

Conferences at which WCRF UK is exhibiting

Over the coming months, WCRF UK is exhibiting at the following health professional focused events. Come and visit our stand to pick up free resources and find out more about the links between diet, lifestyle and cancer prevention.

Nursing in Practice, Glasgow

6 March 2007, Scottish Exhibition Centre, Glasgow.


www.nipevents.com

Primary Care, Birmingham

10-11 May 2007, National Exhibition Centre, Birmingham.

www.sterlingevents.co.uk/primary_care

WCRF UK's Cancer Prevention Week and Fruity Friday 21-27 May 2007



DON'T FORGET!

Help us raise awareness of the links between diet, lifestyle and cancer prevention by promoting the health benefits of fruit and vegetables to patients. Visit www.fruityfriday.org/informed or email fruityfriday@wcrf.org to request a FREE resource pack which includes a fruit and vegetable portions poster and a fruity factsheet.

Physical activity reduces bowel cancer risk

The latest findings of the EPIC study (European Prospective Investigation into Cancer and Nutrition) add to the evidence that being physically active can significantly reduce the risk of bowel cancer.

Data from a cohort of 413,044 men and women from ten European countries showed that during a 6.4 year follow up 1094 cases of bowel cancer were diagnosed. The data was analysed in terms of occupational, household and recreational activities, type of activity, tumour position, body mass index (BMI) and energy intakes.

The results showed that for very active people (those doing an hour of vigorous or two hours of moderate physical activity a day), the risk of bowel cancer on the right-hand side of the bowel was 35 per cent lower than for people doing little or no exercise. For people who were not overweight (BMI of less than 25), the risk was further reduced. The reason why the effect was particularly seen on the right side of the bowel is not clear. However, physical activity is known to stimulate waves of muscle contraction down the right side of the bowel, which accelerates the movement of waste and possible carcinogenic compounds in it.

The study also showed that vigorous household cleaning was just as effective as a gym session in terms of physical activity. This shows there are easy steps that people can take, as part of their daily routine, to reduce cancer risk.

For cancer prevention, WCRF UK recommends an hour of moderate activity every day and an hour of more vigorous activity once a week.

Friedenreich C. et al. 2006. *Cancer Epidemiology and Biomarkers of Prevention* 15(12):2398-407.

Maintaining weight loss

For many people who are successful at losing weight one of the biggest challenges faced is how to maintain weight loss. There are few proven interventions, but a recent trial showed that a programme based on daily self-weighing, self-regulation of eating and exercising and monthly support sessions can work.

The study involved 314 people who had all lost ten per cent or more of their body weight. Participants were enrolled into three different programmes designed to prevent weight regain. Two programmes had the same content, including an emphasis on daily self-weighing and self-regulation, but one was delivered face-to-face and the other online. A third group, a control, was sent a quarterly newsletter only.

The study measured weight regain over a period of 18 months. Those participating in the face-to-face programme regained the least amount of weight – on average 2.5kg. This was significantly less than controls who gained on average 4.9kg. The online programme included internet chat sessions but participation in these dropped during the course of the study. This could help to explain why the programme was less successful, as people in this group regained on average 4.7kg.

For the two 'active' groups, daily weighing seemed an important part of the programme, as it was associated with a decreased risk of regaining 2.3kg or more.

Daily self-weighing is not normally recommended as weight fluctuates over the course of a day. However, for people who have lost weight, perhaps this acts as a reminder of what they are hoping to achieve.

Wing R.R. et al. 2006. *New England Journal of Medicine* 355(15):1563-71.



Poster: Think before you drink

Drink	Calories	Time to burn off
Small glass of wine (125ml, 12% ABV)	125 calories	26 minutes
Large glass of wine (250ml, 12% ABV)	250 calories	37 minutes
Lager (15 pints, 5% ABV)	250 calories	53 minutes
Older (15 pints, 5% ABV)	250 calories	55 minutes
Wales and oats (150ml, 4% ABV, 100kcal extra)	157 calories	29 minutes
Acquary (125ml, 5% ABV)	170 calories	36 minutes
Green Hammer (150ml, 12% ABV)	170 calories	37 minutes

Think before you drink

This new poster focuses on alcohol and explains that it is high in calories and can increase the risk of a number of cancers. The typical calorie content of popular alcoholic drinks is highlighted and the poster illustrates how even a few drinks can make a significant contribution to daily calorie intakes.

To order a free copy email informed@wcrf.org or telephone 020 7343 4205.

Additional copies of the poster can be ordered at a cost of 30p each, plus postage and packaging.

Please circulate this newsletter to other colleagues in order to help us spread the message that cancer is a largely preventable disease.

Informed is available free of charge to all health professionals.

How to join the mailing list

If you would like to join the mailing list for *Informed*, please contact WCRF UK or email us at informed@wcrf.org

World Cancer Research Fund (WCRF UK)

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Informed
News on diet, lifestyle and cancer prevention



World Cancer Research Fund

Raising alcohol awareness

Alcohol has been identified as the third highest risk to health in the western world. Therefore it is important that you, as a health professional, include guidance on alcohol when giving dietary and lifestyle advice to patients.

According to Department of Health statistics, alcohol is implicated in up to 40,000 deaths per year in England and Wales, and is directly responsible for 5,000 [1]. Despite widespread knowledge of the impact alcohol has on health, per capita consumption has risen steadily since 1992. This is affecting the health of the nation. Since the early 1970s there has been an eight-fold increase in deaths from chronic liver disease amongst men aged 34 to 44, and a seven-fold increase among women of the same age group [2]. Treating the effects of alcohol misuse has been estimated to cost the NHS up to £3 billion per year [3].

Increased cancer risk

Excess drinking puts long-term health at significant risk, and this increases with consumption. The chronic effects of alcohol include liver cirrhosis, stroke, high blood pressure and cancer.

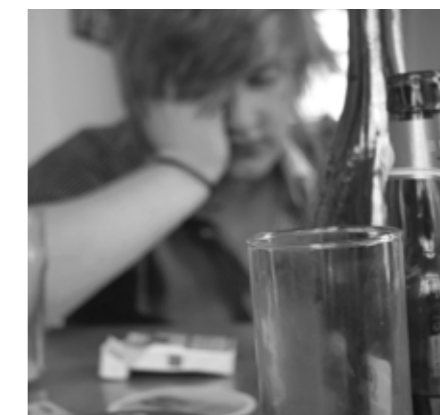
There is consistent evidence linking alcohol to a range of cancers and it is estimated that six per cent of cancer deaths in the UK are caused by alcohol [4].

Alcohol increases the risk of mouth and oesophageal cancer, and even small amounts of alcohol – as little as one unit a day – can increase the risk of mouth cancer [5]. People who drink heavily and smoke have a particularly high risk of these cancers as the harmful effects of each are heightened when combined.

Alcohol is one of the main risk factors for liver cancer because excessive alcohol drinking causes liver cirrhosis. Cirrhosis occurs when the liver is repeatedly damaged and scar tissue builds up – this is a common precursor to liver cancer.

The risk of breast cancer is also increased by alcohol. One study estimated that alcohol causes about 2,000 breast cancer cases every year in the UK [6].

More research is needed into how alcohol causes cancer, but one suggestion



is that the body converts alcohol into a chemical called acetaldehyde which can cause cancer by damaging DNA.

Moderate drinking – between one and two units of alcohol a day – has a protective effect on the heart in men, aged over 40, and post menopausal women. However, because of its links with cancer, WCRF UK does not recommend alcohol consumption. If consumed at all, alcohol should be limited to less than two drinks a day for men and one for women. A 'drink' is the equivalent of a small glass (250ml) of beer, a small glass (100ml) of wine or one measure (25ml) of spirits.

High in calories

Alcohol is high in calories and provides no nutritional value apart from energy. One gram of alcohol provides seven calories – this compares to four calories per gram for protein and carbohydrates, and nine calories for fat. When talking to patients about their diet and lifestyle habits it is important to include advice on alcohol as it could be contributing to health and weight issues.

Patients who are trying to lose weight should be advised to consider reducing the amount of alcohol they drink, as this can help to reduce their calorie intake while improving their overall health. WCRF UK has produced a colourful poster outlining

1. Dilute drinks with mixers to make them last longer e.g. add lemonade to lager, soda water to wine, diet mixers to spirits.
2. Alternate between alcoholic and non-alcoholic drinks.
3. Sip alcoholic drinks slowly and only have the next drink or top up your glass when you have finished the one you have.
4. Have a soft drink first to quench your thirst and to stop you from drinking the alcoholic one too quickly.
5. Avoid buying drinks in rounds so you have more control over how many and how quickly you drink.
6. Try low alcohol drinks – there are now many varieties widely available.



the number of calories in popular alcoholic drinks. See the back page for more details on how to order your free copy.

Stronger drinks and super-sizing

Over the years the strength and serving size of some alcoholic drinks have increased, making it easier for people to drink more alcohol without realising.

A single unit of alcohol, as defined by the government, is 125ml of wine that is 8% alcohol by volume (ABV). However, most wines now have more than 12% ABV and can contain up to 15% ABV. It is also now common for wine to be served in larger glasses such as 175ml and 250ml. This could mean a large glass of wine, which many would consider as one unit, could now provide as many as 3.7 units of alcohol. Although the glass size for beer has remained the same, the strength of many has increased. Beer containing 5% ABV is not uncommon and a pint will provide 2.8 alcohol units.

It is important that patients understand how much alcohol is in the drinks they consume and its effects on health. They can then make an informed choice over what and how much alcohol they drink. For patients who want to reduce their intake, practical tips are provided in the box below.

References

1. Department of Health. 2001. *Statistical bulletin: statistics on alcohol – England, 1978 onwards*. HMSO, London.
2. ALCOHOL CONCERN. 2006. *Health impacts of alcohol* [online]. Available from www.alcoholconcern.org.uk/servlets/doc/251 [Accessed 3 January 2007].
3. Working Party of the Royal College of Physicians. 2001. *Alcohol – Can the NHS afford it? Recommendations for a coherent alcohol strategy for hospitals*. Royal College of Physicians, London.
4. Doll R. and Peto R. 2003. *Epidemiology of Cancer*. Oxford Textbook of Medicine, ed. D. Warrell et al. OUP, Oxford.
5. Maserejian N.N. et al. 2006. *Cancer Epidemiology and Biomarkers of Prevention* 15(4):774-81.
6. Hamajima N. et al. 2002. *British Journal of Cancer* 87(11):1234-45.

HEALTHY START

A new government scheme, *Healthy Start*, will help families from low income and

disadvantaged households in the UK by giving them vouchers for free milk and fresh fruit and vegetables. *Healthy Start* replaces the *Welfare Food Scheme* and the government hopes it will give people the best opportunity to eat healthily. It is well known that poor diet can have an impact on people's health and increases the risk of diseases such as cancer, heart disease and diabetes.

Eligibility

Families with a child under four years old and who are on certain benefits will qualify for *Healthy Start* and receive one voucher a week. Children under one year old will get two vouchers a week. All pregnant women under the age of 18 will qualify, regardless of whether they are on benefits. The vouchers are worth £2.80 and can be spent at participating retailers including markets, greengrocers, supermarkets and chemists. People who already get milk tokens through the *Welfare Food Scheme* should automatically get *Healthy Start* vouchers instead.

Health professionals' role

The scheme also encourages health professionals working with pregnant women and families with young children to have earlier and closer contact with them. They will have an important role in the



new scheme, providing these groups with advice and information on healthy eating and breastfeeding, and supporting their applications for vouchers.

The *Healthy Start* website has a dedicated section for health professionals (see below), which provides information about the scheme, along with downloadable resources. The website also provides practical information for the public including information about the health benefits of vegetables, fruit and milk, as well as health tips, recipes and advice on preparing and cooking vegetables [1].

WCRF UK believes it is important that children learn to cook and enjoy healthy food. We have produced a children's recipe booklet – *Cook It!* – which contains favourite recipes from children who are members of our Great Grub Club. Email informed@wcrf.org to request a free copy.



1. HEALTHY START. 2007. *Information for health professionals* [online]. Available from www.healthystart.nhs.uk/en/fe/page.asp?n1=1&n2=8 [Accessed 3 January 2007].

Email informed@wcrf.org with your questions and we'll try to answer them in a future issue.

Is there a link between dietary fat and cancer?

Dietary fat consists mainly of fatty acids and glycerol – a sugar alcohol. Fatty acids can be divided into three main groups: saturated, polyunsaturated and monounsaturated. All foods containing fat will contain different proportions of these fatty acids.

Fat is an essential component of the diet, but only in small quantities. Its role includes carrying the fat-soluble vitamins A, D, and E into and around the body. It is also a precursor to several hormones and provides essential fatty acids which form part of the structure of cell membranes. Essential fatty acids are polyunsaturated fats that must be supplied by food as they cannot be made in the body – oily fish and oils such as rapeseed and linseed are good sources.

Fat is a concentrated source of energy. Per gram it provides more than twice as many calories as either carbohydrates or protein. High intakes of fatty foods, which are energy dense can lead to obesity and there is a definite link between obesity and cancer. However, a direct effect of fat is less clear but, because of its links with obesity and heart disease, WCRF UK recommends limiting intakes of fatty foods, particularly those of animal origin.

Types of fat

Survey data shows that, on average, 35 per cent of our total daily calorie intake is derived from fat. While this is in line with government recommendations, the type of fat eaten is also important for health.

Fats rich in saturated fatty acids are usually solid at room temperature. These are found in the largest quantities in animal products such as meat, cheese and butter, and processed foods such as pies, pastries, cakes and biscuits.

Fats rich in monounsaturated fatty acids are usually liquid at room temperature and can be found in oils, such as olive and groundnut, and in nuts and seeds.

Fats high in polyunsaturated fatty acids are also usually liquid at room temperature and include vegetable oils such as sunflower, rapeseed and corn. Nuts and oily fish are also sources. This group of fats includes the omega 3 (or *n-3*) series of essential fatty acids. These have been linked to providing protection from coronary heart disease.

Cancer prevention

Currently there is little evidence that the total amount of fat consumed increases the risk of cancer directly. However, diets high in fat tend to be high in calories and may contribute to obesity, which in turn is associated with increased risk of several cancers including bowel, breast and endometrial. There is some evidence that

saturated fat may increase prostate [1] and breast [2] cancer risk, although more studies are needed to confirm this.

At present there is only limited evidence that mono and other unsaturated fats reduce cancer risk. But, because of their beneficial effects on heart health, patients should be advised to consume these fats in place of saturated fats.

New information on the links between dietary fats and cancer prevention is expected when the second WCRF/AICR expert report *Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective* [3] is published in November.

For more information about the different types of fat in the diet and practical ways to reduce intakes, order our booklet *The Fats We Eat* from the enclosed WCRF UK publications catalogue.



References

- Leitzmann M.F. et al. 2004. *American Journal of Clinical Nutrition* 80:204-216.
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Get Fruity!

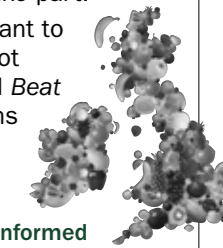


Help us continue our goal of "stopping cancer before it starts" by supporting WCRF UK's *Cancer Prevention Week* (21-27 May 2007) and *Fruity Friday* on 25 May.

The aim of our national campaign is to promote the health benefits of fruit and vegetables and to help people understand the links between diet, lifestyle and cancer prevention. You can support us by:

- Requesting a free *Fruity Friday* pack which includes a fruit and vegetable portions poster to display in your clinic or waiting room
- Spreading the word to your patients that it's *Fruity Friday* and raising awareness of the 5 A DAY message
- Organising a fruity breakfast, brunch or afternoon snack – people could donate money to WCRF UK to take part.

Alternatively, if you want to get fit for summer why not enter one of our regional *Beat the Banana!* 5km fun runs with your colleagues or friends?



Visit www.fruityfriday.org/informed for more information and to request a free resource pack.

Restrictions on food ads to children

Britain now has one of the highest obesity rates in Europe. It is predicted that by 2010, one million children in England will be obese [1].

As part of the government's plans to halt this, the independent regulator of UK communications industries, Ofcom, has published restrictions on the television advertising of food and drink products high in fat, salt and sugar (HFSS) to children. While television advertising alone will not reverse the obesity trend, the marketing of unhealthy food to children is a key area that needs to be tackled.

The restrictions ban the advertising of HFSS in and around all children's programmes and on dedicated children's channels, as well as in youth and adult oriented programmes that attract a significant proportion of viewers under the age of 16. The ban will apply to programmes broadcast at any time of the day or night.

Ofcom has targeted the regulations to ensure the protection of the under-16s as opposed to under-9s, which was detailed in its first proposal. This move has been welcomed by health, medical, consumer

and children's groups. However, many are also calling for a 9pm watershed on all channels as many children watch other programmes rather than those that are specifically aimed at them. At present these will be exempt from the restrictions.

In order to determine which products will be affected Ofcom will use a Nutrient Profiling scheme developed by the Food Standards Agency. The restrictions came into effect at the end of January and will be phased in over 24 months. Existing advertising campaigns are allowed to be shown until June 07.

WCRF UK supports the restrictions and hopes that they will encourage and help children to eat more healthily. We hope food manufacturers will now look into developing healthier products for children and use their resources for the promotion of healthier foods.

1. DEPARTMENT OF HEALTH. 2006. *Forecasting Obesity to 2012*. [Online]. Available from www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT_ID=4138630&chk=XVZ/60 [Accessed 3 January 2007].



Getting people active

The *Active People Survey*, the largest ever survey of sport and active recreation undertaken in Europe, showed that half the population of England does no sport or active recreation [1].

The survey results came as the government announced measures to combat physical inactivity and shared the results of the Local Exercise Action Pilots (LEAP).

The LEAP showed that it is possible to engage a broad range of people in interventions to increase physical activity [2]. The pilots used different community approaches to help less active people in deprived areas do more exercise. They demonstrated that physical activity interventions are cost-effective, which in the long-term could save the NHS money by reducing ill-health. Physical inactivity increases the risk of some cancers, and for this reason, WCRF UK recommends an hour of moderate activity every day and an hour of more vigorous activity once a week.

As part of its plans to reduce inactivity in the population, the government also launched the General Practice Physical Activity Questionnaire (GPPAQ), which will help GPs and Practice Nurses in assessing patients' activity levels [3].

The GPPAQ comprises three questions to gain information on:

- The amount of physical activity involved in a person's work
- How many hours a person spent doing various different activities in the last week
- A person's usual walking pace.

Patients complete the questionnaire at their GP surgery. The results will help health professionals identify patients with the greatest risk from inactivity, who can then be targeted for intervention programmes. This approach will hopefully be effective in encouraging those people who could benefit the most to increase their physical activity levels.

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- SPORT ENGLAND. 2007. *Active People Survey* [online]. Available from www.sportengland.org/homepage-active_people_survey [Accessed 3 January 2007].
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Cancer survivorship

As part of WCRF UK's commitment to innovative research, we are funding the first ever study looking at behaviour change in cancer survivors. It is important to understand how and why diet and lifestyle factors may affect the risk of cancer recurrence.

Researchers at the University of Dundee are being funded to carry out a feasibility study for the *LiveWell* intervention programme – a trial project that could be followed up with full-scale research if it shows promising results. The study will help researchers decide if the *LiveWell* programme could reduce the risk of cancer recurring in bowel cancer survivors. The study's main aim is to evaluate the delivery and assessment of the programme, as well as how acceptable it is to the patients involved.

Studies have linked obesity and physical inactivity with increased bowel cancer incidence and mortality. There is also evidence that patients with more advanced bowel cancer, who are undergoing chemotherapy and have a



body mass index (BMI) over 25, have a lower chance of survival.

The three-month lifestyle intervention programme will involve bowel cancer survivors (aged between 50 and 74 years), with a BMI of 25 or more. To encourage positive lifestyle changes in participants, a combination of information, behaviour change and social support will be used. The intervention aims to achieve a healthy balanced diet, weight loss of five per cent and at least 150 minutes of physical activity per week.

The evaluation will include measures of food intake and physical activity, as well as changes in body weight. In addition, the assessment procedures and running costs for the programme will be examined to see if the intervention could be run within the NHS.

If feasible, *LiveWell* could be used in a much larger study, such as a randomised control trial, which could potentially lead to clear diet and lifestyle advice for bowel cancer survivors in the future.

Visit www.wcrf.org/grantprogramme for more information about WCRF UK's Research Grant Programme.