaches to the management of vasomotor symptoms might be an important consideration when hormone therapy is not an option due to medical contraindications or a woman's personal choice.

1. National Institute for Health and Care Excellence (2015) Menopause: diagnosis and management of menopause (NICE guideline 23). www.nice.org.uk/guidance/ng23 .
2. Ayers B, Smith M, Hellier J, et al. (2012) Effectiveness of group and self-help cognitive behaviour therapy to reduce problematic menopausal hot flushes and night sweats (MENOS 2): a randomized controlled trial. Menopause;19(7):749-59. http://www.ncbi.nlm.nih.gov/pubmed/22336748
3. Duijts SF, van Beurden M, Oldenburg HS, et al. (2012) Efficacy of cognitive behavioral therapy and physical exercise in alleviating treatment-induced menopausal symptoms in patients with breast cancer: results of a randomized, controlled, multicenter trial. J Clin Oncol;30:4124-33.
4. Mann E, Smith MJ, Hellier J, et al. (2012) Efficacy of a cognitive behavioural intervention to treat menopausal symptoms following breast cancer treatment (MENOS 1): a randomised controlled trial. Lancet Oncol;13:309-18. http://www.thelancet.com/pdfs/journals/lanonc/PIIS1470-2045(11)70364-3.pdf
5. Hunter MS, Smith M. Managing hot flushes and night sweats: a cognitive behavioural self-help guide to the menopause. Routledge, 2014.
6. Hunter MS, Smith M. Managing hot flushes with group cognitive behaviour therapy: an evidence based treatment manual for health professionals. Routledge, 2015.
7. Position statement: non-hormonal management of menopause-associated vasomotor symptoms: 2015 position statement of the North American Menopause Society (2015) Menopause;22:1-20

The Daily Mile

The latest data from 2012 show that children are becoming less active, with only 21% of boys and 16% girls meeting current guidelines of at least one hour of moderate physical activity per day.

Three years ago the head teacher of St Ninian's Primary, Stirling decided to do something about her pupil's observed lack of fitness. Starting with one P6 class she introduced running or walking a mile into the school day, every day, and very soon all classes were participating. The ***'daily mile'*** is taken at any time during the school day depending on where it fits best and teachers estimate the children are only away from their desks for 15 minutes. According to staff it's important that the mile is outside, pupils are happy to participate in nearly all weathers, and do not need to change their clothes to do so. The 'daily mile' has also been used in cross curricular leaning e.g. maths and topic learning such as world city marathons. Teachers, pupils and their families are hugely enthusiastic about this free initiative.

Observed benefits of the scheme, in addition to improved fitness and lower levels of overweight and obesity, include improved focus and learning, better sleep, better eating, and increased confidence.

To date the evidence base for claims of benefit has been anecdotal but researchers at the University of Stirling are conducting the WHEEL research study, a comparative study to assess the physical, cognitive and emotional benefits of the daily mile. The results are anticipated soon.

In November 2015, the Scottish Education and Health Secretaries announced they would write to all primary schools in Scotland to encourage them to implement daily physical exercise as part of the school routine, through the roll out of the 'daily mile' or other approaches. As a result the 'daily mile' has been adopted in over 300 schools across Scotland with plans for more than 100 more to start the initiative in the near future and a further 150 schools participate in alternative daily exercise or plan to do so soon. And now the 'daily mile' is to be trialled in other parts of the UK with planned out roll out if successful. Mighty oaks do indeed grow from little acorns!

http://www.educationscotland.gov.uk/video/p/physicalactivity/stninians.asp?strReferringChannel=resources&strReferingPageID=tcm:4-866061-64&class=l3+d220545

Obesity - sugar tax actions and more

Obesity increases the risk of 10 cancers including bowel, breast and advanced prostate cancer. The SCPN welcomes all actions that help the nation to avoid weight gain. Obesity Action Scotland are a national advocacy group which 'recognises that to be successful at tackling obesity we must take a population health approach, in the same way as public health has worked to tackle other threats to health such as tobacco and alcohol. Not only must people be encouraged to stay a healthy weight and lose weight where necessary, but society and government must also create the right environmental conditions to enable the maintenance of healthy weight'.

Lorraine Tulloch, Programme Lead
Obesity Action Scotland provides some comments on the sugar tax starting with a quote from George Osbourne (16th March 2016).

"I am not prepared to look back at my time here in this Parliament doing this job and say to my children's generation, I'm sorry, we knew there was a problem with sugary drinks, we knew it caused disease but we ducked the difficult decisions and we did nothing. So today I can announce we will introduce a new sugar levy on the soft drinks industry….."

The Chancellor's Budget Statement proposing the introduction of a levy on sugar sweetened drinks in 2018 came as a welcome spring surprise. Only a number of months ago the Prime Minister ruled out such a measure but pressure from a variety of sources including medical professionals, public health professionals, the Health Select Committee, Public Health England, popular TV chef Jamie Oliver and eventually from within his own party proved too strong to ignore.

The immediate reaction was of course surprise and support from us and fellow campaigners but as with all these initiatives the devil is in the detail. Whilst we welcome the announcement of the sugar levy and acknowledge this as a major step forward, we must ensure that any such tax is stringent and effective and that the monies raised are invested in effective obesity prevention programmes in Scotland.

The details of the levy mean that the proposed banding scheme will see drinks with a sugar content of 4.9gms/100mls exempt from the levy. This equates to approximately 15gms of sugar in an average can, meaning someone drinking one can of a levy-exempt-sugar-sweetened-drink could still get 50% of an adult's recommended daily intake of sugar in one hit.

There have been questions raised about the scientific justification for the two step tax approach and the sugar concentration cut off points (5 grams and 8 grams per 100ml), about why small manufacturers wouldn't need to pay tax, the definition of a small manufacturer, and why milk-based products with added sugar wouldn't be taxed.

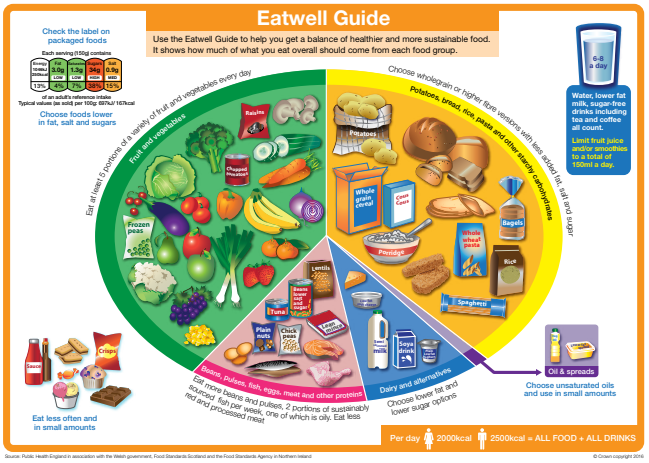
As expected, the response from the soft drinks industry was one of disappointment and denial. This has been followed by many voices detracting from the sugar levy, with the most common comment being; 'the sugar tax will not solve obesity'. We agree that the sugar tax alone will not solve our obesity crisis. Yet, this is a step in the right direction and the sugar tax plays an important role as part of a cohesive and holistic approach to tackling obesity.

There is a lot of work still to be done. Obesity Action Scotland will actively campaign for a more effective scaled volumetric tax and investigate the practicalities of such an approach as compared to the proposal. We will continue to call for more action on a suite of measures designed to make the healthy choice, the easy choice.

As well as a more effective sugar tax, we are also calling for:

- restricting marketing and promotions
- reducing sugar and fat content of foods
- improving labelling of foods bought in shops and restaurants
- reductions in portion sizes

The Eatwell guide has been updated: can you spot the difference?



The new ***Eatwell Guide*** shows the updated proportions of the food groups that are intended to help us meet official advice and nutrient requirements reflecting updated dietary recommendations in the UK. These include those on sugar, fibre and starchy carbohydrates from the Scientific Advisory Committee on Nutrition (SACN) report on ***Carbohydrates and Health*** in 2015.

Spot the differences?

- Clear guidance on food choices is now provided
  - Less red and processed meat
  - Choose wholegrain or higher fibre versions of starchy foods.
  - Eat more beans and pulses
- Food groups resized to reflect current advice on what constitutes a healthy diet
- Purple segment now only contains oils and spreads
- Separation of unsaturated oils and lower fat spread from foods that are high in saturated fat, salt and sugar which are not essential to a healthy diet
- A clear message on drinks which reinforces the message that water, low fat milk, sugar free drinks, tea and coffee are the best choices
  - Fruit juices and smoothies only count as one portion of fruit a day and have been removed from the fruit and vegetable segment.
- Inclusion of typical energy requirements for men and women - all food and drinks contribute to this total energy expenditure
- Inclusion of front of pack nutrition labelling responding to a consumer desire for guidance on choosing foods lower in fat, salt, and sugars

FOOD, NUTRITION, PHYSICAL ACTIVITY, AND CANCER OF THE STOMACH

In the judgement of the Panel, the factors listed below modify the risk of cancer of the stomach. Judgements are graded according to the strength of the evidence.

	DECREASES RISK	INCREASES RISK
Convincing		
Probable	Non-starchy vegetables [1] Allium vegetables [1] Fruits [1]	Salt [2] Salted and salty foods
Limited — suggestive	Pulses (legumes) [3] Foods containing selenium [4]	Chilli [1] Processed meat [5] Smoked foods [6] Grilled (broiled) or barbecued (charbroiled) animal foods [6]
Limited — no conclusion	Cereals (grains) and their products; dietary fibre; potatoes; starchy roots, tubers, and plantains; nuts and seeds; herbs, spices, and condiments; meat (unprocessed); poultry; eggs; milk and dairy products; fats and oils; total fat; fatty acid composition; cholesterol; sugars; sugar (sucrose); fruit juices; coffee; tea; alcohol; dietary nitrate and nitrite, N-nitrosodimethylamine; drying or dried food; protein; thiamin; riboflavin; vitamin C; vitamin D; multivitamin/mineral supplements; calcium; iron; selenium supplements; carotenoids; culturally defined diets; meal frequency; eating speed; body fatness; energy intake	

Stomach cancer awareness

Stomach Cancer is currently the third leading cause of cancer deaths worldwide with 1,000,000 new cases diagnosed each year. In the UK there were around 7000 cases diagnosed in 2013.

It is nearly twice as common in men as in women and smokers and the over 55s are at higher risk. As with many cancers lifestyle plays a big role in the development of stomach cancer and it is estimated that up to 50% of cases could be prevented if people didn't smoke, ate less salt and more fruit and vegetables especially allium vegetables e.g. leeks and onions.

'No Stomach for Cancer' is an organization based in Madison, Wisconsin, which is also focused on advancing awareness and education about stomach cancer, including Hereditary Diffuse Gastric Cancer (HDGC), providing a support network for affected families, and supporting research efforts for the prevention, screening, early detection, and treatment of stomach cancer.

They feel that the biggest challenge for stomach cancer treatment and prevention is the lack of public awareness. More information about stomach cancer can be found on their ***website*** or the WCRF ***website***.

NO STOMACH FOR CANCER®
Supporting Research. Empowering Families.

Further reading

http://www.wcrf.org/sites/default/files/SECOND_EXPERT_REPORT_chapter_07.pdf

Food Poverty: measuring, monitoring and making a difference

It is too easy when working with the cancer risks associated with obesity to forget that all too often we see the double burden of over nutrition and under nutrition as people strive to afford the diets associated with cancer risk reduction (**http://www.ncbi.nlm.nih.gov/pubmed/26164653**). *Food Poverty in Scotland has been well documented over the decades, not least by Sir John Body Orr in the 1930s, and continues to be a challenge to health for too many Scots.*

Bill Gray from Community Food and Health (Scotland) at NHS Health Scotland reminds us of these issues…

Ensuring we properly understand food poverty, and apply that learning to addressing it, has been at the heart of NHS Health Scotland's efforts in the past couple of years. Late last summer a study into the nature and extent of food poverty in Scotland, commissioned from a multidisciplinary team lead by the Rowett Institute in Aberdeen, was published [1].

"…there is an urgent need to develop better means of measurement and understanding of individuals' and families' lived experiences of food insecurity in Scotland, to help develop, and make the case for, effective policy solutions that can comprehensively address household food insecurity and the plethora of dietary-related health conditions that affect so many of the Scottish population."

Building on the research, NHS Health Scotland launched their position statement on food poverty a few months later, outlining the challenges ahead for the organisation and partners from every sector [2].

"Food bank usage is one indicator of food poverty and represents only a proportion of the Scottish population who are experiencing food poverty (or household food insecurity). As a result NHS Health Scotland believes that food poverty goes beyond food bank usage."

An early action following the adoption of the position statement was to invite visiting Canadian academic, Professor Valerie Tarasuk to reflect on her experience on the national adoption of research methods and what this can mean for the development of responses, both positively and negatively. What the Canadian experience means for Scotland was then discussed by a mixed audience of practitioners, policy makers and academics (3).

Professor Tarasuk recommended effective measurement of food poverty as "a lens on our society" but warned that any measurement had to be about "tackling rather than simply exposing reality".

1. The nature and extent of food poverty / food insecurity in Scotland, Douglas et al, May 2015 www.communityfoodandhealth.org.uk/wp-content/uploads/2015/07/25717-The-nature-and-extent-of-food-poverty_2015.pdf
2. Position Statement on Food Poverty, NHS Health Scotland 2015 www.healthscotland.com/uploads/documents/26408-Food%20Poverty%20Statement.pdf
3. Professor Tarasuk's presentation www.communityfoodandhealth.org.uk/2016/food-poverty-measuring-monitoring-making-difference/

Promoting physical activity in the workplace

Steve Bell, Healthy Working Lives Initiative

Participating in physical activity improves overall health and wellbeing, reducing the risk of disease and having a better quality of life. Having physically active employees has many benefits including:

- reduced stress levels
- boosted employee morale
- increased productivity
- reduced sickness absence
- reduced employee turnover
- a satisfied and motivated workforce

The Healthy Working Lives award promotes these physical activity benefits and provides opportunities to encourage employees to be physically active within and out with the workplace. This is a free health, safety and wellbeing award for all organisations to take part in. Physical activity is threaded through each of the 3 levels, bronze, silver and gold as either information campaigns or activities. In the past these have included lunchtime walks, jogging clubs, active travel packs for meetings, bike storage, subsidised gym memberships, workplace challenges like pedometer challenge etc. The list is endless and is very varied depending on what the organisation is able to offer for their employees.

In addition to the Healthy Working Lives award, NHS Health Scotland are currently piloting an Exemplar Physical Activity award with a number of workplaces. Evaluation and findings from this pilot will be available at the end of 2016.

For more information on physical activity in the workplace please click on the links below:

http://www.healthyworkinglives.com/advice/workplace-health-promotion/physical-activity

http://www.healthscotland.com/documents/6114.aspx

Support and advice on wider aspects of workplace health, safety and wellbeing can be accessed at ***www.healthyworkinglives.com*** or through the Healthy Working Lives National Advice Line on 0800 019 2211.

The Scottish Dietary Goals have been revised

In March 2016 the Scottish Government revised the Scottish Dietary Goals [1] to reflect updated recommendations on intakes of sugar and fibre from the independent Scientific Advisory Committee on Nutrition (SACN) [2].

Set at a population level, the new goals indicate the extent of the dietary change needed to reduce the burden of obesity and diet-related disease in Scotland. They provide the basis of a healthy balanced diet which is essential to reduce diet related conditions such as obesity, type II diabetes, cardiovascular disease, and some cancers. The key messages include:

- Eat at least 5 portions of fruit and vegetables per day
- Increase your fibre intake to 30g/day
- Increase oily fish consumption to one portion (140g) per person per week
- Reduce your calorie intake by 120kcal per person per day
- Eat less fat
- Limit consumption of red and processed meat to about 70g per person per day
- Sugar intake should not exceed 5% of total energy intake in adults and children over 2 years old
- Total carbohydrate intake should not exceed 50% of total dietary energy

1. http://www.gov.scot/Resource/0042/00421385.pdf
2. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

Sit Less, Get Active

Learning about how to Sit Less, Get Active and fight inactivity is a key message for cancer risk reduction. The evidence prepared for the European Code Against Cancer suggests that 9% of breast cancer and 10% of colon cancer cases could be avoided with increased physical activity ***http://www.ncbi.nlm.nih.gov/pubmed/26187327***. Physical activity is also important in cancer survivorship. The messages are simple: Be physically active in everyday life. Limit the time you spend sitting.

Dr Danijela Gasevic, Lecturer, University of Edinburgh has shared with the SCPN information on a free on-line video based course which is coming our way soon:

Do you know how much physical activity is enough to gain health benefits, or how often you should do it, or how you can make it part of your daily lifestyle? A wonderful team of physical activity experts from the University of Edinburgh is working around the clock to deliver great videos to help you learn just that. The work has been undertaken with advice/endorsement from groups such as the Sport and Physical Activity Division of Scottish Government, NHS Health Scotland, NHS Lothian, Sustrans Scotland, Edinburgh Leisure, and SPORTA.

The videos will be part of a new open online course (MOOC) called Sit Less, Get Active. This free course will encourage and enable you to sit less and be more active in various settings such as your neighbourhood, work, home, or school. You will also learn more about how physical activity is monitored, how to set physical activity goals, and how to make it a habit.

The course is only three weeks long, with about 1.5 hours of video material in total. After these 3 weeks you can continue to receive physical activity promotional messages (weekly), and short videos (monthly) for the following 6 months that can act as nudges to help you be/remain more active. For more information about the course, please contact ***danijela.gasevic@ed.ac.uk*** . Also, don't forget to sign up ***https://www.coursera.org/learn/get-active***. The launch is planned for late May 2016. Until then, follow us on Twitter @GetActiveMOOC for a daily dose of physical activity promotional messages. And don't forget, Sit Less, Get Active!

Above: *The University of Edinburgh MOOC 'Sit Less, Get Active' Logo*

Carcinogens in the workplace

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

Legislation to protect workers against health and safety risks from exposure to carcinogens or mutagens at work with the aim of preventing occupational cancers was first adopted in the European Union in 1990. The directive (CMD Dir. 2004/37/EC; Annex III) specifies the safe limit values for benzene, vinyl chloride monomer, and hardwood dust. In addition to these, asbestos and lead have safe limit values defined in other directives (CAD Dir. 2009/148/EC; art. 8 and Dir. 98/24/EC; Annex I respectively).

As exposure to these five carcinogens accounts for less than 20% of actual worker exposure to carcinogenic substances there exists a lack of protection in place to adequately prevent occupational cancer. It is estimated exposure in the workplace currently causes more than 100,000 cancer deaths each year.

Legislative reform is urgently required and is supported by the trade unions and several member states. In December 2014 the European Trade Union Confederation's Executive Committee asked the ETUI to identify the carcinogenic substances and procedures for which a limit value should be defined at European level. The resulting report identifies 71 substances and procedures. Adopting European legislation to set a binding exposure limit value to address these findings would result in a significant reduction in worker exposure levels and subsequent occupational cancers.

Save the date - 22 June 2016, Celtic Park, Glasgow

FREE event for health professionals

With worldwide cancer cases expected to increase by 70% in the next 20 years, and an annual cost to the NHS of £5 billion, it has never been more important to put cancer prevention at the top of the health agenda. Health professionals are being called on to 'make every healthcare contact a health promoting opportunity' – to put wellbeing at the heart of every patient interaction – regardless of their area of expertise.

Aims of the day

- Hear the latest evidence on cancer prevention – what causes cancer and how can we prevent it?
- Feel more confident talking about lifestyle changes, regardless of your area of expertise
- Know how to start someone on their journey to better health
- Learn about local networks – who can offer support?
- Feel inspired – what can we learn from others' success?
- Learn how World Cancer Research Fund can support you in your work

Find out more
http://www.wcrf-uk.org/uk/here-help/health-professionals/events

Book your place
www.eventsforce.net/wcrf or call 0161 408 5758

A physically active childhood – an international perspective

The childhood obesity epidemic is being tackled head on around the world, including here in Scotland (See the Daily Mile article on page 7). In many countries, national or state-wide programmes have been developed, not just concentrating on PE lessons but looking at ways physical activity can be built in to more academic lessons and the structure of the school day. The Finnish approach introduced several short breaks throughout the school day to reduce sedentary time with the hope that this would influence out of school activities and even later life approaches to sedentary behaviour. Pupils might be asked to stand up to discuss what they have learned so far, or do some short exercises before carrying on working. Some classrooms are completely chair free, with standing desks only. In Ireland, children are encouraged to stay active in academic lessons e.g. using invisible skipping ropes in maths to skip and count to the answer of a sum.

British Columbia introduced free play to their PE lessons which embraces the chaos of lots of children playing at once instead of the more structured 'everyone takes a turn' approach. Spin off benefits to this approach include lowered anxiety levels and improved body image which may go some way to addressing why teenage girls especially fall out of physical activity.

Many countries have encouraged children to take ownership of their physical activity, planning games and activities for their peers and have provided the resources for them to experience a wider range of activities than before.

British Columbia ***http://www.actionschoolsbc.ca/***

Ireland ***http://activeschoolflag.ie/***

Finland ***http://www.liikkuvakoulu.fi/in-english***

America ***http://www.letsmoveschools.org/***

Bowel Cancer UK launches new website and new look

Leanne Thorndyke, Head of Marketing and Communications, Bowel Cancer UK

Bowel Cancer UK has launched a new website which has better functionality, easier navigation and is now responsive across mobiles and tablets. The layout and design has also been improved to make it simpler for people to find what they are looking for.

As well as a new website, the charity has unveiled a refreshed logo which now includes the Star of Hope, the international symbol for bowel cancer. It has been used by Bowel Cancer UK for some time across its materials and has been very well received by patients and supporters.

Last year, the charity announced its ambitious new agenda to become the UK's leading bowel cancer research charity and felt that now was perfect timing to refresh its corporate identity to reflect their future strategic direction. Visit ***bowelcanceruk.org.uk***

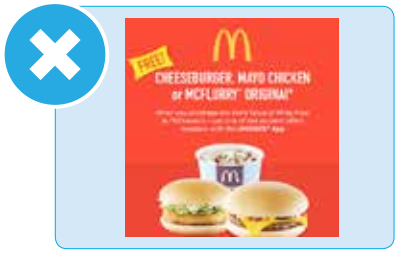
Making connections

How many of you use CHAIN (Contacts, Help, Advice & Information Network)? CHAIN, originated 15 years ago in the NHS Research & Development programme in England and has since grown into a not-for-profit international online community of about 15,000 people who are willing to share their knowledge and experience with each other. The community includes frontline healthcare practitioners from all professions, managers, educators, researchers and knowledge specialists (see the ***latest analysis of CHAIN membership***). It is currently funded by a consortium of stakeholders including the National Institute for Health Research, Macmillan Cancer Support, Alzheimer's Society, Healthcare Quality Improvement Partnership, Health Service Executive and NHS Scotland. Membership is entirely FREE and members of CHAIN get access to the network's online directory, as well as receiving occasional messages which are targeted specifically to their individual interests.

Seeking advice, feedback or information from other CHAIN members or drawing attention to events or resources could not be easier - simply e-mail: ***enquiries@chain-network.org.uk*** and they will circulate an appropriately targeted message. Join CHAIN today ***http://chain.ulcc.ac.uk/chain/join.html*** to start networking and if you need it the CHAIN team can usually arrange a free presentation/ demonstration of CHAIN at your workplace to get you started.

Would you like to see more or less of this?

Yes please or no thank you



Please send any good or bad marketing images you've come across to scpn@cancerpreventionscotland.org.uk.

We Can I Can SCPN Conference 2016

We had a fabulous day on 4th February celebrating World Cancer Day at our conference in Edinburgh. 130 delegates enjoyed a wide ***programme*** based around cancer prevention. Here is some of the key messages delegates shared with us on the day. Conference photographs are now online at ***http://www.cancerpreventionscotland.org.uk/conference2016/photographs/***.

Presentations are now online at ***http://www.cancerpreventionscotland.org.uk/conference2016/presentations/***.

Communications prize

Inspired by communications like ***the YouTube videos by Dr Mike Evans*** – 23 1/2 hours or 'What's the Best Diet? Healthy Eating' – we wanted to find and showcase powerful videos about lifestyle behaviours which have an impact on cancer risk. Throughout the second half of 2015, we looked for your nominations for a short video (less than 10 mins) related to cancer prevention (tobacco, sun awareness, diet, physical activity, weight, screening etc.) – including self-nominations by organisations or individuals, and they came flooding in.

Our final four shortlisted entries were presented by Professor Linda Bauld at our conference on World Cancer Day, 4th February 2016, and delegates were asked to judge the winner. You can access all our shortlisted videos at ***http://www.cancerpreventionscotland.org.uk/comm-prize-2015/***.

Save the date!

We had quite a few disappointed customers who left it just a little late to book this year's conference and we had no spaces left. Next year's conference will be on February 3rd 2017 – save the date in your diary and please look out for when we open for booking and get in early to avoid disappointment!

Social media campaigns

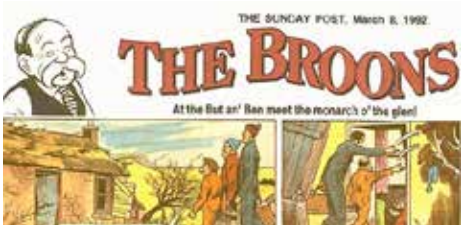
#HealthyShelfie ran again in January and we are very grateful for the many people who got involved. We thought we would share with you some contributions from our overseas friends (Canadian Cancer Society, European Code Against Cancer) and those closer to home (BreastCancerNow).

#AlwaysTakeTheStairs

Our latest social media campaign ran throughout March and encouraged us to always take the stairs. We were active on Twitter and Instagram (check out the hashtag #AlwaysTakeTheStairs) and we had dedicated ***blogs*** on the subject including a guest blog from the cycling surgeon ***Prof Chris Oliver***.

The SCPN Blog

Recently we wrote a blog on the 'traditional' Scottish diet, comparing the Scottish diet that the Broons may have known to the present day!



This thoughtful commentary reflecting on the Scottish Diet and why it needs to change (Food Standards Scotland (FSS) didn't mince their words when they published their ***report*** in December) isn't to be missed. You can access the blog at ***https://scpnblog.wordpress.com/2016/01/22/diet-and-cancer-the-new-traditional-and-the-healthyshelfie/***.

SCPN

Scottish Cancer Prevention Network
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

The SCPN on Social Media
Search for thescpn

We are supported by the Scottish Cancer Foundation (SC028300).