Scottish Parliament Cross Party Group on Cancer

Wednesday 28th September 2016, 17.30-19.00

1) Welcome

Miles Briggs MSP (MB) opened the meeting, welcoming all attendees and speakers. The chair then paid tribute to the former co-convenors of the Cross Party Group on Cancer, Nanette Milne and Malcolm Chisholm.

2) Election of Office Bearers

Miles Briggs and Jenny Marra (JM) were proposed as Co-conveners, and duly elected. Cancer Research UK was re-elected as secretariat.

3) <u>The minutes from the last meeting before the end of session 4 of Parliament were approved.</u>

4) The Chair welcomed Professor Linda Bauld (LB), Professor of Health Policy, University of Stirling to speak on Cancer Prevention Policy

LB began by outlining her roles with the University of Stirling and Cancer Research UK. LB then introduced the work that Cancer Research UK (CRUK) does on cancer prevention as well as some of the networks that work in this area. She then then highlighted the three main priorities in cancer prevention that were to be discussed in the talk: tobacco, obesity and alcohol, as well as future research.

LB then introduced the importance of prevention in cancer, she stated that 4 in 10 cancers are preventable, with tobacco being the biggest cause of preventable cancer. She also stated that prevention is now one of the four pillars of CRUK's new strategy. LB then discussed the CRUK Cancer prevention initiative.

LB noted that smoking is the leading cause of preventable cancer and noted that while much of the focus in policy is on preventing children smoking, not enough focus is placed on smoking cessation. She stated that the best way to stop children smoking is to stop the adults around them smoking. The need to separate nicotine, the addictive substance, and tobacco, the harmful substance, was then raised, before discussing the role of e-cigarettes in smoking cessation.

LB then acknowledged the important legislation that has been created in Scotland to tackle smoking, such as the smoking ban, but stated there is more to be done. She highlighted a number of possible policy measure such as: support for smoking cessation services, reviewing the tobacco retail register to reduce the number of vendors, and that the forthcoming mental health strategy includes a plan for smoking cessation, as many people with mental health issues die from smoking related illnesses.

Finally, the ongoing research into e-cigarettes, as well as their importance in smoking cessation, was discussed.

LB then discussed the impact of obesity as the second largest cause of preventable cancer and the importance of reducing the numbers of overweight and obese adults from 65%, before highlighting CRUK's work on obesity.

The lack of public awareness of the link between obesity and cancer was then highlighted through a study which found that only 1 in 4 linked obesity and cancer. She also highlighted that the issue of childhood obesity is important as 25% of children are overweight or obese and it has been shown that obesity often persists to adulthood. LB then discussed the issue of the advertising of unhealthy food on television, referencing a CRUK-funded study which showed that such advertising causes children to pester their parents for unhealthy foods. However, it was noted that powers over TV advertising are not devolved to the Scottish Parliament.

The importance of the planned 2017 Diet and Obesity strategy for tackling the issue of children's obesity was then noted.

LB next discussed the link between the overconsumption of alcohol and cancer, causing 30% of head and neck cancers. She stated that this issue is difficult to address due to public resistance to messages about alcohol and cancer. The lack of public awareness of the link between alcohol and cancer was highlighted, with 1 in 10 recalling the link between alcohol and cancer. Those that are aware of the link were more supportive of policy action on the consumption of alcohol. The work of the Scottish Government was noted. LB concluded by restating CRUK's committed focus on the prevention of cancer.

5) Questions to LB

JM thanked LB for her presentation before questions were taken from the floor, and the discussion was wide ranging. On the subject of levels of obesity among Health Professionals, LB pointed to the issues that health professionals had previously experienced with advice around smoking cessation; she stated that they are now having similar issues with obesity. She also noted that members of the CRUK roadshow, which visits hospitals around Scotland and the UK, have been surprised by the number of health professionals seeking advice on weight. On the need for a longer term outlook in the cancer strategy, LB agreed, stating research shows long term signposts are needed in strategies. On the possibility of Scottish legislation to introduce TV advertising legislation on regional TV stations such as STV, MB stated that STV is split into 3 regions and the Government are looking at the issue. On the influence of obese adults on children, LB stated that there is an obesogenic environment and that social and epigenetic influences mean that the weight of parents is important. Asked about measures other than restrictions on advertising, LB gave the examples of price-promotions, portion sizes in retail and within schools.

6) MB then welcomed Professor Robert Steele (RS), Professor of Surgery, University of Dundee to speak on developments and challenges in cancer screening

RS began by introducing himself and discussing his recent appointment as the Chair of the UK National Screening Committee (UKNSC). RS then gave a definition of screening as the detection of disease in asymptomatic people in order to improve the outcome of the disease in question or to prevent it. The complex nature of screening was highlighted and that screening can often have significant harms associated with it.

The work of UK National Screening Committee was outlined, highlighting the regular assessment of screening for 100 conditions, with 30 currently recommended, of which many are neo-natal. He stated that the UKNSC only advises each health department on screening and that policy varies between each nation.

RS then stated that the popularity of screening is an issue due to the potential harm that can arise from the investigation or treatment of a positive test in screening and that the benefits that screening provides (numbers of cured patients) must outweigh those who are harmed. RS stated that there are a number of factors that create biases that can make screening appear more effective than it is. These include the use of the measure of point of diagnosis and that the people who come forward for screening are more health conscious, and, therefore, have lower levels of cancer. RS explained that randomised controlled trials are needed to prove that any screening process works.

RS then introduced the three cancers that are screened for in Scotland: cervical, breast and bowel, and began discussing cervical screening initially. He stated that, in the UK, five thousand deaths are prevented per annum and eight out of ten cervical cancers are prevented by screening. Cervical is the only cancer that is caused by infection, RS noted. The new screening process was outlined, based on an initial test for the presence of HPV.

The preventative measures for cervical cancer were then outlined. RS discussed the HPV vaccination which is offered to all girls aged eleven to thirteen and prevents infection by high-risk HPV. He stated that the vaccination is not, currently, routinely offered to boys in Scotland.

Next, RS discussed breast cancer screening. He stated that 2000 deaths are prevented by screening per annum. He outlined that breast cancer screening is offered to all women aged 50-70 in Scotland and that it is based on mammography every three years. RS then noted that breast cancer screening is becoming increasingly controversial. In the past, treatment for breast cancer was poor, so the need for screening was large. He stated that improving treatments mean that the benefits of screening are reduced whilst overdiagnosis is leading to unnecessary treatment.

RS explored how this controversy led to an independent review which found that one death was prevented for every three cases treated unnecessarily. He then noted that despite this issue, focus groups indicated that they still felt that screening was worthwhile, but he urged the need for transparent information.

The details of breast cancer screening in Scotland were then discussed by RS. He noted the twelve million pound investment to replace analogue equipment with digital equipment. He also discussed the age range of breast cancer screening, of fifty to seventy. He noted that breast cancer is becoming more common in the under fiftys and that the aging population is becoming more healthy, and therefore more likely to benefit from treatment. He then noted the ongoing trial in England looking at and extended age range for breast cancer screening.

RS then moved on to discuss bowel cancer screening. He noted that it currently prevents 2500 deaths in the UK per annum. He outlined the current system of bowel cancer screening in Scotland, where a FOBT test is offered every two years, before introducing the FIT test which is being introduced in Scotland. He explored the advantages of the FIT test, including its ease and specificity, and demonstrated that uptake of bowel cancer screening is much higher when using FIT than the

current FOBT, particularly in the most deprived areas. The ability to test quantitatively through FIT was then discussed. RS stated that this would allow the testing males and females differently.

The use of Flexible Sigmoidoscopy was then introduced by RS. He stated that its current one off use for screening at 55 in England has been shown to reduce mortality from colorectal cancer, despite low uptake, and that a trial is currently ongoing in Scotland. He then outlined the difference between the bowel screening programmes in England and Scotland, with FOBT currently offered earlier (from 50-74 in Scotland and 60-74 in England). RS then discussed possible new approaches to screening including the ability of dogs to detect cancer in breath and stool samples and new pill cam technology that allows for the analysis of the colon. He also discussed the trials exploring screening for prostate, ovarian and lung cancer, as well as many others.

The subject of prostate cancer screening was then explored by RS. He stated that the PSA test is good, but picks up too many indolent cancers. RS then noted that the side effects of the biopsy and treatment for prostate cancer mean than overdiagnosis is a significant issue for prostate screening. He then outlined the current strategy for prostate cancer, where PSA testing can be requested but is not proactively recommended. RS then noted two ongoing trials of PSA testing and stated that the results of these two trials may radically alter the view of prostate screening.

RS then explored ovarian screening. He noted the existence of screening methods through ultrasound and a blood test for the CA 125 marker. He discussed an ongoing trial of ultrasounds and CA 125 testing and stated that the results are not currently statistically significant, but stated that longer term follow up may show that ovarian screening is effective and that the results of this trial may become statistically significant if it is continued for a couple more years.

Screening for lung cancer was then discussed. RS stated that CT scans are currently used and is more effective for detecting cancer than X-ray. He then explored ongoing and completed trials of CT based screening, noting that significant results of these trials are a number of years away. The issues of using CT scans as a form of screening were then acknowledged by RS. False positives are relatively common in this test and current lung biopsies carry a risk of collapsed lung. RS then noted that a new test is currently on trial in Scotland that looks at antibodies in an individual's blood. He also noted the issue of lung cancer screening giving individuals who smoked a perceived certificate of health whilst lung cancer is not the only disease caused by smoking.

RS concluded by discussing the future challenges in screening including: changes to advice and screening programmes as changes to the good versus harm balance become known. He also acknowledged the potential for screening as an opportunity for health professionals to deliver behaviour change messages to patients.

7) Questions to RS

MB opened the discussion to the floor. On the subject of screening guidelines for breast cancer especially those with a family history, RS stated that it is a complex issue and stated that abandoning screening, for those with average risk, and surveillance, for those with a high risk, is a contentious issue. The issue of self referral for breast screening for under 50's was touched on and RS noted that the increasing prevalence for under 50s is why current trials are ongoing. Asked about alternatives to screening where a test does not exist, RS stated that high risk individuals should be made aware

of the symptoms and report. MB raised the potential of genetic screening for cancer risk, RS expressed the view that there is a lot of interest and that genetic screening falls into 2 types. Screening for specific genes linked to a family history of cancer and screening for little changes in genetics that add up to affect an individual's susceptibility. Asked about why boys are not receiving the HPV vaccination, RS expressed the view that it may be due to the fact that the vaccination of girls can create a herd immunity effect but noted that boys are able to develop cancer from HPV infection. On the subject on screening and guidelines around family histories of cancer, RS stated that it is a complex issue and that it is difficult as links can only be made from the point of initial diagnosis.

8) A.O.B

Points were raised about a number of topics: the potential of introducing pancreatic cancer screening, steps being taken to explore lowering the breast screening age to women under 50, Scottish Government research into rare tumour types and treatment and aftercare of children and young adults with cancer. It was agreed that a letter would be sent to the Cabinet Secretary from the Co-convenors covering these issues. The idea of using a character in schools to portray prevention messages to children was raised. It was also agreed that a letter will be sent to the Minister for Public Health highlighting the evidence given by LB on the strong link between cancer and obesity and calling for a strong obesity strategy when it is published in 2017. It was suggested that future meetings cover medicines and reflexology.

MB then referred Mona Vaghefian to talk about the Scottish Cancer Conference. She noted that it will take place on the 21st November at the Surgeon's Hall, Edinburgh. Bookings are now open and can be booked online at http://www.scottishcancerconference.org.uk/.

MB then closed the meeting. Next meeting: 17:30-19:00, Wed 7th Dec, 2015

Attendees

Mary	Allison	Breast Cancer Now
Emma	Anderson	Bowel Cancer UK
Marian	Anderson	Topic of Cancer
Lynne	Barty	Brain Tumour Action
Prof Linda	Bauld	University of Stirling
Miles	Briggs	MSP
Claire	Cairns	The Coalition of Carers in Scotland
Christine	Campbell	Cancer Research UK
Christine	Campbell	University of Edinburgh
Lorraine	Dallas	Roy Castle Lung Cancer Foundation
Andrew	Dempsey	Celgene Ltd
Sheena	Dryden	NHS Lothian
Jeannie	Erskine	Patient
Jayne	Forbes	Macmillan Cancer Support
Heather	Goodare	Edinburgh Health Forum
Roseann	Haig	Circle of Comfort
Gillian	Hailstones	Maggies

Peter	Hastie	Macmillan Cancer Support
Anna	Hazelwood	Cancer Research UK Ambassador
Irene	Hopkins	Brain Tumour Action
F.	Horton	Heads Up Scotland
Gus	Ironside	The Brain Tumour Charity
Rob	Lester	Edinburgh and Lothian Prostate Cancer Support
Joyce	Livingston	Colorectal Cancer Team - Western General Hospital
Mudina	MacDonald	NHS Fife
Stella	Macpherson	SCAN patient rep
Jenny	Marra	MSP
Alex	McCaffrey	Heads Up Scotland
Janice	McClure	Brain Tumour Action
Leah	Miller	Pancreatic Cancer UK
Nanette	Milne	
David	Morrison	NHS GG&C
Marie	Newcombe	Beatson Cancer Charity
Angus	Ogilvy	SCAN Haematology Committee
Peter	Phillips	Patient Representative - SCAN
Neil	Pryde	NHS Fife
Peter	Rainey	Roy Castle Lung Cancer Foundation
Katie	Robb	University of Glasgow
Julie	Roberts	
Jonathan	Roden	Cancer Research UK
Ellie	Rose	Macmillan Cancer Support
Linda	Sherwood	Colorectal Cancer Team - Western General Hospital
Suzanne	Spencer	Cancer Research UK
Prof Robert	Steele	University of Dundee
Greg	Stevenson	Roche
Grace	Stewart	Beatson Cancer Charity
Linda	Story	The Ann Edgar Charitable Trust
Julie	Uttridge	National Services Scotland
Mona	Vaghefian	Cancer Research UK
Nicolas	White	Breast Cancer Care
Jo	Williamson	Cancer Research UK Ambassador
Norman	Wilson	Pancreatic Cancer Scotland
Emma	Wrafter	Roy Castle Lung Cancer Foundation

Apologies

Moira	Adams	
Elspeth	Atkinson	Macmillan Cancer Support
Colette	Backwell	CLAN Cancer Support
Jackie	Baillie	MSP
Gillian	Bell	Alcohol Focus Scotland

Tracey	Bowden	Pfizer
Caroline	Brocklehurst	Teenage Cancer Trust
Hugh	Brown	NHS Ayrshire and Arran
Dr Lorna	Bruce	SCAN
Prof David	Cameron	University of Edinburgh
Susanne	Cameron-Nielsen	Royal Pharmaceutical Society
Lindsay	Campbell	NHS GG&C
Ian	Campbell	
Margaret	Clark	Novartis
Martin	Coombes	Novartis
Dawn	Crosby	Teenage Cancer Trust
Dr Val	Doherty	Scottish Government
Dr David	Dunlop	Scottish Government
Mary	Dunlop	Cancer Research UK
Tonks	Fawcett	University of Edinburgh
Ellen	Finlayson	CLIC Sargent
Robert	Hill	National Services Scotland
Alex	Holme	NHS Lothian
Lesley	Kidd	
Judith	Lawson	
Janice	Malone	
Alan	McNair	Scottish Government
Gregor	McNie	Cancer Research UK
Dr Alan	Rodger	
Steven	Rowntree	Prostate Cancer UK
Colin	Selby	NHS Fife
Lesley	Shannon	
Ewan	Shannon	
Mhairi	Simpson	NHS Lanarkshire
Mil	Vukovic-Smart	The Brain Tumour Charity