



Newsletter

Scottish Cancer Prevention Network - Evidence to Practice and Policy

VOL 10. ISSUE 2



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.

The Stephen Fry award

The SCPN has been named the Public Engagement Project of the Year in this year's Stephen Fry Awards for Public Engagement with Research. The award recognises the work of University of Dundee's staff and students in engaging a wider audience with the University's research and the many benefits this can bring to society. The prize is awarded to a team of up to six people who have led a project that has

made outstanding contributions to public engagement with research.



New members of staff

The SCPN team have seen some changes in the last few months. We said goodbye to Dr Maureen Macleod who has been with the SCPN for many years. We would like to thank Maureen for all her hard work and wish her all the best in her retirement. To fill Maureen's shoes we have two new members of staff working as part of SCPN - Dr Karen Barnett and Dr Sarah Nicholson. Both Karen and Sarah will be working on

research projects within The Centre for Research into Cancer Prevention and Screening alongside working as part of the SCPN team.



Valentines and Mother's Day giving

Have you seen our new Valentines and Mother's Day giving cards? Here at the SCPN we are focusing our giving on #tippingthebalance and favouring no calorie/no booze options for celebrating special occasions. As excess body fat is associated with an increased risk of 13 cancers, we have created a series of cards to promote our alternative gifts that won't lead to weight gain and will

ensure we are giving with health in mind. <https://www.cancerpreventionscotland.org.uk/giving-with-health-in-mind/>



Have you seen our blogs?

Have you signed up to receive our most recent blogs straight to your inbox (<https://scpnblog.wordpress.com/>)? Here at the SCPN we regularly write about lots of varying topics relating to cancer prevention and always welcome new blogs from supporters of the SCPN. January saw the return of our

#healthyshef campaign and our blog on the *rough guide to healthy eating and drinking*. Other new blogs include the *GLOBOCAN* report showing cancer incident projections continue to rise, *#tippingthebalance* and the healthy giving alternatives, and thinking ahead to those summer months - a warning about *summer sun*.

Join our network

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SCPN STUDENTS

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

Follow us on Social Media



@thescpn

Healthy Meetings

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




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 size, 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
- providing feedback to the network on the effectiveness of practice

Editorial

Scotland has long had the unenviable reputation of being one of the unhealthiest nations in the world, but are there signs that change is in the air?

The results of a UK survey carried out by the World Cancer Research Fund certainly give some grounds for optimism. It found that people in Scotland are the most aware of the link between poor diet and cancer and more inclined than people elsewhere to do something about it (for more info see page 15).

This is great news for us at the SCPN as we have now been working for 10 years to raise awareness of the importance of a healthy lifestyle in reducing the risk of cancer.

These survey results suggest that the message is getting through with almost two thirds of the Scots who took part in the survey saying that they would like to have a healthier diet.

It can be challenging to convince people to snack on an apple rather than a sugary cake, especially when large sections of the food industry have a vested interest in selling unhealthy products. However, we have kept at it over the past decade and would like to think that the WCRF's survey shows that a positive difference is being made.

We were delighted in January to be named Public Engagement Project of the Year in this year's Stephen Fry Awards for Excellence in Public Engagement with Research. We have also been working closely with colleagues in Ireland who have used the SCPN as a model to set up a similar organisation in their country, focused on cancer prevention.

Meanwhile our parent body, the Scottish Cancer Foundation, continues to be the only charity in Scotland dedicated to promoting research into cancer prevention.

It may be early days but any signs that the door may be opening to better health in Scotland are very welcome. That should encourage all of us to push that bit harder.

Professor Annie S. Anderson

@anniescotta

Professor Bob Steele

@BobSteele6

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THE TEAM

Karen Barnett - SCPN Fellow

Sarah Nicholson - SCPN Fellow

Jill Hampton - Network Administrator

Bryan Christie - Journalist

Eoin McCann - Designer



Mindful Drinking by Club Soda

Jo Lambert Smith, Communications Manager, Club Soda

Note from the Editor: *There is strong evidence that consumption of alcoholic drinks is a cause of cancers of the breast, mouth, pharynx and larynx, oesophagus (squamous cell carcinoma), liver, colorectum, and stomach (<https://www.wcrf.org/dietandcancer/recommendations/limit-alcohol-consumption>).*

Many people know about this risk but still find it difficult to cut down or cut out alcohol but there are some great organisations that can really help in #tippingthebalance. Some of you may have met Club Soda at the SCPN conference but if not here are some details...

Club Soda is a mindful drinking movement. We want to create a world

where nobody has to feel out of place if they are not drinking alcohol, and help people change their drinking habits (whether the goal is to cut down, stop for a bit or quit). We also run the mindful drinking festivals and pub crawls, and have just launched the first UK wide online guide for mindful drinkers.

The growing trend for low and no alcohol drinks is cross generational - millennials and generation Z are drinking less, partly due to healthier lifestyle choices, while those of us who are older are cutting back to improve health.

So what is everyone drinking instead? Alcohol-free is now big business with lots of innovative and great tasting drinks on offer. Big Drop Brewing has been winning awards against full strength beers

in blind tasting and Adnams (Ghost Ship) and Heineken have produced alcohol-free versions of their top selling products rather than creating a different brand.

Alcohol-free spirits is one of the fastest growing segments of the entire drinks industry. Ceder's is one of my favourites, and available in all the big supermarkets. Also look out for Caleno, a non-alcoholic spirit, inspired by Colombia, which launched earlier this year.

Finally, there's some amazing sodas around to get your taste buds working. Square Root Soda has great seasonal drinks and shandies that can be found in many craft beer venues across Scotland and Summer House Drinks - a wonderful Scottish brand - has flavours like lavender lemonade and St Clements.

Alcohol and Breast Cancer Survivorship

The association between alcohol and the development of both pre- and post-menopausal cancer has been well described and we know that just one drink a day can increase the risk of developing the disease. However, a question that is often raised by women who have had a breast cancer diagnosis is whether they should limit or avoid alcohol? Conversations often include the views that the damage has already been done and that making lifestyle changes in later years makes no difference to

health or breast cancer outcomes.

In the most recent review (2018) by NICE (National Institute for Health and Care Evidence) on early and locally advanced breast cancer, clinicians are advised that patients should be given guidance on limiting alcohol intake to below 5 units per week. This is a new evidence informed message that needs to be widely communicated with appropriate support and guidance on how to help achieve this goal. Additional

guidance on body weight, physical activity and smoking are also included. It is becoming increasingly clear that whilst we have been aware of the importance of physical activity in cancer survivorship for some time, much more needs to be done to support women in relation to wider lifestyle areas.

Please join us in supporting the campaign #dontpinkmydrink by making clear that aggressive marketing of alcohol to women is unacceptable.

Decreasing sedentary behaviour – dance like nobody's watching

Now that spring has finally sprung and the nights are beginning to get lighter there is more opportunity to get outdoors and start thinking about being active but ALSO about ways to reduce sedentary behaviour throughout the day. Sedentary behaviour describes any waking behaviour characterised by an energy expenditure ≤ 1.5 metabolic equivalents, while in a sitting, reclining or lying posture [1]. Evidence suggests being sedentary has negative implications on physical and mental health. The World Cancer Research Fund Report states that long periods of uninterrupted sitting increases the risk of weight gain and therefore cancer risk and is an independent risk factor

for endometrial cancer [2].

Tips to break up sitting out of the house:

- Instead of sitting working or reading a book, go out for a short walk
- Park the car further away from your destination and walk the final part of the journey
- Take a resistance band and carry out some arm exercises while standing or walking
- Set an alarm (try a dance break!) after 30 minutes sitting
- Always take the stairs

Breaking up sitting time is important at work but also at home....

- Stand up during the adverts while watching TV
- Preparing food from scratch means you'll naturally spend more time standing
- Standing up while on the phone
- Try standing to read for a bit why sit all the time ?
- Dance, play and be active as often as possible Remember the phrase "dance like nobody's watching"

And remember, even those who meet physical activity guidelines can still spend large parts of their day sedentary.... We need to think about enjoyable goals for BOTH being active and avoiding lengthy sitting periods.

1. Tremblay, M.S., et al., Sedentary Behavior Research Network (SBRN) - Terminology Consensus Project process and outcome. *Int J Behav Nutr Phys Act*, 2017. 14(1): p. 75.
2. World Cancer Research Fund/American Institute for Cancer Research. Continuous Update Project Expert Report Physical activity and the risk of cancer 2018

Movement For Movement 2018 evidence update launch

Ann Gates, Founder and CEO of Exercise Works!

Working with universities across the UK, Exercise Works! have updated the #MovementForMovement resources to include recent evidence on physical activity strategies and clinical practice for non-communicable diseases, pregnancy and surgery. These resources are free to providers of undergraduate medical and healthcare education to support capacity building in the healthcare workforce.

Ann Gates said: "The 2018 evidence update of the #MovementForMovement resources is unique. The resources have been updated and reviewed by peers and health care students. Tomorrow's health and social care professionals are the "vanguards" of future knowledge and skills: these resources will enable universities and students to make every contact count for physical activity and health".

Among the student reviewers were two from the Council's #150Leaders student leadership programme. David Williams, physiotherapy student at The University of Nottingham, said: "#MovementForMovement is an exciting and informative resource that brings current knowledge of exercise and physical activity to help reduce the burden of non-communicable diseases. I hope this

“ A qualified doctor, nurse, midwife or allied health professional may see half a million patients during their professional career: this has enormous potential for advocacy and the promotion of physical activity ”

Ann Gates 2015

**Making every contact count for physical activity
And every influence matter**

important document fosters a community of practice in health and medical schools worldwide. Students get involved!"

Sarah Bradder, therapeutic radiography student at Sheffield Hallam University:

"I enjoyed reviewing the packages. It was great to know my suggestions were valued and have helped to make them more engaging and accessible, plus I got to learn

something new too!"

The work has been recognised as a UK best practice exemplar by the 2018 WHO Europe Physical Activity Fact Sheets (1) and the 2018 WHO Europe Physical Activity in the Health Sector report (2) and we are now keen to increase uptake across the UK.

For queries about the resources contact annbgates@googlemail.com.

1. WHO Europe Physical activity country factsheets 2018. Accessed 11 November 2018 <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/physical-activity-factsheets/physical-activity-country-factsheets/united-kingdom-of-great-britain-and-northern-ireland>
2. WHO Europe Physical Activity in the Health Sector Report 2018 Accessed 11 November 2018 http://www.euro.who.int/__data/assets/pdf_file/0008/382337/fs-health-eng.pdf?ua=1



E-bikes...exercise or just some fun?

There is no dispute surrounding the health benefits of physical activity, with the government recommending adults accumulate at least 150 minutes of moderate intensity activity per week. However, many fall short of these guidelines. Cycling has the potential to help many people achieve suggested physical activity goals, especially if incorporated into their everyday lives. However, not everyone can cycle sufficient distances due to poor physical fitness, long commuting distance and steep Scottish hills! Electric bikes (e-bikes) can make cycling more accessible to the wider population providing uphill and long distance assistance.

Of course, some people will believe that e-cycling does not constitute exercise due

to the assistance given by the bike – BUT continual pedalling is still required before assistance from the bike kicks in. A recent systematic review reports e-bikes provide moderate intensity physical activity for both physically active and inactive individuals [1]. The review found that although e-cycling elicits lower physiological markers of intensity than traditional cycling, it provides a greater intensity than walking. Therefore, e-bikes can provide greater health benefits than walking. Furthermore following a 4-week intervention (commuting by e-bike at least 3 days per week for a minimum for 40mins) significant improvements were found in blood sugar control, cardiorespiratory fitness (VO2max), and power output achieved during VO2max testing in previously inactive individuals [2]. There is also evidence

to suggest e-bikes increase the duration of cycling undertaken even by seasoned cyclists [3].

Although e-bikes can often be criticised as an easy way to exercise, the evidence shows that they do provide health benefits in both active and inactive individuals. So why not go out and give them a try....here are some locations across Scotland where you can rent or loan an e-bike:

Dundee (<http://electricbikesscotland.co.uk/>)

Edinburgh (<http://edinburghe-bikeexperience.com/>)

Aberdeenshire (<http://www.cyclehighlands.com/bike-hire-ballater/>)

Glasgow (<https://www.nextbike.co.uk/en/glasgow/>)

1. Bourne, J.E., et al., Health benefits of electrically-assisted cycling: a systematic review. *Int J Behav Nutr Phys Act*, 2018. 15(1): p. 116.

2. Peterman, J.E., et al., Pedelecs as a physically active transportation mode. *Eur J Appl Physiol*, 2016. 116(8): p. 1565-73.

3. Fyhri, A. and N. Fearnley, Effects of e-bikes on bicycle use and mode share. *Transportation Research Part D: Transport and Environment*, 2015. 36: p. 45-52.

E-bikes- a personal view

We asked John Palfreyman from the Coupar Angus cycle hub for his thoughts and experiences.

"All my life I have cycled. Last year it started to hurt! After a long cycle of around 60 miles, with lots of hills, I was on my knees. I was tempted by an electric bike but all my cycling friends said 'That's cheating'. Now, a couple of years ago I had used an electric mountain bike on some forest trails on

the Pyrenees. It was a great experience. Without telling my friends I tried out an electric road bike from the Cycle Hub in Coupar Angus (they have plenty of them for hire or even free for a first go). Oh wow, what an experience, I knew that if I could afford it I needed to buy an electric bike.

In August last year I took the plunge. A three day, 150 mile expedition which included

climbing over Glenshee, convinced me that I had made the right decision. In addition my traditional hybrid bike normally gets put away for the winter and by March, when I get it out again, I have to start getting bike fit again. No problems this year, I have cycled right through the winter on fair days and foul. And, just in case you think I am cheating, I still have to pedal on the new

bike, and the range, at least 80 miles, probably more".



Bowel cancer: Promoting personal informed choice for people with learning disabilities

Claire Finlayson, Senior Health Promotion and Training Officer at Bowel Cancer UK

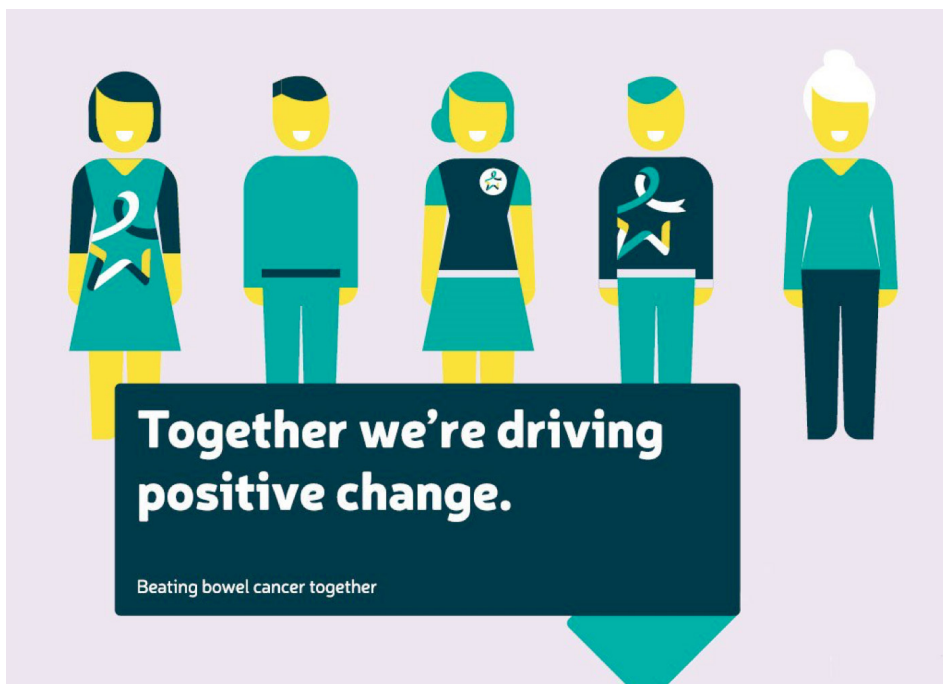
Bowel cancer is the third most common cancer in Scotland. Annually more than 3,700 people are diagnosed and around 1,600 people die from the disease. However, bowel cancer is treatable and curable if diagnosed early.

Screening is the best way to detect bowel cancer early, but is underused by people with learning disabilities. Sadly, a review of bowel cancer in people with learning disabilities shows that frequency is "at least equivalent" to the general population and "it is possible that incidence is masked by difficulties in diagnosis".

To achieve our goal of improving access to screening and disease reduction, Bowel Cancer UK has provided bespoke training (Supported by the Scottish Government's Screening Inequalities Fund) for over 300 health and care professionals. The programme focuses on giving training participants the knowledge and confidence to provide person-centred support. We've had fantastic examples of participants working alongside people with learning disabilities, their families and carers to promote informed participation in screening.

Stacking the odds against bowel cancer

We know that lifestyle habits such as keeping active, eating healthily, reducing alcohol, and stopping smoking could prevent over half (54%) of all bowel cancers. Building on a person-centred



approach, our training highlights evidence based prevention messages and emphasises the everyday role of health and care professionals. Although evaluation is ongoing, we have seen a 79% increase in knowledge of risk factors.

"I feel more confident when discussing good bowel health to people with learning disabilities and their support networks".

Promoting informed choice through accessible information

It is important people are involved in making informed choices about their health. In addition to education, our training provides a range of information,

including our popular *resource pack* produced in partnership with NHS Health Scotland.

"The accessible information available has enabled me to increase clients understanding of importance of screening and what it involves"

To find out more about Bowel Cancer UK, visit bowelcanceruk.org.uk or contact scotadmin@bowelcanceruk.org.uk.



This little test could help save your life.



Cross Party Group on Improving Scotland's Health: 2021 and Beyond

Alison Douglas, Chief Executive Alcohol Focus Scotland



Improving Scotland's Health Cross-Party Group (CPG) Meeting, February 2019, on marketing. L to R: Vivienne MacLaren, Scottish Women's Football; Kenneth Gibson MSP, Co-Convenor of the CPG; Sheila Duffy, ASH Scotland; Dr Nathan Critchlow, University of Stirling; Brian Whittle MSP, co-Convenor of the CPG and Alison Douglas, Alcohol Focus Scotland.

Interested in reducing the impact of unhealthy commodities on cancer and health? Then you may be interested in the Scottish Parliament's Cross Party Group (CPG) on Improving Scotland's Health: 2021 and Beyond. As the name suggests, the Group brings together Members of the Scottish Parliament with a focus on improving the health of the next generation by preventing and reducing non-communicable diseases, particularly those caused by tobacco, alcohol and unhealthy foods. The CPG provides

an opportunity to come together across these different topics, learn from each other's successes, and coordinate thinking and approaches to pave the way to a healthier Scotland.

The Group meets three times a year and includes representatives from more than 80 organisations and areas of interest, from children and young people, academia, health (including cancer), alcohol licensing and criminal justice. Expert speakers are invited to present on a theme with time for discussion

and questions. For a flavour of our last meeting on 'Marketing Unmasked: Dispelling the Myths and Taking a Stand' [read our summary](#). Following that meeting a motion was laid in Parliament on protecting children from alcohol marketing. This received cross-party support and will now be formally debated, helping to raise the profile of this issue.

The CPG is co-convened by Kenneth Gibson MSP (SNP), David Stewart MSP (Labour) and Brian Whittle MSP (Conservative), with a further 6 MSP members:

- Miles Briggs MSP (Conservative)
- Alex Cole-Hamilton MSP (Lib Dem)
- Alison Johnstone MSP (Green)
- Jenny Marra MSP (Labour)
- Willie Rennie MSP (Lib Dem)
- Anas Sarwar MSP (Labour)
- Monica Lennon MSP (Labour) also often attends.

Alcohol Focus Scotland and ASH Scotland provide the joint secretariat of the CPG.

The next CPG takes place on the 12th of June. Find out more on the [Scottish Parliament website](#). Summaries of meetings are available for [2016-2017](#) and [2017-2018](#). If you are interested in attending the Group, please contact [Valerie Smith](#) at ASH Scotland.

Responses to consultations

Did you know that the SCPN often responds to consultation documents produced by the Scottish Government or other public sector organisations? We have recently responded to three consultations:

- Reducing health harms of foods high in fat, sugar or salt consultation, Jan 2019

- Proposals to Improve the Out of Home Environment in Scotland, Feb 2019
- Good Food Nation Proposals for Legislation, March 2019

Our responses to these consultations can be found on our website (<https://www.cancerpreventionscotland.org.uk/what-we-do/consultations/>).

Consultations are important to respond to and they do get noticed... our recent response to the Scottish Government's "Reducing health harms of foods high in fat, sugar or salt consultation" has been picked up by journalists at [The Ferret](#) and [The Sunday National](#) newspaper.

Irish Cancer Prevention Network

Áine Lyng, The National Cancer Control Programme



The Irish Cancer Prevention Network (ICPN) has been established following learning from the Scottish Cancer Prevention Network. The network founding members are The Marie Keating Foundation, The Irish Cancer

Society, Breakthrough Cancer Research and The National Cancer Control Programme. Partnered working between organisations strengthens the aim to reduce cancer risk for the people of Ireland. The ICPN will bring those

specifically working in cancer prevention together to:

- align with Ireland's National Cancer Strategy 2017-2026
- support national programmes with a unified voice
- collaborate on cancer prevention initiatives in Ireland
- agree consistent evidence based cancer prevention public awareness messages
- disseminate up to date cancer prevention research
- support members and organisations in cancer prevention queries
- facilitate peer learning

World Cancer Day 2019 marked the launch of the ICPN. As the first initiative, the ICPN teamed up with parkrun to raise awareness of the importance of physical activity in preventing cancer and improving quality of life for people living with and beyond cancer. Parkrun is a free, weekly, 5km timed run held every Saturday morning at various locations around Ireland.

Regular exercise can reduce your risk of bowel cancer, breast cancer and cancer of the womb. A large turnout of around 10,000 parkrun participants took part under the theme "Bring a friend to parkrun on the 2nd of February for World Cancer Day to reduce risk of cancer and support those living with and beyond cancer"

Other interested parties are welcome to link with the ICPN, please contact aine.lyng@cancercontrol.ie

Scottish Cancer Foundation

Scottish Cancer Foundation wish to express their sincere thanks to Tay Charitable Trust for their generous donation towards our work into cancer prevention. This is an area where

funding is extremely hard to obtain and the Foundation want to assure Tay Charitable Trust that their contribution will be put to good use. The Foundation is deeply appreciative that Tay

Charitable Trust has been a champion for medical research and education at local Scottish institutions and we are grateful for their support.

Tropical Matcha Yogurt Breakfast Bowl

Kellie Anderson, MSc - <https://kelliesfoodtoglow.com/>



This energising Tropical Matcha Breakfast Bowl is loaded with juicy fruit, toasted seeds and coconut for a refreshing and healthy way to start your day. Although the pineapple is grilled in this recipe, feel free to keep it raw.

Serves 1

- 200 g unsweetened yogurt Greek for

highest protein

- 1 tsp organic matcha tea
- 1 ripe passion fruit
- 1/4 g small ripe pineapple skin, core and "eyes" removed
- 1/2 medium ripe papaya seeds removed
- 10 g unsweetened coconut flakes not desiccated

- 15 g raw pumpkin seeds
- 1/4 tsp freshly grated nutmeg

Method

1. Mix the yogurt and matcha tea together in a serving bowl. Set aside.
2. Heat a skillet or ribbed griddle pan over a medium heat and add the pumpkin seeds and coconut flakes to it. When you hear a few of the seeds pop - and possibly jump out of the pan, tip the seeds and coconut flakes to a plate to cool.
3. Slice the pineapple into planks and lay in the hot griddle pan/skillet. Heat, turning once, until you have nice grill marks or darkened patches. Remove from the heat to cool a bit, and then add them to the yogurt.
4. Take the passion fruit and cut it in half. Use a small spoon to scoop out the seeds and any loose stringy bits. Add these juicy seeds to the yogurt bowl.
5. Use a melon baller or small spoon to scoop soft, cool balls or curls of the papaya; add these to the bowl.
6. Sprinkle over the nutmeg, cooled seeds and coconut flakes. Enjoy!

Obesity Action Scotland - The Mouse that Roared

Lorraine Tulloch, Programme Lead - Obesity Action Scotland

Despite being small as a mouse Obesity Action Scotland has had significant impact. Policy around obesity prevention has been moving at lightning speed and we have had to be resourceful, flexible and innovative to respond and have influence.

On our creation we were challenged with making a difference in the biggest public health threat of modern times. The health consequences and impact of overweight and obesity are significant and you most likely observe and deal with them in your everyday work.

As health advocates we focused on the everyday environment to stack the odds in favour of staying a healthy weight. That meant our top priorities quickly became tackling the food environment and actions

of the food industries daily barrage of advertising and promotion of junk food. Only when these are rebalanced will we start to enable everyone to make healthier choices. Currently the element of choice is skewed in favour of unhealthy food through its price, positioning and advertising.

The last four years have brought exciting changes in obesity policy. We worked through Scottish Parliamentary elections, policy commitments and policy development to ensure that key priorities are featured in the Diet and Healthy Weight Delivery Plan from Scottish Government. We worked with UK partners to influence the childhood obesity work of UK Government, and watched that work translate into commitments and consultations to improve

the food environment. We have seen commitments to tackle price and location promotions in retail and out of home eating settings, commitments to restrict advertising and to ensure calories are displayed in out of home settings. We now need to make sure those commitments turn into effective policy and legislation.

Our work is not done, far from it. We have a long way to go to ensure that healthy food is affordable, accessible and acceptable and to tackle the many environmental drivers of overweight and obesity. But the mouse that is Obesity Action Scotland has roared and will continue to roar until we see the change needed to ensure the best odds of staying a healthy weight.



Dietary Fibre – ignored for far too long...

Dr Wendy Wrieden, Registered Nutritionist (Public Health) and Principal Research Associate at the Human Nutrition Research Centre, Newcastle University

I first remember hearing about the importance of fibre in maintaining bowel health when studying nutrition at Cambridge in the 70s. John Cummings was one of my lecturers and now, over 40 years later, he is one of the co-authors of a paper that recently hit the *headlines*. There was already plenty of evidence suggesting dietary fibre and whole grain foods protect against bowel cancer, but this study confirmed that higher intake of fibre reduces the risk of a wide range of diseases including heart disease, stroke and bowel cancer. Denis Burkitt warned us over 50 years ago about the dangers of processing and removing fibre from cereal based foods - a message that still gets far too little air time!

Fruit and vegetables contain fibre, but we need more in our diets in the form of whole grains. It is encouraging that wholewheat and brown varieties of pasta and rice have become more widely available in supermarkets and porridge, wholemeal and granary breads and wholewheat cereals are also easily obtained. But try eating out or staying in a hotel and your fibre intake can plummet! At best you might be able to get a bowl of whole grain cereal at breakfast but vegetable portions are miserably poor and often come at extra cost. Wholewheat pizza

bases are now available in some pizza chains, but wholewheat pasta and rice are rare.

So let's start a revolution.... join me in always asking for whole grains and decent portions of vegetables in restaurants and write to senior management if they are not available. Vegan food is now widely available.. why not whole grain?

To find out more about increasing your fibre and how whole grains reduce bowel cancer, visit:

<https://www.nhs.uk/live-well/eat-well/how-to-get-more-fibre-into-your-diet/#tips-to-increase-your-fibre-intake>

<http://www.aicr.org/enews/2017/september/enews-new-colorectal-cancer-report-whole-grains-lower-risk-processed-meat-increases.html>



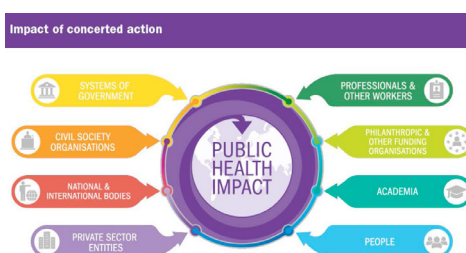
SCPN Conference, Feb 2019 - update



On Monday 4th February, World Cancer Day, we hosted our biggest ever annual SCPN conference of over 140 delegates at the National Museum of Scotland in Edinburgh.

The Conference was the perfect opportunity to reflect on the current evidence on how to move forward and help stack the odds against cancer occurrence and recurrence. We had an array of excellent speakers from many different backgrounds including MSPs, health professionals, researchers and cancer patients – and excellent chairs (Dr Hilary Dobson and Prof Nanette Mutrie). Here are some highlights, but presentations from all speakers are on our website <https://www.cancerpreventionscotland.org.uk/events/scpn2019-2/>

Professor Martin Wiseman highlighted the key take home messages from the 2018 WCRF report



Dr Matt Lowther discussed health inequalities supported by the Scottish Government's Screening Inequalities Fund

NHS Health Scotland

Some Scottish examples of effective engagement strategies

1. Invest in specially trained staff/services tailored to the needs of most deprived
2. Targeting through institutions
3. Work with the voluntary sector

NHS SCOTLAND

Dr Anna Campbell and most importantly patient Gary emphasised the benefits of physical activity and lifestyle issues during and after cancer treatment

Exercise during chemotherapy infusion
Stage 3 inoperable pancreatic cancer

Time	Heart Rate (b/min)	Power (W)	Calories (kcal)	Distance (km)	Speed (km/h)	Time (min)	Heart Rate (b/min)	Power (W)	Calories (kcal)	Distance (km)	Speed (km/h)
00:00	100	100	100	0.00	0.00	00:00	100	100	100	0.00	0.00
00:05	105	105	105	0.05	0.05	00:05	105	105	105	0.05	0.05
00:10	110	110	110	0.10	0.10	00:10	110	110	110	0.10	0.10
00:15	115	115	115	0.15	0.15	00:15	115	115	115	0.15	0.15
00:20	120	120	120	0.20	0.20	00:20	120	120	120	0.20	0.20
00:25	125	125	125	0.25	0.25	00:25	125	125	125	0.25	0.25
00:30	130	130	130	0.30	0.30	00:30	130	130	130	0.30	0.30
00:35	135	135	135	0.35	0.35	00:35	135	135	135	0.35	0.35
00:40	140	140	140	0.40	0.40	00:40	140	140	140	0.40	0.40
00:45	145	145	145	0.45	0.45	00:45	145	145	145	0.45	0.45
00:50	150	150	150	0.50	0.50	00:50	150	150	150	0.50	0.50
00:55	155	155	155	0.55	0.55	00:55	155	155	155	0.55	0.55
01:00	160	160	160	0.60	0.60	01:00	160	160	160	0.60	0.60
01:05	165	165	165	0.65	0.65	01:05	165	165	165	0.65	0.65
01:10	170	170	170	0.70	0.70	01:10	170	170	170	0.70	0.70
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01:20	180	180	180	0.80	0.80	01:20	180	180	180	0.80	0.80
01:25	185	185	185	0.85	0.85	01:25	185	185	185	0.85	0.85
01:30	190	190	190	0.90	0.90	01:30	190	190	190	0.90	0.90
01:35	195	195	195	0.95	0.95	01:35	195	195	195	0.95	0.95
01:40	200	200	200	1.00	1.00	01:40	200	200	200	1.00	1.00
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01:50	210	210	210	1.10	1.10	01:50	210	210	210	1.10	1.10
01:55	215	215	215	1.15	1.15	01:55	215	215	215	1.15	1.15
02:00	220	220	220	1.20	1.20	02:00	220	220	220	1.20	1.20
02:05	225	225	225	1.25	1.25	02:05	225	225	225	1.25	1.25
02:10	230	230	230	1.30	1.30	02:10	230	230	230	1.30	1.30
02:15	235	235	235	1.35	1.35	02:15	235	235	235	1.35	1.35
02:20	240	240	240	1.40	1.40	02:20	240	240	240	1.40	1.40
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02:45	265	265	265	1.65	1.65	02:45	265	265	265	1.65	1.65
02:50	270	270	270	1.70	1.70	02:50	270	270	270	1.70	1.70
02:55	275	275	275	1.75	1.75	02:55	275	275	275	1.75	1.75
03:00	280	280	280	1.80	1.80	03:00	280	280	280	1.80	1.80
03:05	285	285	285	1.85	1.85	03:05	285	285	285	1.85	1.85
03:10	290	290	290	1.90	1.90	03:10	290	290	290	1.90	1.90
03:15	295	295	295	1.95	1.95	03:15	295	295	295	1.95	1.95
03:20	300	300	300	2.00	2.00	03:20	300	300	300	2.00	2.00
03:25	305	305	305	2.05	2.05	03:25	305	305	305	2.05	2.05
03:30	310	310	310	2.10	2.10	03:30	310	310	310	2.10	2.10
03:35	315	315	315	2.15	2.15	03:35	315	315	315	2.15	2.15
03:40	320	320	320	2.20	2.20	03:40	320	320	320	2.20	2.20
03:45	325	325	325	2.25	2.25	03:45	325	325	325	2.25	2.25
03:50	330	330	330	2.30	2.30	03:50	330	330	330	2.30	2.30
03:55	335	335	335	2.35	2.35	03:55	335	335	335	2.35	2.35
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07:10	530	530	530	4.30	4.30	07:10	530	530	530	4.30	4.30
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08:15	595	595	595	4.95	4.95	08:15	595	595	595	4.95	4.95
08:20	600	600	600	5.00	5.00	08:20	600	600	600	5.00	5.00
08:25	605	605	605	5.05	5.05	08:25	605	605	605	5.	

Children and Young People with Cancer in Scotland 2007-2016

Mor Kandlik Eltanani, Information Services Division, NHS National Services Scotland

This year, ISD has a new annual publication on Children and Young people with Cancer in Scotland. While our existing publications on cancer incidence and mortality include children and young people, the classification of cancer types is based on anatomical site and is more suited to adults. Many adult cancers are caused by modifiable lifestyle factors or are associated with increasing age. However, the determinants of cancers in children and young people are very different and as children and young people usually live many decades after a diagnosis of cancer, the implications for their future health are vast.

During 2007-2016 1,275 children (ages 0-14) were diagnosed with cancer and 2,032 young people (ages 15-24) were diagnosed with cancer. The numbers of new cancers in children have risen most years from 2010 onwards. The world age-adjusted rate – or risk – of cancer increased by a similar amount. This suggests an increase in the likelihood of being diagnosed with cancer rather than a change in the population at risk. There are no clear patterns in incidence in young people. Figures 1 and 2 show the mean number of cancer diagnoses per year by age and type of cancer. It shows that cancers differ not only in how common they are, but also in the typical age of diagnosis. Between 2007-2016

nearly a third (31%) of the cancers in children were Leukaemias, and just over a quarter (27%) were brain and central nervous system (CNS) tumours. While Leukaemias peak at ages 2-3, brain and CNS tumours decline in diagnosis from birth. Among young people, the most common diagnoses were carcinomas (21%); lymphomas (18%); and melanomas and skin cancers (16%).

Survival

For children diagnosed between 2007-2011, one-year survival was 92.0%. By 2012-2016, the figure appeared to be marginally higher, at 93.3%, but this change may be due to chance (figure 3&4). Similarly, the five-year survival figures for the two periods were 83.8% and 84.2%, respectively.

Mortality

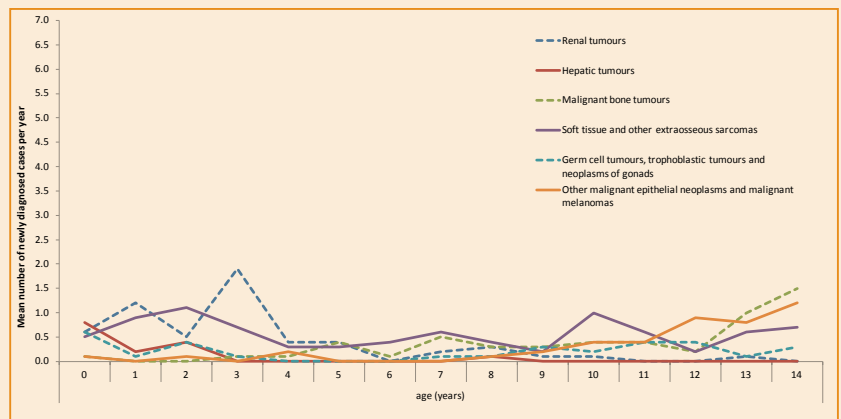
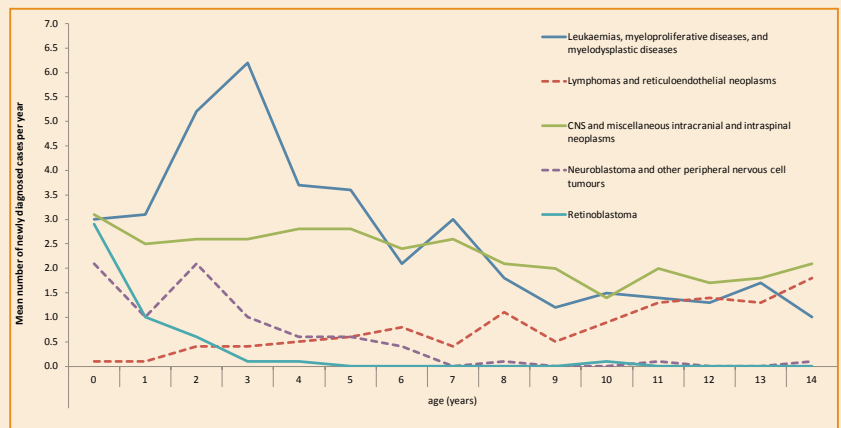
Generally, there are no clear trends in mortality for children or young people over time. Notably, the numbers of deaths from cancer among children and young people are small. In the ten year period 2007-2016, 191 children and 248 young people died of cancer in Scotland.

Further information

<https://www.isdscotland.org/Health-Topics/Cancer/Publications/2019-02-26/2019-02-26-CYPC-Report.pdf>

Acknowledgement

Our publication uses data shared by patients and collected by the NHS as part of their care and support.



Figures 1 and 2. Children aged 0-14: Mean Number of Cancer Diagnoses per Year by Age and Diagnostic Grouping, Scotland, 2007-2016. Source: Scottish Cancer Registry

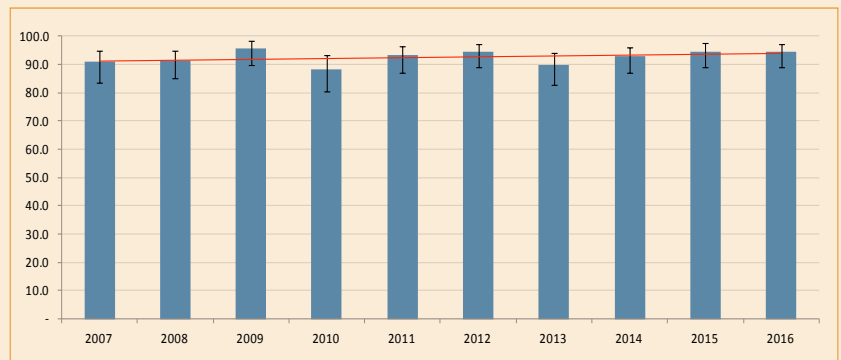


Figure 3. One-year observed survival in children diagnosed by individual years by ICC-3 category, with 95% confidence intervals and linear trend line. Source: Scottish Cancer Registry

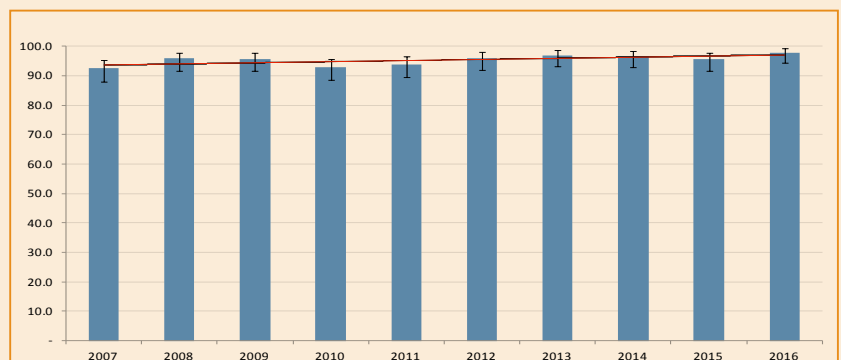


Figure 4. One-year observed survival in Young People diagnosed by individual year by Birch-Alston category, with 95% confidence intervals with trend line.

Expert insight

Professor Bob Steele



Apart from co-directing the SCPN, Bob is also Chair of the UK national screening committee. Here we ask his expert insight into the benefits or potential harm of lung screening for early cancer detection.

Why lung screening?

Lung cancer has one of the poorest survival rates of any cancer, and in the UK less than 15% of patients will be alive at five years after diagnosis. However, with early diagnosis, the prognosis is very good. The problem is that early lung cancer does not usually cause alarm symptoms such as intractable cough or coughing blood

which usually indicate advanced disease. Therefore, to pick up lung cancer early the best approach is to screen asymptomatic people.

What works in lung screening?

Low dose CT scanning in high-risk smokers and ex-smokers has been shown, in at least two trials, to reduce the risk of dying from lung cancer by about 30%. It must be stressed, however, that these trials were carried out in highly selected groups of people, who were probably not representative of average people at high risk of lung cancer.

Is lung screening relevant for non-smokers or passive smokers?

There is no good evidence for this, but it is likely that the benefit would be very small and would probably be outweighed by the harm caused by screening large numbers of healthy people.

Is there a danger of creating a certificate of health effect?

Again, the evidence for this is very sketchy, but it is a concern that people who are undergoing regular screening for lung cancer might be less likely to quit.

Is it true we might see lung

screening in car parks?

This is already happening in parts of England, but it is very patchy and not part of a systematic screening programme.

Will lung screening pick up all sorts of respiratory diseases as well as cancer?

Yes it will, but there is no evidence as yet that this is beneficial.

Does it really make a difference to outcome if lung cancer is detected early?

Yes, without a doubt. However, it is not clear yet whether we should have a national, centrally organised screening programme. To do this, it would be necessary to identify everyone in the population who is at risk, and although it might be possible to do this through GP records, it is still not known how many people would engage with screening and to what extent they would benefit. A disadvantage of screening with CT is that there are a lot of false positive results. These results would inevitably cause anxiety and might cause harm by leading to unnecessary investigations in a lot of people. We still need high quality research in this area to ensure that the balance between benefit and harm is favourable.

Have you seen this paper?

Associations between dietary patterns and the risk of breast cancer: a systematic review and meta-analysis of observational studies.

Xiao Y, Xia J, Li L. et al (2019) *Breast Cancer Res.* DOI: 10.1186/s13058-019-1096-1

The aim of the study was to address the inconsistent results in the current evidence by conducting an updated meta-analysis of observational studies to assess the associations between different dietary patterns and the risk of breast cancer.

Globally breast cancer is the most common cancer and leading cause of cancer deaths

among women. Epidemiological studies have investigated dietary patterns and breast cancer risk with conflicting results. A meta-analysis published in 2010 found a prudent/healthy dietary pattern to be associated with reduced breast cancer risk. However, no association was found between a Western/unhealthy dietary pattern and risk of developing breast cancer[1]. Sixteen additional studies have now been published including 6 cohort and 10 case-control studies, therefore up to date review data were needed.

The current study found a total of 32 eligible studies including 43,285 breast cancer cases. Pooled analyses showed that a Western/unhealthy dietary pattern was

associated with an increased risk (14%) of breast cancer development, compared to an inverse association (18% reduced risk) with a prudent/healthy dietary pattern.

These authors suggest that the Western dietary pattern, characterised by high intakes of energy, red meat and processed meat, and animal fat, can increase breast cancer risk through increased BMI and increased levels of oestrogen, particularly among postmenopausal women. Diet is advocated by the WCRF as a potentially modifiable means to reduce cancer risk. A prudent dietary pattern, characterised by high intakes of fruit, vegetables, and whole grains is recommended for breast cancer prevention.

1. Brennan, S.F., et al., Dietary patterns and breast cancer risk: a systematic review and meta-analysis. *Am J Clin Nutr*, 2010. 91(5): p. 1294-302.

ActWELL Study - Celebrating the Lifestyle Coaches



Breast Cancer Now held an event at the V&A in Dundee on Thursday 21st March to thank volunteer lifestyle coaches for their involvement in the ActWELL project.

Breast Cancer Now has supported the delivery of ActWELL by providing a team of volunteer lifestyle coaches to deliver a

lifestyle intervention to trial participants. Since the three-year trial began in May 2017, 66 volunteers have been trained to deliver the intervention with 45 volunteers actively taking on participants across the four ActWELL sites.

In total 28 volunteer lifestyle coaches joined us to celebrate everything that has been achieved on the project to date. They heard updates from Professor Annie Anderson on trial progress and Fiona Hazell, Director of Communications and Engagement at Breast Cancer Now. There was also an opportunity for volunteers to share their experiences and provide feedback on their involvement on the project before finishing

the day with a celebratory lunch.

"I was delighted to be invited to the ActWELL celebration in Dundee. It was great to hear more about how the trial is going and meet some of the other coaches again", Sally Newton, ActWELL volunteer lifestyle coach.

The lifestyle coaches have completed around 525 face to face intervention visits and over 1800 phone calls. Retention in the study is going well with over 80% of women so far returning to complete their final measurement visits at the research centres. Follow up will continue until August this year.

Scotland most aware of the link between diet and cancer

Dr Giota Mitrou, Director of Research, World Cancer Research Fund



Every year The World Cancer Research Fund (WCRF) run a survey to find out what people in Britain know about cancer risk, from smoking to processed meat and inherited genes.

This year's survey asked over 2,000 people, and included an additional question, "Do you want to have a healthier diet than you currently do?" The results showed that older generations (55+), who are most at risk of cancer due to their age, were the least likely to want to have a healthier diet, despite cancer being linked to poor diets, overweight and obesity. They were also the least aware of the link between poor diet and cancer.

On the reverse side, and a bit of good news, is that young people (aged 18-24) were the most aware of the link between diet and cancer and were the most likely to want to have a healthier diet. Most people (77%) said they wanted to be healthier and 66 per cent being aware of the link between a poor diet and cancer.

The survey also found that people in Scotland

were the most aware of the link between poor diet and increased risk of cancer (68% compared to 62% of the UK population overall). Furthermore 65% of Scots said that they wanted to improve their diet.

This divergence in health awareness and attitudes across generations is important and means that there is still more to be done to help people make healthier choices. We call on governments around the world to make cancer prevention a priority by implementing evidence-informed policies that encourage a healthy diet and more physical activity. The WCRF [NOURISHING database](#) contains examples from all over the world where governments have already taken action to promote healthy diets to reduce overweight and obesity. It's never too late to lower your risk of cancer, and there are small changes that people can make. Take the WCRF [Cancer Health Check](#) to see how you could start lowering your cancer risk today.

Cancer and lifestyle – research round up

Direct healthcare costs of sedentary behaviour in the UK

HERON L et al. (2019). *J Epidemiol Community Health*

<http://dx.doi.org/10.1136/jech-2018-211758>

Evidence suggests being sedentary has negative implications on physical and mental health and The World Cancer Research Fund Report states that long periods of uninterrupted sitting increases the risk of weight gain and therefore cancer risk. Adults within the UK are becoming more sedentary, which can increase the

risk of all-cause mortality including some cancers. Awareness of the economic burden of sedentary behaviour could inform and motivate policymakers to address the increasing burden.

To determine the cost of sitting on the National Health Service (NHS), this study has calculated the population attributable fraction (PAF) for five health outcomes including colon, endometrial and lung cancers over the period of a year (2016–2017). The authors of the study used recent meta-analyses to extract the relative risk of sedentary behaviour for each health outcome and used The Health Survey Data

for England 2012 to determine actual sedentary behaviour.

The authors found the total NHS costs attributable to prolonged sedentary behaviour in the UK in 2016–2017 were £0.8 billion, which included expenditure on CVD (£424 million), type 2 diabetes (£281 million), colon cancer (£30 million), lung cancer (£19 million) and endometrial cancer (£7 million). After adjustment for potential double-counting, the estimated total was £0.7 billion. If prolonged sedentary behaviour was eliminated, 69,276 UK deaths might have been avoided in 2016.

Emerging cancer trends among young adults in the USA: analysis of a population-based cancer registry

SUNG H. et al. *The Lancet Public Health* (2019)

[https://doi.org/10.1016/S2468-2667\(18\)30267-6](https://doi.org/10.1016/S2468-2667(18)30267-6)

There is convincing evidence that obesity increases the risk of 13 cancers, and exposure during early life may influence cancer development. The obesity epidemic is leading to many younger people being exposed to excess adiposity for a longer duration than previous generations.

The authors have previously reported that increased incidence of early onset

colorectal cancer, in high income countries, could be in part reflected by the obesity epidemic [1]. The current study further expands that work utilising 20 years of incidence data for 30 common invasive cancers among people aged 25–84 years, diagnosed between 1995 and 2014. These data were obtained from the Cancer in North America Database from Central Registry data bases in 25 American States, covering 67% of the US population.

This study reports that incidence significantly increased for 6 out of 12 obesity related cancers (multiple myeloma, colorectal, uterine corpus [endometrial], gallbladder, kidney, and pancreatic cancer) in young adults with steeper rises in successively younger generations. Annual increases ranged from 1.44% (95% CI –0.60 to

3.53) for multiple myeloma to 6.23% (5.32–7.14) for kidney cancer at age 25–29 years, and ranged from 0.37% (0.03–0.72) for uterine corpus cancer to 2.95% (2.74–3.16) for kidney cancer at age 45–49 years. Conversely, incidence increased in successively younger generations for two cancers (gastric non-cardia and leukaemia), and decreased in eight of the 18 additional cancers studied, including smoking and HIV infection-associated cancers.

The authors conclude that in the USA the risk of developing an obesity-related cancer is increasing in successively younger birth cohorts. Given the rise in prevalence of obesity among younger generations the future burden of obesity related cancers is likely to increase.

1. Siegel, R.L., et al., Colorectal Cancer Incidence Patterns in the United States, 1974–2013. *J Natl Cancer Inst*, 2017. 109(8).

Yoga for improving health-related quality of life, mental health and cancer-related symptoms in women diagnosed with breast cancer.

CRAMER, H et al *Cochrane Library* (2017) DOI: 10.1002/14651858.CD010802.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010802.pub2/full>

Breast cancer is the most frequently

diagnosed cancer in women worldwide. Although advances in prevention, diagnosis and treatment have led to improving survival rates the disease is often associated with long term psychological distress, fatigue, pain and impaired quality of life. This Cochrane Review reports results from 24 studies (n=2166) which assessed the effects of yoga on health-related quality of life and cancer-related symptoms among women with breast cancer who were receiving or had completed treatment.

The authors found moderate-quality

evidence that supports the recommendation of yoga as a supportive intervention for improving health-related quality of life and reducing fatigue and sleep disturbance when compared to no therapy. Yoga as a supportive intervention was also shown to reduce depression, anxiety and fatigue when compared to psychosocial/educational interventions. Very low-quality evidence suggests that yoga might be as effective as other exercise interventions and might be used as an alternative to other exercise programmes.