



SCPN



Newsletter

Scottish Cancer Prevention Network - Evidence to Practice and Policy

VOL 10. ISSUE 1



The SCPN are committed to getting the word about cancer prevention out to individuals, health professionals, policy

makers and government. We want to let everyone know what they can do to stack the odds against developing cancer through lifestyle choices. It's not enough for individuals to attempt to change. Health professionals, cancer charities

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

rather than inhibit it. We promote action for cancer prevention by disseminating news on recent research, initiatives and events through our website, newsletters and social media platforms.

SCPN blogs

Did you see the blogs we published in December? We've established a tradition now of asking some of our strongest supporters to nominate their 'Paper of the Year'. This year's papers will not disappoint. From lung cancer screening chosen by the CMO to physical activity, the use of FIT for symptomatic patients and the obesogenic environment – these are gems to whet your interest.

We also published some Christmas cards we

produced with ideas on healthy giving in festive settings – the party, our workplaces, first footing. We hope to provide alternatives you would want to give to alcohol based gifting which can be a challenge at this time of year.

In 2018, our blogs were viewed 6,777 times with over 4000 people worldwide reading them. Amongst the most read blogs written in 2018 were:

1. CRUK: Ob_s_y is a cause of cancer https://scpnblog.wordpress.com/2018/03/16/ob_s_y-is-a-cause-of-cancer-communications/

2. #SitLessMoveMore <https://scpnblog.wordpress.com/2018/09/20/sitlessmovemore/>

3. Young person's guide to preventing skin cancer <https://scpnblog.wordpress.com/2018/05/19/young-persons-guide-to-preventing-skin-cancer/>

Read all the blogs here <https://scpnblog.wordpress.com/>

Healthy food choices made visible

Back by popular demand is our #healthysheffie social media campaign, running throughout January. Why don't you join in the fun and share your healthy fridge images?



You gave us your feedback

You rated our newsletter on average

81/100

87% of respondents always or frequently read the newsletter

42% of respondents did not know there is an **SCPN blog!** Follow us at scpnblog.wordpress.com

Most respondents are new to the SCPN and either a health professional or academic

≤ 5 years

The SCPN has:

- ✓ Helped increase your **support** for public health action around cancer prevention
92% agree/strongly agree
- ✓ increased **knowledge** of research on lifestyle and cancer risk
96% agree/strongly agree
- ✓ Encouraged you to **take action** professionally/personally to reduce behaviours which impact cancer risk
89% agree/strongly agree



1 in 3 respondents visit our website frequently or often



80% of Twitter users engage with us on twitter but only **8%** on Instagram



Thank you

Join our network

www.cancerpreventionscotland.org.uk/subscribe/



www.cancerpreventionscotland.org.uk/students/join/

Follow us on Social Media



@thescpn

Healthy Meetings

www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/

SCPN



Scottish Cancer Prevention Network

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

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

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

You can help support healthier meetings by:

- discussing the checklist with meetings' chairs

PLACES STILL AVAILABLE
<https://thescpn.org/2syglAK>

04th
02
19

The SCPN
Conference

Editorial

Happy New Year and Happy Dry January

My December - birthday, Christmas, visitors, parties, neighbours, relaxing night in, home movie, good news, work reception, conference reception, wine tasting – all with alcohol.

My January - dinner for January 1st, lunch out, dinner party, family to stay over, quiet evening, last night of the holidays, tasting alcohol free spirit – all without alcohol.

Now the big question is what happens between January 31st and December 31st? Every year I set out with good intentions and yes over the years I have cut my alcohol intake down and I believe dry January has been instrumental in making me reflect on why I am drinking. It has also impacted on the habits of all my nearest and dearest. January is a road check to make sure I can quit the habit.

The main reason I care is that breast cancer risk starts to increase with more than one drink a day (that's 7 drinks a week). This message clearly isn't known... many friends have made the assumption that my decision to quit booze is because I must have a major alcohol problem. When I explain I'd like to keep to under 14 units a week I have that sense that I'm considered a little fanatical. The promotion of women drinking is all around.... birthday cards, tea towels, cushions – humour, pampering, indulgence, independence and normality. The campaign (#dontpinkmydrink) by Alcohol Focus Scotland, described in this newsletter by Alison Douglas, highlights some of the myriad of ways that alcohol drinking has been portrayed as desirable and a key component in the life of the modern women. It's worth a conversation ... latest stats show that 4636 women were diagnosed with breast cancer in Scotland in 2016 and around 22% of deaths are estimated to relate to alcohol and that's true for younger and older women. Alcohol promotion targeted at women is more than a little wicked – pink and powerful for industry not for women.

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

Dry January

Laura Patton, Research & Development Graduate, SCF

Starting the New Year alcohol-free is a great way to rebalance the books after the overindulgence from Christmas festivities. Most of us will have consumed almost 6,000 calories on Christmas Day alone, triple the recommended daily intake for women. Cutting out alcohol, even for only a month, is an easy way to reduce calorie intake, for example a bottle of cider contains 290 calories while a bottle of wine contains 600 calories. Alcoholic beverages are not only harmful because of the hidden calories, consumption of alcohol is also associated with the increased risk of several cancers. However, more and more people are deciding to drink less, or not at all - almost a third of under 25s don't drink, indicating people's attitudes toward drinking are changing. The non-alcoholic drinks industry is responding to the increased demand for alternatives and here's just a few suggestions to help you throughout Dry

January.

Kombucha is a fermented tea with a natural sparkle and it's full of vitamins, enzymes and probiotics. It has a similar look to a light lager or cider but with a more delicate taste. There are lots of different types of kombucha, some have smoky aromas, others with more floral notes or fruity, citrus kombuchas.

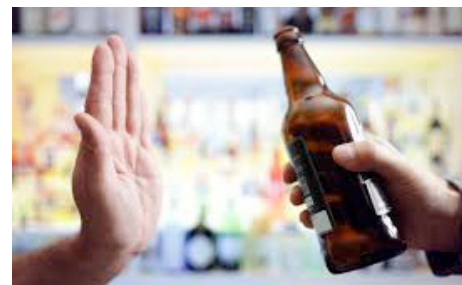
Alcohol-free spirits like gin come in a variety of different flavours, packaged in decorative bottles that would look beautiful in your drinks cabinet. Mix them with your favourite tonic and garnish with ice and a slice. It will look just like the 'real' thing and has that distinctive botanical, juniper taste that you expect from gin.

There are also some amazing non-alcoholic pre-mixed drinks, like a Caribbean dark 'rum' and cola which packs a powerful spicy punch balanced alongside the sweetness of the cola. While

apple cider vinegar based drinks provide enough sharpness to make it the perfect long sipping drink to accompany food.

Of course, not forgetting the huge choice of wine and beer alternatives; you can even sign up to an alcohol-free beer subscription service and get different beers mailed straight to your door.

The market for non-alcoholic drinks is expanding rapidly and the variety of alcoholic alternatives that appeal to an adult palate is huge, meaning it's never been easier to take part in Dry January!



New alliance launches to tackle obesity in Scotland

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



A new alliance of agencies and organisations, born out of Obesity Action Scotland and supported by the Scottish Cancer Prevention Network and Cancer Research UK, has come together to outline their vision to tackle obesity.

The Scottish Obesity Alliance launched on Wednesday 5th December. This new Alliance will provide a unified, influential and independent voice on one of the most significant public health challenges of our time. Working together the Alliance seeks to create a Scotland where healthy food and physical activity are easy, acceptable, affordable and sustainable for all.

This is a critical time to come together to shape policy on obesity prevention. 2 in 3 adults are either overweight or obese

in Scotland, and 26% of children aged 2 to 5 years old are at risk of being overweight including 13% who are at risk of being obese. The proposals set out by the Scottish and UK Governments in 'A Healthier Future – Scotland's Diet and Healthy Weight Plan', 'Scotland's Physical Activity Delivery Plan' and 'Childhood obesity: a plan for action' chapter 2 show commitment to action, however implementation of the recommended proposals is now urgently required to tackle the obesogenic environment.

The Scottish Obesity Alliance will serve as a forum for organisations working on this agenda in Scotland to collaborate to influence the Scottish and UK Governments policy on overweight and obesity.

Announced as Chair of Scotland's Obesity Alliance at the launch, Elma Murray OBE said,

"As a long-serving public servant I have seen

all too clearly the impact of unhealthy weight on our people and communities. However lasting change will only come if we create supportive and enabling environments for people to make the best choices. I am excited at the potential that this new Alliance will give us. I look forward to working with members to create a strong policy influence for change in Scotland."

The Scottish Obesity Alliance launched with 12 members and a Manifesto outline, which shares a vision for a Scotland which promotes health and wellbeing. It also identifies key areas where urgent action is required. Members will collectively identify priority policy calls once the Scottish Obesity Alliance is established and meets in the New Year.

To discuss the Scottish Obesity Alliance and membership contact the Alliance Co-ordinator, Shruti Jain at shruti.jain@rcpsg.ac.uk.

New Year – new ideas #dontpinkmydrink

Alison Douglas, Chief Executive, Alcohol Focus Scotland

Alcohol is everywhere. Whether we want to drink or not we are surrounded by constant prompts that alcohol should be part of our life, and never more so when it comes to celebrations and gift giving.

And although the alcohol industry have long objectified and sexualised women in their advertising, it seems they've recently started targeting women more directly, linking alcohol to women's friendships, feminism and empowerment.

At a time when alcohol-related deaths remain higher in Scotland than the rest of the UK, alongside unrelenting promotion of Prosecco, pink gin and skinny lager, we need to question that everyday drinking is normal and desirable. It is against this background that the new #dontpinkmydrink campaign, which seeks to call out aggressive marketing of

alcohol to women, was launched.

So this year we challenge you to join us in highlighting cynical examples of marketing, and help us to call out the retailers and producers letting them know that we won't endorse their products.

You can support the campaign by sharing pictures of aggressive advertising, marketing and merchandise which targets women on social media using the hashtag #dontpinkmydrink.

And what about ringing the changes by using our purchasing power? We can all think twice about choosing to buy gimmicky alcohol-themed gifts and cards. In the first half of this year we have Valentine's Day and Mothers' Day and in the lead up to both we are bombarded with marketing of every kind from every direction, including alcohol. But why not

choose differently this year, rather than a gift with an alcohol-theme could you treat those you love to some rest and relaxation time to themselves, or find something you can enjoy together?

We have previously seen the power of the consumer in calling out retailers for misguided products and promotions, with items being removed from sale. If we can build enough support for #dontpinkmydrink and challenge the normalisation of drinking we may see producers and retailers change in response.

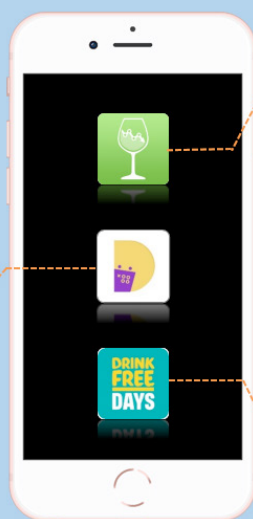
At Alcohol Focus Scotland, we also hope that raising awareness of the power and prevalence of alcohol marketing will help build support for better regulation, which the Scottish Government has committed to consulting on as part of its new alcohol prevention framework.

Apps to help you drink less

Are you trying to help someone reduce their drinking? The SCPN have researched a few commonly used apps to help you decide which one might help you

Dry Days by AlcoChange

- Free app available on iOS
- Health benefits given
- Records amount of units of alcohol and money saved by change in drinking habits
- Connect with friends
- Report card given weekly for individual and all users to motivate change



Drink Less

- Free app available on iOS
- Personalised drinking risk calculator
- Illustrates the effects of drinking on personal traits
- Can set personalised goals to reduce drinking
- Track how much you drink in a 'diary'
- Off putting statistics
- Can select prompts frequency

Drink Free Days

- Free app available on iOS
- Can set personalised goals to have drink free days
- Records amount of calories and money saved by achieving your goals
- Easy to input data on how many drink free days you've had this week
- Offers tips on how to reduce your drinking



A community Polycrub scheme

Dr Susan Bowie, GP Hillswick Health Centre, Shetland Islands

Note from the Editor

Increasingly, communities are recognising the value of gardening as a route for increasing physical activity, getting fresh air, distraction from life's challenges, social interaction and taking positive action towards a more plant based diet. Several trials^{1,2} are now underway on the benefits of gardening for cancer survivors as well as the general population. The North of Scotland may seem inhospitable to all year round gardening but where there is a will there is clearly a way

A new community Polycrub scheme (a polytunnel/greenhouse structure) has been constructed in the northerly village of Hillswick on the Shetland Islands using recycled salmon farm piping and polycarbonate twin wall sheeting to withstand even the wildest of Shetland weather. Hosted by the local health centre it aims to provide a green space to let patients, who otherwise wouldn't have access to an area to grow their own fruit and vegetables, enjoy the benefits of growing and help to promote healthy eating.

The project was the brainchild of local GP Dr Susan Bowie who was inspired to establish the health centre Polycrub after undergoing cancer treatment in Glasgow during which time a chance conversation

on a park bench in the botanical gardens led her to volunteering in a community garden between radiotherapy sessions. She found the process to be extremely therapeutic so on her return to Shetland, she enlisted the help of fellow doctor Andy Muir and his wife Pam to establish the Polycrub on land next door to the surgery. Initiatives such as this are a key part of the role of community health centres, argues Bowie. "Health Centres should not just be about illness, they should be about health, and health promotion, and I think that this is win-win. You're getting out and about, you're meeting other people, you're learning, you're sharing ideas, workload and produce. It's very sociable. It's a long-term thing."

There are currently 10 members using the Polycrub. They range from young children (the youngest being 2 and a half) to older members, many have never grown anything before, and the Polycrub provides them with their own space to try things out. This is the first such project to be funded by NHS Shetland through their Endowment fund, and possibly the first to be used by NHS Health Scotland patients, but hopefully we will see more in future.



1. A home-based mentored vegetable gardening intervention demonstrates feasibility and improvements in physical activity and performance among breast cancer survivors <https://onlinelibrary.wiley.com/doi/full/10.1002/cncr.31559>
2. Detailed methods of two home-based vegetable gardening intervention trials to improve diet, physical activity, and quality of life in two different populations of cancer survivors. <https://www.ncbi.nlm.nih.gov/pubmed/27565830>

Building momentum: lessons on implementing a robust sugar sweetened beverage tax

Bryony Sinclair, World Cancer Research Fund International



Sugar sweetened beverage (SSB) taxes get a lot of media coverage. This is in part because they are building momentum globally – to date, 45 jurisdictions around the world have implemented an SSB tax and 42% of these have been put in place since 1 January 2017 – and also because they face strong opposition. Governments seeking to implement an SSB tax need to be ready to

defend the design of their tax against this opposition. World Cancer Research Fund (WCRF) International's report Building momentum: lessons on implementing a robust sugar sweetened beverage tax (www.wcrf.org/buildingmomentum) provides advice to policymakers on how to design and implement a robust SSB tax and how to address

challenges caused by lack of political and public will, and industry interference. The report is based on research and interviews conducted with policymakers, advocates and academics around the world who have been involved with implementing an SSB tax. The report outlines seven key elements: take local context into consideration; use evidence as a foundation; set clear policy objectives;

integrate a plan for monitoring and evaluation; carefully design the tax itself; engage stakeholders to ensure a broad base of support; and frame the tax in a way that will resonate with the public and politicians. SSB taxes will continue to be proposed and implemented as part of a comprehensive approach to tackle unhealthy diets, overweight, obesity and diet-related non-communicable diseases. Sharing lessons learned from previous experiences will help increase the chances for success.

The Building Momentum series of reports will cover other nutrition policies, including front-of-pack nutrition labels and restricting marketing of unhealthy food and drink to children.

* Sign up to WCRF International policy updates here www.wcrf.org/int/policy/policy-updates-straight-your-inbox and our WCRF International e-news here: www.wcrf.org/int/newsletter

SCPN Conference places still available

Time is running out to sign up to our World Cancer Day conference held in Scotland's National Museum in Edinburgh on 4th February. We have a great programme planned with eminent speakers such as Sir Kenneth Calman, Prof Martin Wiseman from WCRF and Scotland's Chief Nurse. We have a few free places for nurses – please contact us by email scpn@cancerpreventionscotland.org.uk. You can view the full programme and sign up on our website <https://thescpn.org/2syglAK>.



Sri Lankan Cabbage and Cashew Curry

Kellie Anderson, MSc kelliesfoodtoglow.com



Serves 4

An easy-to-make, Sri Lankan-inspired mild curry of thinly sliced cabbage, toasted cashews, spices and coconut milk. A naturally vegan and whole food recipe.

- 1 tbsp coconut oil, or oil of choice
- 1 small onion finely chopped
- 400g cabbage thinly sliced

- 100g carrot shredded/grated
- 3 garlic cloves minced
- 1 long green/red chilli split
- 1 tbsp mustard seeds
- 1 tsp cumin seeds
- 10 dried curry leaves or fresh, if available
- 1 tsp ground turmeric
- 1/2 tsp black pepper

- A 3-inch cinnamon stick or 1/2 tsp ground cinnamon
- 2 tsp ground fenugreek, optional
- 100g cashews
- 250ml hot water
- 400ml coconut milk full-fat or reduced-fat
- Coriander to serve
- 2 limes divided use

Method

1. Sauté the onion in the coconut oil for five minutes, stirring. Add in the minced garlic, split chilli, mustard seeds, cumin seeds, curry leaves, fenugreek, turmeric, cinnamon, pepper and cashews. Sauté on a low heat for fifteen minutes, stirring occasionally.
2. Pour in the coconut milk and water. Bring to a fast simmer and cook for 10 minutes without a lid. Add in the cabbage and carrots, stirring well. Add a lid (or cover with foil/baking tray if no lid) and simmer for eight minutes. Squeeze in the juice of one lime and stir.
3. Serve with extra lime slices, and wholemeal flatbreads or brown basmati rice.

Breast cancer risk and prevention research grants



Breast Cancer Now is seeking applications from researchers aiming to tackle gaps in the understanding of the risks of breast cancer, and how this information could be used in prevention. They are

interested in funding research projects in, but not limited to, the following areas:

- Communicating breast cancer risk
- Developing and testing behaviour change interventions around lifestyle factors such as weight, activity or alcohol consumption
- Introducing lifestyle modification programs to the breast screening

- programme, including increased physical activity, avoidance of weight gain, avoidance of harmful consumption of alcohol and encouragement of breastfeeding
- Identifying and testing new options for chemoprevention
- Overcoming barriers to prevention interventions, including understanding the challenges of adherence to

chemoprevention

- Novel approaches such as mimicking hormonal changes to offer protection against post-menopausal breast cancer

For further information and to apply please visit their [website](http://www.breastcancer.org.uk).

The deadline for applications to Breast Cancer Now is 1st March 2019

Elective report – Cuba, 2018

Fergus Brown, 2018 SCPN bursary recipient



Note from the Editor: The SCPN student bursary was awarded in 2018 to Fergus Brown, a 4th year medical student from the University of Glasgow. The SCPN aims to help students learn more about cancer prevention and how to translate that knowledge to their practice in the future. We offer a £300 bursary to support any piece of non-core curriculum work in the area of cancer prevention which can include an SSC, BMedSci project, an elective, summer experience or work in

your own time. If you would like to apply for this year's bursary please visit <https://www.cancerpreventionscotland.org.uk/students/bursary/>.

For my senior elective this year, I spent four weeks in Santiago de Cuba, the nation's 2nd biggest city. Two of these weeks were spent in the theatre anaesthetics department of Dr Juan Bruno Zayas Alfonso General Hospital, and two in various primary and community care settings. I chose Cuba as I felt it offered a unique opportunity to see a

preventative healthcare system and culture. Cuba spends £762 per head on healthcare, compared to the UK's £3,105¹ however its cancer rate is 218 per 100,000 compared to our 273².

My time in primary care was incredible and where I learned a lot about cancer prevention strategies in place in the country. Cuban healthcare is an explicitly preventative system, with significant resources and teaching time available – with a Dr:patient ratio of 1:133 Cubans compared to 1:354 in the UK. With more time to talk, and a government directive to prioritise disease prevention, Cuban doctors have a serious advantage. Doctors give lifestyle advice and attempt to make every consultation a teachable moment for disease prevention.

Primary care polyclinics, set within communities, contain numerous services and Cuba has many programs that fit with the European Code Against Cancer, but there is significant room for improvement. Cuba has a deeply entrenched relationship with tobacco and public health policy is lax. Tobacco is cheap – a cigar costs around 4p and 20 cigarettes around 28p. Cuba has rising obesity rates³. It is undergoing an 'epidemiological transition' – mortality from communicable diseases is declining as non-communicable, lifestyle related diseases increase. Cheap alcohol and sugar products are readily available. In addition traditional Creole meals of rice and beans are usually accompanied by fried meats.

Overall I was impressed by Cuban healthcare. I was however saddened by limitations placed by geopolitical factors. The USA embargo is estimated to have cost Cuba \$130 billion⁴. If it ended, it's easy to say Cuba could be one of the world's healthiest countries.

My elective in Cuba was amazing. A huge thanks to the SCPN for their support for this incredible opportunity.

To read the full report please visit <https://thescpn.org/2FI9pPH>.

1. Global Health Expenditure Database [Internet]. Apps.who.int. 2018. Available from: <http://apps.who.int/nha/database/Home/Index/en>

2. Global cancer data by country [Internet]. World Cancer Research Fund. 2018. Available from: <http://www.wcrf.org/int/cancer-facts-figures/data-cancer-frequency-country>

3. Nie P, Alfonso Leon A, Diaz Sánchez M, Sousa-Poza A. The rise in obesity in Cuba from 2001 to 2010: An analysis of National Survey on Risk Factors and Chronic Diseases data. Economics & Human Biology. 2017;28:1-13.

4. Acosta N, Marsh S. U.S. trade embargo has cost Cuba \$130 billion, U.N. says [Internet]. Reuters. 2018. Available from: <https://uk.reuters.com/article/us-cuba-economy-un/us-trade-embargo-has-cost-cuba-130-billion-un-says-idUKKBN11A00T>

Glasgow Scientist Wins Top Award

Bryan Christie, Health Journalist and SCF Board Member



Dr Katie Robb, a researcher focused on improving the early diagnosis of cancer and reducing inequalities for cancer patients, has won the prestigious 2018 Scottish Cancer Foundation Prize.

The prize, an honour that recognises excellence in cancer prevention, is awarded with up to £10,000 of funding. Dr Robb plans to use this to accelerate her research to help improve access to cancer screening and reduce the burden of cancer both locally and nationally.

Dr Robb's work focuses on behavioural cancer research encompassing areas such as uptake of cancer screening, understanding cancer risk, and helping people visit

their GP if they notice a new or changing symptom. She is particularly passionate about reducing inequalities in cancer such as uptake of bowel cancer screening, where uptake is almost 25% lower among people living in more deprived areas. Indeed part of her current research focuses on developing and testing an intervention to support people to complete their bowel screening kit at home.

Previously she pioneered work on public perceptions of cancer risk, before going on to co-develop the Cancer Awareness Measure (CAM), which has been widely adopted as the standardised method of assessing cancer awareness across the UK and in other countries.

More recently, her work has looked at supporting people with Chronic Obstructive Pulmonary Disease to recognise and seek help promptly for potential lung cancer symptoms.

Dr Robb, who is based at the University of Glasgow's Institute of Health and Wellbeing, said: "I am delighted to be receiving this award and am very grateful to all the brilliant scientists and clinicians I have collaborated with who have supported this achievement. The prize fund offers an exciting opportunity to accelerate the insights from behavioural science to reduce the burden of cancer locally, nationally and globally."

Professor Robert Steele, Chairman of the Scottish Cancer Foundation said: "Raising public awareness of the risk of cancer and improving the uptake of screening services are both essential in helping to detect cancer early and improve survival prospects. Dr Robb's work has demonstrated success in these important areas and she is a very worthy recipient of this year's prize."

The Prize is awarded annually at the Scottish Cancer Conference, and is supported by the Grant Simpson Trust. The award is also accompanied by the Evans Forrest Medal, named in recognition of the founders of the Scottish Cancer Foundation.

NOURISHING

FOOD ENVIRONMENT | FOOD SYSTEM | BEHAVIOUR CHANGE COMMUNICATION

Our **NOURISHING** policy database has been updated Wednesday 24 October. Check out the database for more than **515 examples of implemented policy actions** from **130 countries** around the world, as well as **110 policy evaluations**. We are now accepting submissions for our next NOURISHING update.

World Cancer Research Fund International

#FoodPolicy
wcrf.org/NOURISHING

Moving Medicine

In the UK, physical inactivity is the 4th greatest cause of ill health, resulting in as many deaths as smoking. It is estimated that up to 40% of long-term conditions could be prevented if everyone met the UK Chief Medical Officer's physical activity recommendations of 150 minutes of moderate exercise per week, breaking up sitting time and strength and balance exercises twice a week for older adults.

We know that around one third of adults in Scotland fail to meet physical activity recommendations. As health professionals, even a very short conversation can empower an individual to make changes in their lifestyle. Do you struggle to know what to say to people when you're discussing patient's physical activity levels? The Faculty of Sports and exercise Medicine (UK) have developed a first class website to help you with just that. They provide advice if you have one, minute, five minutes or more to discuss this

topic in relation to primary prevention i.e. promoting healthy ageing and PA to reduce the risk of developing long term conditions e.g. obesity, cancer and also what to discuss with patients who already suffer from one of ten long term conditions. Advice is offered on a range of symptoms patients may experience. Within each conversation are step-by-step guides, insights into behaviour change and how it works and research and evidence behind the conversations.

In addition, promotional materials can be downloaded if you are planning a campaign or event to promote physical activity (posters, flyers, artwork for lanyards). Educational resources are being developed to help those involved in conversations about behaviour change achieve their goals and in the meantime the website signposts to some great online educational resources which are free.

<https://movingmedicine.ac.uk/promotional-materials/>

Prescribing movement

Join the moving movement.

Even if you start slow, you're still rapping everyone on the sofa.

Speak to a healthcare professional about how increasing your movement can help with your symptoms.

Everybody dance now.

Who cares if you're not Fred Astaire? Keep your family healthy by moving together, one step at a time.

Support your friends and family in keeping active and help improve their symptoms.

Eating Out, Changing the Game

Eating out of home has become a regular part of our modern lives.



There were 948 million visits to out of home establishments in Scotland in 2015, up by 3% on 2014



In the UK we eat 20-25% of our total calories out of home



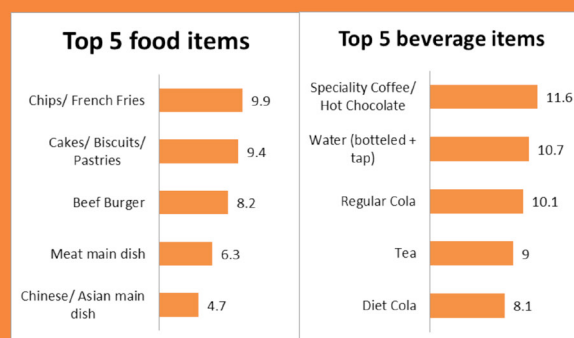
There has been 53% increase in places to eat out of home in the last 10 years



26% of adults and 21% of children eat out one or more times per week

Source: <http://www.obesityactionsotland.org/briefings/>

What Scots eat out of the home



Percentage of all visits during which a particular item was purchased. Source: NPD Crest data, 2015

Changing the Game

We call for the following action to be taken:



#1

Portion sizes

- Regulation to control portion sizes
- Mandatory calorie caps
- Half portion options



#2

Reformulation

- Reductions in fat, sugar and salt
- Improved fruit, vegetable and wholegrain content



#3

Promotions

- Regulation to restrict promotions on products high in fat, sugar and salt
- Promoting healthy food and drink choices



#4

Labelling

- Mandatory calorie information on menus



Obesity Action Scotland
Healthy weight for all

www.obesityactionsotland.org

@obesityactions

/ObesityActionScotland/

Going to ECO? ... look at a great satellite opportunity in the city of design

Action on weight management in cancer – developing an evidence base to support intervention trials – views from the NIHR Cancer and Nutrition Collaboration research group on cancer prevention and screening

Satellite meeting for the European Congress on Obesity Saturday, April 27th 2019

Malmaison Hotel, 44 Whitehall Crescent, Dundee

Morning Session: Primary Prevention		Chair Prof Bob Steele CBE
1000 - 1020	Introductions and welcome	Dr Giota Mitrou (WCRF) Prof Annie S. Anderson (SCPN) Dr Simon Williams (ASO)
1020 - 1040	Why is body fatness important in cancer prevention? Lessons from Mendelian Randomisation	Prof Richard Martin University of Bristol
1040 - 1100	Is change in body fatness important in cancer prevention? Lessons from weight loss interventions	Prof Annie Anderson University of Dundee
1100 - 1120	Coffee/Tea	
1120 - 1140	Weight loss interventions for trials? Lessons from the behavioural intervention world	Prof Falko Sniehotta University of Newcastle
1140 - 1200	Are intervention trials so challenging? Lessons from literature	TBC
1200 - 1220	Discussion and debate – how important is trial evidence and why? Lessons from debate	Prof Elio Riboli Imperial College London
1220-1300	Lunch	
Afternoon Session: Obesity and Secondary Cancer Prevention		Chair: Prof Elio Riboli
1300 - 1320	Lessons from the BWEL study – a weight management programme for breast cancer survivors	Prof Jennifer Ligibel Harvard Medical School/ Dana-Farber Cancer Institute
1320 - 1340	Diet or physical activity interventions for overweight cancer survivors?	Prof John Saxton University of Northumbria
1340 - 1400	What are the important core outcome measures in cancer survivorship?	Dr Amanda Cross Imperial College London
1400 - 1420	Coffee Tea	
1420 - 1440	Do no harm – risks and potential benefits	Dr Chloe Grimmett University of Southampton
1440 - 1500	Discussion – the way forward	Prof Elio Riboli Imperial College London

To register for a place please visit <https://eco-dundee19.eventbrite.co.uk>

Hosted by The Centre for Research into Cancer Prevention and Screening (CRiPS), University of Dundee.

Supported by the World Cancer Research Fund, Association for the Study of Obesity Scotland Network and Scottish Cancer Prevention Network

ActWELL study – the final sprint

2018 has been a busy year for the ActWELL study. We had over 3700 women attending for routine breast screening express an interest in taking part in the study. Of those, 560 went on to take part. We have now completed around 540 face to face coaching sessions with our intervention group supported by our Breast Cancer Now volunteer lifestyle coaches. Retention within the study is excellent, with

94% completing 12 week follow up. We are now well underway with the final 12 month measurement visits and attendance remains high.

2019 will be another busy year as we complete the follow up visits and move on to analysing all our data towards the end of the year. We are already undertaking some work to find out how our participants, coaches, NHS

mammography staff and leisure centre staff have found the experience.

As our control group finish the study we are also offering them the opportunity for a session with a lifestyle

coach. So far we have lots of takers for this and have started those sessions. This allows everyone who took part in the study the chance to benefit from the ActWELL programme.



breast cancer
now



ActWELL

Creating links between jogscotland and NHS Fife Primary Care

Dr Gozde Ozakinci, Senior Lecturer, University of St Andrews

The latest results from the Scottish Health Survey 2017 show that although 65% of adults are meeting the current moderate or vigorous activity (MVPA) guidelines, 20% report very low levels of physical activity and there is clearly more work to be done in this area.

In July 2018, the Scottish Government announced the Active Scotland Delivery Plan, encouraging a collaboration across Government, third sector, communities, and individuals. Importantly, the policy endorses social prescribing (signposting) in encouraging referral of patients from the NHS to community-based interventions to support physical activity

participation and weight management.

We have recently started a research study (funded by the NHS Fife Endowment Fund) that aims to create a connection between jogscotland and primary care. Increasing physical activity is a challenge that needs to be addressed in a sensitive manner by health care providers and it is plausible that a link with a jogging group might be a positive approach for the patient and the clinician. Jogscotland is Scotland's recreational running network with nearly 450 jog groups across Scotland aiming to get people active in a supportive and friendly environment. In our study we will conduct interviews

with those registered in general practice to ask their views on how a jog group could be introduced during a general practice visit and the preferred way to link with a group. We will also interview GPs and nurses to ask their views on how best to open the topic of physical activity with their patients and joining jogscotland. Following these interviews, we aim to develop acceptable and feasible pathways linking primary care patients to jogscotland and test them. In building this partnership in Fife with jogscotland, we hope to show that it is possible and adaptable across Scotland.

Have you seen this paper?

Bray F, Ferlay J, Soerjomataram I et al. (2018) Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA CANCER J CLIN; 68:394-424394

<https://doi.org/10.3322/caac.21492>

Using the GLOBOCAN 2018 estimates of cancer incidence and mortality produced by the International Agency for Research on Cancer, the authors have reported the incidence and mortality rates of many cancers worldwide. Cancer is now estimated by the WHO to be a leading cause of death in most countries and this is predicted to rise. Cancer incidence and mortality is growing rapidly worldwide as the population grows and ages (and also as a result of the

decline in cardiovascular disease) but of concern to those working in the field of cancer prevention is the change in cancer incidence in emerging countries from infection based and poverty based cancers to lifestyle based cancers due to 'westernisation' and socioeconomic development.

The methodology used in this study is described at the Global Cancer Observatory website (<https://gco.iarc.fr/>). The numbers of new cancer cases and cancer deaths were extracted from the GLOBOCAN 2018 database for all cancers combined and for 36 cancer types.

The GLOBOCAN 2018 estimates presented in this report indicate that there will be 18.1 million new cases of cancer and 9.6 million deaths from cancer in 2018. Lung, female breast, and colorectal cancers are the respective top 3 cancers worldwide

in terms of incidence and within the top 5 in terms of mortality (first, fifth, and second respectively). There is however great geographical variation in the incidence and mortality of all cancers worldwide due to the impact of societal, economic, and lifestyle changes which differentially affect the profile of this complex group of diseases.

Latest estimates suggest from one-third to two-fifths of new cancer cases could be avoided by eliminating or reducing exposure to known lifestyle and environmental risk factors such as smoking, obesity, lack of physical activity etc. The relative exposure to these risk factors however will vary across the world and there is a need to tailor cancer control actions in accordance with localized patterns of risk factors and cancer burden profiles.

Ongoing Scottish Research - Making contacts count? Cancer risk discussions in primary care

Dr David Blane, University of Glasgow

It is estimated that between 30 and 50 per cent of all cancer cases are preventable through healthier lifestyles and avoidance of environmental exposures. The principle modifiable risk factors are smoking, alcohol, obesity, poor diet and inactivity.

In theory, GPs are well placed to discuss health behaviour change related to these risk factors. In practice, however, there are several barriers to discussion.

To support such discussions, researchers in Cambridge have

developed personalised cancer risk calculators, using demographic details and current health behaviours to estimate an individual's likelihood of developing cancer in the next ten years. They found enthusiasm for providing such personalised cancer risk information in general practice.

But would the same apply in Glasgow, where health literacy and life expectancy are lower and the prevalence of multiple unhealthy behaviours is higher? To answer this, we are conducting a qualitative interview study, funded by the Royal

College of General Practitioners (RCGP) Scientific Foundation Board. The aim is to explore the views and experiences of 10-14 primary care practitioners (GPs and practice nurses) and 14-20 patients (aged 30-60) in relation to cancer prevention and cancer risk discussions in general practice.

The lead researcher is Dr David Blane at the University of Glasgow (david.blane@glasgow.ac.uk) and findings should be available in the summer.

Expert insight

Professor Annie S. Anderson



Apart from co-directing the SCPN Annie also heads up several research studies exploring weight loss and what better time of year than to share some research insights.

What are the main components of a successful weight loss programme?

A successful programme is one where people lose weight AND keep that weight off. The two main ingredients are modest decreases in total food and drink intake and modest increases in physical activity. Realistic goals are essential. One study

of obese women reported that their "acceptable" weight loss was to decrease body weight by 20% yet realistically 5 to 10% might be expected. Building in positive feedback and other behaviour change techniques can also have a major impact.

What kind of diet is best for weight loss – high carb or low carb?

The best diet is the one people can follow for longest. In the long term macronutrient composition makes little difference. Many people lose a lot of weight quickly with a low carb diet but then they lapse and start

to gain weight. Decreasing intakes of animal fat (notably full fat dairy products) is important for heart health as well as body weight but quitting sugary foods (which decrease carbs) also helps. Probably more important is to focus on the quantity of all foods, being particularly wary of snack (discretionary) foods like biscuits, cakes, pastries, chocolate, confectionary, sweetened drinks and savoury items like crisps.

What do people say is the hardest part about trying to lose weight?

Living and working with other people and temptations all around. As a society we are not kind to people with weight problems - we offer biscuits, second helpings and celebration cakes. Social events revolve around foods and drinks. Too often we are asking people to become social deviants by eating less. Providing professional or lay support goes a long way to helping people keep to their plans and feel positive about the challenges weight loss brings.

How successful are weight loss programmes that focus on physical activity?

Physical activity in all forms (movement, strength, stretch

and balance) are important for health and can help to control body weight but a focus only on these is the least successful way to lose weight. Dietary change is always required and the best approaches build in physical activity and help to maintain muscle mass through physical activity. Remember you cannot outrun a bad diet!

What are your main recommendations for weight watching in 2019

1. Learn to love pure fresh cool water –better, cheaper and more environmentally friendly than tea, coffee, sugary and alcohol drinks
2. Take two short "dog walks" every day of 10 to 15 minutes – inside or outside, with or without headphones, daytime or evening
3. Make it smaller – take a long hard look at your portions, could you cut them by 10%?
4. Weigh yourself weekly and WRITE IT DOWN. It's a great way to use those pocket diaries given at Christmas when your real diary is electronic

Cancer and lifestyle – research round up

Cross et al. Faecal immunochemical tests (FIT) versus colonoscopy for surveillance after screening and polypectomy: a diagnostic accuracy and cost effectiveness study.

Gut 2018; online first DOI: 10.1136/gutjnl-2018-317297

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

A triennial colonoscopy is recommended

by Public Health England for those at increased risk of developing colorectal cancer (CRC) following removal of polyps. This study aimed to see whether an annual FIT test would help identify those at lower risk of developing CRC, reducing the need for surveillance colonoscopy. Of over 8000 potential participants (completed a FIT test one year after polypectomy) 74% were included in the study. Of these, 97% completed a FIT test at years 2 and 3. Three-year cumulative positivity was 13%

at the 40µg/g haemoglobin threshold and 29% at 10µg/g and sensitivities were 59% and 33% at 40µg/g and 72% and 57% at 10µg/g for CRC and advanced adenoma (AA) respectively.

Conclusion: Replacing a surveillance triennial colonoscopy with an annual FIT test in this population could reduce the number of colonoscopies performed by 71%, significantly cutting costs but could miss 30%–40% of CRCs and 40%–70% of AAs.

Springmann M, et al. Health-motivated taxes on red and processed meat: A modelling study on optimal tax levels and associated health impacts

PLOS ONE;13(11):e0204139 DOI: 10.1371/journal.pone.0204139

<https://thescpn.org/2M2RhLb>

There is strong evidence that the consumption of red and processed meats increases the risk of developing colorectal cancer. One public health response might be to tax these products in the same way as other carcinogens

e.g. tobacco, sugary drinks, alcohol to persuade the population to consume less and improve health. This study calculated optimal tax levels for 149 world regions taking account of the local health costs associated with ill-health from red and processed meat consumption. The study found 75% of health-related costs (\$285 billion globally in 2020) were due to processed meat consumption. Optimal taxation would increase the prices for processed meat by 25% on average (range 1% in low-income countries to over 100% in high-income countries) and by 4% on average for red meat (range 0.2% to over 20%). Consumption

of processed meat decreased by 16% (range 1% to 25%) whilst red meat consumption remained stable. Deaths attributable to red and processed meat consumption decreased by 9% and attributable health costs decreased by 14% globally with greatest reductions in high and middle-income countries.

Conclusion: Including the social health cost of red and processed meat consumption in the price of red and processed meat could lead to significant health and environmental benefits, in particular in high and middle-income countries.

Lee A, et al. BOADICEA: a comprehensive breast cancer risk prediction model incorporating genetic and nongenetic risk factors

Genetics in Medicine (2019) DOI: 10.1038/s41436-018-0406-9

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

Breast cancer remains highly prevalent however susceptibility to the disease is multifactorial depending on genetic mutations and reproductive, hormonal, anthropomorphic, lifestyle, and imaging factors. By incorporating the effects of all known risk factors into the model, the authors demonstrated much greater levels of breast cancer risk stratification can be achieved both in the general population

and in women with a family history of breast cancer.

Conclusions: BOADICEA can be used in the counselling process to guide high risk women on possible behavioural or lifestyle modifications e.g. reduction in BMI, alcohol intake, or HRT use to reduce their risk of developing breast cancer.=