



# Newsletter

**Scottish Cancer Prevention Network** - Evidence to Practice and Policy

**VOL 10. ISSUE 3**





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

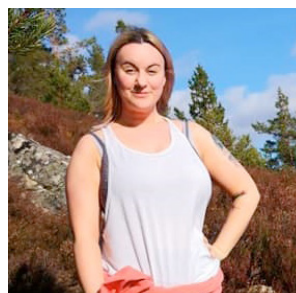
rather than inhibit it. We promote action for cancer prevention by disseminating news on recent research, initiatives and events through our website, newsletters and social media platforms.

## New members of staff

In our previous newsletter we reported that the SCPN had been awarded the Stephen Fry Award for public Engagement and with that award we have been able to recruit a design intern to join us for a period of 10 weeks.

We have, therefore, welcomed Janine Getty who is a mixed media/digital designer with a background in interactive art & film-making. Janine is currently working as our in-house design intern alongside completing her Masters Degree in Product Design at DJCAD,

University of Dundee.



## The SCPN Student Art & Design for Creative Prize Communication 2019

Every year we accept entries from Scottish Universities for projects which relate to behaviour which may impact on cancer risk. This work can be in any medium and previous winners have been wide and varied. We

received a number of high calibre applicants and after careful consideration we are delighted to announce that Kinga Elliott from Gray's School of Art at Robert Gordon University Aberdeen is this year's winner with her third year project entitled 'Cartwheel'. Congratulations Kinga! See page 12 to read more about Kinga's inspiration for her artwork.



## End of Term Teacher giving cards

Have you seen our latest #tippingthebalance giving card to find alternatives to the classic wine or

chocolates for teachers? You can download the card from our website... <https://www.cancerpreventionscotland.org.uk/giving-with-health-in-mind/>



## New blogs

Sign 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! We have recently done a

health in the workplace and we've had two excellent blogs on the Bowel Screening and the new FIT testing, plus a great blog from our friends at Paths for All Move More, Scotland.

## Responses to consultations

The SCPN often responds to consultation documents produced by the Scottish Government or other third sector organisations. We have recently responded to the UK government consultation:

- Introducing further advertising restrictions on TV and online for products high in fat, sugar and salt
- All of our responses to consultations can

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

- We would also encourage you to respond to The Scottish Government consultation on the new National Public Health body: 'Public Health Scotland' PHS is expected to be up and running as a special Health Board from 1 April 2020. <https://consult.gov.scot/public-health/public-health-scotland/>

## Join our network

[www.cancerpreventionscotland.org.uk/subscribe/](http://www.cancerpreventionscotland.org.uk/subscribe/)

## SCPN STUDENTS

[www.cancerpreventionscotland.org.uk/students/join/](http://www.cancerpreventionscotland.org.uk/students/join/)

## Follow us on Social Media



@thescpn

## Healthy Meetings

[www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/](http://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 health 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
- providing feedback (your scorecard) to the organiser of meetings
- sharing your experiences of good practice with the SCPN
- helping us to promote, disseminate and reward examples of good practice

Please tell us about your experience of any meetings lasting over 4 hours and encompassing lunch:

Name of meeting:

Version:  Date:

Healthy Meetings - were the following observed?	Yes	No
1. Fresh drinking water available at all times		
2. Fruit available for all (in easy to eat amount)		
3. Vegetables available for all (in easy to eat amount)		
4. Bread, grains, rice, pasta etc. (avoid as a side/dessert)		
5. No pastries, deep-fried items, creamy sauces or dips		
6. Low calorie desserts (100 calories e.g. VERY SMALL portions of traditional desserts or yoghurt and/or fruit)		
7. No sweets or bakery snacks (e.g. cake)		
8. Directions to the meeting promoting ACTIVE travel (e.g. walking, cycling)		
9. Opportunities for healthy 'total' 'comfort breaks' (for stretching, standing etc.)		
10. Chair encouragement to move, stand and/or stretch during the meeting (where feasible, not too disruptive and in keeping with participants' abilities and disabilities)		
Score		

## Editorial

Welcome to summer and many warm, long light days to work, rest and play. In this issue lots of our articles focus on sunshine joys. The pleasures of e-cycling, walking and games to play at the staff picnic outing are reminders of the fun side of healthy living. Our art and design prize winner depicts the joys of cartwheeling – maybe not so easy for some of us, but a wonderful reminder of the sheer pleasure of movement. Our picnic food focus presents some great options to pastries and cake for outside gatherings. Enjoying the sunshine can also help to top up our vitamin D levels for great bone health.

Within the pleasure of summertime play there is also the need to incorporate care over UV exposure. Skin cancers account for over a quarter of all cancers diagnosed in Scotland <https://www.cancerpreventionscotland.org.uk/newsletter/spotlight-on-scottish-non-melanoma-skin-cancer/> and have increased by 30% in the last decade. Our Irish cousins have recently released their National Skin Cancer Prevention Plan <https://health.gov.ie/blog/publications/national-skin-cancer-prevention-plan-2019-2022/> drawing on evidence based programmes from Australasia which have demonstrated reductions in skin cancer incidence and deaths. Key actions are simple... slip on a top, slop on suncream, slap on a hat, seek shelter, slide on the sunspecs. Many of use apps to look at the weather for the day but taking note of the UV index to make sure we are prepared with our sun shade is equally important.

Increasingly, people are expressing concern over the environmental effects of sun creams. Before a trip to NZ last year we searched out all sorts of possible creams and ended up agreeing that actually shade, and wide brimmed hats should be the starting point for sun care. Being Scottish we just bought a wee tube of sun cream. All too easy to think that sun lotions are the only measure to take when we cartwheel off into the midday heat. However, Terry Slevin (ex Cancer Council, Australia) our expert on this topic provides us with a very clear and balanced account of strategic approaches to sun care and if you don't read the whole article – then here is the key guide on sun screen . Use more sun cream than most people think is necessary, (1 tea spoon for each limb, 1 for face and neck, 1 for torso front and one for the back) is a good start. Reapply every 2 hours or if swimming, towelling off of being physically active on skin not covered with clothing. We are at home this summer but have now bought a big tub of sun lotion – ageing skins are just too sensitive to be canny about.

**Professor Annie S. Anderson**

@anniescotta

**Professor Bob Steele**

@BobSteele6

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## THE TEAM

**Jill Hampton** - Network Administrator

**Karen Barnett** - SCPN Fellow

**Sarah Nicholson** - SCPN Fellow

**Eoin McCann** - Designer



## Broccomole with Seeded Baked Tortilla Chips

Kellie Anderson, MSc



Give your guacamole even more goodness with the addition of broccoli. Bake up some crispy seeded tortilla chips to go with it for a fabulously fibre-rich treat.

More recipes like this - including the

seeded baked tortilla chips - on Kellie's global healthy food blog, <https://kelliesfoodtoglow.com>

- 1 sm head broccoli (including the tender, sweet stems), chopped and steamed for 10 minutes

- 1 lg ripe avocado (see my website for how to choose and store avocados), flesh scooped from skin
- ½ tsp ground cumin
- Juice of 1 lime (more to taste)
- ½ sm red onion, chopped
- 1 garlic clove, minced
- 2 medium tomatoes, chopped (optional)
- Pinch of chilli or chopped red chilli (optional)
- Handful of coriander, chopped (optional)

Mash the broccoli in a mixing bowl with a fork until it is broken down. Now pop in the avocado, cumin, lime juice and chilli powder. Mix well before stirring in the chunkier ingredients: red onion, tomato, fresh chilli and coriander. Cover the dip and leave to allow the flavours to deepen at room temperature before serving with homemade tortilla chips or chopped "dipping" vegetables. We like it alongside shakshuka (eggs cooked in a spicy chunky tomato sauce) and huevos rancheros, too.

## Physically active picnics

What is the first thing you think about when you hear the word "picnic"? Sandwiches, strawberries...a blanket in the back garden? Picnics are often centred on relaxing with friends and family and enjoying nice food, but picnics also provide a prime opportunity to enjoy the greenspace around us, whether it be in our own back gardens or out in the park. The SCPN team are busy planning their annual family picnic and voting on the agenda... What do you think?

Rounders... pack the bat and ball and enjoy a fun game of rounders. A great game to get the whole family involved (and known to get a little competitive...).

Frisbee ....easy to pack in the picnic bag

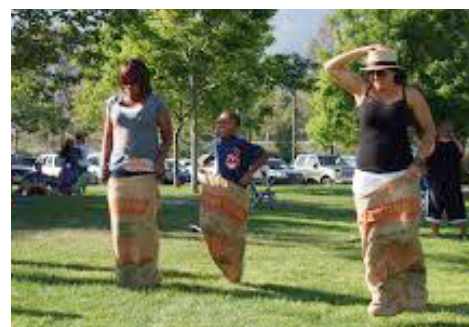
Egg and spoon race...potted sports games are always fun. Pack extra boiled eggs for

the picnic and have an egg and spoon race, or pack some string (or old ties now that no one wears the!) for a three-legged race (or better yet attempt both together!).

Circuits in the park... Complete a length of the monkey bars, see how many time you can race up and down the slide in a minute or time who is the fastest to the top of the climbing frame!

Highland games... for the more organised why not plan a mini highland games event. Have the garden set up and ready for a tug o' war, welly wanging or the hammer throw

There are lots of fun ways to enjoy a physically active picnic this summer, just remember to pack the sunscreen (and the umbrella/sun shade) and enjoy the best of the Scottish summer!





# Picnic Time

## Hydration

Fruit infused water

## Savoury

- "Help Yourself" Zingy salmon & brown rice salad <https://www.bbcgoodfood.com/recipes/1395639/zingy-salmon-and-brown-rice-salad>
- Spanish Tortilla (Potato, onion, olive oil, egg and your favourite veggies) <https://www.jamieoliver.com/recipes/eggs-recipes/spanish-tortilla/>

## Salads

- Grilled courgette with mint, lemon and feta
- Watermelon, cucumber, feta salad.
- Beetroot Salad (with tomatoes

and watercress)

## Snacks

- Homemade hummus, wholemeal pittas and carrot/cucumber sticks
- Boiled egg
- Skewers of roast vegetables
- Celery sticks and peanut/almond butter
- Coleslaw (cabbage, carrots, natural yoghurt, lemon, honey, olive oil).

## Dessert

- A nice big punnet of fresh Perthshire strawberries
- No Sugar, no Butter: Date, Banana and Walnut Muffins! <https://www.themediterraneandietitian.com/recipe/banana-muffins/>



## Lentil, Brown Rice and Rocket Salad

- 3 Tbsp dry puy lentils
- 2 Tbsp dry brown rice
- 1 cup raw tomato, sliced
- 1/2 raw avocado, cubed
- 30g feta cheese (optional)
- 1 Tbsp extra virgin olive oil
- 1 tsp balsamic vinegar
- Small bunch of dill leaves, finely chopped
- 1 cup raw rocket salad leaves





## Worksite health campaign

Lou Walker

*During the month of May the SCPN led a social media campaign to promote health in the workplace. We encouraged our followers to take part in a #worksitewander to get more people taking part in physical activity during their lunch breaks and working day. We have had conversations about workplace eating and an often cake-filled working environment. Lou Walker a workplace health and wellbeing consultant, wrote us an excellent blog on this often challenging issue...*

Ask people what they think about workplace cake and you discover it's a contentious issue. My research surveyed nearly 1000 UK office workers (see previous SCPN blog - <https://thescpn.org/OfficeCake>) and found that office cake changed people's eating behaviour and made workplaces less healthy<sup>1-3</sup>. But while 31% of respondents reported it led to weight gain and 37% said it made it hard to eat healthily at work, 81% said it brings people together and 83% said it cheers people up. So how do we make sense of these opposing ideas? Is there a way to harness the morale-boosting capabilities while minimising the health consequences? I think so. But we need to think differently.

'Commensality' is the technical term for groups of people eating together and

sharing food. It's as old as civilisation and could even be the basis of society itself. When our ancestors lived in caves and hunted mammoths, successful hunters celebrated and shared the food with the rest of their community<sup>4</sup>. Today, research shows we associate food-sharing with cooperation, trust and a close connection between eating companions<sup>5-8</sup>.

In his book *"The Little Book of Lykke"* ('lykke' is Danish for happiness) Meik Wiking says, "[Food] feeds our friendships, bolsters our bonds and nourishes our sense of community – and those factors are vital to our happiness. Whether you look at the English word 'companion', the Spanish word 'compañero' or the French 'copain', they all originate from the Latin 'com' and 'panis' meaning 'with whom one shares bread'."

In the workplace, researchers have found that work colleagues who eat together tend to co-operate more and perform better<sup>9</sup>. Co-operation, trust, performance: these all contribute to a healthy, productive workplace<sup>10</sup>. But (and I'm afraid it's a big but), three quarters of the office cake research respondents said cake was displayed on a desk for people to help themselves to during the day<sup>1-3</sup>. Does this provide commensality benefits? No, because there's no 'together' or 'sharing'.







This makes office cake a health risk, because it makes it easy for people to eat excess, sugary food even when they're not hungry (something humans are programmed to do). So 'together' and 'sharing' are key to commensality, not the food.

In Sweden, the concept of '*fika*' – taking a break to socialise and connect with friends and colleagues, is an important part of the culture and embedded in many workplaces. The focus is on the socialising, not the food – you can't '*fika*' alone at your desk. The tradition of 'tea and toast' in the British Army developed in the first world war to boost morale and continues today as a way for mixed ranks to connect and sort out problems informally. A serving Army captain recently told me that often there's no tea and no toast but 'T&T' continues as a valued tradition.

Given the opportunity, I bet people would come up with ways to eat with colleagues to enjoy the benefits without the sugar. Picnic lunch, with everyone contributing something for people to share? Walking to the pub together once a month for lunch, then walking back? A monthly breakfast?

None of this is as easy as popping to the

supermarket to buy some doughnuts and you couldn't do it every day. But another key finding from the research was that 95% of respondents thought the ideal frequency for office cake was once a week or less. Workplaces could combine this knowledge with the concept of commensality to make cake special again – something for people to look forward to once a week, once a month or whatever they feel is right. That would reduce the health risk while boosting the social benefits. Sounds like a win win ...

See our blog site - <https://scpnblog.wordpress.com/> for more exciting blogs published during May's workplace health campaign including;

- Whether a worksitewander or 5 minute stretch? (<https://scpnblog.wordpress.com/2019/05/25/whether-a-worksitewander-or-5-minute-stretch-remember-every-little-counts/>)
- Living the message at WCRF International (<https://scpnblog.wordpress.com/2019/05/18/living-the-message/>)
- Small Changes BIG impacts (<https://scpnblog.wordpress.com/2019/05/02/small-changes-make-big-impacts/>)

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## Join Us For Our Annual 'Walk Together' To Stop People Dying Of Bowel Cancer



Bowel cancer is the third most common cancer in Scotland. Every year more than 3,700 people are diagnosed with bowel cancer in Scotland and around 1,600 people die from the disease. However, bowel cancer is preventable, in fact scientists believe that around half of all bowel cancers could be prevented by having a healthier lifestyle.

Evidence shows that being more active is one of the ways that you can reduce your risk of bowel cancer and Bowel Cancer UK would like to invite you to join us in a five mile walk to show support for those undergoing treatment, remember loved ones and help stop people dying from bowel cancer.

On Sunday 1 September we will be holding our annual Walk Together event in the heart of Edinburgh, walking a picturesque route along the Water of Leith and the Royal Botanic Garden.

Registrations are now open by going to <https://www.bowelcanceruk.org.uk/support-us/fundraise/walk-together/>.

If you can't make the date, you can organise your own Walk Together event somewhere

special in your local area. It's easy to do and our team will be there to support you every step of the way. For more information contact [Emma.Boffey@bowelcanceruk.org.uk](mailto:Emma.Boffey@bowelcanceruk.org.uk)

Our vision is a future where nobody dies of bowel cancer but we can't achieve this alone, join us for Walk Together this September.

Sign up for Walk Together: <https://www.bowelcanceruk.org.uk/support-us/fundraise/walk-together/>

For further inspiration watch our Walk Together video: <https://www.youtube.com/watch?v=a6fN3A9EX8U>

Scroll through our photo gallery of last year's walks: <https://www.facebook.com/pg/bowelcanceruk/photos/?tab=albums>

## Introducing more people to walking this summer

Claire McMenamin, Senior Development Officer, Macmillan



Paths for All's 2019 Big Fit Walk campaign is aiming to introduce more people to

walking this summer.

Every year, the Big Fit Walk sees hundreds of organised walks taking place across Scotland in June, allowing people of all ages and abilities to enjoy the benefits of a short walk in a relaxed, friendly group.

This year, Paths for All are going a step further by encouraging people to not only take part in a Big Fit Walk this summer, but to join one of our 550 weekly Health Walks which run all year round.

With the theme of "Bring A Friend and Make A Few More", the 2019 campaign aims to highlight how being part of our growing walking network can be great for social health as well as physical and mental wellbeing.

Research shows that physical activity can benefit

patients at all stages of the cancer care pathway. As highlighted in the Walking for Health report Walking Works (<https://thescpn.org/WalkingWorks>): "Walking is a free, gentle, low-impact activity that requires no special training or equipment. Almost everyone can do it, anywhere and at any time. It is easy to start slowly and build up gradually, as well as being the ideal exercise to fit around everyday life. It therefore addresses many of the reported barriers to being more active, such as lack of time, money, poor health and physical limitations."

Many Paths for All Health Walks are also Cancer Friendly and run in various locations, from the Scottish Borders to the Western Isles. These walks are being developed in partnership with Macmillan Cancer Support as part of the Move More

Scotland programme.

To take part in a Cancer Friendly walk or to refer into the programme please contact your local Move More project directly by finding them on our online map (<https://www.pathsforall.org.uk/walking-for-health/health-walks>).

**paths  
for all**

FOR A HAPPIER,  
HEALTHIER SCOTLAND

**Health  
Walks** **paths  
for all**

**MACMILLAN  
CANCER SUPPORT**





## Some thoughts about electric bikes

Following on from the e-bikes articles in our last newsletter we have been hearing more about why people might just find e-bikes providing a new lease of life !

### **Bikes through my life - David Dawson, recent convert to e-biking**

"My relationship with bikes throughout my life has been rather on and off. The first was a Raleigh with drop handlebars, a treasured prize for passing the 11+. On this and with my friends I spent many happy days exploring the New Forest, and it was in no way unusual for us to disappear in early morning and return late evening, ravenous, having covered 60 miles or so.

Having left home, cycling became more of a means of transport, so contact was there but it was useful rather than pleasurable.

It is only since retiring that I have returned wholeheartedly to the pleasure of cycling with an added bonus of helping to recover from two knee replacements!

Exploring the magnificent countryside in Perthshire and Angus on a bike has become a wonderful hobby and now fills a major part of my time. The added bonus of belonging to a Club helps to meet like-minded people and provides a

welcome addition to our social life.

The e-bike has taken this fun to a new level. No more do I have to plan routes with care so as to avoid or limit the number of hills. They are just things that you ride over now so I can concentrate on the beauty of the scenery. It has also given me the confidence to ride farther into the hills, using tracks and trails which opens up that wonderful world far from roads and the crowds. Long may it continue!"

### **Electric bikes for all - Grant Murdoch, Cycle Development Officer for Coupar Angus**

Whilst electric bikes have multiple benefits for people of all ages we have seen lots of older people getting back on a bike because of them. They inspire people to cycle and to cycle more often, they fill people with confidence to go out and ride for miles on end knowing that if they did need a bit of help in an unexpected headwind, or up a punchy climb, that assistance is available. They are changing people's lives and making the whole journey enjoyable. Benefitting older people not only physically but mentally as well by increasing social interactions and opportunities to get out in our beautiful countryside.

*'I am just amazed how far I can go on my bike, and the hills just disappear. Cycling is a joy again like it was when I was 20 years younger.'* – JP, retired academic

*'It was great fun, getting up the hills was a breeze, getting down again was a bit more challenging.'* – WMcC on her first e-mountain bike ride

*'Riding an e-bike has meant I can ride anywhere without the worry of an exercise induced asthma attack. Hills no longer scare me and I love cycling, again.'* – MS on her new ebike

### **Comments from some of our Cycle Hub members**

It's hard to find anyone who doesn't enjoy riding an e-bike. But be warned, if you try one then you will want to buy one. Come and try one of our CUBE bikes at the Coupar Angus Cycling Hub, 1 Forfar Road, Coupar Angus, (Tel: 01828 958296) but be prepared, you may well succumb to the joys of e-biking!



# Sunscreen: Friend or Foe?

Terry Slevin, CEO Public Health Association of Australia, Adjunct Professor Australian National University



As the northern hemisphere beds down for another summer and European thoughts turn to holidays, and fun in the sun, the annual anxieties about sunscreen arise.

I was invited to the Sun Protection conference in early June in London that largely involves people from the cosmetics and sunscreen industry, and people with a technical, public health and commercial interest in sun protection.

Having led one of the most consistent and (relatively) well-funded skin cancer prevention programs (<https://www.sunsmart.com.au/>) in the world for 24 years for Cancer Council WA in Perth, Western Australia I was more than familiar with the many complexities and controversies about sunscreen:

## When we use it will it enter our bodily systems and poison us?

There is no evidence of any adverse health effects beyond skin irritation in a small % of users, despite billions of applications on humans over more than five decades.

## Does it lead us to be more, rather than less sunburnt?

If people apply too little and remain in the sun for long periods they can

be burnt, but this is due to poor use of sunscreen, not an effect of the sunscreen.

## Will sunscreen ruin the coral reefs?

In high intensity doses there may potentially be some very modest effect on coral reefs. But the dose exposure necessary is so high and the amount likely to occur in normal circumstances on most ocean settings where coral lives, means there are many many far greater risks to coral reefs than sunscreen. In truth the contribution to carbon emissions by flying on an aircraft to reach a coral reef, contributing to global warming, leading to sea temperature rises, is a far greater risk to coral reefs.

## Will “chemicals” or nanoparticles in sunscreen harm my health?

This has been a much researched question and I refer you to question one. What’s more, most of the stories generating anxiety about sunscreen can be traced back to some players in the sunscreen industry denigrating competitors’ products in the hope of increasing their own market share. That results in a further falling of confidence in sunscreen as a safe, effective product, resulting in fewer people using

sunscreen, and that is a bad thing for public health.

## Why is using less sunscreen bad for public health?

Skin cancer is the fastest growing form of cancer in the world, particularly in the UK. There is good evidence from a *randomised controlled trial* showing sunscreen use reduces risk of squamous cell carcinoma and some indication it reduces risk of melanoma. This kind of trial is unlikely to ever be repeated.

## Isn't there other ways to reduce sun exposure?

Definitely. Physical protection provided by clothing, wide brimmed hats and sunglasses are very helpful. Using shade is wise and even avoiding sun exposure around the middle of the day in high UV (Ultra Violet Radiation) environments closer to the equator are good options.

## How should I use sunscreen?

Use more than most people think is necessary, (1 tea spoon for each limb, 1 for face and neck, 1 for torso front and one for the back) is a good start. Reapply each 2 hours or if swimming, towelling off or being physically active on skin not covered with clothing.

A final important note.... Scots in particular should be most sun smart when they leave home for sunny holidays. Greater wealth and access to sunny destinations means exposing sun to skin that is not used to high intensity UV radiation. That is probably the single most important time when canny Scots need to break out the sunscreen and learn the basics of “*Slip Slap Slap*”.

For more information on protecting against skin cancer why not visit our blogs on older persons and younger persons guide to preventing skin cancers: <https://scpnblog.wordpress.com/2018/05/28/older-persons-guide-to-preventing-skin-cancer/> and <https://scpnblog.wordpress.com/2018/05/19/young-persons-guide-to-preventing-skin-cancer/>



## Irish skin cancer prevention plan



Ireland has recently launched a new *Skin Cancer Prevention Plan* which aims to tackle the most common type of cancer in Ireland - with 11,000 new cases per year<sup>1</sup>. Ultraviolet (UV) radiation is the main risk factor for skin cancers and exposure causing sunburn is the most damaging.

By adopting skin protective behaviours the majority of skin cancers could be prevented.

Most people living in Ireland have fair skin so are particularly vulnerable to UV damage and, as a result, are at a higher risk of skin cancer.<sup>2</sup> UV exposure during the first 10–15 years of life makes a disproportionately large contribution to lifetime risk of skin cancer.<sup>3</sup> Severe sunburn during childhood (3 or more instances before the age of 20) is associated with a 2-4 times higher risk of developing melanoma in later life.<sup>4</sup> To minimise this risk, skin protection during childhood is extremely important.

The aim of this plan, through cross-sectoral collaboration, is to develop and implement evidence-based strategies which will increase awareness and the adoption of skin cancer prevention behaviours.

The Irish Skin Cancer Prevention Plan has 7 key action areas including: 1) Establish oversight for implementation of skin

cancer prevention plan; 2) Increase national awareness of skin cancer prevention and improve adoption of skin cancer preventative behaviours; 3) Children and Young People; 4) Outdoor Workers; 5) Outdoor Leisure; 6) Sunbeds and other artificial UV sources; 7) Monitoring, research and evaluation.

Some Key Actions to highlight from the plan include:

- Establish a cross-sectoral advisory group to guide and implement the plan.
- Integrate skin cancer prevention education into existing educational and training avenues.
- Develop skin protection resources for use by school, Early Learning and Care (ELC) and School-Age Children (SAC) settings AND ensure the provision of shade is prioritised in the design guidelines for ELC settings.

- Incorporate skin cancer prevention messaging and behaviours into healthy workplaces initiatives.
- Promote evidence informed messages for those who participate in, or spectate at, outdoor sport, physical activity or leisure activities through the governing bodies, local sports partnerships and relevant sports.
- Monitor and review the implementation and enforcement by the HSE Environmental Health Service of the Public Health Sunbeds Legislation AND examine the feasibility of eliminating sunbed use altogether.
- Monitor changes in skin cancer prevention awareness and behaviours.

Could a similar plan be implemented here in Scotland to help tackle increasing skin cancer rates?

1. National Cancer Registry of Ireland [Internet] Cork: National Cancer Registry; (undated). Available from: [www.ncri.ie](http://www.ncri.ie)

2. Fitzpatrick TB. The Validity and Practicality of Sun-Reactive Skin Types I Through VI. *Arch Dermatol.* 1988; 124(6):869-871

3. Cancer Institute New South Wales. NSW Skin Cancer Prevention Strategy 2012-15. New South Wales; 2012

4. Markovic SN, Erickson LA, Rao RD, Malignant Melanoma in the 21st Century, Part 1: Epidemiology, Risk Factors, Screening, Prevention, and Diagnosis. *Mayo Clin Proc.* 2007; 82 (3) 364-380.

## Science, evidence and emerging topics in ultra-processed foods

In the last decade several scientific publications have highlighted concerns over ultra-processed foods (UPF's) and cancer, cardiovascular disease and all-cause mortality. Clearly the evidence is growing but it does hinge on how we define UPF's given that most of the food we eat (from porridge and bread to pizzas and ready meals) have undergone some form of industrial level processing. In a paper published last year in the *British Medical Journal* (using data from the French NutriNet-Santé cohort) the authors reported that high intakes of UPF's were associated with higher overall cancer and breast cancer risk<sup>1</sup>. Interestingly, these findings remained after controlling for key nutrients (e.g. salt, fat) associated with poorer health outcomes. The authors used the NOVA

processing classification system, and this widely recognised approach enables further investigations in this otherwise challenging area. Overall, sugary products contributed 26% of all ultra-processed foods with drinks and highly processed fruits and vegetables contributing a further 20% and 15% respectively.

More recently an editorial in the *BMJ*<sup>2</sup> on this topic leads us to think again about whether food reformulation provides an entirely healthy option and whether at the end of the day there are some foods that are actually just best avoided. Whilst we ponder this over, there has been an even more compelling piece of research by Hall and colleagues, published in *Cell Metabolism*<sup>3</sup>. This study has demonstrated in

a randomised control trial that diets offered as ultra-processed food can account for weight gain more so than a diet composed of unprocessed foods (all matched for nutrient composition), which raises questions about appetite control and other impacts of UPF's.

Current guidance on cancer prevention highlights wholefoods, fruits and vegetables and focuses on plant based diets... emerging evidence suggests we also need to be cautious about uptake of ultra-processed foods, both in plant based products (including Vegan labelled foods) and animal products<sup>4,5</sup>.

1. <https://www.ncbi.nlm.nih.gov/pubmed/29444771>  
 2. <https://www.bmj.com/content/365/bmj.l2289>  
 3. <https://www.ncbi.nlm.nih.gov/pubmed/31105044>  
 4. <https://www.ncbi.nlm.nih.gov/pubmed/31142457>  
 5. <https://www.ncbi.nlm.nih.gov/pubmed/31142450>

## The public agree it's time to protect children from junk food adverts

Lorraine Tulloch, Programme Lead, Obesity Action Scotland

Would you support a ban on junk food advertising? The majority of Scottish adults would. We, in Obesity Action Scotland, have recently commissioned polling which showed that 74% of Scots would support a ban on junk food adverts shown on TV before 9pm. This ban is commonly called a '9pm

watershed'. Similar polling on the UK level also showed strong support (72%).

Although unhealthy food advertising is globally omnipresent (think TV, radio, online, games, outdoor digital screens and billboards, public transport, sports events from grassroots to international and even school activities), it is

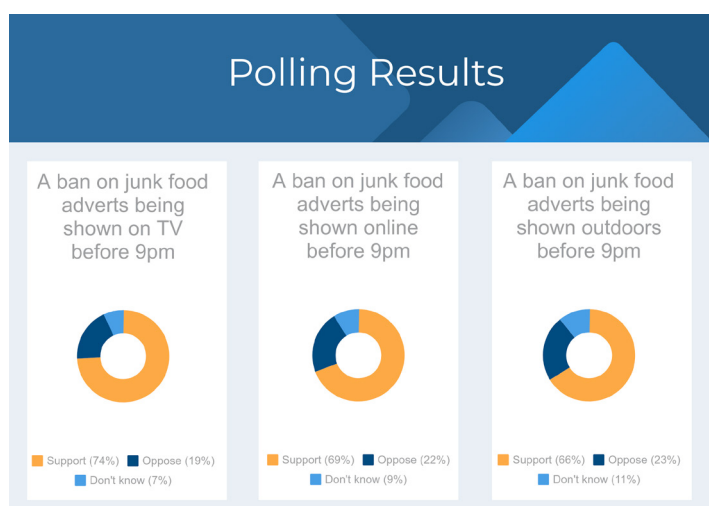
only now that comprehensive regulatory measures to restrict it are being considered.

The NOURISHING database of implemented policies to promote healthy diets & reduce obesity shows that only a few countries around the world have implemented regulations restricting junk food advertising. It also shows that most of these restrictions are partial, i.e. they only apply at certain times or when certain proportion of audience are children or only on certain types of media. Moreover, the definition of 'junk food' or unhealthy food is not uniform and countries adopt different criteria.

There is unequivocal evidence that childhood obesity is influenced by marketing of foods and non-alcoholic beverages high in saturated fat, salt and/or free sugars (HFSS). Therefore, the WHO

Commission on Ending Childhood Obesity as well as the WHO as an organisation have called on Member States to introduce restrictions on marketing of HFSS foods to children, covering all media, including digital, and closing any regulatory loopholes.

Although the evidence is there, public support for such measures is very important for policymakers. Adults across Scotland and the UK have indicated their strong support for such action. A recent public consultation on junk food advertising restrictions in the UK have asked all stakeholders for their views. If the UK Government acts in agreement with the current evidence and public opinion, then we should see a 9pm watershed on junk food adverts introduced in the UK. Watch this space!



## Art and Design Prize 2019

We are delighted to announce Kinga Elliot as this year's recipients of the SCPN Art and Design prize for Creative Communication. Kinga is a third year painting student at Gray' School of Art in Aberdeen and was inspired to paint 'Cartwheel' after watching her daughter roll out cartwheels along St Cyrus beach. Kinga recognised the sheer joy that a physical activity can bring, stirring memories but also the recognition that we lose sight of such pleasures in adulthood. Kinga wanted to capture the childlike joy of the flow of movement for fun...

no challenges or competition. Kinga regularly swims and walks to help herself relax and wants the painting to trigger others to think of moment and activity and rebalance. By emphasizing the fun side of activity, Kinga hopes to encourage 'the rediscovery within us, of the child who loves moving'. When we had the chance to interview Kinga, she told us "I hope to engage the viewer with this image and inspire the love of exercise and being physically active." Everyone at the SCPN would like to wish Kinga the best of luck in her final year and future endeavors!



<http://www.alcoholfocusscotland.org.uk/media/310762/alcohol-outlet-availability-and-harm-in-scotland.pdf>



## Satellite meeting for the European Congress on Obesity



Saturday the 27th of April saw The NIHR Cancer and Nutrition Infrastructure Collaboration <https://cancerandnutrition.nihr.ac.uk/> organise a satellite meeting to the European Congress on Obesity to explore research on obesity and cancer occurrence and recurrence with a focus on intervention trials. The meeting was hosted by The Centre for Research into Cancer Prevention and Screening (CRIPS), supported by the World Cancer Research Fund, Association for the Study of Obesity Scotland Network and the Scottish Cancer Prevention Network, chaired by Prof Bob Steele and Prof Elio Riboli and aided by Professor Andrew Renehan.

The aim of the meeting was to discuss the three aspects of lifestyle that need to be considered: diet, physical activity and weight management. Each of these aspects can be explored within human

weight loss trials – at least in theory.

The following points were considered:

- Can these three lifestyle behaviours be explored in practice?
- Can people living normal everyday lives really change behaviour to meet study protocols?
- Can we learn from diabetes prevention trials?
- How important is trial level evidence for the public, patients and clinicians?
- What are the convincing end points for cancer occurrence and reoccurrence and do they take decades and billions of pounds to discover?

Representatives of the Cancer and Nutrition NIHR infrastructure collaboration gave presentations on key issues to consider. The themes covered experimental work, patient and public views, preventions, survivorship and tools for measuring the impact of the research being undertaken. The talks centred on nutrition in a cancer context and focused on cancer prevention, public health screening (epidemiology), and cancer survivorship. They also included two components combining nutrition with physical activity. The presentations gave a snapshot of where we are now and the issues that need to be considered to move forward. Delegates were invited to share their thoughts and ideas on answering

these important questions during the discussion sections.

The morning sessions included:

- Prof Richard Martin who provided a clear account of how evidence from Mendelian Randomisation compliments and expands understanding of these issues.
- Prof Annie Anderson focussed on what is known about intentional weight loss and cancer risk reduction. However, without trial data the current indicative, observational evidence associated with cancer risk reduction and decreased body weight is not enough to influence current practice guidelines.
- Prof Falko Sniehotta who reflected on weight loss in intervention trials drawing on his work in the DIRECT trial for the reversal of diabetes. One of his key points was understanding participant perspectives for motivation, satisfaction with outcomes, confidence, acceptability and support for weight maintenance.
- Prof Shaun Treweek provided an account of key issues in the design and implementation of high quality trials.

The afternoon session focussed on weight loss in people diagnosed with cancer:

- Prof Jennifer Ligibel from the Dana Farber Institute presented an overview of her weight loss trial in stage 2/3 HER 2 negative breast cancer in women with BMI >27 kg/m<sup>2</sup> (BWEL).
- Prof John Saxton provided an excellent review of pragmatic diet and activity interventions in cancer survivors, drawing on published literature but also considerable experience and guidance for future work.
- Dr Amanda Cross covered relevant outcomes - a superb review covering biomarkers in quality of life.
- Dr Chloe Grimmett encouraged us to consider some of the more challenging issues that need to be addressed in testing the effectiveness of achievable interventions.

Presentation slides from the Satellite Meeting are available to view here: <https://cancerandnutrition.nihr.ac.uk/events/>



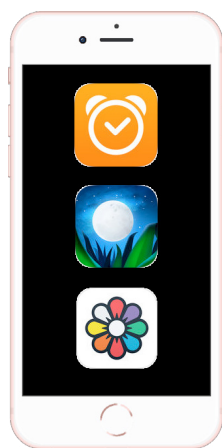
## Apps to help you sleep

Sleep disturbance is something that can affect us all from time to time – it impacts on quality of life and how well we can manage everyday life as well as our motivation to engage in activity routines and healthy food choices. For people who have had cancer treatment, it is not uncommon to experience sleep disturbance and can cause significant distress. The best selling book by Matthew Walker (Why We Sleep) leaves us in no doubt that sleep is a key component in achieving good health. One of the questions he asks is why it is we set an alarm to wake but don't set an alarm to sleep?

The SCPN have researched a few commonly used sleep apps that claim to help improve your sleep habits. These applications allow

you make sleep goals as well as helping you to create and manage healthier sleeping patterns. However, they won't work for everyone and recently questions have been raised about the validity of such applications. If you are struggling with sleep why not try some of these out for yourself? It's also important to stick to a routine sleep schedule, avoid caffeine, alcohol and screen time before bed and if you're really struggling with severe sleep deprivation seek professional medical advice.

<https://www.sciencedirect.com/science/article/pii/S0277953601000430>



### Sleep Cycle (5/5)

- Free app available on iOS.
- Tracks and analyses your sleep patterns.
- Choose your wake-up time (30 minute window) and the app will gently wake you during your lightest phase of sleep.
- Outlines statistics of different phases of sleep.
- Intelligent snooze - lets you snooze until the end of your wake cycle.

### Relax Melodies (4/5)

- Free app available on iOS.
- Relaxing sounds.
- Nature, music, ocean waves, burning camp fire etc.
- Mindfulness meditation overlay.
- Set reminders for bedtime.
- Change screen brightness setting.
- Peaceful stories to send you to sleep.

### Recolor (3/5)

- Free app available on iOS.
- Adult colouring book but in app form.
- 1,000 images to help you relax.
- New pictures daily.
- Themes: animals, food, sport, scenery and sea life.
- Channel anxiety and stress into creative and satisfying accomplishment.

## Historic partnership between Scottish Women's Football and Scottish Health Action on Alcohol Problems



On March 7th, 2019 the Scottish Women's Football (SWF) launched their newest sponsorship agreement with Scottish Health Action on Alcohol Problems (SHAAP). The National Performance League, the elite level for girls' football in Scotland, will now be sponsored by Scottish Health Action on Alcohol

Problems (SHAAP). SWF becomes the first ever sporting organisation sponsored by SHAAP and the first ever Scottish football organisation to be sponsored by an organisation aimed at tackling and solving alcohol problems. The sponsorship agreement is in place for the 2019 and 2020 seasons.

The sponsorship comes after SWF stated in 2016 that they would never accept sponsorship from gambling and alcohol companies. This partnership is significant for a number of reasons, including the fact that SHAAP is the first sponsor of the SWF youth game, it's also historic that SWF and SHAAP's partnership is the first Scottish football sponsorship specifically aimed at tackling Scotland's alcohol problems. Fiona McIntyre, Executive Officer for Scottish Women's Football, said: "We are delighted to be working with SHAAP. We have had a strong stance regarding alcohol sponsorship

for a number of years now. Not only do we feel this is socially responsible as an organisation but we feel our stance has been financially justified and supported by the sponsors we have attracted to the game in recent years."

Dr. Peter Rice, Chair of SHAAP, cited further good news: "Another benefit to this sponsorship is that SHAAP will have the opportunity to research perceptions of alcohol use with those involved in the National Performance League, including the benefit of regular sporting activity. We are very excited about this partnership and look forward to publicising the findings of our research."

You can read more about this partnership in The Scotsman article published on April 25, 2019: <https://www.scotsman.com/health/healthy-result-for-girls-game-1-4915176>.

Photo Credit: Scottish Women's Football



# Being active is important for Cancer

## What good things could being more active do for you?



Improves  
cancer-related  
fatigue



Helps  
depression



Helps  
anxiety



Improves  
sleep  
quality



Improves  
quality  
of life



Improves  
cardiorespiratory  
fitness



Improves  
cognitive  
function



Improves  
muscle  
strength



Helps  
joint  
pain



Reduces  
hormone/metabolic  
dysfunction



Helps  
body  
composition



Reduces  
post-operative  
complications

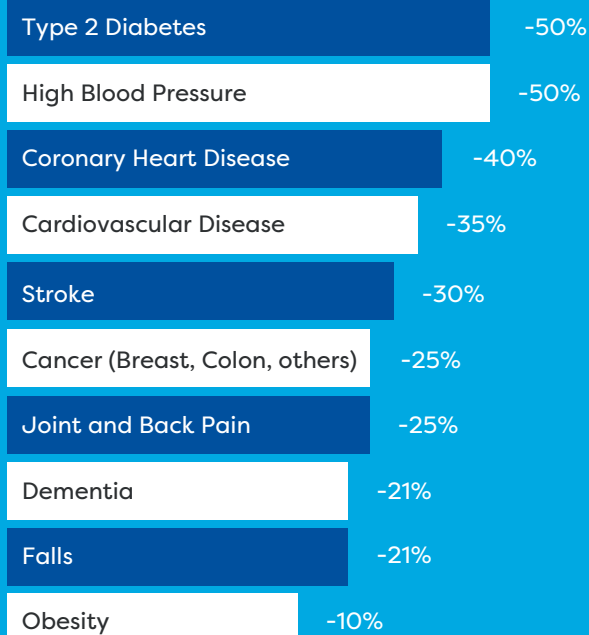


Helps  
lymphoedema



Helps  
sexual  
function

Reduce your risk by being more active. All adults keeping physically active reduces your chance of:



How can being active improve my quality of life?



Feeling better in yourself can help you cope with cancer



Physical activity can improve your mood

Regular physical activity maintains fitness, sleep and fatigue

Motivation improves, helping you feel more in control

Being active with friends and family can improve your mood and help everyone cope

From Moving Medicine [https://movingmedicine.ac.uk/wp-content/uploads/2018/10/Cancer\\_Patient\\_info\\_leaflet\\_v4.pdf](https://movingmedicine.ac.uk/wp-content/uploads/2018/10/Cancer_Patient_info_leaflet_v4.pdf)



# Incidence of obesity-related cancers in Scotland

Gavin Clark, Information Services Division, NHS National Services Scotland

The incidence of cancer in Scotland has been decreasing over time, when taking the age and sex demographic of the population into account. In the decade to 2017, incidence fell from 655 to 619 cases per 100,000 people, a decrease of 5.5%.

Within this positive picture however, is evidence that certain cancers are increasing in number, and that the cancers at some of these sites could be associated with increasing *obesity in the population*. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/overweight-and-obesity#heading=Zero>.

Figure 1 shows the change in incidence from 2008 to 2017 for all cancers, and for a selection of cancers associated with obesity. In contrast to the all-cancer incidence, cancers of the liver, kidney and corpus uteri have seen increases of 23.8%, 41.1% and 16.9% respectively.

Colorectal cancer, although also associated with obesity, has not seen the same trend, with a decrease in incidence of 16.4% in the same time period. However this period coincides with the introduction of bowel cancer screening in Scotland. This would be expected to initially increase incidence, as lead-time to

diagnosis is reduced, followed by a return to pre-screening rates if the underlying risk remained constant. An additional reduction in rates would also be expected, due to the primary preventative effects of removing pre-malignant polyps.

Figure 2 shows the colorectal cancer incidence change for under and over 50s, from 2002 to 2017, relative to the 2002 value. Values of above 100 represent an increase relative to 2002, values below 100 represent a decrease. The over 50s group see an initial increase at the time of screening introduction, with a subsequent decrease to 16% below the 2002 level by 2017. In contrast, the under 50s see an increase of 36% from 2002 to 2017. It is important to note that, although a large increase, the incidence rate in the under 50s is still well below the over 50s (6.8 vs. 179.1 cases per 100,000 in 2017).

The increase in colorectal cancer incidence in Scotland in the under 50s may be a consequence of high levels of obesity without the preventive benefits of screening. Although the risks are arguably too low to justify extending bowel screening to younger ages, there is potential to reverse the increasing rates of bowel cancer – and

those other cancers mentioned above – through effective weight management programmes.

## Further Information

All statistics are based on data from the Scottish Cancer Registry. Further data is available on the ISD website's [cancer statistics](https://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/) pages. [https://](https://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/)

[www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/](https://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/).

## Acknowledgement

These statistics use data shared by patients and collected by the NHS as part of their care and support.

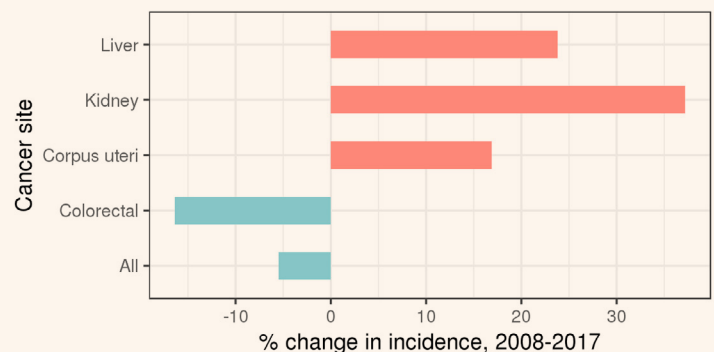


Figure 1 – percentage change in cancer age-sex standardised incidence, 2008 vs. 2017

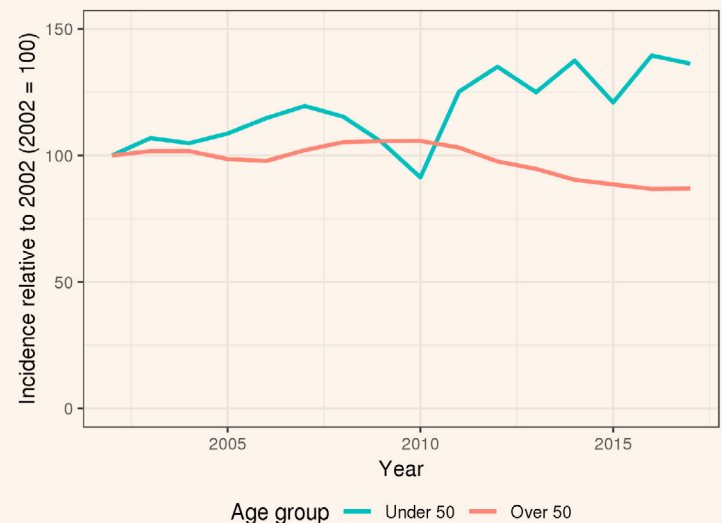


Figure 2 – Age-sex standardised colorectal cancer incidence rate shown relative to the 2002 value (2002 = 100), from 2002-2017

# Celebrating Volunteers

Amy Hickman, ActWELL Project Officer

Volunteers' Week 2019 took place from the 1st-7th June. The week is a time to celebrate and highlight the benefits volunteering brings, not only to beneficiaries but also to the volunteers themselves. Volunteering brings people and communities together, builds confidence and develops new skills,

improves mental health and has a positive impact on health and wellbeing. Breast Cancer Now's ActWELL volunteer lifestyle coaching role is a perfect example of this. In March, we invited the volunteers to the V&A in Dundee to thank them for their invaluable contribution and celebrate the

trial's achievements to date. It was also an opportunity to find out what being involved in ActWELL meant to them.

For some volunteer lifestyle coaches, it was a chance to use existing skills as healthcare professionals, others wanted to support women of a similar age to improve lifestyle

Turn over to continue

and raise awareness of the link between lifestyle and cancer prevention.

'Personally, it has reminded me of the skills I have. I feel I have been of help to these women. Feedback has been positive which encouraged me to continue to do what I was trained in by the ActWELL team' Christine, volunteer lifestyle coach, Dundee.

Overwhelmingly volunteers told us they enjoyed meeting women, listening to their stories and supporting them on a journey. Volunteers believed they were helping

these women and making a difference to improving their lifestyle.

'It's been brilliant being part of the team and you actually feel quite privileged to be part of the journey these women are on.' Elaine, volunteer lifestyle coach, Edinburgh.

Volunteers also described feeling more confident, that they had met new people, made friends and gained new skills or built on existing skills. Many mentioned they felt they were giving something back while contributing to research on cancer prevention.

Regardless of their motivation for volunteering on ActWELL, what united them was their belief that the project was worthwhile.



## Have you seen this paper?

### Body fatness at a young age and risks of eight types of cancer: systematic review and meta analysis of observational studies

K. Hidayat X. Du and B.M. Shi (2018). *Obes Rev.*

<https://doi.org/10.1111/obr.12705>

The increased prevalence of obesity in children and adolescents worldwide is expected to potentially increase the incidence rates of early-onset cancer attributed to excess body fatness. The potential long-term impact of excess body fatness at a young age (ages  $\leq 30$  years) in the later development of the following conditions remain inconclusive: diffuse large B-cell lymphoma (DLBCL), oesophageal adenocarcinoma, gastric cardia cancer, hepatocellular carcinoma, multiple myeloma, pancreatic cancer, renal

cell cancer and thyroid cancer. Therefore further examination of the data are required to allow development of better prevention strategies and thereby reduce future incidence of cancer attributed to excess body fatness. The authors of this study performed a comprehensive systematic literature review and meta-analysis of observational studies to explore the associations between body fatness at a young age ( $\leq 30$  years) and the risks of the aforementioned cancers. Searches identified 56 articles which yielded data on 27,559 cancer cases, including 3,170 DLBCL, 1,491 oesophageal adenocarcinoma, 1,103 gastric cardia cancer, 1,067 hepatocellular carcinoma, 3,090 multiple myeloma, 7,220 pancreatic cancer, 6,212 renal cell cancer and 4,206 thyroid cancer cases. Each 5 kg m<sup>-2</sup> increase in body mass index at a young age was

positively associated with DLBCL (relative risk [RR] 1.21, 95% confidence interval [CI] 1.09, 1.35), oesophageal adenocarcinoma (RR 1.88, 95% CI 1.37, 2.57), gastric cardia cancer (RR 1.59, 95% CI 1.15, 2.21), hepatocellular carcinoma (RR 1.31, 95% CI 1.13, 1.51), multiple myeloma (RR 1.23, 95% CI 1.15, 1.30), pancreatic cancer (RR 1.17, 95% CI 1.11, 1.24), renal cell cancer (RR 1.22, 95% CI 1.16, 1.28) and thyroid cancer (RR 1.12, 95% CI 1.07, 1.17). This study has shown that higher body fatness at a young age increases the risk of developing various types of cancer in later life. Prevention of overweight and obesity in children, adolescents and young adults should therefore be emphasised to reverse the obesity epidemic and avoid further increases in the burden of cancer attributed to excess body fatness.

## Sun still main cause of skin cancer

Maxine Lenza, World Cancer Research Fund

A new World Cancer Research Fund (WCRF) report has looked at whether diet, weight and physical activity affect the risk of developing skin cancer. The findings show that unlike many other cancers, your diet and exercise patterns do not appear to be strongly associated with your risk of skin cancer.

The report looked at a number of lifestyle factors including alcohol, obesity, and coffee but as there was a lack of strong evidence linking diet to skin cancer it means that the sun is still the number one cause of skin cancer. In total, this new report analysed 55 studies from around the world, comprising more than 13 million adults

Susannah Brown, Acting Head of Research Interpretation said: "We see this report as good news when it comes to diet, exercise and skin cancer. The evidence that overexposure to the sun causes skin cancer has been consistent for decades. However, many people still don't protect themselves from the sun, putting themselves at increased risk of skin cancer. As the weather gets warmer, we want our report to remind people that there are simple but important steps they can take to prevent developing skin cancer."

It is important for us all to be safe in the sun; whether at home or abroad. The

NHS has a number of sun safety tips which include spending time in the shade between 11 am and 3 pm during March to October, using at least factor 30 sunscreen, and covering up with suitable clothing including a hat and sunglasses.

The report also showed strong evidence that drinking water contaminated with arsenic increases the risk of skin cancer and consuming high-dose beta-carotene supplements is unlikely to have a substantial effect on the risk of non-melanoma skin cancer.

The report is available in full for free online: <http://bit.ly/WCRFskincancer>



## Cancer and lifestyle – research round up

### **Dietary intake of fiber, whole grains and risk of colorectal cancer: An updated analysis according to food sources, tumor location and molecular subtypes in two large US cohorts**

HE X. et al (2019). *Int J Cancer*.

<https://doi.org/10.1002/ijc.32382>

There is a long-standing hypothesis that higher intake of dietary fibre reduces the risk of colorectal cancer (CRC), however epidemiologic evidence remains inconclusive. Data are limited on the influence of the food source of the fibre and heterogeneity of the tumour. This study

prospectively followed up 90,869 women for CRC incidence in from the Nurses' Health Study (1980–2012) and 47,924 men from the Health Professionals Follow-up Study (1986–2012). Participants completed a validated food frequency questionnaire every 4 years where participants were asked how often, on average, they consumed foods of a standard portion size during the previous 4 years. Cox proportional hazards regression was used to examine the associations with CRC risk for total dietary fibre, cereal, fruit and vegetable fibre and whole grains. The study found that intake of total dietary fibre was not associated with reduced

CRC risk, after multivariable adjustment, in women (HR: 1.17; 95% CI: 0.92–1.48) or men (HR: 0.90; 95% CI: 0.67–1.21). Higher intake of cereal fibre and whole grains was associated with reduced CRC risk in men with an HR of 0.75 (95% CI: 0.57–1.00) and 0.72 (95% CI: 0.54–0.96), respectively. No heterogeneity was detected by tumour subsite or molecular markers ( $p > 0.05$ ).

The authors concluded that higher intake of total dietary fibre within the range of a typical American diet is unlikely to substantially reduce CRC risk. The potential benefit of cereal fibre and whole grains in men warrants further investigation.

### **Association of Survival with Adherence to the American Cancer Society Nutrition and Physical Activity Guidelines for Cancer Survivors after Colon Cancer Diagnosis: The CALGB 89803/Alliance Trial**

VAN BLARIGAN EL. et al (2018). *JAMA Oncol*.

<https://doi.org/10.1001/jamaoncol.2018.0126>

The American Cancer Society (ACS) Nutrition and Physical Activity Guidelines for Cancer Survivors include; maintaining a healthy body weight, physical activity, and a diet that includes vegetables, fruits, and whole grains. This prospective

cohort study examined 992 patients with stage III colon cancer who were enrolled in the CALGB 89803 randomized adjuvant chemotherapy trial from 1999 through 2001. Authors assigned an ACS guidelines score for each participant based on; body mass index, physical activity, and intake of vegetables, fruits, whole grains, and red/processed meats (score range, 0–6, with higher score indicating healthier behaviours). Secondly, they examined a score that included alcohol intake in addition to the other factors (range, 0–8). Lifestyle was assessed during, and 6 months after, chemotherapy. Compared with patients with a 0 to 1 ACS guidelines score, patients with a 5 to 6 score had a 42% reduced risk of death during the study period (HR, 0.58; 95%

CI, 0.34–0.99;  $P = 0.01$ ) and improved disease-free survival (HR, 0.69; 95% CI, 0.45–1.06;  $P = 0.03$ ). Results were strengthened when alcohol consumption was included in the score, comparing patients with high scores (6–8) vs patients with low scores (0–2), adjusted HRs were; overall survival 0.49 (95% CI, 0.32–0.76;  $P = 0.002$ ), disease free survival 0.58 (95% CI, 0.40, 0.84;  $P = 0.01$ ) and recurrence-free survival 0.64 (95% CI, 0.44–0.94;  $P = 0.05$ ).

The authors concluded that having a healthy body weight, being physically active, and eating a diet rich in vegetables, fruits, and whole grains after diagnosis of stage III colon cancer was associated with a longer survival.

### **Systematic review and meta-analysis of maintenance of physical activity behaviour change in cancer survivors**

GRIMMETT C. et al (2019). *IJBNPA*

<https://doi.org/10.1186/s12966-019-0787-4>

There is good evidence that regular physical activity can improve both health and wellbeing after a cancer diagnosis. Furthermore, accumulating observational evidence suggests regular physical activity may reduce cancer recurrence and mortality and prolong disease-free survival. This systematic review and meta-analysis evaluated the effectiveness

of interventions in supporting maintenance of physical activity behaviour change in adults diagnosed with cancer, and explores which intervention components and contextual features are associated with effectiveness. Twenty seven randomised controlled trials (RCTs) were included, 19 of which were pooled in a meta-analysis. Within-group pre-post intervention analysis yielded a mean increase of 27.48 (95% CI = 11.48–43.49) mins/wk. of moderate to vigorous physical activity (MVPA) in control groups and 65.30 (95% CI = 45.59–85.01) mins/wk. of MVPA in the intervention groups. Ineffective interventions tended to include older populations with existing

physical limitations, fewer contacts with participants, and were less likely to include a supervised element or the behaviour change techniques (BCTs) of 'action planning', 'graded tasks' and 'social support (unspecified)'. Included studies were biased towards inclusion of younger, female, well-educated and white populations who were already engaging in some physical activity.

The authors concluded that existing interventions are effective in achieving modest increases in physical activity, at least 3 months post-intervention completion. However, study samples were not representative of typical cancer populations.